

Schedule 1 Appendix B Part 1: Tender Response

Part 1

Q2.3.2 Proposal

Please provide a detailed description of the design and content of your offer for the provision, including how this meets the requirements outlined within the WHP Specification.

Your response should:

- Provide one example of a participant journey for the Health and Disability group and one other example of a participant journey for one other participant group listed at section 2.11 of the WHP Specification, to illustrate how you will provide a structured programme of interventions for each individual participant from Day 1 of referrals, the rationale for your approach and the intended frequency of these interventions for each of the two participant groups in your examples.
- Explain how you will engage prospective participants at the point of referral to the provision to ensure a high percentage of referrals start on the provision and how you will continue to ensure participants remain actively engaged with your provision in order to maximise outcomes as well as how you will continue to try to re-engage participants who disengage. Please also include why you think these approaches will be effective given what you know about the participant groups.
- Please provide two examples, with each example relating to a separate participant group, of where you have successfully engaged similar participants on relevant current or previous provision, and with what success.
- Outline how your proposal is different to services provided by JCP.
- Explain how an individual participant will receive regular reviews, including the format these will take and why you have chosen this approach. Explain how you will ensure that they progress while participating in the provision and how progress will be measured in these reviews.
- Describe the duration of each stage or intervention of the provision for an individual participant, covering each customer group, the method of delivery e.g. face to face, telephone, web based, individual, group work etc. and a rationale for why this is appropriate for the target participant group.
- Using two examples to cover at least two of the participant groups outlined within the WHP Specification, provide a rationale to clearly demonstrate why your proposed content is suitable for the specified participant groups giving evidence to support this rationale.
- Please provide one example from your organisation's current and/or previous relevant delivery experience of where your proposed approaches have been successful in the past for these groups.
- Explain what in-work support, including for self-employment, you will provide and how you will ensure that it meets an individual participant needs and employer needs to support the achievement of sustained employment.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to 7 sides of A4, **excluding** the question text and these instructions.

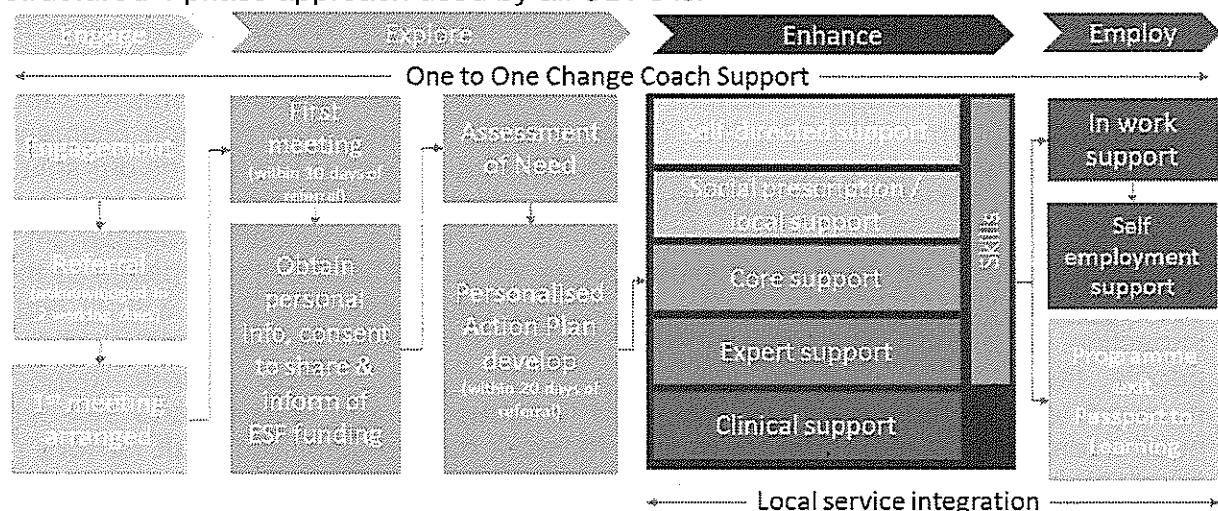
DESIGN PRINCIPLES The Pluss solution will secure the right job, not just any job, for Work & Health Programme (WHP) participants. Every participant will have a positive experience that moves them measurably closer to work. **No-one will be left behind.** We already support WHP-eligible customers into sustained work as a high-performing specialist DWP Prime who also deliver award-winning mental health and disability employment programmes and run social businesses. As a social firm, we employ many people who overcame the challenges WHP participants face. That's why we passionately believe that, with the right support, most people can excel in work. This is a key principle of our solution. Our commitment to transform the *health & work* landscape drove our dialogue with DWP that led directly to Disability Confident (DC), DWP's scheme to help employers recruit and sustain people with disabilities and health conditions, and Pluss now sits on DWP's DC advisory group. **Who we are** drives the behaviours and culture of our staff in supporting customers. It also shapes **how we act** as a DWP prime, **how we select** and work with our partners, and **how we build trust** and collaborate with employers & stakeholders. We are not shareholder-driven, which means these values are at the heart of what we do. Our solution, [REDACTED], is the single model approach we will use across our supply chain. It is based on our proven Work Choice (WC) delivery model. This uses the evidence-based Individual Placement and Support (IPS) approach we adapted with the Centre for Mental Health (CMH) for use with all customers with multiple and complex support needs. Our IPS approach means: putting work at the heart of successful recovery; Intensive 1 to 1 mentoring; the best route into the right job; a strong partnership between employee & employer. Pluss has delivered excellent WC provision for the last 7 years across 40% of CPA 4, for 8600 customers. 64% of customers currently move into work;.

DESIGN AND CONTENT We have prepared for 2 years for WHP by interrogating our proven WC delivery, by analysing participant need with our **Expert Panel** (EP) comprising UK-leading condition-specific experts CMH (MH), Genius Within (hidden disabilities), Royal Deaf Association (sensory impairment), Ingeus (physical conditions), PACT (ex-offenders), Addaction (substance misuse) and Pop Up Business School (PBS) (self-employment), by consulting with 300 WC customers, & by reviewing the 16-point cluster analysis of WHP-eligible Work Programme participants undertaken by our alliance partner Ingeus. *The outcome:* we have retained [REDACTED] of the core WC model which we have delivered since 2010 at a comparable scale to that required for WHP [AAR 15]. We are growing this IPS-based model responsibly with additional evidence-based resources including our broadened digital package of interventions to meet low-level needs that forms an integral part of Ingeus' current *Working Well* delivery [AAR 1], and an *Integration Framework* (IF) to efficiently blend our own core support with local services. This means our solution fully meets the WHP Specification and will be effective for all participant groups. Our expertise, research and EP partnership means we have a complete understanding of the challenges facing the 3 participant groups which [REDACTED] addresses at three levels

1. INDIVIDUAL NEED: Our holistic solution addresses both 'Push' & 'Pull' factors impacting on participant journeys. **Push factors** influence how fully and confidently people feel able to engage with the labour market. These factors (condition management, self-management, the need for structure and stability, and self-belief) need addressing *in order that* the search for work can be optimised. **Pull factors** (the candidate's offer, ability to market themselves, job fit, employer's confidence to recruit & recruitment process) influence the receptiveness of the labour market to WHP participants. In 2017 we successfully rolled out relevant parts of [REDACTED] for 5 Big Lottery BBO and 1 DWP ESF employability contracts worth £24m using over 50 core partners to support 7,500 participants with multiple and complex support needs. Since April, we have invested to further evolve the model for WHP Go-Live, incl over 200 further days of digital development to our core Customer Management System (CMS) data system, and the *transformational change* strategy we are already delivering for all 9 core delivery partners (CDP) incl Pluss to ensure all are committed & resourced to deliver [REDACTED] as a personalised IPS-based programme [AAR15].

2) MAXIMISING LOCAL INTEGRATION: Our 2-year in-depth analysis of the CPA, together with the BBO

employment provision being delivered by Pluss & our CDPs which covers **85%** of the CPA, gives us an unrivalled understanding of its complex geography of 200 urban, rural, port and coastal communities. This includes the West of England DDA, variations in economic growth, job densities, skills needs, deprivation, service provision, and cultural & ethnic clusters. To ensure participants get an equitable service wherever they live, [REDACTED] provides a *Single Model, Local Delivery* solution. All [REDACTED] CDPs are experts in Health and Work; [REDACTED] are best placed to align delivery with the local services and stakeholders they already work with, whilst Ingeus brings its robust capital credentials and national employer accounts to an area 40 minutes' travel time from London. This means every customer can draw upon the best available local and national support. After Go Live, two dedicated *Partnership Integration Managers (PIM)* ([REDACTED] servicing the 6 South West LEPS & DDA, and the other the 6 Greater Thames Valley LEPs) will provide large employer (LE) regional account management, work to strategically align health, employment & civil society partners and refresh local IF offers [AAR 1]. Our *premises solution* means no-one will be more than 60 minutes on public transport from one of our 70+ fixed hub sites (Hub is providers sole use, Co-location is where the use of space at another provider location is beneficial and an agreement is in place) or one of our extensive outreach venues (Appropriate venues to meet with customers on a demand led basis) [AAR 12], e.g. 58 outreach sites in Cornwall & the Scilly Isles including every Cornwall NHS Trust CMHT site. **(3) MANAGING & MAKING CHANGE** We recognise the likelihood of significant change over the life of WHP. Pluss will be change-makers driving an evolving [REDACTED] model. The [REDACTED] PIMs will use live data from CMS to ensure the IF responds to changing needs to achieve service improvements through integration of local provision. The *Local Integration Board* we establish in each LEP area will drive the 'work as a health outcome' agenda with key stakeholders. Our *National Partnerships Manager* will work with national stakeholders and EP to assess & mitigate the impact of current and future changes on participant journeys and use this to continuously improve performance. To create a community of disability confident (DC) employers across the CPA Pluss will deploy our award-winning DC programme which is '*inspiring*', [REDACTED], DWP Relationship Manager. **ENGAGING PARTICIPANTS** [REDACTED] structured 4 phase approach used by all CDPs is:



Engage In order to maintain participant engagement in a change programme like WHP, we know that the way we engage, assess, plan and support participants must be part of a broader approach that helps them make the fundamental changes needed to win and sustain work. [REDACTED] will achieve this by: ensuring participants can see and measure [REDACTED] ongoing relevance to their goals + providing evidence of impact + a trusting 1 to 1 mentoring bond (Kahneman). At referral, each participant will be assigned a Change Coach (CC) who is a single point of contact and mentor for the whole programme. As part of our single model, every CDP's CC caseload sizes (ave 45) provides the 1 to 1 CC time with a participant (ave 22 hours) to sustain that bond. The CC will, when appropriate to meet participant needs, hold a 3-way pre/post referral

meeting involving the participant's JCP Work Coach to support a soft entry to [REDACTED]. We have developed a *Competency Matrix* for CCs with our EP and the *Institute for Employability Professionals (IEP)* that includes emotional intelligence, problem solving & planning to ensure consistent & effective support for every participant. It will underpin all CC recruitment & continued professional development (CPD). We know, for example, that **85%** of all 3 customer groups will have experienced mental ill health, and 1 in 3 will have a current mental illness (*Mental Health Foundation '17*). So, our intensive first 12-weeks of post-induction CC CPD (0.5 days/week) includes Mental Health First Aid training. To maintain engagement, [REDACTED] will deliver co-produced assessment and planning, regular reviews with the participant as an equal partner, a Customer Employment Pathway (CEP) to measure and drive progress towards the end goal, and a Value Index – a monthly process which enables participants to calculate numerically [REDACTED] value to them in relation to 3 metrics (their trust in the CC, the programme's relevance to their needs and the distance they have travelled) which combine to create the overall Value Index. **Re-engagement:** CC will make contact attempts daily (5 days); mandatory participants are then referred to the DWP Decision-Making team. Voluntary disengagements will be notified to DWP via PRaP & further contact attempts weekly for 5 weeks. **(1) Welcome meeting** (1-hour) The most suitable venue will be identified with the participant. The CC introduces the [REDACTED] programme. The ESF2 & consent documentation is explained & signed. The CC provides a tutorial in logging-on to our customer portal, the Pluss Opportunities Hub (POH). **(2) Our guided self-assessment** ~~explores~~ takes an evidence-based Bio-Psycho-Social (BPS) approach refined with our EP. This means a focus on all the forces affecting a person's life and work chances over 2 x 1-hour separate face to face (f2f) sessions with the CC. It includes a guided conversation on self-employment options developed with our EP member PBS, and the use of screening tools developed with our EP to explore, assess and manage condition-specific risks. **(3) Work & Health Action Plan (WHAP)** ~~explores~~ The on-line planning template is organised to sequence interventions to tackle key issues and risks first e.g. housing, unresolved health, money, before the primary focus shifts to work. The template links each need to the right structure and sequence of support in the form of SMART objectives that will be achieved by using interventions drawn from our IF. The printed version of the WHAP fits on a single A4 sheet illustrating progress in each element of the plan with easy to follow graphics to help participants understand, own, review & refresh their plan. **(4) Enhance** To ensure all participants get the help they need, our IF is built into CMS. It has allowed us to map a full suite of available interventions for each need in each location, identify gaps and determine how best to fill them - from those the participants can act on themselves to specialist support e.g. there is no suitable drug/ alcohol support service in Isle of Wight; here, **Addaction** will provide a tailored phone support programme to supplement the CC's face to face (f2f) support. **For the participant** and their CC, the IF works as a menu of options from which they select locally available quality-assured interventions. The severity of the barrier or need determines at what *Level of Support* the intervention is drawn from: 1) Guided self-help Participants will have a range of low level needs that can be efficiently met using guided self-help, providing a vital short-cut that will move some people quickly into work. Our digital solution (fully deployed by Ingeus in their highly successful *Working Well* delivery) supplements but does not replace the 1to1 support of CCs in addressing these needs (80% will be capable of accessing digital service but ¾ of these will need assistance). Our modelling shows lower initial digital take-up by EA and H&D groups is likely. But digital skills are important beyond work-search (in managing even simple life choices e.g. switching utilities, on-line banking). So [REDACTED] will explicitly target increased digital confidence as part of WHAPs. Participants will be coached to securely log into their own account on POH safely from any device in order to book appointments & courses, and have guided access to 160+ evidence-based modules, video guides, tools and courses e.g. *Be Mindful* - proven to reduce anxiety by 58% and depression by 57% (*top recommended online mindfulness service- RAND for DWP '14*) **[AAR 10]**; 2) Social prescription a register of local

interventions to meet additional low-level needs e.g. free access to Wokingham Council leisure centres; 3) Core support employability & sector routeways delivered by CDPs; 4) specialist support e.g. We have used our IF to build a strong CPA-wide platform to support MH needs using bespoke group and 1to1 support for voluntary & mandated participants across the CPA e.g. Oakleaf Enterprises in Guildford. After Mind UK's recent withdrawal from WHP, Richmond Fellowship will provide MH support across the CPA in locations lacking local quality provision e.g. Redhill; 5) Clinical/ statutory support - CDPs use their existing protocols as trusted local providers to make referrals to GPs/ health services, align support plans and (subject to consent) take part in 3-way case conferences. (5) **REVIEWS** Participants have minimum weekly (LTU) or 2-weekly (H&D/EA) up to 1-hour f2f reviews in the first 2 months with CC to review & refine plans. After that, frequency is in line with need (at least 8-weekly) and agreed as part of the W&HAP. **Encouraging & measuring progression:** Reviews are done with, not to participants, always f2f. In each, the participant records their distance travelled (DT) against each of the 5 strands of their W&HAP using a 1-6 scale with descriptors. The CC helps the participant use this information to calculate *how close they feel to starting* employed or self-employed work by using our *CEP* tool. The tool helps CC and participant visualise, plan & progress through clear stages of the ENHANCE phase: 1) Want to work, (6+ months from work), e.g. health condition still a significant barrier; 2) Aiming for work, (3-6 months from work), job goals in place; conditions are being managed; 3) Preparing for work (2-3 months from work), conditions are not a barrier; trajectory into work planned; 4) Competing for work (1 month from work) intensive job-search. There is a focus on work throughout but as a varying percentage of programme activity. At each review, the participant can compare & align how close they feel to work with: 1) Current progress in managing barriers, 2) Readiness for work markers displayed on the customer portal dashboard, 3) Current activity and priorities. (6) Employment We will ensure both a strong job fit *and* tailored trajectories into work wherever the standard recruitment process and/or the standard job is a barrier because of cognition, accessibility, psychology, communication or performance. 76% of participants will need us to directly influence how the job is won and 35% with how the job is done. CCs will have the time, resources & labour market knowledge to engage directly with employers (EE) to ensure the right job fit. This IPS approach will be complemented by our CPA-wide DC campaign (100 events planned over 5 years) e.g. DC attendee *Derek Thomas MP (St. Ives)* recruited a visually impaired WC customer to his staff after a working interview. Our rationale is that one-size-fits-all recruitment will be ineffective for most WHP participants *and* employers. The more complex the barriers, the more precise the job, location & employer fits must be (*CESI '15*). Using our bespoke Job Analysis mechanism to map participant to vacancy, CCs will engineer the minimum 80% initial job fit needed to sustain work through e.g. Reasonable Adjustment Passports so employers recognise how small tailored changes can lead to efficiencies & productivity; working interviews if standard recruitment prevents showcasing of skills; direct brokerage e.g. to counter the impact of stigma facing ex-offenders; building up or flexing hours; job carving to reorganise roles to fit skill-sets; key job-sector routeways tailored to CPA growth sectors including care, retail and construction - Pluss sits on the board of **CITB's Go Construct** programme- designed to widen the construction sector's recruitment pool. Participants well-placed to compete openly for jobs will: access 600 large employers using the national accounts of our alliance & CDP partner Ingeus, and 11,000 existing local employer accounts across our supply chain e.g. RBLI already work with 400 employers in Brighton/W. Sussex; access local vacancies each time they log into their digital account on POH; intensive CC support to use Universal Job Match effectively; guiding searches & applications; pre-screening agreements with local employers; CC support to secure flexible contract jobs or multiple jobs as planned stepping stones. [REDACTED] **SELF-EMPLOYMENT** (SE) offer was developed with our EP member PBS. 1 in 3 ESA claimants referred to this programme in Reading sustained self-employment 6 months after completion. **For CCs:** 1) Self-employment roadmap so each time a participant mentions self-employment or gig economy, every CC knows what

to do – with a structured dialogue for CCs at assessment and a support guide; 2) A PBS school for [REDACTED] SE CC super-users (SESU) - they set up their own business (for fun) in 2 weeks to achieve certified employment advice level, then act as resource for CCs & participants; 3) Annual conference on enterprise & self-employment run by PBS to inspire CCs and give them the latest SE tools & techniques. **For participants:** 1) PBS roadshows promoting SE for [REDACTED] & BBO; 2) Virtual support package incl a step by step guide to starting up and making money being self-employed, 3) A YouTube channel with twice-weekly videos on motivation, building websites etc and peer support from a managed on-line community of entrepreneurs across the CPA; 4) 1-hour video coaching from a PBS expert for everyone who moves on to build a business. **(7) IN WORK SUPPORT** All recruits & SE starters co-produce an IWS plan with CC (involving employer & ATW or SESU as appropriate). Plans incl IPS principles of strong employer/stakeholder partnerships incl: practical support, disclosure, travel, clothing/equipment, tax credits; meet with 3rd party support agencies e.g. CMHT; Support strategies e.g. work buddy, reasonable adjustments, ATW; Technology e.g. *Brain In Hand* app. sequencing & managing change; Employer disability awareness advice/training. IWS support has 2 stages: Stage 1 Consolidating Work (weeks 1-4) a) weekly CC contact (f2f/phone/text); b) informal contact if issues arise; SESU provides direct phone and text support to both SE participant & their CC e.g. J (leg amputee) referred by Penzance JCP, failed to win cleaner jobs, guided by SESU to set up the now successful Hop To It cleaning service & invest in modified vacuums; c) employer supported to make adjustments, provide buddying support. Intensive support is often needed to adapt to new routines as the job is at most risk in 1st 4 weeks (*Rinaldi '14*) Stage 2 Progressing in Work (weeks 5-26) Week 4 assessment tapers support in line with needs. CC explores skills & career development e.g. Apprenticeships, then a soft handover to In-Work Support Adviser (IWSA) who provides phone/text support. On-going IWSA contact identifies reduction in hours or end of employment. PBS's SE support incl business plan revision support. Our *Re-engagement Strategy* re-activates full CC support for participants falling out of work within 26 weeks. SMEs will have free initial membership of *Business Disability Forum*, with access to 5 on-line or phone advice sessions when participant exits programme. **(8) EXIT** Each exiting participant gets a *Passport to Learning* – info and offer of supported f2f introduction to an appropriate local learning provider we know & trust, to explore options for work and life skills e.g. Weston College in Bristol. Every participant who completes 15 months on the programme without work will also leave [REDACTED] with a 1-year 'My Goals' Plan (MGP) to maintain their journey beyond [REDACTED] (best practice from our Bristol partners' co-design work). **Exit requirements:** Voluntary (change of circumstances) will be logged into PRaP and the case placed on hold pending DWP confirmation of action. In every case, an Exit Report will be completed with the participant; completion date logged onto PRaP; all ESF destination data/evidence logged e.g. improvement in labour market situation; movement into education or training; qualifications gained. All Exit Reports submitted within 10 days. **PARTICIPANT GROUP EXAMPLES** **H&D-Health** R, 52, Plymouth, 8 years unemployed, heart condition, overweight, back pain, not able to drive, chain smoker, limited social networks, low mood. Meets CC & undertakes guided self-assessment at outreach venue. Aim - motivated to support his family. EQ5D tool integral to BPS assessment shows R how health is impacting on wellbeing & work options. Guided conversation with CC helps R consider home-based SE options; info reviewed to co-produce WHAP: CC mentors R using positive change talk/ reinforcement to agree goals. Skills assessment confirms good communicator/ good IT skills. SMART actions agreed: Health prioritised in WHAP: 3-way meet with GP generates referral to *Plymouth Heartbeat* to improve fitness [1hr x 8 weeks]. As WHAP focus shifts towards work, PBS tasters & SE super-user (SESU) support help R consider/ explore SE. Simultaneous condition management (at Plymouth Guild) 5 classes, 1hr x 6 weeks health & wellbeing sessions, 1hr x 5 weeks for: smoking cessation, healthy eating, weight (Tamar View Hub). 2-weekly reviews & R's single sheet review help him see clear progress. Skills 6 week IT training course incl web based marketing (flagged by PBS); weekly volleyball group to lift mood & for social networking.

