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NOTTINGHAM COUNSELLING SERVICE (NCS)

STRATEGIC PLAN 2009

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A business plan presented in part consideration of the MSc in Entrepreneurship Dissertation

Contents

Key Information	5
Acknowledgement.....	6
Executive Summary	7
1. INTRODUCTION	8
1.1 Description	8
1.2 Business Plan Structure.....	8
1.3 Who is it for	8
2. NEED FOR THE SERVICE.....	9
3. ORGANISATION OVERVIEW	11
3.1 History and Background	11
3.2 Vision	11
3.3 Mission.....	11
3.4 Organisational Values.....	12
3.5 Legal Structure	12
3.6 Location	12
3.7 Opening Times	12
4. RESOURCE ANALYSIS	12
4.1 Human resources	12
4.1.1 Board of Trustees	13
4.1.2 Senior Management	13
4.1.3 Clinical Staff Team	14
4.1.4 Administrative Team.....	14
4.1.5 Counselling Personnel	15
4.2 Premises.....	16
4.3 Finance.....	17
4.4 Information Technology System	17
4.5 Furniture and Equipment	18
5. ANALYSIS OF USERS SEGMENTS	18
5.1 Gender	18
5.2 Age.....	19
5.3 Ethnic Origin	19
5.4 Economic Status.....	20
5.5 Where Clients Live	21
5.5 Relationships.....	21
5.6 Long Term Counselling Support	22

5.7	<i>Short Focus Counselling</i>	22
5.8	<i>Abuse and Trauma Support</i>	23
6.	PERFORMANCE ANALYSIS	23
6.1	<i>Finance</i>	23
6.1.1	<i>Total Income</i>	23
6.1.2	<i>Income from Grants and Service Agreements</i>	23
6.1.3	<i>Income from Client Donation</i>	24
6.1.4	<i>Cost of Service Delivery</i>	24
6.1.5	<i>Reserves</i>	24
6.2	<i>Quality</i>	24
7.	SERVICES AND ACTIVITIES	24
7.1	<i>Information and Counselling Services</i>	24
7.1.1	<i>Long term Counselling</i>	25
7.1.2	<i>Short Solution Focused Counselling</i>	25
7.1.3	<i>Sexual Abuse Project (SAP)</i>	25
7.1.4	<i>Employee Assistance Programme (EAP)</i>	25
7.1.5	<i>Contract Counselling</i>	26
7.2	<i>Volunteering</i>	26
7.3	<i>Private Counsellors Directory</i>	26
7.4	<i>Counsellors Professional Practice Development</i>	26
7.5	<i>Resource Centre</i>	26
8.	INDUSTRY OVERVIEW	27
8.1	<i>Market Research</i>	27
8.2	<i>Size of Industry</i>	27
8.3	<i>Key Market Segments</i>	28
8.4	<i>Purchase Process and Buying Criteria</i>	28
8.5	<i>Key Industry Trends</i>	29
9.	STRATEGIC OBJECTIVES	29
10.	MARKETING STRATEGY	30
10.1	<i>Core Competency and Competitive Position</i>	30
10.2	<i>Target Market/Clients</i>	31
10.3	<i>Products/Services</i>	31
10.4	<i>Competition/Competitors</i>	31
10.5	<i>Pricing</i>	35
10.6	<i>Promotion</i>	35

