



Let's work together
to build better local care

Business Plan

Colne Valley Equitable Care Society Limited

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1.

Executive Summary

Colne Valley Equitable Care Society Ltd (t/a Co-operative Care Colne Valley – CCCV) is a multi-stakeholder co-operative established to provide both high quality domiciliary care for adults in the Colne Valley, and exemplar terms and conditions of employment for care workers.

The service will be based in the Colne Valley and Golcar wards of Kirklees. The members of the co-operative will predominantly be local people, including service recipients and their families, employees, investors and community volunteers/supporters. Members will be represented within the co-operative, democratic governance structure to ensure proper awareness of and adherence to the needs of the local communities.

Physical and mental health and wellbeing will be given upmost priority to both recipients and deliverers of care services. A key aspect of the project will be to tackle social isolation through community volunteering and family involvement. We will also actively develop links with individuals and other community organisations that can support recipients of the service.

Our model is built upon the principle that ‘small is beautiful’, with a projected client base of around 200 recipients of the service. It is designed to serve a specific local community in an environmentally sustainable manner with local members having full control. It is anticipated that as and when client numbers reach this target number the service will be replicated rather than expanded in order to maintain effective local ownership and accountability and to avoid the risk of diluting the founding values.

This innovative model is being developed through a community engagement strategy that seeks to find out how local people want their care needs to be met. We are using the full range of communication and campaigning skills held by our founding members, including use of social media, public meetings and other forms of collective engagement based on active participation. This approach is designed to foster a sense of empowerment and community ownership of the project which we consider essential for genuine accountability.

Our financial modelling has convinced us that it is entirely feasible to provide a high quality, person-centred care service delivered by trained, valued and fairly paid care staff ethically and sustainably, for the benefit of the whole community. We have set up an ethical co-operative business operating on a not for profit basis. Surplus funds will be used:

- to continuously improve and maintain the quality of our service by investing in the staff and volunteers who provide the service;
- to develop and support replicated services in communities within Kirklees, and beyond where feasible.

We believe that people needing care and support, their families, care workers and community volunteers should be treated and respected as equal members of a dynamic and democratic enterprise.

It is therefore our intention to establish, develop and sustain a community based small scale, caring co-operative which puts people, and their right to be treated with dignity and respect, before profit.

Physical and
mental health and
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OUR VISION

We believe that there is a fundamental discrepancy between providing effective and humane social health care and a profit driven corporate structure.

Our vision is to make the Colne Valley and ultimately Kirklees a place where high quality social care is accessible to all, rooted in and accountable to the local community and where being a carer is a rewarding and respected career.

Mission Statement

We believe that people who need care in the Colne Valley deserve the best quality care and support that enables them to lead fulfilling and independent lives.

We will:

- Treat the people we care for as valued individuals and strive to provide them with the best quality care possible
- Involve the people we care for and their families in making decisions about their care
- As a co-operative, ensure that all members have a real stake and a real say in how the service is run
- Work to ensure the people we care for remain active members of the community through our innovative volunteer scheme
- Ensure our staff are highly trained, motivated and that their conditions of employment are significantly better than those generally offered in this sector. As well as rewarding, valuing and supporting staff members properly with favourable working terms and conditions, the co-operative structure and small team model will provide opportunities to contribute to decision making and for career progression
- Record and document our ethos and experience in setting up CCCV and create a resource to be used to replicate the service in other areas of Kirklees and beyond.



2.

Introduction and background

2.1 Scope and purpose of business plan

This business plan has been prepared following a series of discussions and meetings of the Board members and planning sub-groups for CCCV.

These sub-groups comprise of:

Project Development - designing the service to be provided and developing operational policies and procedures;

Marketing and Communications - developing our public profile and marketing strategy;

Staffing - developing policies and procedures for recruitment and employment, and;

Finance and Operational – working on the financial modelling, strategy and governance.

In the initial stages of development the business plan will be reviewed on a monthly basis and progress made towards the objectives discussed at Board meetings and implemented by the Board and the established sub-groups of the Board.

This plan seeks to achieve objectives over a 3-5 year period with the unique service we are creating being replicated in other areas of Kirklees and beyond.

2.2 Who we are and what we have done to date

This project has been identified and developed through the work of the Kirklees Solidarity Economy Network (KSEN, <https://ksen.org.uk>), a citizen-led organisation established to develop sustainable and resilient local initiatives to better prepare for future economic and climate related challenges. Members

of KSEN with a particular interest in this area of work formed a steering group and subsequently have become founder members of the Community Benefit Society (CCCV) in order to carry forward the work. Other local people with relevant expertise have also worked with the Steering Group.

Nov/Dec 2018	Public consultation events in Slaithwaite and Golcar
January 2019	Formation of the organisation – registration completed June 2019
2018/19	Successful funding applications
August 2019	Bank Account opened
December 2020	Specialist secondment from Kirklees Council Registered Manager and Development Officer Secured temporary office space in Milnsbridge Contracted temporary Project Support Worker
February 2020	Public Engagements events in Milnsbridge and Golcar
March 2020	Secured permanent office space in Slaithwaite Civic Hall
April 2020	Developed policies required for CQC registration application Appointed as Anchor Organisation for local Covid 19 support Completed first stage of writing up “toolkit” for Sharing Care replication model project
May 2020	Recruiting for Office Administrator/Business Manager Implementing marketing strategy in readiness for Share Offer Launch
Ongoing	Service design and policy development Stakeholder engagement Brand design, website and marketing Preparation of business plan and community share offer and detailed Financial Projections

2.3 Governance

Our intended structures and processes for governance, mission, objectives, delivery and social impact are set out in the body of this document and appendices.

2.3.1 Legal structure

Colne Valley Equitable Care Society Limited is a Community Benefit Society registered with the Financial Conduct Authority (FCA) under no. 8137 incorporated on 12 June 2019. This structure has been chosen because of its inherent democracy and accountability to the local community and also the ability to raise finance from that community.

2.3.2 Governance arrangements

A Board of Directors will be elected on a rotating triennial basis by and from the membership of CCCV. The Board will be made up of members with relevant expertise and experience. Our rules state that the directors will seek to ensure that the make-up of the board reflects the membership, for example to include employees and User Members.

The Board will meet at least 6 times per year, and monthly during the first year of operation. An Annual General Meeting (AGM) will be held to present the accounts and elect the Board of Directors. Additional General Meetings can be held.

The Board will appoint a Nominated Individual (this being a regulatory requirement) who may also be a Board Member and has the relevant skills and experience to supervise the Registered Manager.

The Registered Manager, Administrative Officer/ Business Manager, Field-Care Supervisor/s and Carers will be employees and will be encouraged to become members (Staff Members) of the Society. The Registered Manager will be responsible to the Board for the day to day management and delivery of the service and will be required to report to the Board at every meeting.



2.4 Membership

Our open and voluntary membership model enables all interested parties locally to become members and co-owners in the society, exercise their democratic vote and have a say in shaping the organisation and the services it provides.

We are locally rooted, will operate locally, employ local care professionals, and engage local stakeholders/community in extended support for users of our service. A key aim will be to mobilise community involvement in order to tackle social

isolation, burden-share among often hard-pressed family members, support paid staff and link up with other existing community organisations. This will not only offer potential cost savings, but also add value to people's lives.

2.4.1 The role of a member

Our multi-stakeholder co-operative model encompasses a range of local people as members, including User Members and their families, employees, community volunteers and local supporters/ investors. We will actively encourage comprehensive representation within the democratic governance structure which will seek to ensure that local needs are effectively articulated.

Community volunteering and family involvement are key aspects of the project. We want to tackle social isolation and actively develop links with individuals and other local community organisations to support users of the service.