Guided access to Be Mindful on POH. R's Value Index confirms WHAP is relevant & supportive. Pre-work support business plan for home based engraving developed with SESU; identified equipment requirements and finance for specialist equipment; IWS mentoring from SE super-user for 26 weeks; on-line (PBS-facilitated) SE peer group helps with marketing concerns. Now trading successfully; Adjustments: Office chair with back support (via Access to Work). **EXAMPLE 2 LTU** J, mandatory referral (Solent), unemployed 2 years, undiagnosed dyslexia (38% of participants will have a hidden disability), anger management issues. Initial antagonism overcome by CC building early rapport at weekly 1 to 1 meetings. CC helps J explore negative influences & instil belief that change is possible. Goal is construction job; Assessment: *Work* no construction work history; *Health* dyslexia, physically fit; *Skills* 5 GCSEs, no vocational quals. WHAP Initial focus on anger management - J's primary issue (via Wheatsheaf Trust) 1hr x 5 weekly classes; Coping strategies for dyslexia (Genius Within) 1 hr + 2 follow-up calls. CEP review encourages J to see himself as closer to work: CC guides J round CITB's Go Construct website to explore career options; J keen on bricklaying; 1 day construction taster via *Go Construct* with Centenary Quay. H&S and CSCS card training; > focus on job search. CC finds vacancy with Crest Nicholson (CN), rings CN; J does interview prep workshop. Job awarded. CC sets up 1st week work buddy & organises advance on 1st payday to cover J's rent, encourages CN to let J access bricklaying NVQ (Eastleigh College); IWSA rings 2-weekly then monthly to support progress. Achieves salary progression on qualification. **ENGAGEMENT EXAMPLE 1 H&D –Disability** S (22), profoundly deaf, Swindon, communicates by lip-reading and British Sign Language (BSL). S sceptical WC could help, lacked confidence in her communication skills. The CC with Level 2 BSL met S at home with mum to reassure both we could help. S took part in fun team-building with peers in job club setting to build confidence e.g. 'Pokémon Go' hunting. S confided a passion for cars; CC agreed to base job-search on this. Employer targeting & interview support led to full time job (sustained) as a spray/repair technician. **EXAMPLE 2 EA– Ex-forces** R, ex-Royal Marine (RM), Ivybridge, post-traumatic stress & flashbacks, chaotic lifestyle & wary of civilians. Andy, RM for 25 years, assigned as CC, understood R's background. Andy introduced R gradually to the programme. R revealed he had enjoyed training others in RM; Andy set up volunteer mentoring with people with learning disabilities. Rapport helped R reveal he built his own PCs- Andy arranged 2-week work taster in IT. These activities established R on programme –now working full time in IT. **DIFFERENCE TO JCP SERVICES** Self-employment: [REDACTED]offer doesn't require people to be 'business plan-ready'. Our enterprise coaching offer with PBS will *engage, explore & motivate* participants whose focus will mainly be sole trader activity, and use of the gig economy as a transitional stepping stone. Employment: CCs will engage directly with over 75% of employers so we can influence how the job is *won* or *done*. CC engagement (supported by the strategic EE of 2 PIMs) will build tailored trajectories into work including 2-week sector routeway workshops, interview modifications, working interviews, personalised IWS (only 10% of JCP off-flows get IWS). Our IPS approach will work because each CC will be trained & supported to a high-spec competency framework developed by our EP to build the skills needed to work with participants *and* employers. CCs will have manageable caseload sizes (ave 45) and allocate 20% of time to targeted EE. Job search intensity is tailored to participant readiness for work - our IF provides a more comprehensive integrated local support tailored to need than JCP. In contrast, only 30% of ESA claimants seeking work meet their JCP Work Coaches more than once a month (*JCP Offer Evaluation DWP '14*). **DURATION OF INTERVENTIONS** Engage: max 10 days from referral to start for all 3 groups; Method Phone, text, f2f. Rationale Rapid engagement minimises anxiety, builds confidence and trust, (*CESI: Fit for Work '13*); Text effective as 'gentle' reminder for MH; Explore up to 20 days for all 3 groups- self-assessment, screening & action planning; Method f2f. Rationale LTU may be disengaged/ hidden barriers so W&HAP built in stages over 2x1-hour sessions using screening tools as needed. H&D and EA may be in contact with multiple services, so planning includes other agencies. **Enhance** Average duration to meet needs & enter work: LTU 180 days; H&D and EA 210 days.

Method f2f, group, online, phone, text. Customer Employment Pathway creates a personalised journey that addresses urgent & basic barriers first (greater for H&D & EA groups) to create early wins & build trust; then shift focus to work. Access to +160 digital & multiple specialist interventions via IF. These vary from a 10-minute digital guide to 6-week/4-session Wellness Action Planning. LTU more intensive f2f initially, then build autonomy; H&D flexible due to variety of factors e.g. mobility/access; > use of digital; > text support for MH for resilience; > support to build digital confidence EA > routine phone & text to maintain rapport, engagement. Rationale *Working Well* & Persona analysis shows LTU Enhance phase of 180 days achieves high performance (similar integrated health & work support). **Employ** IWS Consolidation: LTU/EA/H&D weeks 1-4 minimum weekly contact; Progressing: weeks 5-13 minimum fortnightly contact; weeks 14+ minimum monthly contact to exit; Method phone, text, f2f. Rationale Most performance, change & environment issues are resolvable in weeks 1-4 with timely interventions when the initial Job Fit is good (*Ctre for Social Justice* '17). **SUITABILITY E.G. 1 EA Ex-Carer** J, 53, Wokingham, gave up work to care for her dying mother and now unemployed 3 years. Skilled CC used assessment to help J see she was still grieving, anxious and isolated, with unfocused job goals & outdated office skills. Suitable content/rationale: *Health* Cruse Bereavement Care counselling (via Berkshire Carers Service); support from *Be Mindful* (reduces anxiety by 58% - RAND for DWP '14); *Wellbeing* social prescription for yoga classes at Carnival Centre (free access), improved 'MH health through fitness; *Skills* Learn My Way digital literacy, guided by CC (1.9m learners improved digital skills) improved J's employability; *Job* Legal secretary job won via our job club and direct EE by CC. Work buddy support; *IWS* CC/ IWSA continues wellbeing support for 1st 8 weeks to consolidate work (best practice e.g. DWP 50+ Works). **E.G.2 [EA - Refugee]** B, Bristol, *Somalian* refugee, widow, devout Muslim, with daughter, 6. Culturally literate assessment (consistent with best practice e.g. Refugee Council) reveals: *Health* anxiety & depression from traumatic war experience, poor physical health (inactivity); *Wellbeing* socially isolated, childcare need; *Skills* poor English, limited labour market knowledge; Suitable content/rationale: *Health* Work with GP (with consent) leads to talking therapy at *Nilaari* [1hr x 12 weeks]; *Wellbeing* social prescription to Wellspring Centre where Somali women volunteer - peer networking, healthy eating, fitness; *Skills* Women-only ESOL (Bristol Refugee Women), workshop on working in UK; *IWS* CC sourced job compatible with childcare needs & Salat practice. **SUCCESSFUL APPROACH E.G.** G (22), Bath, autism, transition to adult life proving difficult (only 16% of people with autism are in work – barriers include communication & sensory challenges - NAS). Explore G's adviser met him at home to introduce the programme; used photographs of WC activities to reduce G's anxiety about change. Explore Cognitive assessment by *Genius Within* shows G's strengths, communication issues & helped G identify coping strategies. Enhance Social prescription activities built tolerance for social interaction. Direct approach to *BNP Paribas* as part of follow-up to a Devon DC event they attended. Working interview let G showcase his skills & secure job. **Employ** Job carving tailored G's job into a highly structured data analysis role. CC helped G's manager coach him using clear verbal instruction using unambiguous words. G's manager said, '*The support for G as part of the team has been overwhelmingly positive*'. All these interventions are built into [REDACTED]

Q 2.3.3 Delivering a Personalised Service

Explain how you will identify: (1) an individual participant's strengths; (2) their barriers to entering work (including, but not limited to, health and disability); and (3) how your provision will take a holistic person centred approach.

In your response, please include details of:

- How you will identify the individual strengths and needs of each participant at the start of the programme and how you will use this information to build a structured, sequenced and personalised individual action plan with goals which are specific, realistic and achievable.
- How local issues and/or barriers relevant to this CPA will impact the customer journey, what these issues and /or barriers are and how you will address their impact on the customer journey.
- How you have identified the third parties within your response which provide existing services to WHP potential participants within the CPA, and how and why your proposal complements, without duplicating, such third party services.
- How you intend to engage with other relevant stakeholders the participant may already be engaging with, and how you will gain the participant's consent to do so, in order to join services up around the participant to improve outcomes. How will you use the information received from other relevant stakeholders to improve the participant's journey?
- How you will assess the on-going relevance and effectiveness of a participant's personalised plan and how you will refresh it over the participant's time on programme.
- Explain how you will manage participant exit from the programme: (1) at the end of the 15 months; (2) if the customer is an early completer (please see paragraph 1.37 of the WHP Specification); and/or (3) when in-work support is ending post 15 months; and describe the process involved.
- How you will ensure all participants have a customer journey which they will value and that demonstrates objectively measurable progression, from both the participant and DWP's perspective, irrespective of outcome. How will you measure the value placed on the customer journey by participants and the progression of participants?
- How will you ensure consistency of service delivery across the whole CPA to ensure all participants receive the same quality of service
- How you will ensure there will be funding to cover any specific customer needs and that this funding, if a separate funding pot, will be set aside to support individual customer needs for the duration of the contract.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to 4 sides of A4, **excluding** the question text and these instructions.

Pluss passionately believes that most people can excel in work if they receive a personalised service providing the right intensity and sequence of support. These principles are the bedrock of our single model WHP solution, [REDACTED]. This belief is evident in everything we do and drives our award-winning Disability Confident strategy which is 'inspiring'- [REDACTED], DWP Relationship Manager. **LOCAL ISSUES & BARRIERS** For over two years, supported by our Expert Panel (EP) of leading UK condition specialists, we have mapped the impact of local issues on participants' journeys for both Big Lottery BBO and WHP across the CPA. For example, our solution in the West of England DDA (WoE) is based on our 320-page BBO research and our role as the only potential WHP prime included in the 2017 Bristol Health Partners WHP design event. Delivery of BBO employability provision by Pluss and our 8 other WHP Core Delivery Partners (CDP) currently covers **85%** of the CPA 4 population. All this gives us an unrivalled understanding of participant need. **A complex geography:** The CPA has over 200 towns and cities spanning coastal, urban, port and rural locations, each with its own issues: Rural Limitations of transport, broadband, social capital, services e.g. Isle of Wight: prohibitive £9 bus return trip, £19 ferry; Coastal: concentrations of deprivation, unemployment, high housing costs, low wages, substance abuse, high ESA clusters e.g. Bourneville estate in Weston; Urban & Port: Complex communities e.g. Bristol's 91 languages; concentrations of need e.g. WoE pockets of multi-generational unemployment (Hartcliffe, Withywood); clusters of vulnerable communities such as ex-army estates in Aldershot, Bordon and Whiteley with high levels of PTSD, poor social capital, employer reluctance to recruit reservists; ill-health and disability (H&D) concentrations which often correlate with deprivation hotspots e.g. Devonport, Plymouth. Local integration is limited e.g. North Somerset Council is in the WoE DDA area but not in the combined authority. The work and health agenda is progressing unevenly, as the primary focus for LEPs is growth & capital projects, and the focus for NHS Sustainability Plans is acute need. Austerity has impacted inequitably on services e.g. a 26% real term cuts to *South West* local authorities in the last 3 years v. 4% in Berks **Local economies:** A mainly thriving southern economy but a mismatch of skills and jobs Skilled vacancies abound e.g. in Nuclear (Hinkley), IT (Bracknell) but 60% of H&D group have less than 5 A-C GCSEs; variations in job densities e.g. 9000 annual vacancies in Gatwick but only 45 jobs per 100 people in rural Torridge; Labour shortages 296,000 vacancies in the CPA over 10 years; growth sectors e.g. distribution, hospitality; the potential Brexit impact on agriculture and retail **Our solution:** To ensure no-one is left behind, our rationale for selecting the 9 CDPs (incl Pluss) included their capacity to weave local services & specialist partners (SP) into OU's single model approach and an extensive outreach capacity. Combined with our proven digital offer and offline working this effectively extends our reach into every community **[AAR 11]**. Pluss has designed an *Integration Framework* (IF) with our Expert Panel (EP). This is built into the Pluss CMS data system and has enabled us to map each need & intervention (against EP approved standards) by locality. This ensures equivalent quality-assured support for all, irrespective of which CDP provides the support. Where a SP tailors their offer to specific cohorts e.g. Wellspring Centre in Bristol, we have used IF to identify equivalent support for other groups (e.g. Mutually Inclusive & SARI) for other groups **[AAR 9&11]**. After Mind UK's recent withdrawal from WHP, Richmond Fellowship (RF) will provide MH support for **all** participants in the CPA in locations lacking alternative quality provision e.g. Redhill **[AAR 14]** Our self-employment (SE) offer, developed with EP member *Pop Up Business School (PBS)*, provides 1 to 1, group, digital and on-line community exploration, motivation and support focused on sole trader & transitional gig economy opportunities. 2 Partnership Integration Managers (PIM) will facilitate Local Integration Boards in each LEP area to drive 'work as a health outcome' agendas across health, care and LEPs. Integration example: Gloucestershire has low WHP volumes but complex needs, 50 languages in city and rural isolation. We consulted with LEP, LA & NHS at strategic level on WHP needs. We selected Prospects as the CDP here because of their credibility with local stakeholders, community reach and attributes in relation to complex needs, skills & Apprenticeships. These complement our

deal with the 2Gether NHS Trust to access MH support & our collaboration with 'Go the Extra Mile' BBO provision. Specialism example: RBLI's Access to Work (A2W) Customer Contact Team will provide pre-job start 1to1 guidance to participants and CCs across the SC to help rapid/ effective A2W applications and day 1 support. Our IPS approach will match people's skills to the right job using our Job Analysis tool to ensure we achieve a minimum 80% job match across competency, motivation, employer and environment metrics. This approach will contribute to creating increasingly confident employers open to recruiting & growing the skills of WHP participants. Our SE offer will target low job density areas. Core 2-week sector routeway workshops will make sectors such as care & construction more attractive and accessible. Example: Pluss and GFE South are working with NHS Care Commissioning to roll out Project Search-style opportunities across NHS 'It is important for the NHS that the chosen provider for the WHP is informed about the complexities of the health and care landscape and how to appropriately engage'- Michael Wood, NHS Confederation. **ENGAGING STAKEHOLDERS & GAINING CONSENT** Many participants from all 3 groups will already receive specialist support from e.g. Troubled Families teams. In line with protocols we developed with our Health Commissioners, Change Coaches (CC) will engage with relevant stakeholders wherever possible to ensure our plans complement their existing support. The CC will only contact them when a participant provides written consent in a form appropriate to the individual and within DWP's rules. Our written *Customer Charter*, provided to each participant at induction, explains that they can withdraw consent at any time, and they are always in control of joint-working arrangements. Where consent is not given, CCs communicate to 3rd parties only through the participant. **OUR PERSONALISED APPROACH** considers all the factors relevant to each person winning and sustaining work. We address all factors preventing participants from fully focusing on the search for work, e.g. across all 3 groups **85% will have experienced mental ill-health** (90% for offenders -Centre for Mental Health (CMH)), and 1 in 3 will have a current mental illness (MH Foundation '17). 30% of those with a physical condition will be unclear what roles best suit them (Scope); 38% will have a hidden disability (Remploy) e.g. undiagnosed dyslexia sapping the capacity to compete for work. Consequently, 55-60% will lack initial conviction in their ability to make the changes that will achieve jobs or wider goals. Early Access (EA) 55% of participants will feel isolated, or face money worries. 46% of calls to Rethink's support line are carers. Ex-services referrals and partners may struggle to adjust to civilian life. Confronted by basic challenges to daily living, only 20% of EA participants will be fully focused on work search at entry. More LTU participants will be older, with low or no qualifications, limited childcare and no transport. 20% will doubt the value of work. Half of Ingeus' ESA WRAG clients had been unemployed for 6+ years. We also mitigate the way the labour market disadvantages WHP participants. Our modelling shows **76%** will need us directly to influence how the job is won (two thirds of employers say they wouldn't recruit an ex-offender), and **35%** with how the job is done (90% of people with autism needed their job reorganised to fit skills & support needs). **Employers** in the CPA will need to recruit WHP-eligible candidates (for example Dorset has 60,000 impending retirees) but many participants have direct and painful experience of the uncertainty, resistance or reluctance of many employers to do so. **The Individual Placement & Support (IPS) approach** at the heart of [REDACTED] (+600 evidence citations, Drake '12) is designed to secure the right job, not just any job, for participants. As most will have multiple and complex support needs, the engagement, assessment, planning and support must be part of a broader approach to help participants make the fundamental changes needed to sustain work and build independence. Any strong change process needs: clear on-going relevance to a person's goals; continued evidence of impact; and a trusting 1 to 1 mentoring bond. **IDENTIFYING STRENGTHS & NEEDS** That is why each participant is assigned a named Change Coach (CC) who is their 1 to 1 mentor for the whole programme. All participants will receive the same quality of service because, in our single model approach, every CC will have the values, skill-set, training, supervision, low caseload (ave 45) and face to face (f2f) time (ave 22 x 1 to 1 hrs with a participant) to recognise each participant as someone who can succeed in the

right job. A 1 hour f2f Welcome Meeting is the foundation for this trusting relationship. It is followed by a guided self-assessment over 2 separate 1-hour sessions. Participant and CC have a single shared on-screen view of the assessment & resulting plan via our customer portal, the Pluss Opportunities Hub (POH). This uses an easy to understand Vocational Profile approach (CMH), as participant ownership of the plan is critical to help people make changes. It is organised into 5 sections: *Work, Health, Wellbeing, Skills & Belief*, focusing on helping people identify their strengths & aspirations. The assessment scales up into detailed screening only when responses indicate risks potentially affecting the journey to work. Here, CCs (coached by clinicians/experts) use Screening Tools to enable each participant and CC to explore, plan for and manage risks. These cover: Hidden disabilities (developed by Genius Within) MH (*GAD7 & PHQ9* used effectively by our alliance partner Ingeus on *Working Well*) Physical constraints (*EQ5D* tool endorsed by Dept. of Health) Sensory impairment (RNIB & Royal Deaf Association). Each tool takes 20-30 minutes and is completed either as part of the 2nd planning session or as an additional f2f. Specific responses lead to referral to the GP or clinical support. CCs have additional casework support to shape plans from our qualified full time Senior Health Professional. **BUILDING THE PLAN** OU's on-line planning template on our digital solution Pluss Opportunities Hub (POH) is organised to sequence interventions to tackle priority issues and risks first e.g. housing, unresolved health, money, and to link each identified need or goal to the right structure & sequence of support in the form of SMART objectives. For the participant, the IF works as a menu of options. It is organised into levels of support, reflecting that some participants can positively act on some low-level needs by themselves with guidance using digital resources and/or social prescription. Participants will get core employability, mentoring & skills support directly from CDPs. Where needed, we will commission SP support e.g. CPA-wide agreements with *RF* to ensure a comprehensive mental health offer, and with Pop Up Business School to deliver our innovative self-employment exploration, motivation & support programme. In addition, we have 200+ SP's e.g. *Prime Candidate's* specialist recruitment for 50+ with technical/professional skills. The printed version of the Work & Health Action Plan (WHAP) fits on a single A4 sheet to illustrate progress against each element of the plan with simple graphics to help participants own, review and refresh their plan. A key [REDACTED] principle is that one-size-fits-all recruitment is ineffective for most WHP participants **and** employers (*CESI '15*). Each person's WHAP includes what support may be needed to win the right job. No-one will be left to needlessly apply for inappropriate jobs or take on the labour market alone. Where needed we will influence how the job is won or done, and tailor support for every job search. Support could include targeted jobseeker marketing to an employer, 3-way interviews, working interviews and pre-screening agreements. **EXISTING SERVICES** The IF describes a full range of interventions & services needed for each condition, barrier or skill need. Using the IF as a template, we have worked with CDPs to identify who is best-placed to provide interventions in each location and to fill gaps only where needed e.g. no substance abuse support service in Isle of Wight, so here **Addaction** will provide tailored phone support programme to supplement CC's f2f support. This ensures we complement but don't duplicate existing services [AAR11]. To enhance provision after Go-live and refresh local IF offers, two dedicated PIMs will support delivery by strategically aligning health, employment and civil society partners. **ASSESSING & REFRESHING PLANS**