10.7	<i>Place</i>	36
10.8	<i>Collaboration</i>	36
11.	MANAGEMENT AND STAFFING	37
11.1	<i>Structure</i>	37
11.2	<i>Board of Trustees/Executive Committee</i>	37
11.3	<i>Senior Management</i>	38
11.4	<i>Clinical Supervision Team</i>	38
11.5	<i>Clerical and Administration Team</i>	38
11.6	<i>Counselling Personnel</i>	39
11.7	<i>Personnel Training and Development</i>	39
11.8	<i>Labour Market Issues</i>	40
12.	IMPLEMENTATION PLAN	40
13.	SUMMARY FINANCIAL PLAN	41
14.	Funding Options	44
15.	SOCIAL VALUE PROPOSITION	45
16.	KEY PERFORMANCE INDICATORS (KPI)	46
17.	CONFIDENTIALITY AND RECOGNITION OF RISKS	47
18.	EXIT STRATEGY	47
19.	CONCLUSIONS	48
20.	APPENDICES	48
<u>A</u>	<u>SWOT and PEST Analysis</u>	37
<u>B</u>	<u>Henrt Mein Partnership Costings</u>	37
<u>C</u>	<u>Accommodation Options</u>	38
<u>D</u>	<u>NCS Curent Scale of Charges for Counselling</u>	38
<u>E</u>	<u>Tanc Ltd Collaboration Report</u>	38
<u>F</u>	<u>Staffing Costs Calculations</u>	39
<u>G</u>	<u>NCS Organisational Structure 2010</u>	39
<u>H</u>	<u>Implementation Action Plan</u>	40
<u>I</u>	<u>Cashflow Projections 2009-2013</u>	37
<u>J</u>	<u>Income and Expenditure Forecast 2009-2013</u>	37
<u>K</u>	<u>Balance Sheet Forecast Statements 2009-2013</u>	38
<u>L</u>	<u>Social Return On Investment Calculations</u>	38
<u>M</u>	<u>Key Performance Indicator Reporting Format</u>	38
<u>N</u>	<u>Risk Assessment</u>	39
<u>O</u>	<u>Key Stakeholders Assessment</u>	39

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EXECUTIVE SUMMARY

1. Nottingham Counselling Service (NCS) was founded in 1977. It is a registered charity and company providing counselling services accredited by the British Association for Counselling and Psychotherapy (BACP) offering generic counselling support for adults of working age in Nottinghamshire and East Midlands. In excess of 300 individuals aged 18 and over per annum receive ongoing support for up to two years from NCS and around 700 new registrations are handled yearly. The majority are residents of the City of Nottingham (56%) and the rest are primarily from neighbouring areas of South Nottinghamshire. There are no other similar services being provided locally.
2. NCS has out grown its current premises and the existing staffing structure and resources are inadequate to allow the organisation to develop and grow at apace. This plan sets out an ambitious directional strategy for NCS covering the financial period April 2009 to March 2014. The aim of which is to turn the organisation into a modern 21st Century generic counselling service that will be the first choice for clients seeking counselling and counsellors wanting to practice and develop their skills as volunteers or trainee counsellors in a professional setting/environment.
3. NCS vision is of a dedicated, sustainable, modern 21st Century counselling centre for Nottinghamshire and East Midlands. Positioned as a leading third sector provider of generic psychological counselling for adults of working age, from all communities and backgrounds. It will collaborate with the NHS, Higher Education Institutions and other counselling providers within the region, becoming a role model organisation. The service will operate from new state of the art premises and operate best business and clinical practice.
4. NCS is seeking approximately £700,000 of investment. Of the investment £453,000 will be used to purchase and new adapt premises to meet its requirements for 10 dedicated counselling suites, a large and small meeting/training resource rooms and general offices to accommodate up to 12 paid staff and 20 volunteer counsellors at any one time. The financial information presented at section 13 shows that this strategy is achievable and that the investment will make a significant impact on the sustainability of the organisation giving it an asset base.
5. NCS is currently catering for around 0.08% of the demand for psychological counselling in Nottinghamshire, however, there is a significant under investment in the organisation from the public sector. The above investments will enable NCS to operate at a level commensurate with the level of demands currently being placed on it. The Social Return on Investment (SROI) estimates that over the four years NCS would create £1,772, 478 social Cashflow. The SROI would be 227% and the Index of Return 2.5. The organisation has also planned for sufficient contingency reserves to cater for risks and deliver the financial goals it is aiming for.

1. INTRODUCTION

1.1 *Description*

Nottingham Counselling Service (NCS) is a registered charity and company focused on providing British Association for Counselling and Psychotherapy (BACP) accredited counselling services for individuals of working age in Nottinghamshire. NCS will provide counselling services that support the emotional wellbeing of clients whom cannot afford private therapy or/are unsuitable for NHS psychological therapy services.