We will develop models which will support User Members' wellbeing in diverse ways. Staff will agree individualised care packages that fit the needs of those who receive care. We will also seek to enable people with care needs to be active and contributing members of the community, not just passive recipients of services. An example of this may be, instead of care workers visiting individuals separately to heat up a ready meal for lunch, they could take part in a collective lunch club, which will offer additional mutual social support for/from other co-op members.

Members will have democratic control of the Society on a one member, one vote basis – this includes Investor Members who will be entitled to one vote regardless of the level of their shareholding. This contrasts with most share-based companies which use one share, one vote.

Members are able to elect the Directors of the Society and stand for election as a Director at the Annual General Meeting. At the first Annual General Meeting all Directors shall stand down and stand for re-election if they wish to do so. At every subsequent Annual General Meeting one-third of the elected

Directors, or if their number is not a multiple of three then the number nearest to one-third, shall retire from office. The Directors to retire shall be the Directors who have been longest in office since their last election. Where Directors have held office for the same amount of time the Director to retire shall be decided by lot. A retiring Director shall be eligible for re-election.



We want to tackle social isolation and develop links with individuals and other community organisations

2.4.2 Eligibility for membership

Membership of the Society will be open to anyone over the age of 16 who falls into at least one of the following classes of member:

1. Those employed by the Society
2. Those volunteering for the Society
3. Those receiving care from the Society and their families
4. Members of the community and organisations investing the minimum amount specified in this share offer (£50) or any future share offer
5. An organisation or corporate entity (one individual will be required to represent).

Members will have equal voting rights at general meetings (one member one vote). A resolution put

to the vote at a General Meeting shall be decided on a show of hands unless a paper ballot is demanded in accordance with these Rules. A declaration by the Chairperson that a resolution has on a show of hands been carried or lost, with an entry to that effect recorded in the minutes of the General Meeting, shall be conclusive evidence of the result. Proportions or numbers of votes in favour for or against need not be recorded. In the case of an equality of votes, whether on a show of hands or a poll, the Chairperson shall not have a second or casting vote and the resolution shall be deemed to have been lost.

2.4.3 Plans for membership growth

Our model is to focus on a local membership base to be developed in a *'strawberry patch'* manner. That means that once we obtain our maximum in terms of client numbers we will look to replicate our service (*Appendix 3*).

Our initial membership will be comprised of the staff we recruit (Staff Members), those we provide care for (User Members) and their families, our volunteers (Members) and those who invest in our initial share offer (Investor Members and Shareholders). Our financial projections allow for the gradual withdrawal of the share capital of those initial Investor Members over time.

It is possible that we will issue further open share offers going forward to fund either:

- initial share capital repayment if required;
- future development of the Service;
- and/or in order to support other local groups to start their own co-operatives with their own share offers.

Initially, for logistical reasons, care will be provided to people living in Golcar/Milnsbridge in order to meet the local demand. Once capacity is reached within this area and we have identified sufficient demand we will start to deliver the Service in the wider Colne Valley.

We anticipate that there will be a broad range of members, including User Members and their families, employees, community volunteers, investor members and local supporters.

2.5 Objects of the Society

The objects of the Society shall be to carry on any business for the benefit of the community by providing services that deliver high quality care to meet the needs of individuals in the community, upholding principles of social justice and equality to clients and employees.

2.6 Social and environmental impact

The model and structure of CCCV will result in numerous benefits within the local community.

First and foremost will be the provision of high quality care services, but flowing from this the initiative will also:

1. Facilitate wider engagement and understanding of needs between members of local communities
2. Create volunteering opportunities for a cross section of the local community, to include the participation of recipients of the care service in sharing their life experiences and skills in positive and inclusive way
3. Help to combat issues of social isolation, loneliness and poor mental health
4. Develop stronger more resilient communities by creating and sustaining links between all ages and ethnicities
5. Facilitate the replication of our service throughout the Kirklees area and beyond.

In terms of environmental impact the emphasis on locally based delivery will:

1. Reduce carbon emissions by enabling and actively encouraging care workers not to use their cars between calls
2. Wherever possible use sustainable and ethically sourced materials and equipment
3. Wherever possible procure sustainable and ethically sourced services to support the administrative infrastructure which will eventually be shared with replicated services.

For additional information see our Theory of Change Model in *Appendix 6*.



3.

Resources

3.1 Paid Staff

Nominated Individual – Board Member

Susan Richards (*see below*)

Registered Manager

Sarah Nunns (*Senior Care Manager seconded from Local Authority*)

Field Care Supervisor

to be recruited

Care Workers

to be recruited

Business Support Officer

}

to be recruited – these roles may possibly be merged in the initial development stage

Administrator

Development Worker

Denise Diskin (*Care and Community Development Specialist seconded from Local Authority*)

3.2 Volunteers

Board Members

Dorothea Annison (*Third sector governance and management Specialist*)

Glyn Barker (*Retired head teacher & Anchor Organisation co-ordinator*)

Liz Hendry (*Executive in care provision sector*)

Tracey McHugh (*Local care provider*)

Graham Mitchell (*IT & co-operative expert*)

Richard Murgatroyd (*Local Councillor*)

Susan Richards (*Retired Local Authority care services Director*)

Veronika Susedkova (*Third sector administration and data analysis Specialist and trainer*)

Jan Walters (*Solicitor*)

Sub Committee Members

Jane Foster (*Staffing*)

Julie Spencer (*Finance*)

Consultants

David Butterworth (*Wheawill & Sudworth Accountants*)

Anita Kelly (*Graphic Designer*)

Mark Kelly (*IT and Marketing Consultant*)

Helen Melia (*Community Shares Mark Assessor*)

Please see the biographies of our board members in *Appendix 1* or on our website:

<https://www.valleycare.coop/meet-the-team/>

3.3 Physical base

CCCV has entered into an initial 3 year tenancy with the Civic in New Street, Slaithwaite.

The Civic is a Community Owned Asset run by a Board of Trustees and we look forward to our new working relationship with a group focussed on community development and resilience.

The offices will provide us with sufficient space for the day to day administrative function, meetings and supervision of staff as well as induction and ongoing training.



4.

Operational Plan Key Features Statement

4.1 Competency, regulation and skills to deliver services

CCCV will deliver domiciliary care and therefore must be registered as a service provider with the appropriate national regulatory body (England). We will have to comply with relevant national standards covering staff training and qualifications, safeguarding, complaints procedures and care plans for User Members.

In England, under the Health and Social Care Act 2008, the organisation delivering domiciliary care must be registered as a service provider with the Care Quality Commission (CQC). They must appoint at least one manager to be responsible for the day-to-day running of the service, who must also be registered with the CQC.

CCCV will have to pass an inspection against the relevant national minimum standards before registration is granted and, if registered, will be regularly inspected to ensure that the standards are maintained. Registration must be renewed annually.

In order to meet the CQC Fundamental Standards (the national minimum standards for England), the registered managers (RMs) must have the necessary qualifications, competence, skills and experience to manage the agency. The recommended qualification for domiciliary care agency managers is the Level 5 Diploma in Leadership and Management for Adult Care.

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 forms part of the CQC Fundamental Standards and it highlights specific qualifications which are recommended for the care delivering staff: Level 2 Diploma in Care or the Level 3 Diploma in Adult Care.

CQC further requires that the provider is represented by an appropriate person nominated by the organisation to carry out the role of Nominated Individual (NI) on their behalf. The nominated individual is responsible for supervising the management of the regulated activity provided. It is expected that the NI is of good character; able to properly perform tasks that are intrinsic to their role; and has the necessary qualifications, competence, skills and experience to supervise the management of the regulated activity.