Encouraging progression: Our IPS approach means reviews are not done to but with participants. All reviews are f2f with CC. Reviews are up to 1 hour, minimum weekly (LTU) or fortnightly (H&D and EA) for the first 2 months. After that, frequency is in line with need, agreed as part of the WHAP at least every 8 weeks. With access to exactly the right level of support at each stage, participants will feel increasingly able to drive change themselves. After disengagement, our Customer Service Standards confirm daily contact attempts for 5 working days; then (for voluntary) weekly for another 5 weeks. Re-engagement includes supportive f2f with CC within 10 days. **Measuring progress:** Participants record their progress at each review against each of the WHAP strands using a 1-6 scale with word descriptors. CC then helps the participant assess

how close they feel to starting work by using our *Customer Employment Pathway* (CEP) tool: 1) Want to work (6+ months From Work (FW)) e.g. health condition is still a significant barrier 2) Aiming for work (3-6 months FW) job goals in place, conditions being managed 3) Preparing for work (2-3 months FW) conditions not a barrier, active job-search underway 4) Competing for work (1 month FW). There is a focus on work at every stage but as a different % of activity. At each review, the participant compares how close they feel to starting a job with (1) current progress to manage barriers, (2) readiness for work markers displayed on their POH dashboard & (3) the current plan's priorities. They then amend the plan to progress to the next stage of the ENHANCE phase. **EXIT** Every participant without a job except dis-engagers will leave [REDACTED] with a Passport to Learning incl offer of f2f handover to a trusted local learning provider to explore post-WHP learning & skills (e.g. Sussex Learning Consortium), and a 'My Goals' Plan (for the next 12 months) focused on achieving their potential beyond [REDACTED]. **Completes In-Work Support** (IWS): At the end of IWS, the IWS Advisor conducts & records a final distance travelled review (DT). **Completes 15 months, no work:** CC reviews progress on [REDACTED] and conducts DT to measure/discuss progress; then prepare a voluntary My Goals Plan with the participant. **Early completer:** Disengaging mandatory participants referred to DWP's Decision-Making team after 5 consecutive days' contact attempts. *Changes of circumstances* logged into PRaP & case placed on hold pending DWP confirmation of action. Voluntary disengagements notified (after 10 attempts to re-engage) to DWP via PRaP. **Exit requirements:** Exit Report (submitted within 10 days) completed for all programme completers; completion date logged onto PRaP; all ESF destination data/evidence logged & stored **VALUE** The value of a *change* programme like OU to participants is in: **1) Relevance** Guided self-assessment identifies issues/priorities; IF menu builds a personalised plan to meet needs; plan reviewed / refined with CC; **2) Impact** Participants view & measure progress through POH 24/7 in CEP's simple visuals; **3) Trust** Every 4 weeks POH prompts participants to record: (1) a score measuring to what extent [REDACTED] is currently addressing their needs; and (2) a score measuring the confidence they feel in their CC. These 2 scores are combined with the participant's own distance travelled score to date to produce a monthly *Value Index* number set which is flagged to Team Managers, Contract Manager (CM) and EP, and fed into Quality & Performance Management Framework. [REDACTED] **will demonstrate participant progression to DWP** through: **1)** Exit Reports incl progression achieved across a basket of indicators in numerical & word form, **2)** Full participant *Value Index* data, **3)** Quarterly qualitative customer forum and quantitative survey data compiled into summary reports. **CONSISTENCY OF DELIVERY** will be achieved because: CC role is underpinned by a Competency Matrix & CPD developed with our EP; each IF intervention has quality assurance standards; we have started our transformational change strategy, based on Pluss values, to ensure all CDP are committed & resourced to this step change in front-line services; Contract Manager monitors CDP performance & Customer Services Standards & applies required rectification plans; CMS's reporting system gives CM a complete real time picture of participant activity to ensure parity of time & resources across CPA; Quality Team undertake rolling programme of observational audits across CDP; 2 PIMs consistently work to refresh the IF offer; continuous improvement process ensures [REDACTED] responds to emerging needs. **FUNDING** [REDACTED] is ring-fenced to support individual customer needs for the duration of the contract. A [REDACTED] Opportunities Fund will help CDPs test new ways of improving customer outcomes, as will any underspend on the [REDACTED] risk pot.

Q 2.3.4 Employer Engagement

Please describe, in respect of each of the participant groups how you will engage with employers within the CPA to achieve Outcomes.

Your response should include a detailed description of:

- How you will engage, throughout the life of the contract, with employers you have identified in Appendix 1 in order to capitalise on the opportunities to achieve Outcomes for participants. Please outline any future employment opportunities you are aware of within this CPA.
- Your rationale behind this approach and how you think it will benefit participants and employers.
- How you will actively promote your services and work with local employers to create a range of employment opportunities for the participant groups, including how you will identify and exploit future developments in the CPA to enable WHP participant groups to access employment opportunities.
- How your approach to working with both local large employers and small and medium enterprises (SMEs) and how your proposal will differ in terms of the in-work support to participants employed by different types of employers, employers with different types of infrastructure and participants with different needs.
- Your in-work support offer for the participant, employer and the self-employed and how this will promote up-skilling participants.
- How you will map participant needs to the employment opportunities within the CPA and how you will educate participants about the realities of their local labour market in context of how it applies to the individual participant.
- The three main challenges faced by local employers and/or sectors in the CPA, whether these are challenges which you could have an impact upon and how you will work with local employers to help them address these challenges (where applicable). If any challenges you have identified are ones which you cannot help address by working with local employers, please explain why not.
- Two examples of where you have successfully engaged with employers during provision of similar size or scope. Each example should include background on the nature and rationale for engagement, how your service successfully placed individuals into employment and helped the employer with a key challenge and what lessons you learnt from this example that you will embed in your approach on the Work and Health Programme.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please complete Appendix 1 detailing key employers in the CPA you will engage with to achieve outcomes for participant groups.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response at the top of a new page, within these preset margins in Arial font size 12 up to 5 sides of A4, excluding the question text and these instructions.

The Pluss solution for Work & Health Programme (WHP) is driven by our passionate belief that most customers can excel in the right job with the right employer – people like Reuben, our Work Choice (WC) customer with autism whose *'diligence and attention to detail have been indispensable in helping us develop our next generation of business software'* Managing Director of Lineal. As a social firm, we ourselves employ many people who overcame challenges similar to those WHP participants face. Our commitment to ensure businesses become active and confident employers of disabled people drove the dialogue we initiated with DWP that culminated in the creation of *Disability Confident* (DC), DWP's UK-wide scheme to help employers recruit and retain people with disabilities and health conditions. As a DC Leader, our award-winning DC campaign is a core part of how we systematically grow our employer accounts and build their capacity to recruit and retain our customers, and is *'inspiring'*[REDACTED], *DWP Relationship Manager*. Our WHP solution, called [REDACTED], is based upon these principles. **RATIONALE** [REDACTED] engages strategically with large employers, SME bodies and LEPs, but does so in a way that recognises that at least 72% of WHP participants will need us to actively influence the recruitment process – either in how the job is **won** or in how it is **done** e.g. 25% of Work Programme ESA claimants have criminal records, but 60% of employers say they wouldn't recruit an ex-offender. Other Early Access groups (refugees, homeless people, substance misusers, ex-forces etc) face similar recruitment discrimination. The need to actively influence the labour market rises to 84% for the Health & Disability group (90% of employees with autism needed their role altering to achieve their potential and meet employers' needs). This means that any large-scale 'job bank' approach to engagement - securing bulk vacancies from single employers and shoe-horning customers into them - will not work. Many LTU customers will have already been failed by this strategy. Our single model across the supply chain is based on evidence-based Individual Placement & Support (IPS) creating the best route into the right job with intensive pre-start & In-Work Support (IWS) from a dedicated Change Coach (CC) who has the time & resources to bridge the gap between the participant and the labour market so employers can expand their recruitment pool. Using this approach, Pluss has delivered excellent WC provision for the last 7 years at a comparable scale to WHP across 40% of CPA 4, for 8600 customers [**AAR Q3**]. 64% of those customers currently move into work. Our co-design with all 12 LEPs and our 8 core delivery partners (CDP) has given us unrivalled insight into labour market conditions and current & future employer needs across the CPA. We have used this intelligence to design [REDACTED] so it supports employers in each of the major challenges they face. **EMPLOYER CHALLENGES**

- 1. Labour supply** Labour market shortages risk impacting on local growth. LEP summaries indicate 290,000 new jobs in the next 10 years. Low JSA rates, fewer young people, replacement demand and the potential impact of Brexit create a labour gap e.g. 141,000 jobs in Swindon/Wilts LEP by 2020; 60,000 retiring in Dorset LEP in next 10 years. Our solution: Engage, educate & support employers so they build the capacity to recruit & sustain staff previously considered 'too risky' through Pluss' dedicated large employer engagement with sectors, trade bodies, national & regional employers and stakeholders via 2 x Partnership Integration Managers (PIM) (200%) National Partnership Manager (NPM) (90%) Head of Ops (HoO) (15%) Contract Manager (15%) Comms & Public Affairs (CPAf) (40%) Commercial Director (35%).
- 2. Skills gaps** Recruiting the right skills is a challenge at all levels - soft skills (customer service, interpersonal skills), basic skills (including digital) and vocational skills. We know some current gaps (e.g. digital skills in West Sussex/ South West, customer service skills in Glos./Devon) will increase in the future. Our solution: personalised assessment to map skills/needs; relevant plans to boost basic and soft skills, holistic digital skills offer, targeted key sector pathways. As the contract progresses, feedback from employers and strategic work by the NPM and 2 PIMs will identify & address changing needs by updating and refreshing the menu of interventions to support participants.
- 3. Lack of confidence** Managerial confidence, one-size fits-all bureaucratic recruitment processes, job role design, lack of expertise and resources all impact on whether workplaces can recruit a wide enough range of employee talent (Work Foundation,'12). Our solution: By taking a *business-first* approach to employer

engagement (EE), we will build their confidence to recruit WHP customers through our CC role ensuring effective job matches, our tailored IWS offer, post-WHP Business Disability Forum membership for SMEs, direct employer & employee access to RBLI's Access to Work (AtW) Customer Contact Team for guidance on aids, adaptations and AtW applications, and our DC campaign of 100 events in the CPA over 5 years, each engaging 100 employers - *Plymouth 2016 DC was 'the best event I have been to in a long time' - Johnny Mercer MP.* We will also roll out the DC agenda wider through strategic promotion via Growth Hubs, direct marketing, our vibrant social marketing campaign led by CPAf & our suite of free online DC tools. **ENGAGING WITH EMPLOYERS** We will operate the proven account management approach which is driving our £21m Building Better Opportunities (BBO) programmes and WC delivery in the CPA. National employer relationships will be held by the NPM, regional accounts by PIMs, and SMEs by CCs. All account data will be stored on a *Customer Relationship Management (CRM)* tool on our digital solution, the Pluss Opportunities Hub (POH). This enables a coherent, shared approach across CDPs. **CC role:** Our single model approach means every CC across the CPA will spend 20% of their time dedicated to local employer engagement (EE) designed to secure the right job for the right person based on a participant's preferences, talents and support needs which have been clearly articulated in their co-produced action plan. CCs will hold an average 40 local accounts. Direct marketing will be made to: identify & create suitable opportunities for participants; maintain relationships; source repeat vacancies; follow up strategic or local leads; to respond to new vacancies. POH carries a feed for the *Indeed* recruitment website (165,000 jobs online) which all CDPs access; CCs routinely scrutinise this to target local opportunities for specific participants. Where a precise job match is critical, CCs use a bespoke *Job Matching* analysis to ensure the minimum 80% job match across a 4-metric analysis. Vacancies not suitable for one participant are shared in system alerts within teams. **SMEs** are a dominant feature of the CPA e.g. 89% of Wiltshire firms have <10 staff; HotSW has 80,000 SME. We know a lack of dedicated HR resource can mean that SMEs see recruiting from the WHP pool as a scary step into the unknown, but SMEs will be vital to WHP. Modelling shows 70% of our job starts will come from SMEs. To achieve this, CDPs will: tailor recruitment support for employers e.g. reverse marketing events, carving roles to fit participant skill-sets; direct EE to sell a customer's virtues to help employers see past the stigma affecting participants; post vacancies on-line on POH which are accessible to every participant & CC; market [REDACTED] to SMEs via FSB, Chambers, business clubs (our CDPs are already in 85% of CPA and trusted locally); build supportive relationships with SMEs that will drive repeat business e.g. Fishpond World are now in the 3rd year of recruiting from our partner Prospects via pre-screening; **Large Employers (LE)** will generate 20% of job outcomes. Every conversation with LEs will be about jobs. Many will have invested in expensive or large-scale recruitment processes and be reluctant to change. Our task is to make that change possible. To do that, we will work with employers as recruitment partners to tailor LE recruitment to WHP needs across the supply chain. Examples: bespoke route-ways into work for key/growth sectors e.g. PCMI in the last 3 years with *Carillion & The Range*; employer-led pre-employment training focused on growth sectors e.g. care; partnerships with agencies (e.g. Hinkley Point Training Agency) to agree recruitment & reasonable adjustments (e.g. working interview); our Local Integration Board in each LEP area will have a linked Employer Network; recruitment pools & pre-screening activity at Hubs e.g. Activate run Tesco's first Warehouse Regeneration Partnership using Berkshire-wide marketing (1500 participants/ 80 jobs including 12 ex-offenders); LE vacancies posted on POH; tailored interview coaching; Team Manager (TM) and CC will engage LE locally to market participants for vacancies. **The role of our CDPs:** 8 CDPs (inc Pluss) are embedded in their local labour markets; Ingeus, the 9th, brings 600 national accounts and strong London EE credentials in a delivery area 40 minutes' travel time from the capital. The scale of EE by CDPs is sufficient for WHP: Pluss 2,000 accounts across the CPA; Ingeus 5,000 as UK's largest WP provider; Abilities 1,100 Dorset; Wheatsheaf 190 Solent; Prospect Training Services (PTS) 700 GTV/ Glouc; Activate 300 OxLEP; Learning Curve 850 existing in Wiltshire; PCMI 720 Portsmouth; RBLI 600 Coast to Capital. Our approach

is proven to work at scale: Plymouth is the second largest city in the CPA after Bristol. It is likely to be our largest single hub site. 80% of its current work is with WHP-eligible clients. Our Plymouth site generated 64 Job Outcomes in Year 6 for WC - 81 Job Outcomes are required in Year 1 for WHP [AAR 3]. Using an *Asset-Based Community Development* approach to CDP selection, each partner also brings added *employer engagement* value which [REDACTED] builds into delivery across the CPA. Examples: CDPs will access Ingeus' national employer accounts, the Sainsburys 'You. Can' employment programme and the *Fit for Sport* programme with fitness centres across Berks, Bucks, Surrey & Hants; CDPs will access RBLI's Armed Forces Covenant (400 employers so far signed up) **Our strategic stakeholder engagement (SSE)** has been led for 2 years by Frances Brennan whose experience includes leading on Work Programme (£58m), FND, Troubled Families and Pathways to Work as Southern Regional Director for Working Links for 15 years [AAR2&3], and SSE will be further enhanced by the PIMs SSE examples: Pluss is working at national level with Europe's largest employer, the NHS, to open up vacancies for WHP & we have the practical experience of turning these into job outcomes (see example). *"It is important for the NHS that the chosen provider for the Work & Health Programme is informed about the complexities of the current health and care landscape and how to appropriately engage,"- Michael Wood, NHS Confederation (NHSC).* NHSC will launch the [REDACTED] employer offer (aimed at NHS recruitment teams in all of England's 12 STP areas) in CPA 4 later in 2017. SSE in construction, a key sector for CPA 4, is via our advisory position for the CITB Go Construct panel and our work with Hinkley Point Training Agency - making construction jobs more accessible for WHP customers [AAR3]. **After Go-live**, our NPM will work with key sectors (e.g. construction via CITB) & stakeholders (e.g. NHS Confederation), and national employer accounts (NEAs) to effect changes in attitudes that will create opportunities for participants. We will prioritise national accounts in key growth sectors to ensure that corporate buy-in (e.g. with DHL) translates into local jobs. 2 PIMs will work strategically with stakeholders (e.g. LEPs, DDA, sector bodies) and regional employer accounts to enable access to jobs across the CPA and ensure WHP customers benefit from inward investment/ Section 106 agreements. **PROMOTION Implementation:** Agree employer account leads; Contact all employers on partner databases to offer [REDACTED] support to fill vacancies; Employer information published on LEP Growth Hub websites; Webinar to inform Growth Hub business advisors of [REDACTED]. **Programme start:** 1st day: Our 200 top employers across 6 key sectors (listed in Appendix 1) engaged about go live with follow-up contacts; 1st week: PIMs engage with all 4 JCP District Leads (DL) to start work on engagement with local area/sector leads e.g. Hinkley Point, Gatwick Diamond, CITB, Employment & Skills Boards; 1st quarter: DC event in every JCP district starting with Greater Wessex/ Thames Valley, and employer workshop in WoEDDA area involving Workzones, Weston College's BBO, Business West (7 WoEDDA Chambers). **Ongoing:** Our coherent approach across the CPA led by Pluss will bring about a step-change in employer attitudes towards WHP customers. Every employer account will be shared through our CRM system. All CDPs, CCs, PIMs and NPM have access to this via the Pluss data system (CMS). The CRM and engagement activity will be managed by our NPM. The CPAf (who sits on DWP's DC advisory group) will lead our DC agenda. In this way Pluss will deliver a clear and consistent message on the benefits to business of recruiting WHP customers and our offer to employers. **Future opportunities:** Construction e.g. *Building Plymouth*, 10,000 jobs over 10 years; logistics e.g. B&M 1,000 jobs at Avonmouth; retail e.g. Bracknell centre; care e.g. 30% of public sector jobs over 5 years will be health-related – our employer spreadsheet incl 13 Health Trusts. NPM will work with targeted NEAs in key sectors from Ingeus' 600 accounts; CITB's Go Construct initiative (Pluss sits on board) used to widen construction's recruitment pool (the average HotSW construction worker is 55). Our 2 PIMs will work with all 12 LEPs and the WoEDDA. PIMs will identify and leverage inward investment, LEPs, LA's, Chamber opportunities e.g. *Dorset Chamber of Commerce* will broker links to 800 members. PIMs will promote [REDACTED] to Apprenticeship/Skills providers to ensure a co-ordinated approach to employer engagement via our established sector alliances e.g. our partner *GFE South* who co-

ordinate FE skills across Greater Thames Valley. PIMs will facilitate the Employer Network linked to a Local Implementation Board in each LEP area. PIMs will run info sessions with FSB, Chambers, Growth Hubs. Construction events e.g. working with *Building Plymouth* on its *Section 106* requirements **MAPPING PARTICIPANT NEEDS** [REDACTED] is a strengths-based model that focuses on what participants *can do* rather than their limitations. In over 70% of cases, the CC will influence the recruitment process to ensure participant offer and employer requirements align efficiently. To do this, CCs will use the vocational assessment, work history, goals and aspirations, to build a shared view of what the right job with the right employer looks like. CCs will use this insight (built up over an ave 22 hours of 1to1 work with each participant) to explore the realities of the local labour market (LLM). We have mapped and will routinely refresh LLM data on local skills demands, growth sectors and key employers for CC to access in helping participants align their offer to the LLM. This IPS approach delivers 64% performance and 71% sustainability that we are currently achieving on WC. CCs will cross-reference participant skill-sets against specific local jobs, then use our bespoke Job Analysis tool to ensure we achieve a minimum 80% job match across competency, motivation, employer and environment metrics. Our 'badged' training pathways (tested successfully on Working Well) provide routes into key sectors (e.g. Activate's Oxfordshire Care Routeway) in ways that manage & improve those job match metrics. CCs will know the local market and (through OU's intensive employee CPD programme developed with our Expert Panel of UK leading condition specialists) will have the expertise to advise employers on how best to support each recruit. This LLM knowledge is supplemented by trend analysis of current and future opportunities, generated quarterly by PIMs. Our continuous improvement approach to quality will collate evidence of impact, performance and feedback throughout the life of the contract, enabling us to update CC skillsets and employer-facing roles through CPD. **IN WORK SUPPORT (IWS)** Every job outcome with a LE or SME will be the result of a strong fit between the customer's motivation and capabilities, the job role, and the employer's needs. So our IWS is as individualised as the customer journey, and starts long before job entry (JE). **LE** Will have: a designated Account Manager (PIM / NPM); access to an IWS helpline; guided HR lead access to online POH tools; linked into our digital platform e.g. Yammer for updates; link into our online advisors for Q&A; Pluss consultancy on reshaping corporate recruitment processes (see Examples). **SMEs** will have: local CC as Account Manager; free initial BDF membership & advice line (when participants exit OU); access to POH knowledge bank designed to compensate for lack of SME HR functions; IAG on Apprenticeship, skills, Adult Education Budget & ESF; Access to Work (ATW) helpline number provided; access to online tools available for employees to access to provide wider support. **Every employer** and their needs will be unique and may even differ from branch to branch within larger organisations. **Prior to JE** When needed, CCs will engage directly with recruiting managers to review roles, working environments, and support needs, and build this into the customer's IWS Plan (IWSP). [REDACTED] provides a carefully designed set of tools to help CCs address each unique situation and any shortfalls in infrastructure such as lack of an HR function. Examples: staff/manager equalities training; guidance on AtW & reasonable adjustments; advice on improving recruitment/ other processes e.g. online payroll systems; referrals to Apprenticeship & Traineeship providers. The participant's IWS Plan (IWSP) will include a timetable of intensive support including detailed Day 1 orientation and the offer of training a 'work buddy' to greet them on arrival and help support them through their first weeks and months. **IWS:** The IWSP will include natural supports like a work buddy, technology to improve efficiency e.g. *Brain in Hand* to support decision-making, multi-tasking, arbitration or mediation. CC contact employees weekly in weeks 1-4 ('Consolidating Work' phase). Our modelling shows that, with the right job fit, after 4 weeks participants will be largely established in work, so support is then carefully handed to an IWS Adviser who focuses on progression by challenging customers, where appropriate, develop vocational skills and increase their hours. Regular email/social media contact will remind them of available online courses. Participants will retain access to POH for 12 months after [REDACTED] exit. The Employer Offer includes: direct engagement from CC, PIM or NPM to check progress and identify issues; bespoke

guidance on Access to Work (AtW) for employees (using RBLI's AtW Customer Service Team), support to access Fit for Work services to aid retention; arbitration and mediation; support and guidance to progress towards Disability Confident L3 either from [REDACTED] directly or via the BDF. **Upskilling** SMEs can access POH for IAG on job specs, absenteeism, reasonable adjustment etc; direct DC consultancy for employers recruiting participants to build their confidence to recruit; targeted funding for pre/in-work awards e.g. CSCS; free initial membership of (and advice line support from) our partner BDF for SMEs who recruit WHP participants. CCs' close relationship with participant and the employer allows them to drive our *progression agenda*, helping people move on from that first entry-level job (61% of ESA clients have less than 5 A-C GCSEs) to seek more hours, more responsibility, and a potential next step on their career ladder. Our **SE IWS offer** was developed with Expert Panel Member Pop Up Business School (PBS). SE participants & their CC have phone & text support from a dedicated PBS-trained SE super-user (SESU) e.g. J (leg amputee) was referred by Penzance JCP. She repeatedly failed to win cleaner jobs because of her disability, and so was encouraged and guided by the SESU to set up *Hop To It* cleaning service. She was helped to invest in modified vacuums, and is now trading successfully. SE starters have membership of the PBS-curated peer entrepreneur community across the CPA for support, and brokered access to Growth Hub support in every LEP. 1 in 3 referred ESA claimants in Reading were in sustained self-employment 6 months after completing the programme our offer is based on. **EXAMPLES:**