This plan has been prepared to give the organisation direction and focus to its business services leading to long term sustainability. Successful implementation will help to position NCS as Nottinghamshire and East Midlands leading generic counselling centre and first choice for clients and volunteering counsellors. Underlying this strategy, NCS aims to establish state of the art facilities providing trusted and accessible psychological counselling for adults of working age, thereby establishing a role model counselling services and counselling practice centre.

The plan sets out the strategy for the NCS covering the financial period April 2009 to March 2014. In which the organisation will work in collaboration with a wide range of other counselling, public health, and educational organisations to improve the health, wellbeing and functioning of individuals living in Nottinghamshire's diverse communities.

1.2 *Business Plan Structure*

Section 1-8 of provides the background and context of NCS. Explaining where the organisation is coming from, where it is now and where it wants to be. Section 9 onwards sets out the strategy that will deliver the vision including the financial and social value proposition with supporting information contained in the Appendices.

1.3 *Who is the Plan for*

The plan is written for all the key stakeholders. It takes into consideration the weaknesses identified from the various analyses, the opportunities being pursued and how these changes will impact on the long term sustainability. Overall the plan communicates how NCS will build on its strengths and unique competences to deliver better services and improve access to generic psychological counselling in Nottinghamshire and surrounding areas. See SWOT and PEST Analysis Appendix A.

2. NEED FOR THE SERVICE

Mental ill-health is Britain's biggest social problem. Depression and anxiety disorders are serious conditions and have a major impact on how well an individual is able to function. A recent World Health Organisation study concluded that the impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes and arthritis. At present, 40% of disability is due to depression and anxiety.

Mental ill-health accounts for over one third of all illness in Britain and 40 per cent of all disability. Many people in different communities are affected:

- one in six working adults (16 per cent of the population) at any one time are suffering from clinical depression and/or anxiety disorders;
- approximately 700,000 children and younger people in England and Wales have mental health problems, which can lead to anti-social behaviour and poor educational achievements;
- over 1.3 million older people suffer from depression and mental illness, with this figure set to rise as the population ages;
- among the 7 million carers in the UK, one in ten men and one in five women report some form of mental illness; and
- 10 per cent of new mothers suffer from postnatal depression, of whom, reports suggest, less than one in five receive any psychological treatment.

Despite the prevalence of depression and anxiety disorders and the fact that mental health problems account for nearly 40% of people on incapacity benefit and a third of all GPs' time, only a third of people with diagnosable depression and less than a quarter of those with anxiety disorders are in treatment. Those out of work as a result of mental illness are 70% less likely to find their way back into work, representing a significant chunk of the long-term unemployed.

Psychological therapies services can improve health and well-being and, at the same time, lead to significant savings by improving people's ability to manage their long-term physical conditions, such as diabetes and heart disease, through the positive management of their mental health. Studies suggest that depression is associated with a 50% increase in the costs of long-term medical care¹. Depression is costing the economy £8.6bn a year up from £5.2bn in 1999.

¹ Department of Health, April 2007, Improving Access to Psychological Therapies (IAPT) Commissioning Toolkit

Research predicts that the cost of GP consultation to treat depression amounted to £33m in 2007/08, whilst depression in hospitals costs another £218 m². According to the BACP last year in England 2.1 million more antidepressants prescribed than in 2007, leading to concerns that doctors are increasingly supplying drugs as a quick fix, without attempting to address the underlying problems. In the past five years these types of prescriptions have increased by 24%³.

Some people, including those from black and minority ethnic communities, find that traditional psychological therapies do not always meet their needs. Services provided by voluntary and community groups are often thought to be more valuable, and it is suggested that Primary Care Trusts should consider this when making commissioning decisions.

Counsellors are an important source of IAPT workforce supply, and NCS help to offer additional training to enable the NHS to deliver the broader range of psychological therapies, by training and developing counsellor's professional practice as a launch pad for their careers in the NHS.

Nottinghamshire County has a population of approximately 650,000 living in a range of densely populated urban and remote, sparsely inhabited areas. The current ⁴NHS Nottinghamshire County Strategic Plan identifies a growing aging population of people aged 65 and over and a decreasing 5-15 age group. The plan estimates the need to commission care service for 5,000 more people year on year.