4.2 Regulated care services provision

We aim to support around 200 User Members funded privately, through direct payments and/or via a Local Authority Dynamic Purchasing System (DPS).

CCCV will offer a variety of referral methods to accommodate both private and professional referrals. Initial assessments will be carried out in the User Members own home. Where a LA assessment is already in place our assessment team will work alongside the User Member and family to identify the additional detail required to enhance the existing assessment.

User Members will be supported to tailor their package of care specific to their needs, wishes and

requirements. We will involve the people we care for and their families in making decisions about their care.

Staff Members will work within one locality, wherever possible within walking distance of each care package thus maximizing time spent with User Members and reducing the need for use of a vehicle.

Ideally we will aim for no more than 4/8 people to be involved in the delivery of personal care to each

4. Operational plan

User Member enabling good working relationships, trust and confidence to be built.

Staff Members will take responsibility for the day to day management of the care packages they are allocated, discussing directly with User Members and their family members where appropriate, regarding call times and providing as much flexibility as possible to adapt to User Members requests. CCCV aim to achieve a less hierarchical management structure which will encourage a greater degree of autonomy and responsibility with in the Staff Members teams and therefore improve levels of staff morale and retention

User Members will be invited and supported to participate in the recruitment process of all Staff Members in order that their and views and opinions can be taken into consideration.

Staff Members will work alongside volunteers to provide social and community based support to attend activities for those User Members who are unable and/or experiencing social isolation.

User Members will be supported to remain actively involved in their local communities, and encouraged to continue to develop and nurture personal relationships with friends and family members. Also to share existing skills, knowledge and life experience with others and/or engage in voluntary activities to promote self esteem and a sense of belonging and purpose.

**We will involve
the people we care
for and their families
in making decisions
about their care**

The Registered Manager will endeavour to use an appropriate amount of their contracted hours each month to contact or visit User Members and/ or their families to monitor quality and promote good practice. This will also ensure that they are visible within the service and User Members are able to build trust and confidence. This will enable the Registered Manager will be able to get feedback from User Members, observe staff and working practices and identify and address any concerns in an effective and timely manner.

Regular supervision of all Staff Members should be undertaken and where possible involve the input of User Members.

An annual 360 degree appraisal – Registered Manager – Staff Members – User Members – will be carried out and will inform the contents of future supervisions.

A comprehensive training and induction programme will be delivered to all Staff Members as is relevant to their job description. Where deemed appropriate and beneficial User Members, and their families may be invited to attend.

Care Staff Members will be given the opportunity to spend time within the office, developing care planning and assessment skills, report writing and management skills that will support their personal and career development.

Wherever possible ethical and sustainable personal protective equipment (PPE) will be sourced and used by Staff Members including fairly traded uniforms.

CCCV believes that quality person centred care requires adequate time to be delivered and as such all provision will be based on an individual assessment of need made with the full participation of User Members and their families where appropriate. Consideration will be given to the financial implications and any budget restraint to ensure that the service in a personalised but cost effective and efficient manner.

As a co-operative we will ensure that all Members have a meaningful stake and a say in how the service is run.

All Staff Members and volunteers will be valued and supported. They will have favourable working terms and conditions, quality training and the opportunity to contribute to decision making.

4.3 Non Regulated Voluntary Services (Care Store)

CCCV believe that a User Member’s care and support needs are much broader than defined by the regulated care model. Our model seeks to enable User Members to continue, maintain and/or develop their overall life experience as their lives progress and physical needs and abilities change.

At the core of our service will be community and family members of the co-op willing to contribute their time, energy and compassion.

Our Co-operative approach is for community volunteers to work with paid staff to help User Members stay independent and well.

We will:

- Pilot the a fully operational ‘Colne Valley Co-operative Care Store’ which mobilises the community to work alongside our staff members to support and deliver care
- Tackle social isolation and promote ‘social prescribing’
- Allow people to fulfil their full potential, remain independent and live well in their own homes
- As an Anchor Institution help coordinate and promote a co-operative approach with external agencies, including existing community, voluntary and faith groups and as far as possible
- Generate additional income for Co-operative Care Colne Valley (CCCV).

We believe this will:

- Make the service as widely available as possible irrespective of social, ethnic or economic background
- Incentivise and benefit all members of the co-op – User Members, families, staff and volunteers
- Promote an inclusive, friendly and supportive culture and service
- Stay place-based - seek to root the service within a particular area
- Encourage team working and genuine opportunities to meaningfully shape outcomes
- Treat everyone as an individual with individual needs



4.4 Development of Model Replication Project (Sharing Care)

Our funding from Power to Change sets out our aims to capture our current and ongoing learning and outcomes, facilitate research, reflection, and dialogue, and create an open information resource and associated service offering needed to drive the replication and federation aspects.

There is an imperative to encourage co-operation with other similar, autonomous, small-scale, place-based community care co-operatives, initially within Kirklees, but also more widely across the country.

The federated network model is common in other sectors of the co-operative economy, and enables autonomy whilst delivering value through shared services, economies of scale, and sharing of best practices.


We know that there are many complexities and potential barriers that could put off local groups and communities from establishing their own care co-operatives. The development funding would ensure that there is a clear synergy between doing and learning, so that knowledge and understanding is gathered, recorded and made available in a way that ordinary people and care professionals can usefully access, and which lowers these barriers.

As the first co-operative to be developed we will initially develop the administrative platform to service the needs of all federated co-operatives

through start up and then shared support to reduce overheads. This will include:

- start up toolkit;
- policy manual – with updates in line with national guidelines and legislation;
- book-keeping and payroll;
- procurement of resources – PPE etc;
- training – initial and ongoing.

Our financial modelling incorporates our providing administrative and training support services to newly formed local care co-ops. It also indicates that by year 5 of trading we would be in a position to separate off this service into a shared back office and training organisation - Co-operative Care Limited (CCL). If this model were adopted CCCV would become a purely delivery service purchasing the shared support services along the other federated care co-operatives. Any profits of CCL could then be used to continue with the support and development of new federated services.



Co-operation
with other similar,
autonomous, small-
scale, place-based
community care
co-operatives

4.5 Covid 19 – Anchor Organisation work

Following the outbreak of the Covid 19 crisis in February and March of 2020, CCCV were asked by Kirklees Council to be the anchor organisation in the Colne Valley.

Our function being to be the key point of communication, co-ordination and development for the Covid response, between the local authority and the numerous mutual aid groups that have spontaneously emerged in the early stages of the crisis.

Having appointed a full-time 'Anchor Co-ordinator', we initially sought to establish relations with the mutual aid groups (MAGs) and to try and establish common aspects of provision and share the good practice that was already taking place. Inevitably, given the ad hoc nature of the MAGs themselves, different forms of provision had emerged in the different 'villages' and communities throughout the Colne Valley. The initial role of the anchor therefore, was to try and establish some elements of a common approach without extinguishing the individuality that each group had brought to the activities. Moreover, what CCCV are committed to ensuring that everyone across the Colne Valley had equal access to a range of provision, irrespective of the ability to pay or otherwise. Within a short space of time together with the MAGs, we have achieved this.

From this point on, our aim is to develop and expand the range, quality and sustainability of provision being offered to each community. From a starting point of food supply and distribution, greater resilience and depth is being built into the stocks of food available to the MAGs for distribution among those in need. This was funded in part from the award of resources from the One Community programme. Similarly, safe storage capacity was built up, and local businesses – many of which were impacted by the economic effects of the crisis – were engaged in a programme of 'ready meals' production, which we can now store and distribute to members of our community.

Other activities developed have included measures to prevent social isolation and loneliness through social befriending services, medicine and prescription collection, advice and assistance with domestic fuel supply and affordability, and help with pets. We are currently in discussions around developing a hardship fund for those suffering most from the impact of the coronavirus, and are also looking at how we can continue to support the community as the nature of the lockdown changes.