1 Plymouth Hospitals NHS Trust Pluss advisors engaged the Trust (6,500 staff in 350 roles) to trial flexible recruitment options for candidates with significant H&D issues (brain injury, autism, learning disability etc). Our partnership, managed by HoO, has generated 52 jobs so far. It includes a 6-year Project Search internship programme for young people with learning disabilities, allowing the Trust to fill vacancies and be more socially inclusive. Pluss advisors now provide intensive employability training alongside the job; more than 70% move into paid work after the internships. **Challenges** included: rigid recruitment practices, management silos and lack of confidence about staff with learning difficulties. Pluss advisors helped the Trust establish buddy-supported working interviews and job simplification, opening up recruitment for Pluss customers. Training from Pluss for Trust managers ensured accessible recruitment practices. Communications support from our marketing team helped to describe the successes, building confidence in management silos. **Lessons:** CC role has cultivated long term relationships; employers can be empowered to change entrenched opinions and hiring strategies. **2 Wiltshire Police (WiP)** Our partnership has developed WiP's *Positive Action* diversity programme which now includes 'toe in the water' taster programmes, work placements, applicant screening, IWS & paid Traineeship programme (15 jobs so far). Recruits from Pluss have hearing impairments, neurological conditions, Crohn's, mental health (e.g. housebound for 9 years – now 3 years employed) etc. **Challenges:** Traditionally narrow recruitment pool with limited experience of disabled employees; bureaucratic recruitment systems; conservative and resistant organisational culture. A Force-wide 'Direct Employment' model means WiP now notify Pluss directly of all civilian vacancies & required job competencies. Where Pluss & the recruiting manager identify a skills match, the candidate gets an automatic interview with guidance on questions & interview buddy. **Lessons:** Confidence in Pluss will generate repeat business. Expert advisors can build long-term relationships with employers. The advisor can effectively screen candidates & help employers build insights that allow clients to achieve their potential. *"Pluss have been ground breaking. Together we have broken down barriers and pushed the boundaries to become a diverse employer."* – WiP.

Q 2.3.6 Quality, Management and Assurance of provision

Please provide a detailed description of how you and your supply chain (where relevant) will ensure the quality and consistency of service delivery through your management practices.

Your response should (in respect of both you and your supply chain (where applicable)):

- Explain how you will monitor and manage the quality of provision to ensure that the standards set within the WHP Specification and your tender will be met from the start of, and throughout the life of, the contract.
- How you will ensure the quality of staff and the frequency and appropriateness of participant engagement, across the entire CPA
- Clearly describe (where relevant) how you will manage and ensure the quality and consistency of delivery by any sub-contractors, stakeholders or specialist provision e.g. site visits, audits and observing delivery.
- Identify how you will continuously improve the quality of delivery of this provision using evidence gathered from the live running of the service, capacity build the supply chain partner (where relevant) and share best practice throughout your supply chain (where relevant). How you will apply this consistently across the whole CPA?
- Explain how you, and your supply chain (where relevant), will obtain feedback from participants and proactively act upon this including details of procedures and timings. How you will apply this consistently across the whole CPA?
- Describe how you, and your supply chain (where relevant), will handle complaints and act on any findings including details of procedures, timescales, escalation routes, how participants will be made aware of these procedures and how you will ensure the impartiality of any decision makers.
- Clearly explain how you, and your supply chain (where relevant), will accurately track and monitor the progress of each participant in the Work and Health Programme so that you can clearly articulate at any given time where these participants are in your participant journey towards achievement of outcomes.
- Explain how your proposals for delivery of services will be put in place without adversely affecting the ability of either your organisation or your supply chain (where relevant) to deliver existing and recently won contracts as well as other contracts which you are bidding for.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**; within these preset margins in Arial font size 12 up to 4 sides of A4, **excluding** the question text and these instructions.

We will use a **'one team'** approach across our supply chain (SC) to ensure excellent customer service across the entire CPA from day 1 and throughout the lifetime of the contract. This is underpinned by a tried and tested **Quality and Performance Management Framework (QPMF)**. This is a cyclical continuous improvement process where we: *Define* \Rightarrow *Monitor* \Rightarrow *Analyse* \Rightarrow *Improve* A single evidenced based delivery model designed to achieve high levels of job outcomes will be mandated through our Core Delivery Partners (CDP) formal subcontracting agreements. This approach will be supported with a robust capacity building and ongoing training regime. Live monitoring of the programme, measured against clearly defined standards & targets, will be undertaken by: a proven management information system; site audits at all delivery teams and extensive participant & key stakeholder feedback. All data is captured and analysed in a **Contract Monitoring Report**, which summarises findings in a suite of Key Performance Indicators (KPIs). Substandard performance in any delivery team across the SC is rapidly identified and rectified through **Quality Improvement Plans**. All monitoring activity informs SMART actions in a **Service Development Report** which is subject to regular reviews and updates. The SC will fully utilise local organisations across the region for interventions to address specific barriers on an ad-hoc basis. These will be quality assured and registered on an Integration Framework which is subject to continuous monitoring. *Evidence* Our effectiveness in managing quality across delivery networks was rated as 'Good' by Merlin (Feb '14) - "*SC partners reported excellent relationships & support exists*". A DWP PAT audit (July '14) reported "*effective regime encompassing quality, compliance and validation*". The QPMF is described below:

PARTNERSHIP QUALITY ROLES –AAR 5, 7. Responsibility for the QPMF lies at all levels of Pluss and across the SC: The Pluss Leadership Team will have total accountability for all aspects of the WHP. They will be supported by the **Partnership Forum** (Pluss & 8 CDPs) which will ensure service developments are co-designed, best practice is shared and excellent communication channels are maintained. The Contract Manager (CM) will be responsible for delivering quality, performance & compliance across WHP delivery. There will be 16 local delivery teams (4 in Pluss and 12 within the SC) with the QPMF being applied in the same way to all delivery teams. The CM will be supported by: a) The Area Supply Chain Manager (ASM) who drives the quality & performance of the SC; b) Delivery Managers of local teams in defined geographical areas who will performance manage front-line staff; c) The Pluss Quality Team (QT) will audit all aspects of delivery, giving a clear picture of how all teams and individuals are performing against agreed standards, targets and improvement activities; d) Two Partnership & Integration Managers (PIMs) will own and develop relationships with key stakeholders including: specialist partners, LEPs, NHS services and, employers. This will ensure that a full range of interventions can be deployed to help participants overcome barriers and achieve their employment goals. **SPECIFYING THE DELIVERY MODEL –AAR 4, 5, 7.** The [REDACTED] delivery model will provide a step change in performance compared to previous programmes by firstly building on our current Work Choice (WC) best practice (our analysis shows WC would deliver 80% of the proposed WHP performance offer) and secondly incorporating enhancements and consistently using the model across our SC. It has been built from a considerable evidence base of best practice which has been incorporated in to a single program of support. The model has been co-designed with our **Expert Panel**, a network of 7 nationally recognised organisations, who will have a key role in ensuring that it continues to be **'best in class'**. We will ensure that [REDACTED] is delivered consistently across the SC by: a) Full [REDACTED] specification in a **Quality Manual**, a controlled document, issued to all Delivery Managers throughout the supply chain; b) An [REDACTED] toolkit that is used by all CDPs (e.g. assessments, action planning, measuring distance travelled); c) extensive ongoing training support. **ENSURING STAFF QUALITY –AAR4, 7.** The success of our staff in delivering excellent customer service will be measured by a series of **Customer Service Standards** (CSS) which will be clearly communicated at induction and reinforced continually at team meetings, ensuring all aspects of the DWP specification are met. They provide specific quantitative targets for engagement, pre-

work & In-work support and programme exit. In total 24 CSS have been defined in addition to those given in the specification (e.g. 92% of referrals converted to starts; 100% of participant's actions are SMART). All delivery teams will have profiled performance **outcome targets** for referrals, starts, job entries and job sustainability. These cascade down to individual staff members, for example Change Coaches (CC) will have a target to achieve **6 Job starts per month**. These are monitored daily by the Delivery Managers and reviewed in weekly case management meetings. The ability of our individual staff members across Pluss and the CDPs to deliver a quality service will be assured by: a) a competency matrix for each role to inform recruitment & ongoing personal development; b) comprehensive induction; c) monthly 1to1s with line managers, interim appraisals at six months and a formal annual appraisal where clear objectives/performance targets are set and reviewed. If a staff member underperforms they will be fully supported through a personal development plan involving mentoring and training. If problems persist then formal performance measures will be taken.

INFORMATION MANAGEMENT SYSTEM –AAR4, 5 6, 7. Our bespoke IT System, CMS, will be used by CDPs giving complete and live monitoring on all aspects of contract performance including achievement of CSS & performance targets. Our CCs and the central administration function, the Employment Bureau, continually update participant activity onto CMS. This includes a participant action plan, activity log and distance travelled measures. This allows us to **track individual participants** and clearly understand and state in real time their situation in relation to the achievement of specific outcomes. The CMS **reporting suite** that is available to all managers across the SC is flexibly configured into standard dash-board and ad-hoc reports e.g. Job outcomes by cohort, participant group, barriers, gender, age, ethnicity; frequencies of participant meetings; the number and type of specialist interventions. The reports can be drilled down to specific teams and individual CCs. The Contract Manager's dash-board gives a RAG rating for each CSS and performance target across Pluss and CDP delivery teams giving a clear measure of the **consistency of performance across subcontractors** and allowing rapid identification of issues that will be subject to rectification activity (see below).

QUALITY AUDITING –AAR4, 5, 7. There will be a comprehensive rolling audit programme against agreed criteria conducted by Delivery Managers which will be shared with the CM and ASM. These will monitor the **frequency & appropriateness of participant engagement** activities by for example: a) interviewing participants and staff; b) observing interactions with participants -including how CCs discuss & action specialist interventions with participants and why these are appropriate in securing employment; c) assessing a minimum 10% sample of participant records. The Pluss QT will undertake biannual audits of each delivery team to validate the team's audit processes and findings as well as undertaking additional observational and record checks.

FEEDBACK & COMPLAINTS –AAR4, 7. A uniform approach will be applied across Pluss and the CDPs involving both participants and other key stakeholders. **Participants** Every month participants will score how the service is meeting their needs and the confidence they feel in their CC. This is combined with the participant's assessment of their distance travelled to produce a numerical **Customer Value Index**. In addition, we will obtain views and improvement suggestions through quarterly **'Have your Say'** informal customer focus groups; quarterly online and paper based customer satisfaction surveys and exit surveys. **Evidence** Our approach has been successful in maintaining the quality of our WC service which has a 95% customer satisfaction rating. All feedback methods will be accessible in different languages & formats. The Pluss QT will obtain feedback from **mystery shopping** and directly from CDP customers to validate findings. Our robust **Customer Complaints** process will be a single agreed process across the SC and will be fully explained in the [REDACTED]**Customer Care Charter**, given out in participant induction packs. In responding to a complaint: 1) Staff member who receives a complaint will pass it to the appropriate manager; 2) Manager identifies an independent investigating officer to ensure impartiality (selected from CDP partner/Pluss); 3) Investigating officer acknowledges receipt of the complaint within 5 working days and will endeavour to resolve it quickly and locally; 4) If investigating officer cannot resolve

the complaint, it is escalated to their line manager and thereafter to the Pluss Leadership Team. Our target is to completely resolve complaints within 25 working days with a full explanation and actions to be taken, given to the complainant. If complaints cannot be resolved satisfactorily they will be referred to the Independent Case Examiner. Complaints will be tracked centrally by the Pluss Head of Governance & Compliance to ensure timely resolution. **Delivery Staff** We will ensure that staff across the partnership proactively participate and have ownership of service quality. All delivery teams will have **Quality Champions** who will meet quarterly to discuss and feedback proposed improvements. Quality will be a standard agenda item for all monthly delivery team meetings where potential improvements will be identified and fed back. Kaizen Boards will be used, a proven technique to identify and progress opportunities for improvement.

Key stakeholders We will engage with the broader stakeholder community through bi annual **Innovation Forums** in each of the CPA's 4 JCP districts. These will be set up and facilitated by PIMs and will enable stakeholders to contribute to service development. The Forum will include: JCP, LAs, LEPs, CCGs, Employment & Skill Boards, employers, complimentary provision such as Big Lottery BBO and Universities (e.g. we are working with Plymouth University to evaluate employment program best practice).

Feedback Processes All feedback will be collated by the Pluss QT. We will pro-actively act upon all feedback and complaints to continually improve our service (see *below*). Where customer or stakeholder feedback involves suggested changes to working practices, this will be acknowledged by the QT within 5 working days and proposed actions reported back within 25 working days.

ANALYSING THE DATA – AAR4, 5, 6, 7. Our decision-making process will be evidence based and informed by quantitative and qualitative data obtained from live monitoring, auditing, feedback and complaints. This is analysed and collated in a **Contract Monitoring Report (CMR)** which is compiled monthly. This shows how the service is performing against targets & CSS broken down by each delivery team to give a clear indication of service consistency across the CPA e.g. failed to attend rates, effective participant action planning, early leaver rates, etc. **Trend analysis** will be used to predict future issues so we can adapt and change, for example the need for specific types of specialist interventions to meet participant needs. The CMR contains a suite of **KPIs** which are reported to the Pluss Leadership Team and give an overview how all aspects of delivery are effectively supporting the achievement of the service's Critical Success Factors. (e.g. referral volume variance, CDP performance variance, case load sizes)

QUALITY & PERFORMANCE REVIEWS –AAR4, 5, 7. All delivery teams will receive regular contract review meetings (at least monthly) conducted by the CM or ASM. These will discuss the achievement of profiled outcome targets and service quality. These meetings are informed by the CMR which contains details of substandard performance with an associated risk rating defined by likelihood and impact (High, Medium, Low). Analytics will be used to fully understand root causes of issues and to develop **Quality Improvement Plans (QIP)** with SMART actions. All teams will be fully supported to resolve issues, the intensity of support being defined by the risk rating. A High rating will receive weekly site visits as well as targeted monitoring & auditing by the QT until issues are resolved. QIP progress is continually monitored by the CM and will be reported to the Pluss Leadership Team on a monthly basis. Future audit criteria will be formulated and scheduled to check that actions are fully embedded in live running. If teams consistently underperform, a **Performance Improvement Notice** may be issued which involves escalation to the Pluss Leadership Team for resolution (ultimately a subcontract can be withdrawn).

Evidence QPMF intervention enabled a subcontractor on our WC programme in West Yorkshire to improve the quality of their service, resulting in job entry rates increasing from 57% of profiled target to 123%.

CAPACITY BUILDING –AAR4, 5, 7. The CDPs will be fully supported to deliver [REDACTED] and have full access to our management information, customer portal and Continual Professional Development systems. Pluss management resource will be made available if partners need to respond to issues such as volume fluctuations. **Sharing best practice** across the CDPs will be facilitated by a workshop programme including: substance misuse, self-employment,

disclosure advice, etc. In addition, we will have an on-line forum where staff can raise questions and exchange ideas, giving easy access to expertise across the SC. There will also be opportunities for secondment/mentoring and peer observational auditing.

Evidence: 17 Pluss & subcontractor delivery teams undertook a transformational change programme when the Workstep programme was replaced by WC. This resulted in progression rates of less than 20% to open employment being increased to over 60% when new working methods were adopted across the SC.

SPECIALIST PARTNERS – AAR5, 6. These are local organisations providing a wide variety of interventions on an ad-hoc basis driven by customer need. Initial quality/due diligence checks by PIMs will be undertaken before they are entered onto the [REDACTED] Integration Framework (IF) (Including accreditations, qualifications, references, safe recruitment practices, low level finance checks). The effectiveness of interventions delivered by specialist partners will be facilitated by CCs giving **Star Ratings** when participants have completed specific interventions, including: suitability, lasting impact and value for money – each scored 1-4 stars. If a specialist partner receives a bad review, root causes will be established and if necessary they will be removed from the IF. The level of interaction with a specialist will vary e.g. an FE college that delivers basic skills provision on a regular basis will have a quarterly review to discuss how we can jointly improve service; a provider of a small number of social prescribing activities will be given feedback on their star rating on an annual basis.

CONTINUOUS IMPROVEMENT –AAR4, 5, 7. The QT will collate all learning and suggested improvement actions from live running (including: monitoring, feedback, complaints, reviews, QIPs, sharing best practice) in a **Service Development Report (SDR)**. This will be presented to a quarterly Quality Review Meeting comprising members of the Pluss Leadership Team, the Partnership Forum and our Expert Panel, which will make further suggestions for improvement. Any operational changes will be updated in the Quality Manual which will be re-issued and signed for across the SC. Changes to service delivery will be driven by our **Innovation Pipeline** which uses a cross functional taskforce approach to ensure recommended changes are fully embedded in live delivery across the SC. A full report of quality and performance activities for DWP contract review meetings will be summarised in an annual Self-Assessment Report (SAR).

QPMF MOBILISATION –AAR4, 7. The SC will be led by the Pluss Implementation team. Our proven IT system (7 years use on WC) makes this solution easy to scale. To date we have undertaken co-design workshops with our CDPs on the [REDACTED] delivery approach. Post contract award, workshops will ensure QPMF is fully embedded and operational. Extensive Pre-and post Go-Live systems audits will be undertaken to ensure readiness for Go-Live.

Evidence QPMF successfully implemented in 5 Big Lottery BBO contracts with similar scale to WHP from Jan to Mar '17, meeting all agreed Go-Live dates. (Cornwall, Devon, Somerset and W. Yorks. –25 core partners & c.200 specialist partners).

DELIVERING OTHER SERVICES The WHP will replace both current Pluss and CDPs delivery across a substantial part of the CPA meaning there is already capacity in place for rapid mobilisation without affecting other Pluss & CPD services. Pluss has invested in a new senior leadership team to oversee growth including Finance & Corporate Services and Commercial Directors as well as a Chief Operations Officer. Pluss corporate functions will be increased so that there is sufficient resource to deliver multiple contracts. Our financial control modelling shows that working capital requirements will not exceed available reserves. The capacity of CDPs to deliver WHP without affecting their other services has been established by a robust due diligence process. Detailed discussions have been undertaken with the CDPs so that financial risk and performance requirements are fully understood and agreed.

Q 2.3.7 Supply Chain (a)

a) Please describe your approach to choosing your supply chain partners. If you do not intend to use a supply chain, please do not answer this question and instead answer question **(b)**.

Your response should include as a minimum:

- The likely size of your supply chain, in terms of delivery, on day one and throughout the contract term.
- A clear explanation of your contract management practices with members of your supply chain, including how these abide by the principles of the Merlin Standard.
- How you will provide the Contracting Body with visibility of costs, margin and overall profit of your sub-contractors, including by way of open book accounting.
- How the services that you are contractually obliged to deliver to participants will be divided between your organisation and your supply chain so that in totality all services which you are contractually obliged to deliver to participants will be delivered, and why you have selected your supply chain partners.
- How you will incentivise, support and motivate and performance manage your supply chain throughout the life of the contract.
- How you will ensure individual participant requirements will be covered in totality by your supply chain; and if not what your process will be to engage with specialist providers as and when required.
- How you will ensure continuity of service provision where there is any change within the supply chain.
- Detail your contingency plan for maintaining the entire scope of your proposal within your bid should members of your supply chain withdraw prior to commencement of delivery of this contract.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please also complete **Appendix 2** detailing your supply chain partners, including SMEs, and provide a completed **Subcontractor Declaration (Appendix 3)** from all sub-contractors listed in your response to this question.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to 3 sides of A4, **excluding** the question text and these instructions.