Within the plan there is a strategic initiative to tackle health inequalities related to mental healthcare through the Improving Access to Psychological Therapies (IAPT) programme. It estimates 85,558 suffer from depression and anxiety disorders in Nottinghamshire.

The NHS Nottingham City Operational Plan⁵ states that its relatively deprived communities will suffer around 30% higher level of distress than less deprived areas. It estimates that around 33,000 people in the City have common mental health problems.

If the above local levels of mental illness/needs are correct, the NCS are currently dealing with around.08% of the demand for psychological support in Nottinghamshire.

² Therapy Today, July 2009, Depression costs the economy £8.6m a year, page 4

³ Therapy Today, July 2009, Use of antidepressant soars, page 4

⁴ NHS Nottinghamshire County, March 2009, Strategic Plan 2008-2013 revised.

⁵ Nottingham City NHS, Operational Plan 2008/09

3. ORGANISATION OVERVIEW

3.1 *History and Background*

NCS is an established reputable counselling organisation operating in Nottinghamshire for over thirty years. It has evolved from the Family Welfare Committee founded in 1948 which provided aid to families with multiple problems. Its roots can be traced to the Charity Organisation Society of 1875. During the 1920's the society changed name to become the Social Services Society and after the Second World War, it became Nottingham Council for Social Services. The Social Service split into two Committees in 1970; one supported Older People and is now known as Age Concern and the Nottingham Council for Voluntary Services (NCVS) now the infrastructure organisation replaced the Council for Social Services.

The Family Welfare Committee which was established in 1948 continued as a sub Committee of (NCVS) and after wide consultation this committee changed the focus of its work and became Nottingham Counselling Centre in 1977. It continued to be part of NCVS until 1983 when it became an independent registered charity.

In 1984 the charity moved to new premises in Mansfield Road, Nottingham and four years later it relocated to 32 Heathcoat Street in July 1988. Following major reorganisation in 1994 the Charity registered as a limited company retaining its charitable status and became known as Nottingham Counselling Service (NCS).

3.2 *Vision*

NCS is dedicated to becoming a sustainable modern 21st Century Counselling Centre for Nottinghamshire and East Midland's. The Charity will be positioned as a leading third sector provider of generic psychological counselling for adults of working age, from all communities and backgrounds. It will collaborate with the NHS, Higher Education Institutions and other Counselling providers within the region becoming a role model organisation. The service will operate from new state of the art facilities and operate best business and clinical practice.

3.3 *Mission*

To improve the health, wellbeing and functioning of individuals by providing excellent quality affordable and trusted counselling services that meet the real needs of clients/users, utilizing an appropriate mix of experienced and qualified volunteer counsellors and offering new counsellors advanced professional practice development training and work placement.

3.4 *Organisational Values*

As an accredited counselling service and member of the British Association for Counselling and Psychotherapy (BACP), NCS operates within strict confidential guidelines and practice according to the BACP Ethical Framework. The organisation is committed to investing in and supporting all personnel to undertake relevant Continuous Professional Development (CPD). Furthermore NCS strive to give users positive experience of the service and value and encourage their feedback.

3.5 *Legal Structure*

NCS is a registered Charity and Company limited by guarantee, registered in England. Any profits made by the organisation is reinvested in its development and not distributed to the members.

3.6 *Location*

The existing premises are in the Hockley area and are accessible by all forms of public transport. It is in the Lace Market conservation area but the building is not listed.

3.7 *Opening Times*

The centre's opening times are generally Monday to Friday between 9 am and 8.30 pm and on Saturdays from 10 am to 2pm.

4. **RESOURCE ANALYSIS**

This section provides a summary of the key current resources of NCS. The aim of which is to identify current status and appropriateness for future plans. The key resources on which we will focus include: Human Resources, premises, Information Technology.

4.1 *Human resources*

The charity is directed by a non Executive Board made up of Trustees and currently operated by eight part time paid employees and the direct counselling of clients is undertaken by forty seven Counsellors at the time of writing. The SWOT analysis identified the employment of all part time staff as an advantage in terms of minimising wages costs. However, this practice is also the organisation's biggest weakness at present. Considerable operational and communication problems exist within the Clinical team. In particular, the members work different days of the week and there is limited overlap of working times.