5.

Financial

5.1 Start up finance

Our funding to date is comprised of a number of grants successfully secured for the development of the project/service:

Bright Ideas Grant	£14,937
Kirklees Council	£50,000
Community Shares Booster Programme	£5,100
Power to Change – Model Replication Project	£65,000 (restricted funds)
Anchor Organisation funding – Covid 19 response	£27,200 (restricted funds)

5.2 Community Share Offer

In order to ensure that we can establish a financially viable Service adhering to our Vision, Mission, aims and objectives our financial modelling shows that we will require an additional £150,000 to support our first years' trading. We intend to raise this through a Community Share Offer.

Community shares are a type of share used by Registered Societies like us. They are non-transferable, withdrawable shares. This means that unlike shares in traditional companies investors cannot sell them on to anyone else, but are entitled to withdraw their shares subject to the Rules of the Society.

We have already obtained match funding from the Community Shares Booster programme for matched investment. This means Booster programme (financed by Power to Change) will match every £1 invested by the community up to a maximum of £75K. It also means that our Business Plan and Financial Projections have been subjected to expert scrutiny prior to their commitment to match fund.

The share offer will be open for one month from 1st July 2020 to 1st August. If at the end of this period we are just short of the target, the Directors reserve the right to extend the offer for a short period. We will also extend the initial geographical target area for marketing the offer.

If we are still unable to achieve our target we will consider loan finance which should be available given that we will be moving into profit in years 2 and 3 – however, this will affect the length of time that the Investor share capital can be repaid so we hope this will not be necessary.

If we are oversubscribed with the initial launch we will limit the number of shares allocated per individual and by geographical area with priority given to residents of the Colne Valley.

Minimum and maximum investments

The minimum investment will be £50.00 to allow more people to invest in the project. The maximum investment will be £15,000 (10% of total amount to be raised) to prevent the Society being overly dependent on the finance of any one person/ investor.

Financial returns on investment

Our financial projections indicate that we will be able to pay 2.5% interest on members' shares from Year 3. The interest will be payable on the shares of Investor Members who retain the minimum for this offer of £50. The interest is not guaranteed and is dependent on the success of the Society. Interest is subject to the approval of the CCCV's members and will be credited to members' share accounts.

Shares do not increase in value, although in exceptional circumstances they can reduce in value. The Board may, at their sole discretion, suspend the right to withdraw either wholly or partially, and either indefinitely or for a fixed period. The suspension shall extend and apply to all notices of withdrawal which have been received and remain unpaid at the time the Board suspends the right to withdraw. Please see our Society Rules for more information: <https://www.valleycare.coop>

It is anticipated that Investor Members will be able to apply to withdraw their shares after 3 years, by which time CCCV should have achieved financial stability. The Directors of the Society can suspend withdrawal of shares dependent on the performance of the Society. Share withdrawal can only be funded from the retained profit of CCCV or by the investment of new shares.

The primary purpose of the investment is to achieve the community benefit rather than to generate profit for Investor Members. To ensure this, the payment of interest on withdrawable shares in Registered Societies is limited by the Financial Conduct Authority to that "sufficient to attract and retain the investment".

We will not be applying to HMRC for any tax incentives associated this share offer.



The minimum investment will be £50.00 to allow more people to invest in the project

5.3 Impact on revenue streams

This funding will secure the first 12 months of trading to ensure that high quality, sustainable services can be delivered by suitably trained staff from day one.

Built in to our calculations are reasonable levels of operating reserve which is based upon 1 (care) and 2 (management) month wages entitlement,

3 months' rent and sundry expenses. The maximum reserve we envisage in Year 1 is therefore £35,000.

5.4 Surplus

It is envisaged that by the end of Year 3 income should be sufficient to pay interest on investor members' shares and by the end of Year 4 and 5 to allow for a percentage of up to 10% per annum withdrawal of investor members' shares.

Share withdrawal will be reviewed annually by the Board with their recommendations presented at the relevant AGM.

Any surplus funds will either be reinvested in the co-op or used to support the development of provision of care services in other locations within the Kirklees area, through the replication model.

5.5 Notes on our Financial Forecasts (*Appendix 2*)

We have based our financial modelling on the following assumptions:

Care staff will be salaried and not paid on an hourly rate with flexible contracts offer to balance the needs of staff and the development of the service particularly in the development stage.

The rate of salary will be competitive within the industry standard. Mileage will be paid fairly but under the national average to discourage car use wherever possible. It is envisaged that once teams are working in one geographical location only, car use/mileage will be reduced.

Hourly charging rates for regulated care services will follow the Local Authority Rate which will vary from time to time. Non-regulated services will be offered on a variable pricing structure which will be negotiated on an individual basis with User Members.

In view of the responsibility that CCCV will have to User Members and Staff Members the Board has

agreed that it will be necessary to hold a reserve fund equivalent of 3 months operating costs to ensure that the service provision as well as staff's employment rights are adequately protected at all times against cashflow fluctuations.

Cashflow fluctuations will be inevitable because firstly we are a completely new service and will have premises and salary costs before we engage with any User Members; and secondly we will have regular periods where we have recruited staff teams who will undergo at least 2 weeks training before they deliver care.

The primary need for start-up finance provided by the Share Offer will be to allow us to ride this initial cashflow fluctuation and inevitable shortfalls within the first 2/3 years of trading.

6.

Marketing objectives / USPs

As new entrants into the local care provision sector we aim to:

- **Establish a high quality home care service** by identifying and contracting with User Members utilising either private funds, direct payment provision and/or Dynamic Purchasing Scheme contract from the Local Authority within the geographical area of the Colne Valley as set out in the detailed Marketing Plan at *Appendix 8*
- **Develop a client base** that enables us to scale the service delivery broadly in line with our planned recruitment and training programme, reaching approximately 200 clients
- **Build awareness, engagement and effective relationships** with the network of professionals and community organisations relevant to our geographical territory
- **Develop and implement a communications programme** designed to build our network of volunteers to enable us to roll out a vibrant volunteer community support offer to our User Members
- **Develop small dedicated care teams** to service specific local communities
- **Offer a unique, high quality service** to individuals. A phased approach will be implemented based on level of local demand. Growth will be managed on a month by month basis ensuring that the needs of the business are balanced alongside the need to maintain a high quality, user focussed service
- **Operate the Service with a flattened management structure**, enabling us to maintain very high standards of service, employment and environmental sustainability at a competitive rate for the local market

Marketing will principally be through community engagement events, our website and by establishing and maintaining relationships with professional referral organisations/bodies. Due to the nature of our localised business model, once established, we are confident that the majority of our business will be by word of mouth.

Community share offer

We will be employing the same tools and activities while promoting and encouraging the participation and investments in the community share offer. Community members interested in the possibility of investment will be able to learn about terms, conditions and detail through our website and social media, through an engagement event and/or contact us directly via email or phone.

It is envisaged that we will become consistently profitable by the middle of Year 2, growing to our maximum planned capacity in Year 3. Profits will be reinvested in the society, and utilised to develop and replicate the model in different geographical areas within Kirklees, and beyond if appropriate going forward.

Appendices

Appendix 1

Board Member Biographies

Dorothea Annison

I have spent my working life in the public and third sectors. My focus has been on making services work better for people. This has involved a variety of jobs including housing adviser, neighbourhood management, community participation, grants management and policy development. I have been a trustee of charities including WomenCentre, who manage contracts and have a professional staff team and Huddersfield Thespians an entirely volunteer run drama group.