Pluss is a high performing specialist DWP prime and a Social Firm employing many people who faced similar challenges to Work & Health Programme (WHP) participants. **Who we are** drives the behaviours and culture of our staff in supporting customers. Importantly it also shapes how we select and work with our partners. **SUPPLY CHAIN (SC) SIZE. Opportunities Unlimited (OU)** is planned to be delivered throughout the contract term by 9 Core Delivery Partners including Pluss (CDP) using a single delivery model into which they will integrate critically important local services. CDPs will deliver the caseload management and customer experience through 16 teams of Change Coaches (CCs). The CDPs (with % volumes) are: Pluss (35.4% self-delivery of the service in Cornwall, Heart of South West LEP, West of England (WoE) DDA & Swindon), Ingeus (14.5% in Bucks Thames Valley, Enterprise M3, Thames Valley Berks); RBLI (12.7% in Coast to Capital); Wheatsheaf Trust (11.6% in Solent); PCMI (2.5% in Portsmouth); Abilities (10.1% in Dorset and South Somerset); Prospect Training Services (PTS) (5.3% in Gloucestershire); Activate (4.4% in Oxfordshire); Learning Curve (3.5% in Wiltshire) (see Appendix 2). **DELIVERING THE REQUIREMENTS Pluss as the prime contractor** will manage the overall contract and performance, providing a co-ordinating lead for innovation and service improvement, managing pooled services such as our customer portal, Pluss Opportunities Hub (POH), OU's IT Customer Management System (CMS), and the Integration Framework (IF). Because we ourselves deliver, this allows us to better interpret frontline intelligence to inform our future delivery and management of CDPs, ensuring the [REDACTED] offer evolves fluently throughout the contract. 30% of CDPs and most specialist partners (SP) are SMEs, and any changes we make will maintain this ratio. **Rationale:** A single [REDACTED] delivery model has been designed to meet all aspects of the WHP specification. We have mapped participant need and locations; our hub/co-location/ outreach premises model is built to meet location needs, and our IF maps existing local interventions and gaps so that we meet those needs. Best practice and proactive interventions will be shared across teams and CDPs to maintain/ improve performance. A robust continuous improvement process will ensure the service adapts to changing local needs. **Supply Chain Selection:** To deliver a consistently high-quality programme across a diverse CPA, our SC strategy provides a blended delivery solution, enabling *rapid implementation, local knowledge, service consistency and local integration* from Day 1 (Merlin Standard (MS) – Design). Each CDP incl Pluss was selected to add value to [REDACTED] in 4 ways. 1) each shares our values and is committed to the principle of 'no-one left behind', to deliver value for every customer. 2) Each CDP has the capacity and commitment to deliver [REDACTED] in the way we have designed it. 3) Each CDP apart from Ingeus, is locally established, with a deep understanding of their local labour market conditions, stakeholders, and customer needs. Ingeus however, bring expertise in the design and delivery of high-performing, large-scale welfare-to-work services, National Employer Accounts, data analysis, digital services and expertise from delivering the Working Well service in Manchester which contribute to the robust underpinning of our model. 4) Each CDP was selected for their ability, as part of Pluss' collaborative approach, to contribute expertise as an integral part of [REDACTED] e.g. all CDPs can access RBLI's Access to Work Customer Contact Team to guide pre-job start AtW applications for rapid day 1 support, and will tutor the other 8 CDPs to deliver *Lifeworks*- 63% ex-forces sustained jobs at 12 months (MS Commitment). **IF:** Each CDP will have access to a pooled network of local and national experts organised into our *Integration Framework (IF)* of 200+ SPs. 95% of SPs are already delivering, and have strong relationships with CDPs. The IF is a tool we have developed with our Expert Panel (EP) to quality assure and organise this provision into a menu fully mapped to local need that will be accessed by participants & CCs [AAR6&7]. This approach means that each person, wherever they live, will have the right intensity of support to win and thrive in work. No-one will be left behind. The IF is designed to enable the SP "menu" to evolve in response to changing customer and employer need, and broader trends e.g. increasing adoption of digital channels/ services will be captured in our IF refresh activities as part of continuous improvement. **Implementation:** In preparation for WHP we have mapped local need over a 2-year period and co-designed the IF with CDPs and EP so we are ready for Go-live. CDPs have been

involved in the design/ development at each stage of [REDACTED]; each has an Implementation Lead who will be managed by the Pluss implementation Team [AAR5].

Fidelity requirements to the [REDACTED] delivery model are defined by subcontracting agreements. These are captured in a Quality & Performance Management Framework (QPMF) which includes performance management and Customer Service Standards (CSSs) as well as all requirements in the specification. Each CDP will be managed to the QPMF. Pre Go-Live and SC readiness audits will be conducted by the Pluss Implementation Team. CDP expertise means that our model of integration with other services can be delivered from Day 1, using trusted, established relationships.

MANAGING THE CONTRACT We will ensure the entire SC is aligned to the contract requirements through 3 key components. 1) Total Quality Management All CPDs must adhere to our QPMF. The QPMF incorporates the Customer Service Standards (CSS) governing customer experience, KPIs and single model elements such as CC recruitment, training & continuing professional development (CPD) standards (MS Conduct) [AAR4]. The Contract Manager (CM) will directly manage both Pluss operational delivery and the Area Supply Chain Manager (ASM) who will, in turn, manage the CDPs and pan-CPA SPs. Local delivery teams will manage local SPs through agreements. Monthly reviews are undertaken with Pluss delivery teams (by CM) and CDPs (by ASM) – focused on the Contract Monitoring Report which is populated using live data from CMS. A Quality Improvement Plan is produced and risk assured if any area/KPI requires improvement. This will determine the revised frequency of review e.g. weekly rather than monthly if high risk, or need for contract termination. 2) Collaboration ASM and 2 Partnerships & Integration Managers (PIMs) will engage CDPs and other stakeholders in continuous improvement activities (MS Commitment) [AAR5]. CDPs' performance will be managed closely but they will have a voice as part of our Partnership Forum through which they will be able to inform delivery and review. *"SC partners reported excellent relationships exist"*-Merlin. 3) Leadership & Improvement We have convened an EP of recognised condition experts: the Centre for Mental Health (CMH), Genius Within (hidden disabilities), Royal Deaf Assoc (sensory impairment), Ingeus (physical conditions), PACT (ex-offenders), Addaction (substance misuse) and Pop-up Business School (self-employment) [AAR 4]. The EP validated OU's design to support specific needs; collaborated on the CC competency framework and CPD. From Go Live, the EP will review delivery data to advise on improvement and innovation with CDP (MS Review). *"Effective regime encompassing quality, compliance and validation"* DWP PAT audit (July '14). As a formal part of CDP agreements, each will operate under **open book accounting** (MS Review) so that DWP has full transparency on our financial arrangements. Our due diligence ensures we have transparency over pricing of risk and contingencies. We will use a risk-based approach to financial audit inspections e.g. when contingencies are consistently used. Our QPMF for WHP will not be unique to the programme, but is based upon approaches that have been successfully tested in high-performing delivery at comparable scale: WC (£10m pa, Pentreath, Shaw Trust, Bradford Council, Calderdale Council etc.); BBO (£21m, 25 partners); DWP ESF (£3m, 10 partners). Introduction of the precursor to QPMF during WC raised performance across 3 CPAs from 61%, 62% and 72% of profile to 98%, 101% and 102% over 18 months, showing effectiveness at scale [AAR5]. We have invested in skills to manage the SC at scale: Head of Operations, Rhys Toone, has managed high performance and quality across multiple contracts: DWP ESF, BBO, Work Programme and WC. Frances Brennan, responsible for operational implementation and architect of our integration strategy, was Operations Director for Working Links' Work Programme (£58m contract with 50% subcontracted) across Devon, Cornwall, Dorset and Somerset, as well as Flexible New Deal, Troubled Families, Pathways to Work and innovative ESF solutions [AAR 4/5/6/7].

PARTICIPANT REQUIREMENTS Our IF enables us to effectively manage all participant requirements across a complex geography of 12 LEPs and 22 Local Authorities. The IF is structured around the same framework of needs as [REDACTED] assessment process. This allows CC & participant to identify the right intensity of support for each barrier or need as part of their plan [AAR 7]: 1) Guided Self Help 160+ evidence-based video guides, tools and courses via POH to supplement 1to1 CC support,

including Be Mindful (*top online mindfulness service, RAND for DWP, '14*), proven to reduce anxiety by 58%. 2) Social Prescription Services, groups and courses locally available e.g. free Wokingham Council leisure centre access. 3) Core Support Employability interventions (sector routeways, interview workshops etc) delivered by CDPs. 4) Specialist Support Paid-for interventions by SPs. 5) Clinical/Statutory Support GP, secondary mental health etc. Over 95% of SPs are highly localised and so will be managed directly by CDPs. The remaining 5% are national/pan-CPA agreements managed by our ASM. SPs will have various contractual relationships e.g. digital services purchased on short term per-seat basis, or 'spot purchase' arrangements in single site locations. Quality assurance of SPs is via both 'star rating' to guide CCs to effective interventions and QPMF assessment of their value-for-money contribution to job entry (MS Review). [AAR6] This approach to SPs has been tested through management of Big Lottery BBO funds to over 400 SPs across the CPA. In total, [REDACTED] CDPs are leading on 11 BBOs, 6 WC and 7 Work Programme or ESF contracts, providing robust evidence of competence for CDPs to manage SP (tier 3/4) subcontracts [AAR 7].

INCENTIVISE, SUPPORT, MOTIVATE CDPs We have purposely developed [REDACTED] collaboratively with CDPs (workshops, joint development teams) (MS Design) so they understand & support our proposal. Recognising that some CDPs, e.g. Abilities, have established working practices, our collaborative approach was designed to start a process of change. All CDPs will sign the Pluss *Charter of Values*, which codify the principles of quality customer experience (MS Design). Compliance forms part of the SC management processes. **Key challenges** will be addressed. Staff: We have built a comprehensive induction & CPD programme to achieve the standards required. All CDPs understand the centrality of the CC and have agreed. Our implementation plan including dates for training. Systems Pluss will provide (and provide training on) both the CMS, to manage workflow & case management, and POH (the customer portal), ensuring CDPs have the competency to manage their delivery to the standards required. CMS has been built to comply with the standards in our QPMF (e.g. alerting and reporting on adherence to CSSs). Incentives. Because we are not shareholder-driven we are able to provide CDPs with 80% of service fee funding, 81% of the lower outcome payment and 82% of the higher outcomes payment to appropriately resource to deliver and incentivise to achieve target i.e. able to secure more funding for higher outcomes Improvement [REDACTED] will be delivered as a collaboration with values-led organisations committed to supporting every customer. To support this, our EP will provide guidance and support to all CDPs to improve practice & address underperformance with specific cohorts or customer groups. *Example*: On WC CPA28, we identified underperformance against profiles. Undertook investigation, KPI analysis, staff interviews. Identified lack of employer engagement (EE). 2-part improvement plan included: leadership & target-setting training; Pluss-funded resource to increase EE. Result: performance increased to consistently 100% of targets within 12 months.

CONTINUITY & CONTINGENCY Performance issues or changes to local economies may drive a change in the number and type of CDPs to better support customers and maintain/improve performance. Our resilient and flexible **single model** approach ensures that CDP or SP withdrawal, a contract termination or the changing needs of a local economy can be managed easily. If a CDP or SC withdraw prior to 'go live' our comprehensive contingency plan maintains the entire scope of our proposal e.g. Mind UK recently withdrew their SP offer; our IF ensured we could call on Richmond Fellowship to provide an equivalent offer. ASM will agree change protocols with CDP to govern changes to delivery, ensuring that the key pillars of [REDACTED] are maintained during change. Our reserve list is regularly re-engaged & re-assessed under our due diligence process e.g. Kennedy Scott if Activate withdraw. As an interim, temporary expanded delivery can be undertaken by Pluss or we can reallocate flows across remaining CDPs e.g. if RBLI withdraws, 7% of flows re-allocated to Ingeus, 6% to Wheatsheaf. We have assessed all CDPs to ensure we only reallocate where capacity is confirmed.

Q 2.3.11 Human Resources, Recruitment & Training

Detail the human resources (including any known sub-contractor staff) that you will use to deliver and manage this provision.

Your response should include:

- A clear explanation of how you will ensure the staff deployed/recruited on WHP will have relevant skills or experience, covering all customer groups. How you will ensure you and your supply chain partners are consistent across the whole supply chain and how you will ensure all staff are trained to an appropriate standard.
- Minimum and maximum caseload per advisor including a rationale for why this is considered appropriate against your delivery proposal, from day one and through the life of the contract.
- The number of existing staff and those who will need to be recruited through the life of the contract, for you and your supply chain (where applicable).
- A clear description of how you, and your subcontractors, will recruit, train and retain staff to ensure effective delivery of this provision and satisfactory performance from the start of the contract and throughout its lifetime.
- A clear explanation of how you, and your subcontractors, will manage sickness absences and annual leave during peak times, including contingency arrangements for managing the absence while maintaining the quality of service delivery and performance levels.
- How you will manage your staffing level as volumes of participants increase and decrease over the life of the contract.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please complete Appendix 4 to provide human resource details.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2 sides of A4**, **excluding** the question text and these instructions.

WORKFORCE PLAN This will comprises 16 Local Delivery Teams operating across the CPA either within Pluss (35% of delivery) or Core Delivery Partners (65%). These will be managed by Pluss' Contract Manager (CM) who will be accountable for the overall programme delivery and will directly manage the Pluss delivery teams. In addition, the Area Supply Chain Manager (reporting to the CM) will oversee delivery by the Core Delivery Partners (CDP). Delivery Managers, based in Pluss and the CDPs will line manage a team of highly skilled Change Coaches (CC) who will guide participants through a programme of personal change leading to sustainable employment. The teams will also have: Assistant Change Coaches –assessments, group work, job clubs; In-Work Support Advisors (IWSA); On-line Advisors (OLA) –digital channel support and; Training Facilitators –participant work shops. The IWSA and OLA advisor roles will be deployed flexibly either in call centres or in the field. The delivery teams will be supported by wider functions including: clinical support (Senior Health Care Professional); stakeholder & employer engagement; quality & compliance and; analytics & administration.

STAFF NUMBERS The workforce plan has been fully discussed and agreed with the CDPs. CC numbers have been defined by a requirement to have minimum **caseloads sizes** of 43 and a maximum of 52 from day 1 and thereafter. These have been established from average activity analysis as follows: a) CCs will provide 22 hours of 1to1 support; b) 3 hours for engagement/start/assessment; c) 16 hours of additional support which may involve specialist partner intervention; d) 80% of participants 2 hours per week of digital channel support. *Evidence* Our Work Choice (WC) client group have complex issues and require comparable levels of support to achieve 64% job entry. A peak complement of front-line staff will be: Pluss 93; Abilities 21, Activate 9, Ingeus 25, Learning Curve 7, PCMI 6, PTS 11, RBLI 26 and W heatsheaf 24. *Evidence* Our CDP resources are based upon experience of implementing supply chain (SC) wide changes across 3 CPAs for WC in 2014/15 resulting in over 100% performance against profiles

THE RIGHT CULTURE & SKILLS Pluss is a value based organisation that believes that everybody can obtain employment and have a meaningful career. We have selected partners that share this belief. Our staff development approach will be to embed behavioural competencies that guarantee no participant is left behind, at the same time meeting the challenges of a results driven contract. We have built a **Competency Framework** (CF) for key roles based on time and motion studies of how our best advisors deliver high rates of sustainable job outcomes. This has also been informed by our **Expert Panel** of nationally recognised organisations (including mental health, hidden disabilities, sensory impairment, and substance misuse). Specific CC competencies include: communication, emotional intelligence, problem solving, influencing & planning. These will be used to underpin our recruitment, training, assessment of staff standards and Continued Professional Development (CPD).

RECRUIT, TRAIN & RETAIN –AAR8. As part of our SC due diligence processes we have selected partners who share our approach to staff recruitment and development. At our initial co-design workshops with our CDPs they agreed to adhere to the CF described above so that all participants will enjoy a high quality experience no matter where they access the service. The quality of staff delivery will be subject to a rolling programme of observational audits by the Pluss Quality Team (QT). This will be combined with capacity building support to assure consistency across CDPs. **Recruit** The partnership will use multiple channels to source potential candidates including: local media (radio, newspapers), agencies, digital channels (LinkedIn, twitter, Facebook) and contacting other providers (commencing prior to contract award for early identification of candidates). A profile for each role will include experience and qualifications (e.g. IAG L3 and experience of W2W for CCs). Interviews involving presentations and role play will aid selection. Safe recruitment practices will be used, including basic DBS & BPSS checks. Our equality and diversity practices in recruitment ensure the composition of our workforce reflects the communities we serve. By proactively recruiting from disadvantaged groups we comply with DWP Life Chances guidance. **Train** Initial induction will involve 4 full days orientation covering: the delivery model and tool kits (assessments, action planning, and interventions); quality & performance management,

IT systems; health & safety; safeguarding, personal data security and fraud prevention. This will be followed by 12 weeks with 0.5 training days per week covering a broad range of issues to ensure a good understanding of the participant groups and delivery techniques. This includes: mental health & disability awareness, substance misuse, MH first aid, self-employment including the gig economy, the GROW coaching model, motivation interviewing, negotiating skills and employer engagement. There will be regular reviews with line managers including a formal annual appraisal and interim appraisals at six months. This will review performance against the CF with any shortfalls being addressed in a personal development action plan involving training and mentoring as required. **Retain** This will be assured by: a) Clear performance targets & objectives set and reviewed in regular appraisals; b) The use of experienced peer buddies for new members of staff for support; c) A supportive mentoring and coaching environment in which staff are encouraged to attain professional career goals, facilitated through membership of the **Institute of Employment Professionals (IEP)**; d) **25 hours of CPD** per annum from an accredited modular programme that has been co-designed with the IEP including, L2 Mental Health Awareness (during first 12 months), L3 certified employment advice, L4 IAG; e) As CCs achieve competency, they will be able to build on specialisms with funded training to become **Expert Practitioners** in key areas e.g. self-employment, substance misuse, neurodiversity. Evidence within Pluss our rolling 12-month staff turnover at June '17 was less than 2% -sector norm of 10%

MOBILISATION –AAR 8. This will be led by Vickie Ward, Head of HR at Pluss who will provide oversight across the SC and ensure the service is able to take referrals at Go-Live. Our activity analysis shows that 54 staff will be required to run a full service on day 1 (Pluss 25; Abilities 4, Activate 2, Ingeus 6, Learning Curve 2, PCMI 2, PTS 3, RBLI 5 and Wheatsheaf 5); we anticipate that 45 of these will be sourced from an internal recruitment process across the SC and 9 will be recruited externally. Post Go-Live resource deployment will be ramped up and synchronised with referral numbers to reach a full complement of 222 after 16 months (at peak running Pluss employed 200 on WC). The CM will receive monthly reports to ensure recruitment is on target against profiles. Our implementation plan will adopt a train-the-trainer, IT systems super-user and mentoring/buddying approaches to facilitate effective programme roll-out. The initial Go-Live staff team will receive their training between 30/10/17 to 22/12/17, followed by a skills audit to ensure staff are at the required standard –with further training for specific staff if required. After this there will be a rolling training programme as staff numbers are ramped up. **MANAGING VOLUMES & STAFF ABSENCE** Pluss will use our analytics capabilities driven by our well-established Information Management System (CMS) to monitor, forecast and risk assess volume fluctuations. If we reach pre-set control levels on caseloads, our multi-programme delivery across the SC allows us to increase/decrease capacity by transferring staff between delivery teams. If necessary we will recruit additional staff. We have budgeted to maintain high ratios of staff to participants at the start of the contract as referrals are ramped up. This will ensure that we can establish the new service without capacity constraints. At the close of the contract, as volumes decrease there will be a 10% increase in caseload capacity as participants leave the programme. This will allow managed reductions in staff numbers. Our caseload and staffing model, for delivering the quality of service proposed, builds in assumptions that 11% of staff will be on leave or off work for health reasons at any time (based on current WC staffing). During peak times, Delivery Managers will proactively manage staff holidays to ensure continuity of service. Key staff absence is covered by our robust personnel contingency arrangements. Monthly reviews of the contracts **Risk Register** will be carried out to identify contingencies including: analysis of the impact of loss of individuals; ensuring suitable alternatives are identified e.g. Head of Operations can adopt the CM role until they are replaced.

Q 2.3.13 Delivery Infrastructure

Please provide details of the delivery infrastructure you will use to deliver this provision, including details of premises, digital support and any outreach services.

Your response should:

- Explain why you consider your delivery infrastructure to be suitable for this provision and the specified participant groups (please see paragraphs 2.11 to 2.19 of the WHP Specification), and how you will ensure consistency across the whole CPA.
- Where applicable, describe any outreach or co-location services that you will provide, how you intend to provide them, the rationale for providing such services and how and why this approach will result in parity of services across the CPA.
- Explain why you consider digital services or other non-face to face services, if appropriate, would be suitable for this provision and the specified participant groups (please see paragraphs 2.11 to 2.19 of the WHP Specification). Please provide two examples of where these services have been successfully deployed on current or previous relevant contracts. Why and how were they successful?
- Clearly describe how your proposal will achieve full coverage and consistency across the entire CPA.
- If you intend to use existing premises, outreach centres or co-location, explain how delivery of this provision will fit with current use.
- If you intend to secure new premises, indicate the timescales for doing so ahead of go-live and your contingency arrangements for ensuring timely delivery of this provision.
- Detail your contingency plans for dealing with fluctuating participant volumes over the life of the contract, including the minimum and maximum volumes that can be handled at any one time without having an adverse impact on your premises proposal. Please provide one example of how you have managed fluctuating volumes on a previous contract.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please complete Appendix 5 to provide your delivery infrastructure details.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response at the top of a new page, within these preset margins in Arial font size 12 up to 3 sides of A4, excluding the question text and these instructions.