4.1.1 Board of Trustees

At present the Board comprise of seven members. The members include a retired solicitor, Human Resource Consultant, Personal Adviser with Connexion Service, Mental Health Adviser and Private Practice Counsellor, HMRC Civil Servant, Jobcentre Plus Civil Servant and Housing Association Service Manager. The Articles of Association states that the Executive Board should be not less than seven members. The analysis shows that the NCS have been compliant throughout.

The Trustees/Executive committee are responsible for deciding on strategic directions, policy making, ensuring financial sustainability and managing the performance of the Executive Director. The members of the Executive are elected annually at the Annual General Meeting (AGM) held usually in November. Also members elect the Chairperson, Vice Chair and Treasurer. Each officer so elected may hold a specific office for a maximum term of five years only. The records show that the current Treasurer's term of office will expire at the next AGM whereby he must be replaced. Additional members are also required to bring new blood and ideas to the Board.

4.1.2 Senior Management

The Executive Director is the sole Senior Manager. He has been in post over the past four years and has overseen a successful period of transition and financial stability of the charity including: four successive years of surplus profits, increased efficiency, introduction of IT systems and rebranding of the organisation.

The Executive Director is a qualified and experienced senior manager operating at strategic level for in excess of 20 years. He holds a Business Studies undergraduate degree and is currently studying Postgraduate Masters Degree in Entrepreneurial Management at the University of Nottingham, the UK's leading Entrepreneurial University. He is well qualified and experienced with a track record of implementing similar plans within the Third Sector with several organisations.

Reporting to the Trustees, working closely with the Chair and Treasurer he implements Board policies and strategies. He has overall responsibility for all aspects of the operational management and strategic development of the organisation. At present the contract is on part time basis three days per week. He is largely unsupported both administratively and business development wise.

There is no management cover for holidays or other absences and he would have too many competing tasks to be able to implement the plan within the current staffing structure.

4.1.3 Clinical Staff Team

The function of the team is primarily management and support of all counsellors and the clinical delivery of all the counselling activities of the NCS. Following a relatively stable period between 2005 early 2009 without any major changes, two senior employees left the organisation between February and May 2009 for personal reasons. Three new employees have been appointed recently and it is believed that the organisation is about to enter a stable period again.

The complement of staff include: four Clinical Supervisors each working between 8 and 22 hours. These paid employees are responsible for clinical management of all the counsellors practicing at NCS.

This includes judgement on their fitness to practice as well as practicing ethically and safely according to the British Association for Counselling and Psychotherapy (BACP), Ethical Framework and the NCS policies and procedures. The team is resourced to support sixty counsellors individually and facilitate ten peer supervision groups. Additionally they are also responsible for conducting assessment of the suitability of new clients seeking counselling at the centre. In addition there is a Sexual Abuse Project Coordinator that is responsible for developing group counselling for women survivors of sexual abuse.

This is a specialist service currently commissioned by the NHS Nottinghamshire County which has been in operation for over thirteen years.

It is recognised that a qualified clinician is required to monitor and manage the development of clinical practices and line management of this team and subsequent counsellors. This will support the Clinical Supervisors in their current roles so that they can focus on ensuring best clinical practice at the Centre.