I am currently using my knowledge of governance and management to support local organisations to obtain the Quality for Health standard. I got involved in this co-operative as I believe we can do better for older people and have had experience with my own parent's care needs. I would like to see a time when getting good care does not depend on having family members able to advocate but is available to all who need it as a human right.

Glyn Barker

I have lived in the Holme Valley for almost 20 years and have worked in and around the Colne Valley for the last ten. From 2010, I was a teacher and latterly Assistant Principal of Huddersfield New College, a leading sixth form college serving students from across the Kirklees area. Overall, I was a teacher in sixth form colleges for 24 years, before leaving the profession to work for my local MP in 2017.

I am Secretary of the Colne Valley Constituency Labour Party and have been a Councillor on Holme Valley Parish Council for the last year. As part of this role, I am currently Vice-Chair of the council's Climate Emergency Committee, addressing environmental, social and economic concerns in the valley. I have been a member of Co-operative Care Colne Valley since October 2019 and am currently leading on the co-op's replication project in the Holme Valley.

Elizabeth Hendry

I have lived in the Colne Valley for the last 20 years, and have been actively involved in supporting community run groups through fundraising and as chairperson for a charitable preschool. I became involved in the care co-operative to address the shortfalls in the current system of domiciliary care provision.

I am a regional manager for a national care provider

of residential and community care services and it is my responsibility to ensure the services deliver quality person centred care. Prior to this I spent 15 years as an inspector of health and social care services. My knowledge and experience of the provision and regulation of care will support the co-operative in providing high quality truly person centred care.

I strongly believe that care workers should be valued for the difficult yet rewarding role they do and I will work with co-operative members to ensure carers are provided with sufficient training, favourable remuneration, support and career development opportunities.

Tracey McHugh

I was born in the Colne Valley and returned aged 19 after moving around with my family as my Dad was in the Royal Navy. I have spent most of my working life in the care sector. Having worked for a number of providers over the years I set my own private care business.

I have personally witnessed the decline in care service provision and employment opportunities for dedicated carers over the years and became a founder member of CCCV because I believe that we can create a service that provides a much better experience for both client and carer.

Graham Mitchell

I have substantial expertise in the co-operative sector, going back to 1988 when I co-founded an award-winning employee-owned marketing services co-op in Southampton, where I also served for several years as chair of the local Co-operative Development Agency.

I then joined Co-operatives UK in Manchester, where I established new branding, communications and membership systems. I have lived in the Colne Valley with my family since 2001 (with the exception of a three year spell in rural Catalonia), and was a co-founder of the Green Valley Grocer co-operative in Slaithwaite.

Since 2006 I have been a partner in a small business providing development and support for co-operative and third sector clients on open source web applications and CRM systems. Alongside my work with the care co-operative I am also working to establish a co-op development service to help people across Kirklees to start more co-operatives.

Richard Murgatroyd

I am a long-standing resident of the Colne Valley, Labour Councillor for Golcar Ward, Kirklees and an experienced community and environmental activist. I worked as a college History teacher for many years, but has also undertaken roles spanning local government, trade unionism, working in the charity sector, small business and in universities. I have direct experience of promoting the co-operative sector at a community level and I am very interested in the potential of local, place-based co-ops to transform lives and opportunities.

These skills have enabled me to play a leading role in initiating the Valley Care project, developing policy, messaging and communication, liaising with decision makers and engaging with the community.

Susan Richards

I have had a 35 year career in social care, starting as a care assistant and progressing to the level of service director in the local authority. I am a qualified social worker – my practice days mainly spent in learning disability services.

I have held responsibility for a budget in excess of £100 million. I have also held responsibility adult safeguarding and domestic homicide reviews.

My responsibilities over the years have been wide ranging, including all regulated services for adults and some regulated services for children.

I am passionate about supporting people to live the life they want – even up to the end of their lives. Over the last few years it has become increasingly apparent to me that preventative services that help people maintain independence as part of a social network is crucial in supporting individuals' need for social care. The more peoples' lives shrink the more likely they are to be dependent on social care. When people need more support from services it is important that individuals and their families are able to shape and have control over the high quality they deserve.

My other passion is for the opportunities that integration affords in improving outcomes. Integration not only with health and social care but also maximising the benefits of partnerships with the voluntary and community sector.

At home I have a love for gardening and walking but I also love to travel in England and abroad. I am lucky enough to have a motorhome which makes this possible. In recent years I have taken up golf which keeps me busy in my spare time.

Veronika Susedkova

I live in Slaithwaite and have been involved in local community life for several years in many ways. I have been working in the third sector alongside organisations such as a local hospice, community based projects supporting refugees, asylum seekers and other migrants and The Welcome Centre - local food bank provider. I currently work for WomenCentre - local women only charity offering mental health and wellbeing support.

I am an experienced trainer and advisor, facilitator, campaigner, advocate, organiser, coordinator, networker, data analyst & visualiser and feminist. I work with others to challenge injustices and strive to be the change I want to see.

Janet Walters

I have lived in Marsden for 25 years and work locally as a solicitor. I am a Quaker, a human rights activist and an environmentalist. I currently co-chair Sanctuary Kirklees, an organisation supporting and welcoming refugees and asylum seekers to the area and am the Treasurer for Amnesty Kirklees, a local branch of Amnesty International.

In the last 6/7 years I have been actively involved in the procurement and monitoring of care services for my parents which has led me to become committed to the establishment of CCCV for the benefit of my local community.

Appendix 2

Financial Projections

Our detailed Financial Projections are available as a separate document by request. As part of our registration with CQC we are required to have these projections checked and signed off by a competent accounting professional. David Butterworth from

Wheawill & Sudworth Accountants in Huddersfield has provided this service for us. They have also been scrutinized by the Co-operatives UK Booster Panel experts and found satisfactory and sufficient for them to offer the match funding.

Projected income and expenditure

	Year 1	Year 2	Year 3	Year 4	Year 5
Total income	£220,570	£572,521	£959,965	£1,095,571	£1,114,071
Overheads	£303,469	£566,076	£824,163	£922,110	£966,749
Net profit/loss	-£82,899	£6,445	£135,802	£173,461	£147,323

Projected income and expenditure shows that we can afford to pay interest on invested share capital from Year 3.

Projected cashflow

	Year 1	Year 2	Year 3	Year 4	Year 5
Opening cash balance as at 1st July 2020	£54,550				
Start up/prelaunch costs and expenditure	-£51,565	£0	£0	£0	£0
Net financing cash flow (<i>community shares</i>)	£150,000	£0	£0	-£15,000	-£15,000
Opening balance	£152,985	£70,085	£78,526	£208,582	£363,293
Closing balance	£70,085	£76,530	£212,332	£382,043	£510,616
Interest on shares paid	£0	£0	£3,750	£3,750	£3,750
Share Capital repaid or moved to reserves	£0	£0	£0	£15,000	£15,000
Balance c/f	£70,085	£76,530	£208,582	£363,293	£491,866
Net cash movement	-£82,899	£6,445	£132,052	£154,711	£128,573

Projected balance sheet

	Year 1	Year 2	Year 3	Year 4	Year 5
Fixed assets	£1,000	£1,000	£750	£500	£250
Current assets (cash)	£66,085	£72,530	£200,582	£353,293	£471,867
<i>Debtors</i>	£10,000	£12,000	£20,000	£25,000	£25,000
Current liabilities & accruals	-£6,000	-£8,000	-£12,000	-£15,000	-£15,000
Net assets	£70,085	£76,530	£208,582	£363,293	£491,867
Reserves	£0	£0	£0	£15,000	£30,000
Balance brought fwd	£2,985	£70,085	£76,530	£208,582	£363,293
Profit/loss for year	-£82,899	£6,445	£132,052	£154,711	£128,573
Member share capital*	£150,000	£150,000	£150,000	£135,000	£120,000
Cumulative reserves	£70,085	£76,530	£208,582	£363,293	£491,866

Note: As a care provider registered with the Care Quality Commission, we are not able to register for, or charge, VAT.