The [REDACTED] Infrastructure solution will ensure an effective service is delivered across the 34,000 km² of the Southern CPA. We have mapped population densities and claimant numbers combined with our knowledge of the CPA to predict optimal locations. However, a low referral density (220 per 1000 km²) means forecasts will be imprecise, necessitating a flexible solution to ensure full coverage and parity of access for all participants in all locations. Our cost-effective solution will provide a range of convenient venues for front-line staff to meet customers. It comprises: **Fixed Hubs** at 43 venues covering the CPA's 12 LEP areas. These are used by Pluss and core delivery partners (CDP), acting as bases for delivery teams (premises owned by the partnership/long term leases); **Co-Location** agreements with service providers such as skills and health; giving access to a range of complementary services from a single location. At present 34 agreements are in place; **Community Outreach** these are appropriate venues to meet with customers on a demand led basis (room rental or free usage – a register is kept of all potential venues which details facilities & accessibility e.g. disabled parking); **Specialist Partner Premises** where delivery of specific interventions takes place. Our CDPs currently operate in the area so the proposed solution is predominantly in-place with venues that are suitable for WHP delivery, ensuring rapid mobilisation, e.g. RBLI who will deliver in the C2C LEP covering West Sussex and Surrey have 6 hubs, 3 co-location and 4 active outreach venues in place. Pluss and the CDPs currently actively use 81 outreach locations across the CPA. An **Infrastructure Consistency Test** for key requirements (optimum localities, travel times, facilities and accessibility) has confirmed parity of access across all 12 LEP areas across the CPA. The [REDACTED] delivery model is a face-to-face service; however, we also have a complementary **Digital offer** to enhance support which we anticipate will be accessed by 80% of participants (analysis of Work Program data). **PREMISES SOLUTION –AAR9, 11, 12, 14.** The benefits of our approach in meeting the needs of participant groups is described below: **HUBS** Creating a positive working environment all hubs will have décor that is tidy, business like and designed to put people at ease (welcoming reception area, comfortable seating, break-out area with tea/coffee making facilities). Full Accessibility facilities will be available so that the venues are suitable for the H&D group (compliant with the Equality Act 2010). They will have: adjustable furniture; sensory aids (hearing and sight); dyslexia aids; large print; easy read for learning disabilities; accessible washrooms; wheelchair access. Travel times the maximum travel time to access the service will be 1 hour including in remote rural areas. This will be considerably less for most participants and will ensure accessibility for those with health & disability issues as well as caring commitments. Our hub locations will be a maximum 15 minutes' walk from a bus stop/train station (e.g. our hub in Plymouth has a bus stop within a 5-minute walk. Buses arrive every 15 minutes from the City Centre -20 minutes journey, ensuring full accessibility across the City). Job Search all of our hubs give participants access to high tech IT suites on a drop-in basis with email/internet access; headsets for eLearning; printers, photocopying, stationary and phones to support vacancy search and job applications. There will be job boards (updated daily), training course boards, newspapers, support materials (e.g. disability support leaflets, information on other support organisations such as the Money Advice Service), employer recruitment posters and information on local skills/careers events. Group work all of the hubs have training rooms equipped with ICT (minimum capacity for 10 people). These will host: skills training, job clubs, employer talks, participant focus groups, specialist partner activities (e.g. Pop Up Business School self-employment workshops). One-to-one privacy and confidentiality is essential for those with health conditions, mental health (MH) and other issues. Therefore, all locations will have private meetings rooms for initial engagement, assessments and action plan reviews. Cultural literacy The CPA is culturally diverse. For example: Bristol 16% from ethnic minorities, Nepalese in Andover, Mixed Asian in Slough, Romany in Bugle (Cornwall), Travellers in Redhill (Surrey), in Gloucester 50 different languages are spoken. In responding to this need marketing material will be available in appropriate languages such as Mandarin Chinese, Hindi, Punjabi, Urdu, Sindhi, Somalian and Polish. Prayer facilities for Muslim Salat will be available onsite/nearby. Complementary services we will invite other

organisations to deliver from our fixed premises e.g. RBLI in Bognor Regis, Crawley and Leatherhead have been set up as community hubs involving CAB, Mind, NHS Trainers, Money Advice Services, Volunteering Bureaus and local training providers. **CO-LOCATION** These will have similar facilities to the hub locations. Examples of the benefits of this approach includes: Skills training our partners PTS, Learning Curve and Activate are skills providers therefore their delivery locations give ready access to vocational and basic skills courses. We also have agreements with other skills providers such as Somerset Skills & Learning to co-locate in their network of 11 Adult Community Learning Centres giving access to skills & wellbeing courses. Similar arrangements are in place with Cornwall and Weston Colleges, who have an extensive network of venues. All our skills partners have additional learning needs facilities for people with learning difficulties. Mental Health our flexible solution means that we can meet people with MH at venues which reduce barriers such as anxiety associated with travel (e.g. local café). We will co-locate in 10 Cornwall NHS Partnership sites where Community MH Teams are located (e.g. Penzance, St Austell, Bude), thus enabling integrated working through joint case management reviews. Similar arrangements are in place in Gloucestershire (2gether Trust), Swindon (Enterprise Works) and Surrey (Richmond Fellowship). Ex-forces there is significant forces activity across the CPA e.g. Aldershot –Army, Portsmouth –Navy, Brize Norton –RAF. We have access to RBLI high street drop-in advice centres across the CPA that are appropriate and familiar to ex-service personnel (e.g. Plymouth, Brighton, Southampton, Bristol, Swindon). We also have access to over 400 Legion Social Clubs across the CPA. Care Leavers By co-locating with Somerset Skills and Learning we can offer a holistic range of bespoke support including skills and outdoor motivational activities. Refugees we will co-locate in the Wellspring Centre in Barton Hill Bristol who have Somali staff and who run a specialist service for refugees. **OUTREACH** These will typically have training and 1to1 rooms. Each delivery team will have a mobile pack of IT equipment and materials so a full service can be delivered from these venues. They include a wide variety of community assets; examples from our current delivery include: Children's Centres (e.g. Spring Board –Cirencester); Council Offices (e.g. Tewkesbury); Libraries (e.g. Quedgeley); Community Centres (e.g. Hesters –Cheltenham). Evidence This approach is used in our Cornwall Big Lottery BBO delivery where we have 58 community locations to serve 1781 km² –full use will be made of infrastructure solutions developed for our 5 BBO contracts in Pluss and 8 BBO in the CDPs. Reaching disadvantaged communities the CPA has 70 wards in the top 20% ranked by multiple indices of deprivation where there can be a reluctance to engage with services (e.g. inner cities and run-down seaside towns). To reduce engagement barriers we will deliver from locations in the heart of these disadvantaged communities e.g. in Oxford we will deliver from the Rose Hill Community Centre, in Brighton we will deliver from the Valley Social Centre (Whitehawk). We will also use mobile solutions e.g. we have agreed the use of a Southampton City Council ICE bus to cover areas in the north of the city. Remote area solutions A rural delivery solution is required because public transport can be poor (19% of rural households in the CPA have no car). We therefore have agreements to use assets such as community fire stations in villages in Cornwall (e.g. Mevagissey), Village Halls (e.g. Prestwood –Bucks), meeting places (e.g. W.D. Centre –Forest of Dean). The Isle of Wight, although close to the mainland is isolated. This is compounded by high public transport costs (£9 to travel across the island). Therefore, we will have bases in Newport and Ryde. Service to the Isles of Scilly (40 km from mainland –c.2 referrals per year) will be by phone/digital where free IT access is available at St Mary's Council Offices. **SPECIALIST INTERVENTIONS** Some interventions will be delivered from specialist partner premises (e.g. Aspire working with Homeless in Oxford). For some partners, their charitable status only allows them to work with voluntary participants. In these circumstances alternatives will be available for LTU mandated participants e.g. Richmond Fellowship MH services across the South East when other MH providers are not able to assist. **DIGITAL SOLUTION** We will use the Pluss Opportunity Hub (POH), an IT solution with: a portfolio of self-help options; a calendar to book meetings; an action plan viewer; messaging facilities to communicate

with Change Coaches and to send alerts. Phone and text support will also be used. Relevance to WHP participants includes: H&D Texting as a safe initial engagement approach for MH issues; secure log-on access to POH from any internet enabled device for remote interventions where travel (agoraphobia) or group activity (autism) is a barrier; telephone support service where POH usage is a problem e.g. learning difficulties; career exploration for H&D with limited knowledge or experience (e.g. the 'Go Construct' website); devices like 'Brain in Hand' will support learning disabled employees with multi-tasking. EA POH provides bespoke online support (e.g. disclosing convictions); text appointment reminders (e.g. chaotic lifestyles, drug dependency); peer support networking (e.g. around caring roles). Frequent text/email with a Change Coach reduces isolation & reaffirms programme support and helps maintain commitment alongside other appointments (e.g. counselling). LTU POH 'choose and book' options increase sense of control & ownership (e.g. reviewing action plan online); motivational text messaging supports improved decision-making and commitment to change; digital offer nurtures Life Skills alongside job entry (e.g. Learn My Way). **Example 1. Digital support from POH** Where developed with Ingeus in delivery of the highly successful Working Well in Manchester. Why POH is a suite of self-help tools that has a significant evidence base that proves they are effective for WHP participant groups. Results e.g. 'Be Mindful' has shown to reduce anxiety by 58% and depression by 57% "Top recommended online mindfulness service" -RAND for DWP, '14; 'Learn My Way': has supported over 1.2m learners to improve their employability by improving their basic IT skills. **Example 2. Mental Health non-face-to-face support** Where Pluss' NHS mental health employment programmes in Devon. Why Includes positive initial engagement via texting as well as motivational text support, Pluss Facebook & Twitter links, phone calls, vacancy & event text alerts, remote proof reading of applications; remote in-work support via phone & text if individual with MH issue elects not to disclose a condition to their employer. Results Increases engagement and effectiveness of services for some MH conditions where face-to-face support is stressful. **MOBILISATION -AAR10, 12.** A fully resourced implementation team led by Pluss will ensure we will deliver a full service at Go-Live. The use of an established supply chain means that 36 hubs are in place which are currently used for W2W and so are suitable for WHP. Our partner, Ingeus will require 7 new properties in Aldershot, Basingstoke, Reading, Slough, Winchester, Woking and High Wycombe. Suitable venues have been identified with contingencies which will be leased post contract award and will be in place pre-Go-Live. The hubs are currently being used for programmes such as Work Choice and the Work Programme and are suitable for WHP. Our POH IT solution is being developed in collaboration with Ingeus, and will be in place at Go-Live. User testing and training for our CDPs have been scheduled thus ensuring full roll-out across the CPA. **CONTINGENCY PLANS FOR VOLUME FLUCTUATIONS** Volumes are continually monitored and contingency plans are triggered if fluctuations (15% above or 20% below profiled referrals) occur over 2 consecutive months. This involves: a) flexing the use of community outreach; b) using office space providers to source temporary locations e.g. Regus; c) bringing additional permanent hubs on stream. All current and proposed premises host a mixed delivery portfolio, so if volumes reduce, the use of premises are still secure. Max: is up to 42,230 (20% above profile) without an adverse effect on property plans; Min: is 24,630 (30% below profile). Evidence: Pluss received 390% of profiled starts over 4-months on Work Choice. Our property solution enabled us to fully absorb the increase. This was helped by flexible deployment of staff between venues. When needed, we have secured new properties within 2 weeks.

Q 2.3.15 Management Structure

Please submit an Organisation Chart alongside the response below. Please note there is no page limit requirements on the organisation chart.

Please provide details of your management structure, systems and processes.

Your response should:

- Describe your proposed management structure for the live running of this provision, including any subcontractor roles directly managed by your organisation (where relevant) and the percentage of time that will be allocated to this contract for each listed role.
- Provide a clear explanation of your capacity to manage this provision, during mobilisation and live running, alongside existing commitments and any potential future commitments.
- Outline the risks you have identified within your management structure and how you will mitigate against them including any escalation routes for both you and your subcontractors (where relevant).
- Clearly describe the systems and processes that will be used to prevent fraud. This should cover providing details of the robust audit trail of evidence that you will implement including but not be limited to: attendance records/action plans, participant consent, evidence to support claims for outcome payments and systems that will be used to prevent fraud for participants in self-employment.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to 2 sides of A4, **excluding** the question text and these instructions.

STRATEGIC LEADERSHIP The **Pluss Board** provide the vision, challenge, strategic direction and ensure the organisation is operating effectively. The **Pluss Leadership Team** (PLT) leads on financial, processes, development issues and customer satisfaction to ensure that the DWP Prime contractual obligations are fully met. It includes the CEO (10% assigned to WHP), the Commercial Director as well as: Finance & Corporate Services Director (30%) accountable for Pluss corporate functions (HR, IT, Finance); internal accounting procedures including auditing financial claims, ensuring an independent overview from operational management; business continuity. Chief Operations Officer (COO) (55%) leads achievement of excellent performance and ensures the WHP achieves strategic goals. CEO/PLT bulletins, site visits, and away days will be used to communicate the company vision and strategy. Pluss' ethos is to work collaboratively with others to maximise the social value of our activities. Therefore, our **Partnership Forum** comprising our **Expert Panel** and 9 senior managers from Pluss & core delivery partners (CDP) will proactively engage in continuous improvement by co-designing service developments and sharing best practice.

OPERATIONAL LEADERSHIP Pluss has a functional organisational structure where the **Heads of Service** meet regularly as a single team to ensure effective communication vertically to PLT & to their teams as well as horizontally across the organisation. Multi-functional taskforces drive the review and change agenda. Alignment to the business strategy is cascaded by personal targets/objectives set and reviewed in regular appraisals. Head of Operations (70%) line manages the WHP Contract Manager; responsible for performance, compliance, service quality, workforce development and delivery within budget; operating procedures sign-off, performance targets and KPIs. Head of Governance & Compliance (corporate overhead -15%) responsible for: Quality & Performance Management Framework; Quality Team (QT); compliance including information security (ISO20071), external audits (PAT, Merlin); the Pluss Employment Bureau; Business Services (property, Health & Safety, safeguarding); policies including anti-fraud/corruption. The QT is independent from operational management to ensure segregation of duties; compliance is directly managed by the CEO. National Partnership Manager (50%) manages relationships with key strategic stakeholders; maximises impact of service integration with skills, health services and other services such as Big Lottery BBO & DWP ESF; accountable for effective partnership procurement and due diligence protocols. Corporate Function Managers who ensure central functions fully support WHP delivery including Heads of: HR (overhead -10%), IT (overhead -10%), Finance (overhead -15%).

CONTRACT DELIVERY Contract Management Contract Manager (CM) (100%) line manages Pluss Delivery Managers and the Area Supply Chain Manager; monitors profiled outcome targets and Customer Service Standards, ensuring these are consistently met across the entire supply chain (SC); oversees the Issue & Risk Log and associated Quality & Performance Improvement and Rectification Plans; contact for the DWP Contract Review Team; Area Supply Chain Manager (ASM) (100%) accountable for the performance of the Core Delivery Partners (CDP), undertaking monthly review meetings. **Local Delivery Teams** will be organised on a geographical basis (e.g. for Pluss delivery Cornwall & Isles of Scilly, Devon, Somerset, West of England & Swindon and; Exeter for the In-work and On-Line support call centre). Pluss Delivery Managers (5 at 100%) line-manage Change Coaches (CC), In-Work Support & On-Line Advisors and Training Facilitators; conduct case manager reviews; manage Specialist Partners in their geographical area. Local delivery teams will receive regular updates in monthly team meetings and 'tool box' talks where they have an opportunity to feedback views and ideas. CDPs Local delivery teams and single points of contact for performance management. *There will be no directly managed subcontractor roles.*

Stakeholder relationships Partnership & Integration Managers (2 x 100%): i) South West & WOE DDA and ii) Greater Thames Valley; establish and represent Pluss on Local Integration Boards to promote integration with health services; engage with: regional stakeholders & local community services; develop specialist SC & complete Service Level Agreements; large key regional employer account management; facilitate Innovation Forums of key stakeholders; Communications & Public Affairs

Manager (overhead - 10%) regional employer engagement including the Disability Confident scheme. **CAPACITY** Live Running Our robust corporate governance ensures we can meet the requirements of the WHP as well as current and future programmes. This has been tested through the delivery of multiple programmes e.g. DWP Work Choice (prime and subcontracts); Big Lottery BBO; DWP ESF; JCP Flexible Support; NHS Mental Health and; Local Authority Supported Employment. To date our careful planning to ensure we can meet our WHP commitments has involved: a workforce model across the SC in which all front-line staff are allocated to WHP; a planned rapid build-up involving transfer of staff from contracts such as Work Choice where referrals are ending; centralised support teams that are fully established and can be flexed to respond to increases in demand; an infrastructure approach that maximises the use of current assets across the SC. Mobilisation A fully resourced implementation team of 25 from Pluss and CDPs (led by the Commercial Director) will ensure the workforce and systems/processes are fully operational by Go-Live. **RISKS** Building organisation wide capacity to manage WHP. Mitigation: Pluss will invest £1m in 2017/2018 in a restructure (ongoing since Jan '17) to underpin effective growth including: a senior team with new Commercial and Chief Operations Officer (COO) Directorships; a restructured Heads of Service Team; increased resources for Pluss corporate functions; appointing Vysiion as our IT provider to implement a market leading remote working solution; a new competency matrix co-designed with the CDPs for critical roles that includes both technical and behavioural competencies to deliver the WHP performance offer. Escalation Any further risks identified will be escalated to the COO via the CM for Pluss delivery and ASM for CDPs. The COO will rectify the issue and liaise with DWP. **FRAUD PREVENTION** Comprehensive anti-fraud and whistle blowing policies are in place and will be communicated at staff induction where training in fraud awareness will take place across Pluss and CDPs (reinforced by annual refresher training). Our approach includes: anti-bribery measures, avoiding perverse incentives and referring to DWP Security Team if fraud is detected. Our processes are designed to prevent fraud including: Delivery Teams e.g. falsification of records. Prevention Delivery teams input an outcome onto our bespoke MI system (CMS) and upload the associated evidence (e.g. letter of employment) -robust checking by local Delivery Managers is undertaken; the Employment Bureau (EB) then independently checks that evidence correlates with details provided directly by the employer (e.g. wage slips). For **self-employment**, evidence of trading is gathered (e.g. business plan then at months 3 & 6 –invoices & receipts, accountant's letter). The process is supported by CMS which provides a complete **audit trail** (AT) across Pluss and CDPs recording: eligibility, consent, attendance records, action plans, etc. CCs will collect relevant evidence, e.g. signed attendance forms, which will be scanned and uploaded. The EB will check all records/evidence to ensure it complies with requirements. CMS has access restrictions to ensure records cannot be inappropriately modified. The Pluss QT conducts a **rolling audit programme** to check that our systems are being deployed correctly. Any anomalies found through all of our monitoring activities are thoroughly investigated for potential fraud. Escalation is to: HR, senior management and the DWP Security Team. Individuals e.g. manipulation of records, job evidence, attendance. Prevention Our AT allows, for example, cross checking of CC signing-in sheets with building reception sign-in so that attendance cannot be overstated. Financial e.g. misuse of funds to 'buy' outcomes, setting up false suppliers/employers. Prevention Pluss has financial & standing orders in place where an independent financial officer carefully monitors budgets and claims submissions. PWC review our overall systems, processes and anti-fraud policies. Validation systems have been assured by DWP PAT audits. Evidence *"high level of assurance from control processes. No weaknesses were identified in anti-fraud and corruption processes."*-PWC; *"a strong focus and a positive, progressive culture on audit and compliance across the business"* -PAT (July '14).

Q 2.3.16 Performance Rationale

PART A

Please outline the rationale for the Performance Offer as outlined in the CCR.

Your response should:

- Clearly identify each step in how you calculated your Performance Offer and provide a rationale for the baseline offer for each participant group, detailing the key elements of delivery and the associated level of uplift for each element that you expect to make up your Performance Offer. Detail any research, evidence and/or experience from relevant past delivery which underpins your Performance Offer for each participant group including any assumptions and dependencies in each step.
- Clearly identify the key risks to each dependency and to each assumption underlying your Performance Offer being as you have calculated and how you would ensure that you achieved your Performance Offer if any of those risks occurred.
- Clearly explain why you believe that your Performance Offer is achievable and realistic detailing any research, evidence and/or experience from relevant past delivery which underpins your Performance Offer.
- Describe how you will proactively manage the achievement of performance levels and customer service standards as detailed at paragraphs 2.5 and 2.6 and paragraph 4.23 of the WHP Specification or outlined within your response below, by you and your supply chain, including the frequency and level of detail of monitoring activity and trend analysis.
- Identify how you will develop and implement effective solutions to correct failures to meet performance levels and customer service standards in a timely manner and ensure that it does not re-occur, for both you and your supply chain.
- Explain how you will proactively engage with the Contracting Body to notify us of any issues and remedial actions rather than waiting for scheduled review meetings.
- Outline your CSSs in line with paragraph 2.5 of the Specification. Please ensure these are SMART; Specific, Measurable, Achievable, Realistic and Time bound.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Present your response at the top of a new page, within these preset margins in Arial font size 12 up to 5 sides of A4, excluding the question text and these instructions.