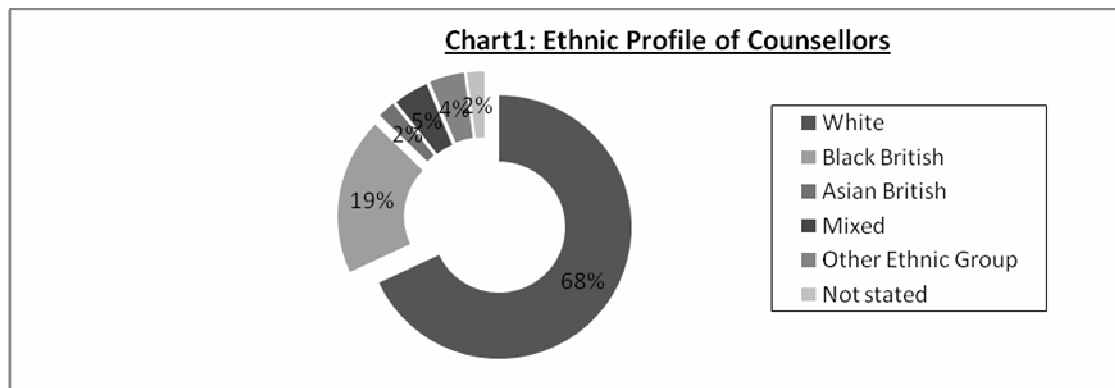
4.1.4 Administrative Team

The function of this team is primarily to provide all customer facing activities and related support to counsellors and the clinical team. The team currently comprise of a daytime Administrator, afternoon and evening Administrators and a Finance Officer. The team members work between 10 and 30 hours per week, covering the opening time of the office.

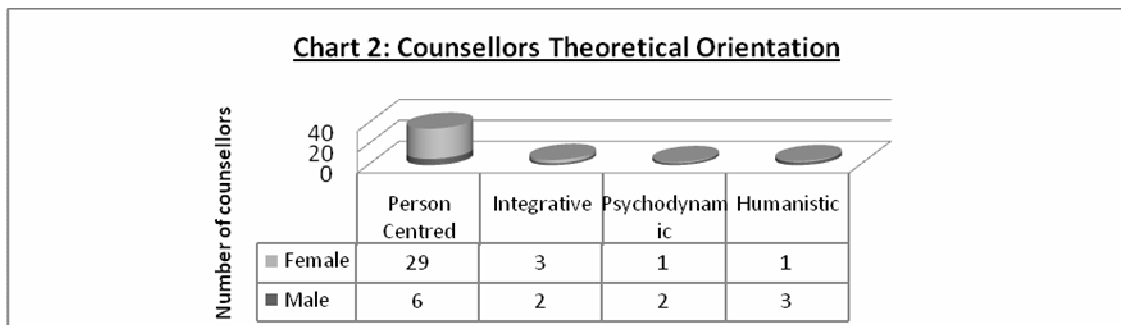
All team members have in excess of 4 years experience in their current roles. However, there is inappropriate cover for holidays, sickness and training. Furthermore, because of the volume and focus of the teams work it is not resourced to provide the support required by the Senior Manager. The team will need to be strengthened to cope with increased client caseload and provide appropriate cover for absences.

4.1.5 Counselling Personnel

At the time of writing the service was operating with 47 counsellors, comprised of 44 volunteer Counsellors and 3 placements. On average each Counsellor volunteers for approximately 8 hours per week, equivalent to a 0.22 full-time post. For the financial year to 31 March 2009, volunteers provided around 14,400 hours, equivalent approximately to 10 full time workers. The amount of time spent direct on client's activity an increase by 1215 hours on the previous year (26%). Chart 1 below shows the profile of counsellors at the Centre at the time of writing.



The Centre is under capacity and has immediate vacancies for 13 new Counsellors. It will seek to fill the gap through recruitment of Placement Counsellors. The operating capacity is 60 counsellors. For Health and Safety and logistical reasons the existing premises is not suitable to accommodate more personnel. Chart 2 below shows the modality of counsellors in practice at the Centre at the time of writing.



4.2 *Premises*

The premises comprise of a three storey Victorian building owned by Nottingham City Council. It provides 2856 square feet usable floor space. The premises have been occupied since 1988 under a termed lease agreement with periodic rent review. It comprises of six dedicated counselling suites, three large general offices, client's waiting room, a large meeting room, male and female and disabled toilets and a small kitchenette.

The Executive Director's office and client's waiting room are used occasionally at peak times. This is not ideal for clients or the organisation. NCS currently pay £14,900 per year and is responsible for all internal repairs and upkeep of the building. The rent is reviewed every five years, the last review was July 2007 and the lease is open, whereby, either party can give six months notice to terminate.

The internal part of the building has recently been decorated to a good standard. However, the structure of the building precludes widening the doorways for wheelchair access; there is no lift to the upper floors and no central heating system installed. Neither is there onsite nor on street parking and at certain times of the week there is excess demand for counselling rooms, which means the organisation cannot operate with more than sixty counsellors.