Appendix 3

Model Replication Project – Sharing Care

We have received funding from Power to Change in the sum of £65,000 to fund this project which will run alongside the development of the Service and replicated co-operatives. This funding will be shown in CCCV accounts as a restricted fund and has not been included in the financial projections for this reason.

Both financial and in-kind (personnel) resources will be ring-fenced and specifically dedicated to the development of the Model Replication Project. CCCV will benefit from the project in terms of enhancement of our profile locally and nationally and as the first Service developed will charge for support given to new co-ops, in effect sharing the “back office” functions.

The aim of the project is to empower communities to meet their own social care needs through the creation of viable community-owned care co-operatives. We will build on the model of an exemplar care co-operative in the Colne Valley and create an open digital resource and an advice, information and support services package.

We are already in the process of drafting the toolkit which will facilitate discussion in the sector and support the development of local, better, fairer care.

The toolkit chapters are:

- Getting the Big Picture
- Getting together
- Getting organised
- Getting funding
- Getting the good news out there
- Getting ready for CQC registration
- Getting Care Professionals on board
- Getting the Volunteer and Community strand together.

We have now identified our first geographical area where we facilitate replication work and have an engagement plan in place.

We also aim to host a national conference to launch our toolkit and springboard our offer of support to other groups interested in creating social care co-operatives. The timing of this has been impacted by the Covid-19 crisis, however, we have adapted our plans and keep them under ongoing review. The remainder of 2020 will see us deliver several webinars as we continue to strengthen and further develop our relationships with other groups and members of the movement. The outline for the webinars is as follows:

- Co-operative care and the implications of the Covid-19 crisis
- Different models of co-operative care (e.g. with panel from CCCV, a worker care co-op, the Calderdale Care Co-op, academics)
- Introduction to the Community Care Co-operative model
- Community Care Co-operatives – benefits and opportunities for local councils and commissioning bodies
- ‘Don’t forget the workers!’ How could co-operation help the Social Care workforce? (panel including trade unions etc.)
- Getting a local Community Care Co-op project going and how we can help.

Appendix 4

PESTLE Analysis

An overview of key factors in the external environment and their potential impacts that have been taken into consideration in the development of this plan.

4.1 Political

While there is a broadly aligned statement of intent from all political parties to provide better provision for all aspects of social care, there is no clarity as yet on the approach to be taken, or the timeline for implementation of any major policy initiative.

Against the backdrop of more than a decade of austerity policies from central government Kirklees Council resources are fully stretched and this situation is unlikely to improve significantly in the short term. Given the remaining uncertainties around Brexit, and the predicted global recession, at least in the short term, it appears inevitable that funding for local authorities including Kirklees will not improve.

The Covid 19 public health crisis is currently highlighting the problems within the care sector, raising public awareness to the problems within the sector.

4.2 Economic

In the light of the current political situation referred to above it seems probable that the UK will enter a period of recession, or failing that the economy will continue to perform poorly in terms of conventional measures of growth. This may well impact on pension performance and private incomes for individuals.

The impact of the current and likely future pandemics will continue to impact the global economy for an extended period making local resilience all the more important.

Similarly catastrophic climate change, currently unmitigated, will increasingly create further economic instability in terms of reduced resources and food supplies which will impact on individual incomes.

4.3 Social

There is an increasing social awareness of the benefits of “community” – resilience, mental and physical health, combating social isolation and loneliness. The North of the UK and specifically the Colne Valley has a long history of radicalism, community activism, and a strong connection with the co-operative movement. At the same time we live in a society suffering from the consequences of growing inequality, and substantial cuts in public services that serve to mitigate some of these inequalities.

Perceptions of individual responsibility in paying for personal care are inevitably adjusting in a rapidly changing social demographic

4.4 Technological

The pace of change of technology (and in particular digital technology) continues to increase very quickly, and it can be hard to keep pace. The rise of artificial intelligence technologies (AI) and the influence of “big tech” companies become ever more pervasive in various aspects of our lives. In the delivery of social care, which is a very labour intensive sector, we can expect tech innovations to have an increasing impact. In terms of the ability of these technologies to facilitate communication, improve our operating efficiencies (for example through streamlined administration and day to day operations coordination), and free up staff time for the delivery of high quality care, these innovations are to be welcomed.

Our approach is very much driven by the central importance of the relationship between a receiver and giver of care – the personal interaction is fundamental to the creation of wellbeing, the reduction of social isolation, and the improvement of health outcomes for care receivers. Where tech can support this it can be of great value. Partly as a consequence of this we don't currently see technology acting to disrupt this sector, but we do need to remain alert on this front.

4.5 Legal

We operate in a highly regulated sector. The statutory and regulatory environment is evolving, and will need to be continuously monitored to ensure ongoing compliance.

Governance and financial probity – policies, procedures and – as needed – appropriate training will need to be implemented to ensure that board members and staff can effectively govern the Society within the framework set by our governing document. Suitable accounting and financial reporting systems will be implemented to ensure effective financial management of the Society.

4.6 Environmental

The impact of currently unmitigated climate change will have an increasing – and likely negative – impact on all aspects of day to day life. In respect of care service delivery likely impacts will be to supplies, materials and transport affecting continuity of care for recipients.

In terms of our direct impact on the environment the main factors within our control are:

- Travel/fossil fuel - with Staff Members spending a small but significant percentage of their time each day travelling to and from the homes of User Members. Route planning software can assist in reducing miles travelled as well as carefully planning of staff rotas to keep travel between calls to a minimum and employing locally based Staff Members where possible;
- Ethical procurement of PPE which mainly comprises single use plastic, office equipment and stationary – recycled products and ethically sourced equipment and machinery will be purchased where possible.

Appendix 5

SWOT Analysis

This section aims to summarise our work in identifying and addressing key internal strengths and weaknesses of our operation, and also the key opportunities and threats arising from external factors.

5.1 Strengths

- **Our team:** We already have a strong team gathered around the project, with a lot of relevant expertise, and good diversity of skills, talent, knowledge and a strong enthusiasm to see the project succeed.
- **Industry expertise:** We have access, on the Board and with our Nominated Individuals and seconded Workers from the Council, to a very high level of knowledge and expertise about the sector that we are working in.
- **Excellent contact with and active support from our local authority:** Led by Richard Murgatroyd (an elected councillor and the chair of our founding board) we have established and developed an excellent working relationship with the local authority.
- **Our co-operative structure and ethos:** Based on globally recognised co-operative values and principles, our approach from the ground up puts the wellbeing of User Members and care workers front and centre, contrasting with an investor-led corporate model which puts profits before people;
- **Ethical and environmentally conscious employer and service provider;**
- **Local:** Small teams delivering services in a defined area to ensure continuity of care, accountable through our co-operative ownership model to our members and our local community;
- **A holistic approach:** Placing care back within a family/community context, and within a broader wrap-around goal of mobilising community volunteering we believe we can achieve improved outcomes for everyone concerned.

5.2 Weaknesses

- We are a new entrant into the market, and so will inevitably face a steep learning curve. Local recruitment wherever possible and a keenness to learn within the Board team will enable us to quickly understand our market and establish ourselves.
- Our unfamiliar operating model will demand a change in culture and mindset for many employees who will be used to old-fashioned approaches. We will invest in training, effective recruitment, and our terms and conditions of employment to facilitate the empowerment of our employees to realise the vision.
- We need to raise sufficient working capital, primarily through our community share offer, to underwrite the costs of the early months of trading until the revenue stream is secured, we achieve a break-even position and move into surplus. Our operating model has sufficient flexibility built in, especially over the course of the first trading year, such that we can respond quickly to unexpected deviations from our planned roll-out. It may be necessary for us to consider Loan finance as a back-up in the first year of trading and this may impact our ability to pay interest to our Investors and/or pay back share capital within the timescale we envisage.