Pluss has been preparing with stakeholders for the Work & Health Programme (WHP) for 2 years. For 45 years, we have worked in CPA4 to support customers like those on WHP to win and thrive in work. We believe *every customer, with the right support, can excel in work*. And we deliver on this: on our Work Choice (WC) delivery, we have supported over 4,700 customers facing the same challenges as WHP customers in CPA 4 into employment. In preparing our approach for Opportunities Unlimited (OU) we have worked with our alliance partner, Ingeus for over 10-months. Our performance offer is grounded in our combined Work Choice (WC) and Work Programme (WP) delivery experience together with new developments incorporated into the delivery model, an intensified approach to workforce development and enhanced monitoring. **PERFORMANCE OFFER (PO)** Our Job Outcome (JO) PO by group, representing a significant uplift from our initial submission, is: Health & Disability (H&D): [REDACTED] Long Term Unemployed (LTU) [REDACTED]; Early Access (EA): [REDACTED]. For the Bristol West of England devolution deal area (DDA): H&D: [REDACTED]; LTU: [REDACTED]; EA: [REDACTED]. **PO CALCULATION METHODOLOGY** Our calculation methodology has been to establish a baseline performance and then to adjust this using evidence-based incremental performance enhancements as well as reductions associated with labour market conditions. **Key Assumptions** Baseline Performance The starting points in considering our PO are: H&D Job Entry (JE): [REDACTED]; H&D Sustainability Rate (SR) at 26 weeks: [REDACTED] [based on Pluss WC performance best rolling 12 month figures]. LTU Job Outcomes (JO): [REDACTED], EA JO: [REDACTED] based on Ingeus WP performance on a 2-year rolling basis (PG3 for EA). Participant Characteristics a) c. [REDACTED] of H&D participants will share similar characteristics as the WC cohort; b) [REDACTED] of LTU/EA participants will have a health and disability issue giving an equivalent profile to the H&D profile. DDA Outcomes will achieve comparable performance given that the collective geographic differences across the CPA are similar. This is supported through analysis of our own WC data for West of England and Devon & Cornwall. Durations into work based on WC & WP data these will be [REDACTED] for LTU and [REDACTED] each for H&D/EA. **Adjustments to baseline performance** 1. H&D Job Entry A number of changes that will be in place when WHP starts will result in an up-lift to current performance: a) Gatekeeper role of local JCP offices will refer suitable, largely voluntary participants who could, with the support from [REDACTED], enter work within 1 year. This contributes to our referral-start conversion of [REDACTED] and a resulting decrease in H&D drop-outs pre-job entry compared to WC *Impact* [REDACTED] b) Universal Credit (UC) Flexibilities will increase JE for H&D. *Impact* [REDACTED] in number of valid JE claims [established from WC where c. [REDACTED] of JE's are under 16 hrs per week]. Overall *Impact* enhancements to baseline (BL) [REDACTED] 2. H&D Sustainability Rate a) RTI will enable 100% of outcome to be claimed. *Impact* i) [REDACTED] [established from WC outcomes we are currently unable to claim]; ii) [REDACTED] [established from WC outcomes which cannot be claimed due to participants leaving and re-entering employment]; b) [REDACTED] builds on our proven performance through evidence-based enhancements: Diagnostic improvements, for example in the identification of 'hidden disabilities' such as dyslexia and autism, will increase performance post job entry by enabling better job matching and suitable in-work support (IWS). *Impact* a conservative [REDACTED] Overall *Impact* enhancements to baseline [REDACTED] 3. LTU/EA Job Entry Seasonal entry-level employment, disproportionately taken up by LTU and EA, will result in a decrease to average JO performance across the CPA: LTU *Impact* **-1.7%**; EA *Impact* **-0.8%**. LTU Overall *Impact* reductions to baseline [REDACTED] EA Overall *Impact* reductions to baseline [REDACTED] **Key dependencies** Quality Core Delivery Partners (CDP) who are all invested in and able to deliver our integrated model across the CPA. Access to the right jobs for our customers through local, regional and national engagement and accurate job matching metrics to secure minimum [REDACTED] matches. Effective integration of services at the frontline using the Integration Framework (IF) we have developed with our Expert Panel (EP) of condition specialists to ensure the right range & intensity of support for individuals. **RESEARCH/EVIDENCE** Cohort Modelling Our offer has been informed by both Pluss data and data from Ingeus (our alliance partner): H&D Our modelling shows c. [REDACTED]

of participants will share similar characteristics to the WC cohort. This means we can use current Pluss WC performance data as a baseline for our PO - justified by Pluss current delivery which covers [REDACTED] of the current CPA. EA/LTU The PO for this group has been derived from key information sources including a cluster analysis of [REDACTED] WP records which mapped WHP participant needs, and a detailed review of 'what works' in supporting people with multiple and complex health conditions, disabilities and other barriers into sustained employment e.g. IPS's +600 evidence citations, Drake '12. **Model Office** A number of aspects of forming part of our offer have been tested in a model office environment in Huyton and in the *Working Well* (WW) delivery which have led to improved performance: a) LTU & EA performance is underpinned by sufficient client contact frequency and activity -WP data shows [REDACTED] higher performance for those participants engaging services 4 times per month compared to those engaging 2 times per month. This was validated via tests at the Huyton Model Office where [REDACTED] higher performance for LTU participants was achieved by increasing contact frequency. b) Introducing job adjustment discussions in Working Well (e.g. flexible working around caring responsibilities) has contributed to achieving [REDACTED] against MPL in job outcomes. This approach now impacts on [REDACTED] of all outcomes. c) Self scheduling for appointments and use of outreach venues contributed to a [REDACTED] increase in job starts for participants using the model office (in comparison with participants supported in the previous year by the same keyworkers using the WP Advisor model in a non-model office setting). **CPA mapping analysis** Whilst Pluss has been delivering WC successfully to H&D in [REDACTED] of the CPA, we have analysed the wider CPA to model local differences into our PO. **Local issues** Rural Poor transport links, broadband, social capital and services; Coastal: concentrations of deprivation, unemployment, high housing costs, low wages, substance abuse, high ESA clusters e.g. Bourneville estate in Weston; Urban & Port: Complex communities e.g. Bristol's 91 languages. Local integration is limited e.g. North Somerset Council is in the WoE DDA area but not in the combined authority. The work and health agenda is progressing unevenly, as the primary focus for LEPs is growth & capital projects and for NHS Sustainability Plans is acute need. Austerity has impacted inequitably on services e.g. a 26% real term cuts to *South West* local authorities in the last 3 years v. 4% in Berks. **Labour Market** A mainly thriving southern economy but a mismatch of skills and jobs. South West and coast dominated by SME and public sector employment; the east and M4 corridor are characterised by larger employers facing skills gaps at entry level; skilled vacancies abound e.g. in Nuclear (Hinkley), IT (Bracknell) but 60% of H&D group have less than 5 A-C GCSEs; variations in job densities e.g. 9000 annual vacancies in Gatwick but 45 jobs per 100 people in rural Torridge; Labour shortages 296,000 vacancies in the CPA over 10 years; growth sectors e.g. distribution, hospitality; potential Brexit impact on e.g. agriculture and retail. **Needs Analysis** Our model is designed to address issues as they impact across the CPA e.g. low skills and transport in Dorset; lack of digital and employability skills in Coast2Capital; concentrations of need e.g. WoE pockets of multi-generational unemployment (Hartcliffe, Withywood); clusters of vulnerable communities such as ex-army estates in Aldershot, Bordon, Whiteley with high levels of PTSD, poor social capital, employer reluctance to recruit reservists; ill-health and disability (H&D) concentrations which often correlate with deprivation hotspots e.g. Devonport, Plymouth. We believe that a comparable high level of performance is realistic across the CPA by using our **single model, locally delivered** by established locally embedded CDPs who offer the same pedigree of stakeholder relationships and integration with local services as Pluss. These enable [REDACTED] to leverage local assets across the CPA: co-locating and sharing infrastructure to reduce overall costs from Day 1, channelling more resources to the 1 to 1 CC engagement that we know underpins our performance. **KEY RISKS** Our overall approach to mitigating risks: 1) The financial viability and integrity of [REDACTED] depends on our ability to integrate services and understand & engage with the local labour market. Feedback from stakeholders and providers across the CPA demonstrates our approach to this is more advanced and comprehensive than that of anyone else; 2) Our PO depends upon bringing together expertise from a wide range of specialists - our CDPs each bring unique expertise e.g. RBLI's Access to Work Customer Service Team is

available to all our participants and CCs. 3) CDPs enable us to reduce risk to DWP should any individual provider underperform, allowing us to move funding and volumes to alternative providers. **Risk 1** *Integration does not deliver the step change in performance* Our single model, local delivery approach minimises this risk by ensuring a consistent, high-performance and evidence-based model is applied uniformly across the CPA. We are proactively addressing the risks associated with this: a) We selected CDPs based on both their ability to deliver the model and their values and ethos; b) a programme of co-design work with CDPs ensures they fully understand [REDACTED] delivery approach and technical model; c) We have built on key WW lessons and an Expert Panel (EP) of condition specialists to develop a robust induction, training and CPD for front-line Change Coaches (CC). This was developed and supported by the EP and endorsed by the Institute of Employability Professionals. This will ensure that every CC in every CDP delivers a consistent & equitable service; d) we established an IF to accurately identify 5 levels of intervention across every locality for all major conditions and issues that customers will face, and used this to ensure that all gaps in provision for all groups are filled; e) a consistent digital channel experience for all participants delivered through our Pluss Opportunities Hub (POH). *If this risk occurred*, we would instigate our performance management approach described below. **Risk 2** *Job market changes* Whilst the overall CPA labour market is buoyant, we have already factored in reduction in PO to account for variability e.g. high level of entry-level seasonal work in the South West. Our employer engagement approach assumes that securing the right sustainable job for WHP customers will not be 'easy to secure', and that jobs in the east of the CPA are becoming increasingly focussed on higher skills, which is why we have a strong focus on skills development supported across the CPA by Activate Learning. Should labour market demand reduce (i.e. because of the economic fallout from leaving the EU), our blended local (CC-led), regional and national approach to employer engagement will enable us to adapt rapidly to changes. Our model ensures, for example, that CCs across the whole CPA all spend 20% of their time on targeted employer engagement - this will increase to improve vacancy-sourcing. **Risk 3** *Loss of co-location and premises* Arrangements have been negotiated across the CPA with stakeholder services. These are not just cost-saving, but also improve access to services and joint working at the frontline. Should any of these arrangements fail or lapse during the contract, we have identified alternative venues. For example, RBLI gives the supply chain access to over 400 British Legion community centres and social clubs across the CPA. This demonstrates that a key strength of the [REDACTED] model is in its ability to pool expertise and resources across a diverse partnership. **PO JUSTIFICATION** The PO we have subsequently developed for [REDACTED] is achievable and realistic because: **Our PO was developed through a rigorous analytical approach** involving; a) consulting our EP of Ingeus (physical disabilities), Centre for Mental Health (CMH), Genius Within (hidden disabilities), PACT (ex-offenders), Addaction (substance misuse), Pop Up Business School (PBS) (self-employment) & Royal Association for Deaf people; b) consulting [REDACTED] front-line staff and [REDACTED] WHP-eligible customers; c) reviewed evidence relating to each customer group e.g. by research incl. *Transforming Employment Outcomes for Disabled People* (Dobson '16); d) analysing Europe's largest W2W database with our co-design partner, Ingeus (the UK's largest welfare to work organisation) to understand the key features of high performance. **H&D group** CMH's extensive body of research shows fidelity to Individual Placement & Support (IPS) models deliver 27% points improvement in JE performance for participants with mental health conditions, so we have designed [REDACTED] with the CMH to incorporate the key components of IPS to deliver stronger performance. **LTU group** Our EP and Ingeus provided evidence on 'what works' from 30,000 LTU or EA customers & drawn lessons from the Working Well pilot in Manchester e.g. how to embed integration of local services into a large-scale employability programme. **EA group** Our research included *Veterans Transition* (Ashcroft '14); *Pathways to Employment – Drugs & Alcohol* (Drugscope '10); *Supporting Homeless People into Work* (St Mungo's '15). We have made a conservative calculation that [REDACTED] of LTU/EA will have a health condition or disability, based on analysis of Ingeus' database which shows: [REDACTED]LTU, [REDACTED]carers, and [REDACTED]homeless have H&D

needs. **A unified model** All CDPs will deliver a consistent model across the CPA. Fidelity to our model will be assured through our Quality & Performance Management Framework (QPMF, see below). **Improving starts** We will increase referral-to-start conversion from current [REDACTED] to over [REDACTED] by building strong local relationships with JCP & proactively engaging with the Gatekeeper function to improve appropriateness and quality of referrals, co-locating with trusted local services, more effective marketing materials, and a diverse range of engagement channels and approaches incl. our flexible suite of outreach premises for Programme Start meetings. **Holistic assessment** Our modelling shows [REDACTED] of customers will need us to influence how work is won, and [REDACTED] of starters with how a job is done. This means that trajectories into work must be highly personalised. [REDACTED] supports the whole person, and addresses personal circumstances and hidden needs which limit performance in less robust models, as well as distance from work e.g. Remploy estimate that [REDACTED] of WC participants had a hidden disability, and over [REDACTED] of LTU and EA will have a current mental health condition. By understanding these needs, we can help the participant identify a job that best matches their capabilities using our bespoke Job Matching tool to assure a minimum [REDACTED] match using 6 cluster points. **Active engagement** Analysis of Ingeus data confirms that the JO rate on WP was [REDACTED] for participants who remained engaged for 3+ months. We have designed [REDACTED] to focus on maintaining engagement through: multi-channel engagement including digital; co-producing Work & Health Action Plans (WHAP) with participants; co-location of services. **Integrated, effective interventions** London Working Capital pilot confirmed better sequencing of interventions across agencies delivers improved outcomes. So we engaged with stakeholders across every southern CPA LEP, NHS at national & local level (NHS Confederation have been involved in our design), and our EP. This has informed the design of an Integration Framework (IF) to enable key performance-enhancing aspects of the model incl sequenced support planning. This is supported by guided access to social prescription & externally funded voluntary activities & a *Customer Employment Pathway* planning tool to organise and drive participant progress. CCs will sequence interventions based on participant priorities to progress participants efficiently through maximising the use of local specialist partners for specific interventions. This will support average caseloads of [REDACTED], ensuring critical face-to-face support e.g. fortnightly meetings lasting at least [REDACTED]. We have transformed our business model to enable [REDACTED] of a CC's time to be working directly with customers or employer engagement on their behalf. **Employer engagement** We have modelled that [REDACTED] of JO's will be with SMEs, [REDACTED] from large employers & [REDACTED] from self-employment - through our innovative CPA-wide programme of self-employment exploration, motivation & support co-produced with PBS, focused predominantly on sole trader and gig economy ambitions. We will place [REDACTED] of people into jobs with initially reduced hours with an agreed plan to progress them at negotiated stages to more hours, supported by the RTI measure of earnings not hours. **In-work support** We will increase sustainability through an IWS package incl: more comprehensive individual IWS plans, integrated with external online and call centre support for both employer and employee [REDACTED]; and specific IWS via PBS for self-employment. **Pluss expertise** has been fully utilised through the development of our comprehensive assessment model which underpins the IF and ensures that every customer's support needs are expertly identified and met; and our expertise in establishing and rolling out award-winning social enterprises e.g. Future Clean, which will provide supported and transitional employment opportunities for customers in the CPA.

PROACTIVE MANAGEMENT To deliver year on year performance we will: 1) Implement a proven Quality & Performance Management Framework (QPMF) to define, monitor, analyse, and improve performance e.g. CMS collates all participant data on a live **daily** basis; this drives **weekly** desktop reports to all managers; CM reviews **monthly** contract monitoring reports (CMR) with all delivery teams **monthly**; performance issues generate **SMART** Quality Improvement Plans (QIP) owned by CM using a rectification process; 2) Establish EP as an advisory body with input from Ingeus' Clinical Governance Board, to review CMRs monthly and advise on improvements; 3) advanced analytics to provide

weekly trend analysis of [REDACTED] performance against targets split by specific customer needs & locations; 4) monthly CMR incl analysis to inform QPMF of future variables e.g. labour market changes, 5) Implement proven quality initiatives across the supply chain including 6-monthly **Innovation Forums** in each of 4 JCP districts led by our 2 Partnerships & Integration Managers, which will include key stakeholders; 5) Utilise an [REDACTED]: a [REDACTED] seed fund for financing pilot approaches to delivery across SC Evidence Pluss hold a Merlin 'Good' accreditation ('16). *"Effective controls to improve the quality of service were seen to be in place"* '14 DWP PAT audit. The CM & Area Supply Chain Manager (ASM), supported by the Pluss Quality Team (QT), will proactively manage [REDACTED] through: a) The monthly review meetings with teams covering performance, CSSs and improvement; b) Risk-based audits by operational managers with resulting QIPs. We will **CORRECT FAILURES** by 1) Analysis of root-cause and identification of solutions through site visits by CM, ASM and QT; 2) Plan resulting in SMART actions with experienced senior operational staff; 3) Act put measures in place; 4) Monitor by QT and CM/ASM to verify issues are rectified to ensure this does not reoccur. This approach is effective: on WC, we identified high volumes of early leavers impacting on outcomes. Following cause analysis, a simple questionnaire was developed to check suitability pre-programme start. This reduced early leaver rate by [REDACTED] points. **DWP ENGAGEMENT** We have strong collaborative relationships with DWP (e.g. membership of DWP's Disability Confident advisory group) and frequently meet to review issues outside of scheduled meetings. QPMF records all underperformance & actions, and will be shared with DWP outside of formal reviews and annually in a Self Assessment Report. This will continue. CM will agree with DWP tolerances and specific issues or incidents that trigger immediate communication. **CSS** [REDACTED]

Q 2.3.17 Performance Rationale

PART B

Please provide an example of an existing contract with DWP of an equivalent or larger scope and scale than the Work and Health Programme, where you failed to achieve the performance offer you made in your tender at any point in the life-cycle of the contract and clearly explain how you have remedied the failure to achieve the level of performance offered in your tender. If you were not able to remedy the failure to achieve the level of performance offered, please explain whether the contract was terminated or whether DWP accepted a lower level of performance. If DWP accepted a lower level of performance, please explain how much lower that level of performance was than the performance offer in your tender and what steps you have taken to ensure that your Work and Health Programme Performance Offer will not lead to the same result. If you do not have any existing contracts with DWP of an equivalent or larger scope and scale than the Work and Health Programme, please provide an equivalent example for another Government Department, or if you have no experience of performance issues, please outline how you would address them, covering any remedial action you would put in place.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

Opportunities Unlimited (OU), the Pluss solution for Work & Health Programme (WHP), draws directly on our experience of raising performance and quality systematically through delivery of Work Choice (WC) over 7 years. **EXAMPLE** Our WC delivery across 4 CPAs peaked at £10m p.a., supporting health & disability customers across [REDACTED] of CPA 4. WC customers, service type and value are directly comparable to over [REDACTED] on WHP. **SCENARIO** By 2014 DWP routinely encouraged providers to increase referral numbers significantly above profile to maintain outcome numbers. Pluss ensured that everyone in these larger volumes, even inappropriate referrals, moved closer to work even where engagement was short-lived or job entry was unlikely. In August 2014, DWP switched to manage all WC contracts on a cohort performance basis, rather than total outcomes achieved. In the year to Oct '14, under the new system, cohort Job Outcome performance vs. profiles was [REDACTED] (CPA12 West Yorkshire), [REDACTED] (CPA26 West of England, subcontract from Working Links) and [REDACTED] (CPA28 Devon & Cornwall). All these contracts were given Performance Improvement Notices (PINs) and asked to submit Performance Improvement Plans (PIPs) by Sept, showing how performance would be raised to [REDACTED] of profile in the 6 months to April '15. This covered 10 Pluss delivery sites and 4 delivery partners (CDPs) (Pentreath, Calderdale and Bradford Councils, and Shaw Trust). **Leadership** Pluss deployed experienced senior leadership and oversight to investigate and analyse operational delivery, and to design solutions to deliver on the PIPs. Our Head of Operations [REDACTED] & Director of Operations [REDACTED] engaged with the DWP Contract Manager (CM) to develop the PIPs collaboratively with DWP. The PIP was led by [REDACTED] with close oversight from, and weekly reporting to, the Pluss Leadership Team (PLT). **Analysis** Our objective was to consistently improve quality and performance, using the PIP as an opportunity to bring about a step change in our delivery. We analysed each facet of the customer journey, identifying potential sources of performance failure within Pluss and CDP delivery within the new performance context. We reviewed the resources and processes in place to support delivery of high performance to ensure that our approach was comprehensive. This included 3 *Task & Finish Groups* to look at sustainability, progression and claims/validation processes. **ISSUES & ACTIONS TAKEN**

Initial & Ongoing Engagement *Issue:* The previous oversupply of customers meant that early leaver rates were high [REDACTED] were leaving 'for health reasons' - captured in our data management system, CMS. Many were reluctant or unsuited to WC, and disengaged between referral and start. *Actions:* Improving fit between customers and WC by supporting JCP with referral process through awareness, training and decision-tree questions linked to potential barriers e.g. impending hospital admission. Contacting customers between referral and start helped to build the relationship. Increasing brand awareness with JCP through a communications campaign. Changed process so that customers remained on WC where appropriate for 12 months and contacted routinely. *Results:* Early leaver rates reduced to [REDACTED] by Dec '14. **Job Entry (JE)** *Issue:* JE's below targets impacted overall performance on sustained JO's. *Actions:* Establishing clear, and higher, KPIs and targets for all Job Brokers (JBs). A focus on rapid job search. We trialled different models for employer engagement (EE) including JB-based engagement vs separate teams. Both models demonstrated merits, but JB-focused EE delivered better sustainability and progression results. Trained all managers in target-setting and performance management. Increased focus on engagement with employers and local stakeholders to create job opportunities e.g. our work with SANEF in Leeds to improve accessibility in their call centre. *Results:* JE's hit [REDACTED] of target within 6 months. **Progression & In Work Support (IWS)** *Issue:* Low numbers of progressions to unsupported employment, and low sustained JOs. *Actions:* JB's targeted on achieving progression at earliest feasible stage, resulting in achievement of [REDACTED] of profile. Task & Finish Group tested structural changes to the JB and IWS Advisor (IWSA) roles so JB's retained customer and employer relationship during the early stages of work. Introduced in-depth support needs analysis prior to JE which increased the level of supported jobs from [REDACTED] to [REDACTED]. *Results:* IWS restructured approach delivered minimum [REDACTED] of 12 month rolling profile by Oct '15 for sustained

outcomes, [REDACTED] on progressions. **Management & Quality Issues:** CDPs not delivering required performance and indicators of operational delivery issues (e.g. high staff turnover). **Actions:** Individual PIPs for each CDP, including 'performance flight path' to improve performance through incremental targets over 12 months to Oct '15. Put in place Best Practice & Innovation Manager to share practice across CDPs & manage innovation e.g. workshops, surgeries with JB. Adapted active monitoring and management of staff caseloads across delivery sites and agreed caseload benchmarks. Staff turnover issue was addressed both through this more effective, consistent performance management and by a more structured induction/ training programme to provide delivery team stability. Staff satisfaction surveys also introduced and monitored by Pluss Leadership Team. Revised the Quality Management Framework (QMF) to capture learning and improvements from the PIP and ensure these were embedded & managed consistently. **RESULTS** Target improvements were exceeded within PIP timescales: [REDACTED] (CPA12), [REDACTED] (CPA26), and [REDACTED] (CPA28). *"I have been really impressed by how you and your team have risen to the challenge of driving a step change in your cohort performance"* (Andrew Thomas, DWP; May '15). By embedding improvement consistently, performance sustained or improved across all delivery. Between Nov '14-Oct '16, we achieved [REDACTED] in CPA12, [REDACTED] in CPA26 and [REDACTED] in CPA28. **APPLICATION TO WHP** Our performance offer for WHP is based on integrating our experience from WC, our wider business and evidence from our alliance partner Ingeus. It represents an evolution based on evidence-based improvements to our model and our collaborative approach to working with DWP and CDPs. We have applied our experience to ensure that [REDACTED] delivers the WHP Performance Offer through the following mechanisms. **Single Model, Local Delivery** Local variations in our WC delivery model made fidelity auditing and consistent performance improvements challenging. Learning from this, we have adopted a unified single model approach for WHP that enables easier identification of performance issues & best practice sharing to deliver consistency *and* greater performance. Our Partnership Forum and Innovation Group will regularly test and share new approaches across CDPs. **Resources & Structures to Maintain Performance** We know the CDP approach is vital for effective local integration. WC demonstrated that dedicated roles were required to manage quality, performance and improvement for all CDPs incl Pluss. So for WHP we will have a dedicated Area Supply Chain Manager (ASM) who will be supported by the Pluss Quality Team to manage every aspect of our single model approach through a comprehensive Quality & Performance Management Framework (QPMF). The QPMF has been adapted for WHP from WC, and tested on our 5 x Big Lottery BBO contracts and DWP ESF (with combined total of 35 CDPs). Our CMS will track and report every critical metric in the journey from PRaP referral dates, responses, initial contacts and start meetings, giving us a clear picture of the pipeline of future outcomes. Pluss will identify and act early when KPIs indicate that our own internal or CDP delivery is deviating from the high-performance model we will use. **Enhancements** [REDACTED] has this responsiveness and improvement built in as well as: *enhanced analytics* and a CMS dashboard showing current & predicted outcomes; *new assessment tools* developed with an Expert Panel (EP) address a full set of barriers (e.g. 'hidden disabilities' which, undetected, reduce performance); a Customer Employment Pathway organises and drives progress through [REDACTED] in clear steps; the quality of our Change Coaches is a key driver of performance - we have designed their role around WC learning, with employer engagement and early IWS retained in the role & a robust target-setting and performance management regime. We have put in place processes to reduce staff turnover including extensive induction & orientation during implementation, the opportunity to specialise and progress in the role, practice networks, peer review, observations, & professionalising the role through a competency-based CPD programme for CCs developed with our EP & Institute of Employability Professionals.