In July 2009 NCS consulted with Henry Mein Partnership, Architects and development consultants regarding the possibility of refurbishing the basement at 32 Heathcoat Street. The Architects advised that significant tanking and waterproofing work would be needed as well as considerable works to the fabric of the building.

The total estimate for the works including waterproofing and tanking would be in the region of £250,000 plus VAT. Furthermore, spending this amount of money would not create a great deal of additional space and disability access to the premises whilst improving would only provide backdoor access as seen as discriminatory. See Appendix B.

We have considered three options for improving accommodation needs; these included renting additional office space nearby, this would require additional administration and management support. Relocate to new premises, whereby the rent would increase significantly and the type of lease and tenure required would not be attractive. We also thought about taking on temporary accommodation whilst the current building was refurbished, however, this would cause major disruption and as the building is owned by the Nottingham City Council, the full benefits would not pass to NCS. See Appendix C.

Given the above constraints and the costs associated with improving the premises, NCS does not consider this option to be the best use of funding to meet the Charity's needs.

Most of the properties investigated are on sale for around £400,000 and would need to be adapted for NCS needs. This is considered the preferred option for NCS going forward.

4.3 Finance

NCS currently has three Service Agreements: Nottingham City Council, Nottinghamshire County Council and NHS Nottinghamshire County (former Primary Care Trust). These funding agreements provide guaranteed income for the Charity subject to performance. The agreements are for three years but they are all at different points in their life cycle. Nottingham City agreement is in the first year and provides £22,000 per annum, until March 2012.

The Nottinghamshire County Council Agreement is in the second year and provides £15,664 per annum until March 2011 and NHS Nottinghamshire County is in the final year and provides £50,760 per annum toward the Sexual Abuse Project until March 2010. The Health Service has supported this project for the past 13 years and when the service was last reviewed it was score highly among the non statutory services the PCT were commissioning in 2007. Therefore it is expected that funding will continue for the project.

At 31st March 2009 NCS had reserves of around £65,000. The reserves are sufficient for current liabilities and provide approximately six months working capital. NCS has no borrowings, no significant liabilities or restrictions on the reserves. As stated above the reserves are primarily set aside for revenue expenses, however, the Trustees could decided to invest in capital assets in order to secure the long term future of the organisation.

The NCS will need to raise around £700,000 new funding to deliver this plan assuming existing funders continue their support at current levels.

4.4 Information Technology System

The computer system used by NCS was installed in June 2007 and is regularly maintained through an external maintenance contract. It comprise of 8 personal computers (PC's) supported by a small business server and configure to use Microsoft Office XP 2007 application. NCS has an open licence for 10 users at present.

The paid employees are the main users of the system and have personal login accounts assigned, they all have unrestricted internet access, shared diary facilities and access to client contact and management system within the Administration Team. At present counsellors have an open account and can use the system the same as the paid staff. It is the plan to provide all personnel with personal login facilities, so that they are able to manage their work and record their activities with clients, reducing the burden on admin staff.

NCS are currently in the process of completing the development of a new client Case Management System (CMS). The system will replace the current Volbase system and be capable to recording, tracking, monitoring and reporting on clients and NCS service activities. The CMS will be completed and ready for implementation in September 2009. Also it is the intention to merge the CORE PC databases for NCS and SAP and have this installed on the Server, so that it can be accessed by the Clinical Team and Counsellors as appropriate.

Additional software licences will be required to implement this plan raising the current number of user on the system from 10 to 70. This will be done over a phased period to avoid system overload.

The current server hardware is suitable to accommodate the expansion of users, however additional PCs will be required. The exact numbers will depend on whether units are installed in the general offices or counselling suites in the new premises. Ideally PCs in the Counselling rooms will enable the therapist to record beginning and end of session information and client notes.

4.5 Furniture and Equipment

The offices and counselling rooms are suitably equipped and furnished at present. However, the telephone system is in need of upgrading so that texting option is available when dealing with clients with hearing impairments and also a Mincom system would be ideal.

The furniture in the group room needs to be replaced so that there are more appropriate for training activities. New digital projector, screen and laptop PC is also required to aid the delivery of training programs. Most of the furniture is over ten years old and whilst apt for the existing premises may need to be updated when installed in the new premises.