5.3 Opportunities

- It is widely recognized and acknowledged that the current system and delivery of domiciliary care services is “broken”. We will be offering a service that provides recipients with high quality, reliable, professional care tailored to their individual needs;
- Generally speaking the current system undervalues and underpays care workers. We will offer fair terms and conditions (which in reality will be significantly better than the norm for the sector), respect for and recognition of the value of the work being undertaken;
- The co-operative model offers a proven, viable and sustainable alternative to the purely capitalist model and will engage wider communities which will inevitably need to become more self-reliant and self-sustaining as the challenges of (currently unmitigated) climate change become more apparent and detrimental to all.
- Legislative changes around social care – these could be both an opportunity and a threat. For example there may be changes in the regulatory framework following the recent public health crisis that favour our operating principles and potentially enable more scope to progressive organisations like us.

5.4 Threats

- Change of assessment criteria for direct payments
- Inability to raise sufficient funds through the share offer to support the first year of trading
- Recruitment of staff who can adapt to a new model of working and engage with the co-operative ethos and values
- Local authority cuts/austerity – ongoing and likely to get worse at least in the short term
- Change of perceptions – societal attitudes to paying for care in the light of changing demographics and the gradual dismantling of the welfare state.
- Legislative changes around social care – these could be both a threat and an opportunity. Moves to tighten up the legislative and/or regulatory environment could have cost implications and/or make it harder for our operating model to work effectively.

Appendix 6

Risk Analysis

There are a number of areas of risk that we have identified as potentially affecting our business objectives. These are highlighted below, with details of any measures that we will take to minimise the impact of them occurring:

Strategic risk

The main strategic risk to our business is the failure to contract with sufficient numbers of clients to provide and sustain financial viability. Generally speaking there are 3 routes for clients seeking care:

1. **Private** – contracting directly with individuals paying for services from their own resources
2. **Direct Payment** – social care payments allocated to an individual to enable them to make their own decisions about provision for care services
3. **Council Contract** – bulk contract to deliver care services.

Initially we will market to and contract directly with clients in categories 1 and 2 and will consider bidding for bulk contracts once the service is established and our capacity can be properly monitored.

We will market and promote our services in the local communities where we will be operating.

We will engage and partner with the Local Authority Adult Services department to promote our services.

We will carry out regular market appraisal activities to ensure that our charges are both fair and competitive.

As a new provider, offering a distinctly different model of service – we need to work hard to establish local presence recognition and a reputation both as an employer and provider.

Operational risk

The main operational risks will be, staff retention, unexpected staff absences and IT breakdown.

In general the sector suffers from high staff turnover rates. We believe that by encouraging and incentivizing employees (with excellent terms and conditions, training, supervision and above all respect and value for the services they are providing) that we can deliver a much better retention rate than the norm in our sector.

It is recognised that there is a higher than average risk of muscular injury to staff delivering care services and our we have designed our operating model accordingly, providing an additional part time worker into every care team and by building in the requirement for the Registered Manager and Field Care Supervisor to deliver care as part of their day to day duties and responsibilities.

Careful design of IT systems to build in redundancy and resilience and minimise downtime in the event of a failure will mitigate the impact of issues such as hardware failure or loss of connectivity. We will have a disaster recovery plan that can be quickly implemented in the case of a systems failure in order to maintain service.

In the event that the Society underperforms, the Directors can reduce or suspend the payment of interest on shares and suspend the withdrawal of shares. In extreme circumstances ie. the Society's liabilities exceeding its share capital plus its assets, the Directors may resolve to redenominate the nominal value of all issued shares to 10p or any multiple of 10p (see clause 30 and 31 of the Rules of the Society).

Regulatory risk

Our business will be required to register with and be compliant with the requirements of the Care Quality Commission. Loss of registration for breach of statutory regulation or persistent non compliance could potentially lead to legal action and/or being required to stop trading.

We will ensure that the Nominated Individual, Registered Manager, Field Care Supervisor and Care Staff receive the appropriate level of continual update training covering regulation and best practice.

We will also ensure that all and any volunteers working within the business structure will receive training and guidance to a level appropriate to their role and ambitions.

Appendix 7

Marketing Plan

Our goal is to achieve a client base of approximately 70 across our geographical territory in the course of the first year of operation.

We envisage a roughly 33% split of clients funding their care privately and those utilising direct and Local Authority payment structures. Our offer is distinctive and clients will be attracted not only by the quality of service but also by our values-led approach, our ownership and governance model that puts them in control, and our commitment to our employees.

1. The Service Offer

Co-operative Care Colne Valley is a “values led” provider of social care aiming to provide the best possible care at a price affordable by those accessing Council funding as well as private clients.

Our service is distinctive and will be marketed on that basis with an emphasis on:

- Our core values – recipients of care services, staff, volunteers and other community members collectively aligning their common interest to run the co-operative;
- Not for profit - all surplus will be reinvested in the business and/or used to replicate the service in other areas;
- A flattened model of management which will reduce overheads and engage all staff more fully in the operation of the service;
- Our staff team will receive good rates of pay and terms and conditions more favourable than the industry standard, investment in training and development opportunities to promote skills, staff retention and motivation;
- Our service will as far as possible provide care services designed around individual needs with built in flexibility delivered by locally based teams known to the recipients;
- Our volunteer programme will enable local residents to remain engaged and active in their communities. We believe that this will deliver customer and staff satisfaction ensuring retention of both. Recruitment of new clients by word of mouth will be achieved by acquiring an excellent reputation as a provider and employer amongst our recipients, their families and friends, staff and local health and social care professionals.
- In order to maintain our values, our local ownership and accountability, and the standard of service excellence, we will limit the number of clients we serve at any one time with a view to achieving further growth by replicating rather than expanding

our business, by supporting the development of similar co-operatives. Although each co-operative will be distinct and autonomous in terms of service delivery, it is envisaged that they will be closely networked and share administrative and other back office costs and training facilities to ensure cost efficiency.

- Our business model is rooted in providing good terms and conditions for staff as this is the foundation of a quality service. Our financial modelling indicates that we can do this and still price our service competitively. Our co-operative structure, local focus and volunteer support distinguishes us from other local and national providers.
- User Members will be supported to co-design their package of care specific to their needs and wishes. We will involve the people we care for and their families in making decisions about their care. Our User Members will be both privately paying and local authority funded.
- Staff will work within one locality, wherever possible within walking distance of each appointment thus reducing the need for use of a vehicle.
- Continuity of care and Worker numbers involved will be a key feature in the delivery of care to each User Member enabling good working relationships, trust and confidence to be built.

We have run a number of consultation/engagement events locally which have been well attended and evidenced a strong interest in the service we intend to provide.

We have consulted with the Commissioning Manager for Adult Social Care in Kirklees Council who has confirmed that there is currently an average of 66 clients utilizing the direct payment facility with Kirklees Council Adult Services in the Colne Valley having been assessed for care provision.

One of our Board Members, Tracey McHugh, who works locally in the sector is aware that there is considerable local demand from private paying User Members which is not being met by the current providers. We have researched other companies offering home care locally – there are large companies delivering both contracted and private services and smaller companies focussing on private paid care.