Q 2.3.18 Implementation

Please provide an implementation plan in the form of a detailed Gantt Chart to be attached at **Appendix 6** showing the critical path and interdependencies with supporting narrative.

Your written response, in addition to the Gantt Chart, should include:

- Key milestones, timescales for implementation activities including start and end dates for each activity and the position of the person responsible for each activity and the escalation route for these activities.
- The timeline, including a narrative explaining its rationale, for staff recruitment and training.
- The timeline and key activities to secure and set up your proposed delivery locations.
- The timeline and key activities of engagement with all relevant stakeholders to ensure successful programme go live.
- A narrative to expand on the Implementation Plan which: identifies all key risks and dependencies (e.g. delays to securing premises, recruiting staff, IT etc.); provides a RAG (Red, Amber, Green) rating for each of these risks; and explains how these risks will be mitigated and managed, including the timeframe for doing so to ensure that service delivery will still commence on your proposed date.

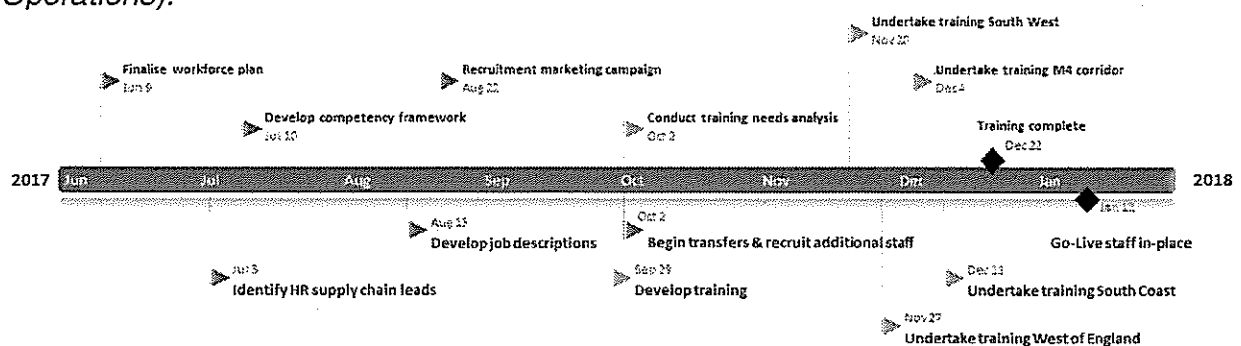
Please review your CPA specific Additional Assurance Report prepared by the Contracting Body to ensure all relevant risks identified in relation to this question are addressed in your response.

Please note that a page limit does not apply to the implementation plan to be provided at **Appendix 6**.

Please provide a separate response to this question in relation to each CPA for which you are tendering, clearly indicating to which CPA each response relates. A score of 3 or below for this question will mean that the tender, in relation to the CPA in question, as a whole is unsuccessful regardless of what scores are achieved for other questions.

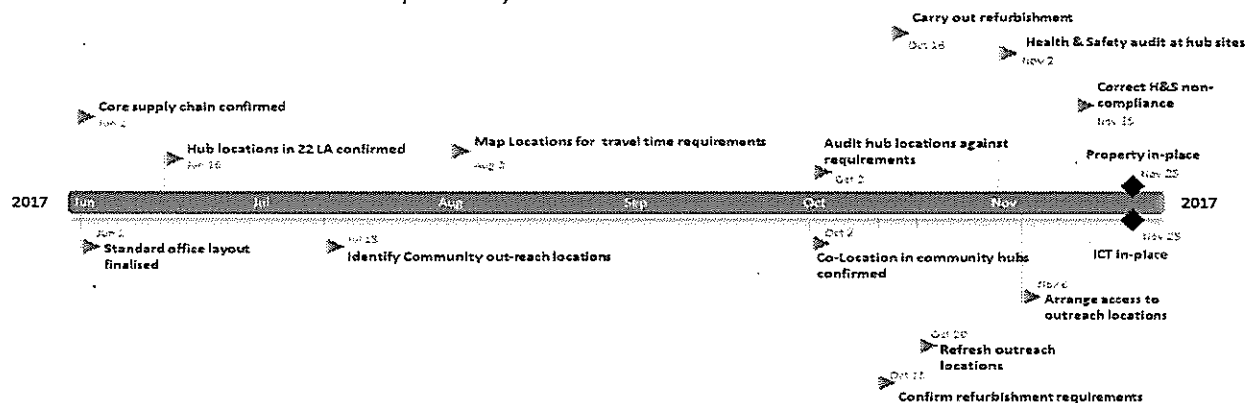
Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2 sides of A4**, **excluding** the question text and these instructions.

Pluss and our Core Delivery Partners (CDP) have committed significant resources to ensure a successful implementation of Opportunities Unlimited so that we can give absolute assurance that a full service will be in place at Go-Live. Our summary implementation activity timelines with key milestones, start & end dates, alongside the lead person and escalation routes are given below for: staff recruitment/training, delivery locations and stakeholder engagement, (*more details in Appendix 6*). The **Project Executive** comprising the Commercial Director (Nigel Williams), supported by Pluss' Head of Operations (Rhys Toone) will manage a fully resourced mobilisation team of 25 including a named implementation lead in each CDP. The comprehensive implementation plan that they will follow is summarised in Appendix 6. This contains c.300 activities divided into 28 work streams, each with a designated lead and escalation route. The mobilisation is being undertaken over 3 phases, phase 1 (pre-contract award) is currently live with many activities being progressed (phase 2&3 are detailed below and in Appendix 6). Comprehensive pre-Go-Live **readiness audits** will ensure all aspects of delivery are in place (e.g. dry runs of our central administration and IT systems will test referral and induction systems). A **PRINCE2** project manager (Colin Davies) will deploy Stage Gate planning, involving detailed weekly updates of progress. Any exceptions will be reported to the Project Executive who, if appropriate, will secure additional resources. Pluss' **Business Development Team** who have prepared this tender response will be fully engaged with implementation to ensure that all aspects of our proposal are actioned. A comprehensive Implementation Risk Register identifies all risks alongside mitigation and contingencies. Each has a rating that considers likelihood and impact (Red: high; Amber: medium; Green: low). Key risks with contingencies and resolution times (RT) are summarised below. **Workforce not in place [G]**. We have identified highly experienced staff within Pluss and our CDPs who will be fully trained in the WHP delivery model prior to Go-Live so that we can take referrals from day 1. This will involve an internal recruitment process where 83% of Go-Live staff will be transferred from our current Work Choice (WC) & Work Programme contracts (without affecting current contract delivery). The remaining jobs will be filled by external recruitment where we will source candidates through: local media (radio, newspapers), recruitment agencies, digital channels (LinkedIn, twitter, Facebook) and contacting other providers. A **competency based recruitment** process will be used to ensure suitability. At Go-Live 54 WHP staff will be in place and fully trained. Post Go-Live resource deployment will be ramped up and synchronised with referral numbers to a peak complement of 222 at month 16. Comprehensive **induction training** has been developed. This is a competency based approach which to maximise performance covers both **technical & behavioural skills**. Extensive use will be made of train-the-trainer approaches and mentoring by experienced staff. Skills deficits that are identified in specific staff members will be rectified by personal development plans and training/coaching as required. RT 3 wks. to correct any shortfall in recruitment numbers; 2 wks. to rectify skills deficits. *Timeline for recruitment/training (Lead Vickie Ward -Head of HR, escalate to Rhys Toone -Head of Operations):*

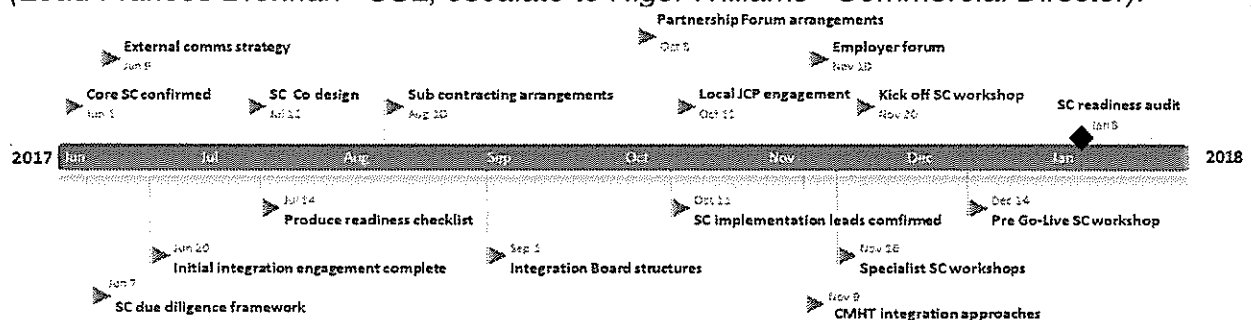


Premises not in place [G] AAR1, 13. We will deploy a highly flexible infrastructure approach involving: a) fixed hubs; b) co-location with other organisations such as health and skills providers so that participants can access several services from a single location; c) community outreach. Our use of established W2W providers means that all critical

venues are in place for 85% of the CPA. We have agreements in place for 36 fixed hubs, 34 co-location and 81 outreach venues. Ingeus will require 7 new premises which have been identified (with contingencies) and will be leased post contract award giving 100% coverage. An extensive register of outreach locations enables additional capacity to be sourced at short notice. RT 2 wks. to secure additional delivery locations. *Timeline for property solution (Lead Simon King -Property Manager, escalate to Monica Shillingford – Head of Governance & Compliance):*



Stakeholders not in place Rating [A] **AAR13.** Pluss and 8 CDPs have been delivering across 91% of the CPA with extensive stakeholder relationships in place. Additionally, our Strategic Stakeholder Lead (SSL) has been undertaking extensive engagement for the last 18 months across the CPA –this will be ongoing. To date we have agreements with over 65 stakeholders across all 12 LEP areas including for local specialist providers to deliver specific interventions giving assurance of full service coverage. Ingeus will be new to delivering in Thames Valley and Bucks (15% of CPA). They already have extensive employer networks across the area and the SSL has engaged with TVB, EM3, BTV LEPs and local authorities ensuring key stakeholders will be in place for Go-Live. RT 1 wk. to secure additional resources to resolve issues. *Timeline for stakeholder engagement (Lead Frances Brennan –SSL, escalate to Nigel Williams –Commercial Director):*



ICT not in place [G] **AAR10.** Pluss have developed a Customer Management System (CMS) which since 2010 has been subject to continuous development by our 4-strong development team. This has been fully assured in DWP PAT audits; security penetration tested and has been recognised as 'best in class' for WC. Pluss have further developed CMS to include enhancements that has been tested by our strategic partner Ingeus e.g. customer calendar self booking. POH is our digital channel for customer support, accessed through a secure log-on; it contains on-line resources which have been trialled in the successful Working Well programme. The systems are web-based to minimise infrastructure requirements, meaning CDPs can access them through a secure portal through fixed & mobile devices. We have pooled resource with Ingeus to ensure the POH is ready pre-Go-Live. A hardware programme is underway to upgrade Pluss' server infrastructure, ensuring negligible downtime risk (<0.01%). In the event of project slippage additional development resource can be flexed through established agency contacts. RT 1 wk. to initiate contingency. (Lead Andrew Tame –Head of IT, escalate to Nigel Williams –Commercial Director).

Schedule 1 Appendix B Part 1 Appendix 1

[illegible]

Schedule 1 Appendix B Part 1 Appendix 2

[illegible]

Schedule 1 Appendix B Part 1 Appendix 3 – Subcontractor Declarations



Waverley Road, Weymouth, Dorset, DT3 5HL

Tel: 01305 771327 Fax: 01305 788775

Also at: 3 Parkstone Road, Poole, Dorset, BH15 2NN Tel: 01202 802606 Fax: 01202 677063

28 East Street, Blandford Forum, Dorset, DT11 7DR Tel: 01258 453540

30 Southville, Yeovil, Somerset, BA21 4JA Tel: 01935 312990

Website: www.abilities.org.uk Executive Director: [REDACTED]

To: Department for Work and Pensions

Date: 19th April 2017

I confirm that we have agreed in principle with PLUSS, to deliver the following elements of the service described in their Tender:-

The Work and Health Programme

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed [REDACTED]

[REDACTED]
[REDACTED]
ABILITIES LTD, WAVERLEY ROAD, WEYMOUTH, DORSET DT3 5HL



INVESTORS
IN PEOPLE

INITIATIVES BY PEOPLE WITH DISABILITIES: REGISTERED CHARITY No 1039255
Registered Office: Waverley Road, Weymouth, Dorset. DT3 5HL Registered in England 2500964

APPENDIX 2

SUBCONTRACTOR DECLARATION

A letter containing the following declaration should be submitted by each proposed Subcontractor organisation (with the exception of ad-hoc suppliers) and attached to the Tender Form. Please note that we interpret you attaching this document as your agreement to its content. The letter should confirm that a price has been agreed for delivery of the stated element; however, the letter must not include information regarding the actual price agreed.

To: Department for Work and Pensions

Date: 21 April 2017

I confirm that we have agreed in principle with Activate Learning to deliver the following elements of the service described in their Tender:-

End to End Service in the OxLEP region – Work & Health Programme

Please note that we have yet to receive full and final details of the specification of the terms of delivery and as such we reserve the right not to proceed with this agreement or participate in this project. When final details are available they will be subject to our Board's approval.

- I have read and understood draft details for the elements of provision which my organisation will deliver.
- I have agreed in principle the outline terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services

Signed

Director Lifeskills Faculty

ACTIVATE LEARNING
OXPENS ROAD, OXFORD, OX1 1SA

[The person signing the letter should be authorised to sign contractual



Oxpens Road, Oxford
OX1 1SA

01855 550 550
activatelearning.co.uk

Group members

Colleges

- Banbury and Bicester College
- City of Oxford College
- Reading College
- The Oxford Partnership colleges (Saudi Arabia)

Schools

- The Bicester School
- Bicester Technology Studio
- UTC Oxfordshire
- UTC Reading

training and consulting
- Activate Enterprise

ingeus

4th Floor
66 Prescott St
London
E1 8HG

T +44 (0)207 265 3000
F +44 (0)207 265 3001
www.ingeus.co.uk

To: Department for Work and Pensions

Date: 25/04/2017

I confirm that we have agreed in principle with Pluss, to deliver the following elements of the service described in their Tender:-

End-to-end delivery in the boroughs of Bracknell Forest, Reading, Slough, Windsor & Maidenhead, West Berkshire, Wokingham, Aylesbury Vale, Buckinghamshire, Chiltern, South Bucks, Wycombe, Basingstoke and Deane, East Hampshire, Elmbridge, Guildford, Hart, New Forest, Runnymede, Rushmoor, Spelthorne, Surry Heath, Test Valley, Waverley, Winchester, and Woking.

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed



Head of Regional Strategy

On behalf of INGEUS UK LTD., 4TH FLOOR, 66 PRESCOT ST, E1 8HG

Ingeus UK Limited is registered in England and Wales, Number: 4320853
Registered Office: Ingeus UK Ltd, Fourth Floor, 66 Prescott Street, London E1 8HG



European Union
European Social Fund
Investing in your future

The Work Programme is part-funded by the European Social Fund

Delivering Services
04.10.13/14



Department for
Work and Pensions



APPENDIX 2

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To: Department for Work and Pensions

Date: 24th April 2017

I confirm that we have agreed in principle with The Pluss Organisation, to deliver the following elements of the service described in their Tender:-

(Please list below elements of service to be delivered).

- WHP Core End to End all groups
- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed



SUBCONTRACTOR DECLARATION

A letter containing the following declaration should be submitted by each proposed Subcontractor organisation (with the exception of ad-hoc suppliers) and attached to the Tender Form. Please note that we interpret you attaching this document as your agreement to its content. The letter should confirm that a price has been agreed for delivery of the stated element; however, **the letter must not include information regarding the actual price agreed.**

☐ 60 & 66 Bristol Road
Gloucester GL1 5SD
T: 01452 331 500 / 526 999
☐ 15-16 Mill Place
Office Street (off Bristol Road)
Gloucester GL1 5SQ
T: 01452 300 255

To: Department for Work and Pensions

Date: 19/04/2017

☐ Q Club
15-17 School Lane
Quedgeley
Gloucester GL2 4PJ
T: 01452 541 023 / 542 590
☐ 30 London Road
Gloucester GL1 3NR
T: 01452 332 996

I confirm that we have agreed in principle with **PLUSS** to deliver the following elements of the service described in their Tender:-

E2E Provision for Work and Health Programme in Gloucestershire

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed


MANAGING DIRECTOR
PROSPECT TRAINING SERVICES (GLOUCESTER) LTD
C4 BRUNEL COURT
WATERWELLS BUSINESS PARK
QUEDGELEY
GLOUCESTER
GL2 2AL





RBLI

RBLI Employment Solutions
Hall Road
Aylesford
Kent ME20 7NL



Patron HRH The Duchess of Kent

APPENDIX 2

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To: Department for Work and Pensions

Date: 19th April 2017

I confirm that we have agreed in principle with Pluss, to deliver the following elements of the service described in their Tender:-

End to end support for customers on Work & Health Programme across the Coast to Capital LEP area.

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed 

ROYAL BRITISH LEGION INDUSTRIES, HALL ROAD, AYLESFORD, KENT ME20 7NL

[the person signing the letter should be authorised to sign contractual agreements on behalf of their organisation]

Registered Charity No. 1127500
Incorporated in England
Wiltshire
BA14 8RT

Tel: 01225 792500
Fax: 01225 792500
Email: info@learningcurve.co.uk
Web: www.learningcurve.co.uk



APPENDIX 2

SUBCONTRACTOR DECLARATION

A letter containing the following declaration should be submitted by each proposed Subcontractor organisation (with the exception of ad-hoc suppliers) and attached to the Tender Form. Please note that we interpret you attaching this document as your agreement to its content. The letter should confirm that a price has been agreed for delivery of the stated element; however, **the letter must not include information regarding the actual price agreed.**

To: Department for Work and Pensions

Date: 25 April 2017

I confirm that we have agreed in principle with Pluss to deliver the following elements of the service described in their Tender:-

WHP Core End to End all Groups

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed

Group enterprise director

The Learning Curve (Voluntary Sector Development) Limited

Bryer Ash Business Park

Bradford Road

Trowbridge

Wiltshire BA14 8RT

[the person signing the letter should be authorised to sign contractual agreements on behalf of their organisation]



To: Department for Work and Pensions

Email: [REDACTED]

Date: 25th April 2017

I confirm that we have agreed in principle with Pluss to deliver the following elements of the service described in their Tender:-

WHP Core End to End All Groups

- I have read and understood the specification for the elements of provision which my organisation will deliver.
- I have agreed in principle the terms of delivery for this provision and I am content that reasonable and appropriate price and payment terms have been negotiated and agreed for delivery of these services.
- I confirm that the agreement in principle allows for recovery of costs, subject to performance.
- I confirm that the agreement in principle allows for my organisation to make the appropriate level of planning and investment to deliver the service.
- I also confirm that we will not further sub-contract any of these Services.

Signed

[REDACTED]

Chief Executive Officer