In terms of Kirklees Council’s principal providers we understand that from an initial list of 26 only 15 are

currently operating. We are not aware that any of these are:

- a not for profit or co-operative business model;
- offer the extent of flexibility and continuity of care that we will provide, or;
- offering terms and conditions of employment that we will provide.

Consequently we are confident that we have a highly distinctive and compelling service offer that will be attractive both to existing and potential users of care services.

2. Pricing

Our financial modelling is based on the principle that we need to ensure that our costs are covered. Although we will have higher costs in some areas than our competitors because we will be investing more in our staff, providing volunteer services alongside the care provision and using the most environmentally friendly products currently available, we anticipate that the savings in terms of our flattened management and not for profit structure will keep our pricing competitive.

We have based our charging on the current standard rate set by Kirklees Council (DPS), currently £18.50 per hour to ensure that our service is available to all and not cost prohibitive to recipients dependent on council funded care. (We are aware that a slightly higher rate (£22.50) will be applicable in some of the more rural delivery areas where we will operate.)

The same rate will also apply to privately paying customers. This will be monitored regularly to ensure that our charges remain both fair and competitive.

Direct payment rates will be determined based on level of needs and individual circumstances.

3. Marketing Channels

Potential User Members will be able to contact us in a variety of ways – at our office, via our website, via email, phone and post. Following the initial contact arrangements will be made to discuss details of the service user needs and our care delivery model.

We will market our service through a range of channels, each selected to provide a cost effective way to communicate with our target audiences. As a place-based organisation we can achieve a high level of visibility in our locality at a low cost. We will have more detail on marketing channels as our Registered Manager moves into post, but this is likely to include focussed events aimed at creating awareness amongst professionals in the sector, and community outreach programmes designed to build visibility amongst potential User Members and their families and networks.

Supporting this effort we will also market our service via our website, through social media, a printed brochure for prospective customers, leaflets in GP surgeries, libraries, churches and community centres and via networking with local professionals and community organisations.

Following initial contact with potential clients, further discussion, and formal assessment, will be carried out in the client's home. We will have an office based in the Colne Valley that is accessible to all Worker, User and Family Members

4. Promotion

We have created a website which will enable people to get information about our services, provides contact details for potential recipients and their family members, staff and volunteers, and which will provide online forms enabling interested parties to submit an initial enquiry. Over time the website can be further developed to provide additional interactive service options for clients as well as employees, volunteers, and board members.

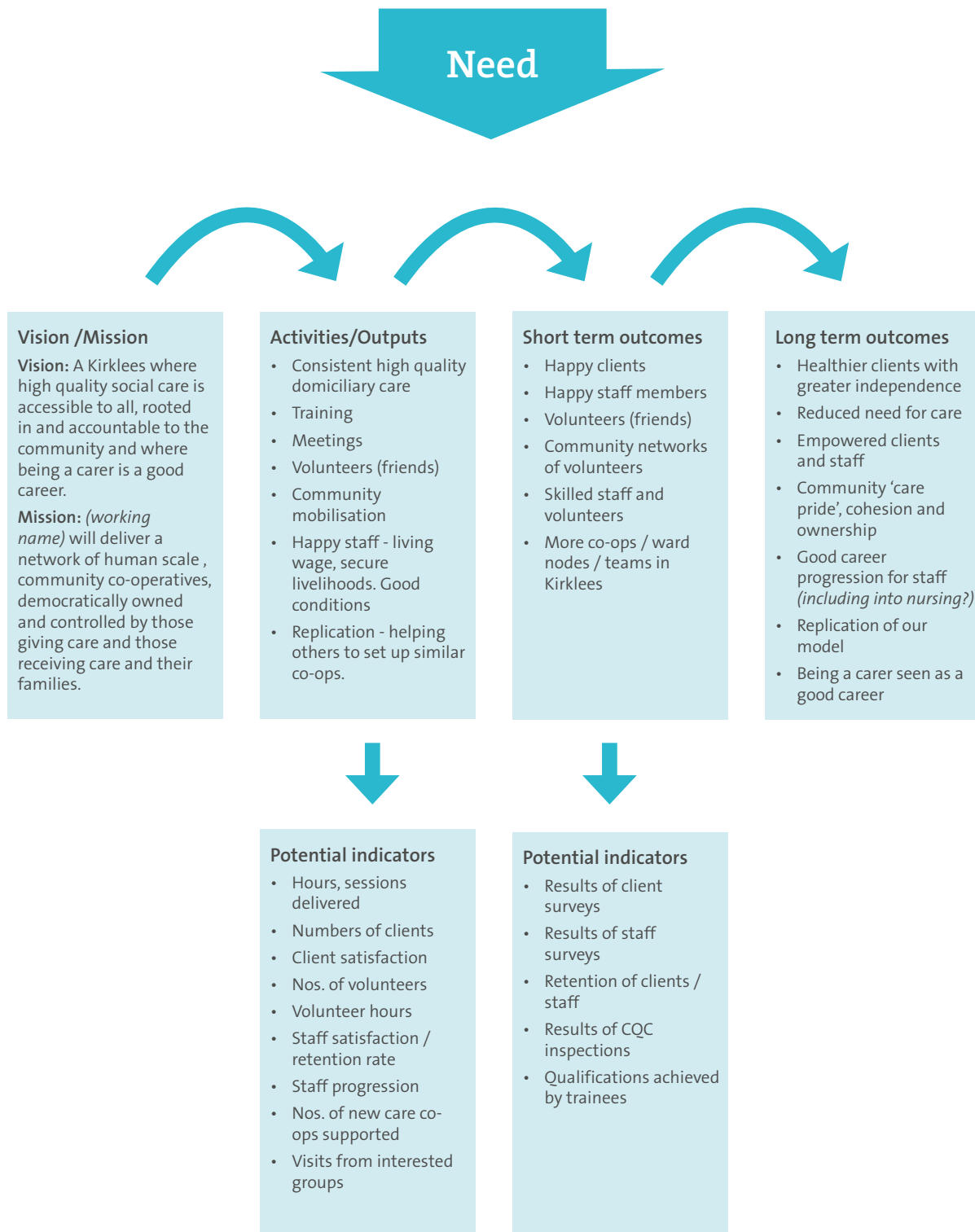
Once established the quality of our service and local reputation will promote itself and we will utilize our online profile to share feedback, customer reviews as well as any relevant service updates.

Our Community Share Offer will also provide us with promotion opportunities in terms of encouraging the participation and investments in the local community. Community members interested in the possibility of investment will be able to learn about terms, conditions and detail through our website and social media, through engagement events and/or contact us directly via email or phone.

Appendix 8

Theory of Change

Social Impact – Theory of Change Model – Co-operative care Colne Valley



Appendix 9

Timeline

Summer/Autumn 2019	Brand and website development Policies and Procedures	
November 2019	Development and Finance: Operational:	DBS checks for all Board members Community engagement event/s
December 2019/Jan 2020	Development and Finance: Operational:	Identify office premises Prepare CQC registration application
December 2019	Development and Finance:	Board Away Day Identify and appoint payroll provider Purchase office and IT equipment
January 2020	Development and Finance: Operational (RM):	Support to RM as required Onoing policies/procedures/training plans Marketing and networking Setting up office and IT facilities
February 2020	Finance and Development: Operational (RM):	Support to RM as required Business Plan, Share Offer document and Financial Projections Write policies and procedures
March 2020	Delayed due to impact of Covid 19 crisis	
May 2020	Decision to test market in respect of Share offer and if favourable to proceed with launch, recruitment and submission of CQC application.	
June 2020	Recruitment of Community Business Manager/admin officer Approve policies required for CQC registration Sign off Financial Projections Business Plan and Share Offer Document (send for design work) Community Share Mark Assessment Booster panel application	
July 2020	Share offer launch	