5. ANALYSIS OF USERS SEGMENTS

5.1 Gender

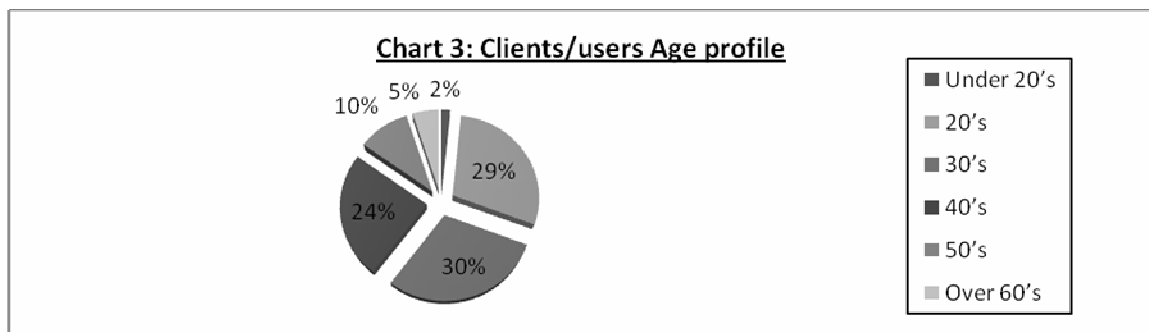
Historically women have been the main users and beneficiaries of counselling offered by NCS but over the past two years male clients have increased. However, women still account for around two thirds (65%) of users over the past five year. We analysed data of 830 clients, in order to establish the key issues that are presented for counselling.

The analysis found that clients presented multiple problems all of which are interrelated. The main problems however, are: anxiety/stress (76%), low self-esteem (70%), depression (69%), interpersonal relationship (66%), bereavement/loss (42%) and trauma/abuse (34%).

Further analysis revealed male clients presented more with anxiety/stress, depression and less with bereavement/loss and trauma/abuse. Female clients presented significantly with anxiety/stress and depression. Trauma/abuse whilst not the major problem was nonetheless a prominent issue affecting female more than male clients.

5.2 Age

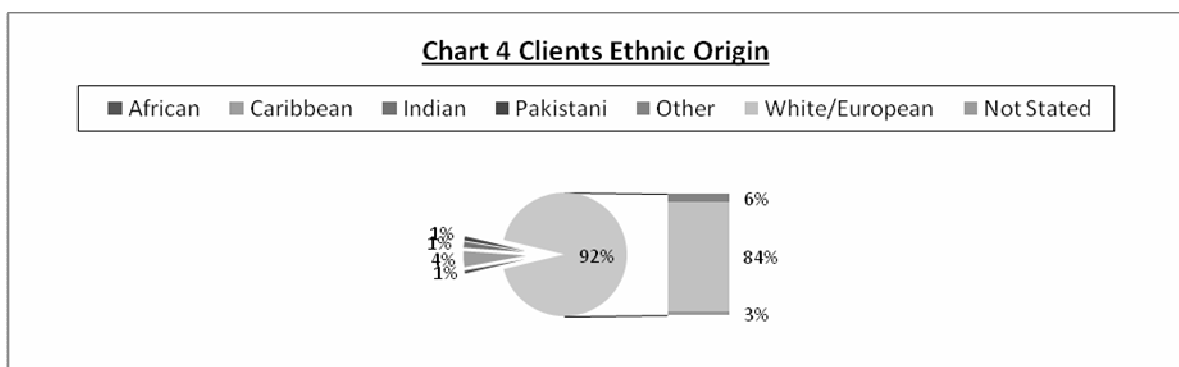
Chart 3 below shows the majority of NCS clients are between the ages of 20 – 49 years old. The centre was least likely to serve clients under the age of 20 and over the age of 60. At present the organisation target users over the age of 18 and this contributes to the low take by those under the age of 20. NCS does not receive any financial assistance to work with young people.



The UK Government emphasis is currently on preventative support for young people around stress, anxiety, depression, confidence and relationship issues. This will be vital for young people undertaking and maintaining economic activities when the economy picks up. Likewise, for older people, direct payment may open opportunities for offering counselling support targeted at this group.

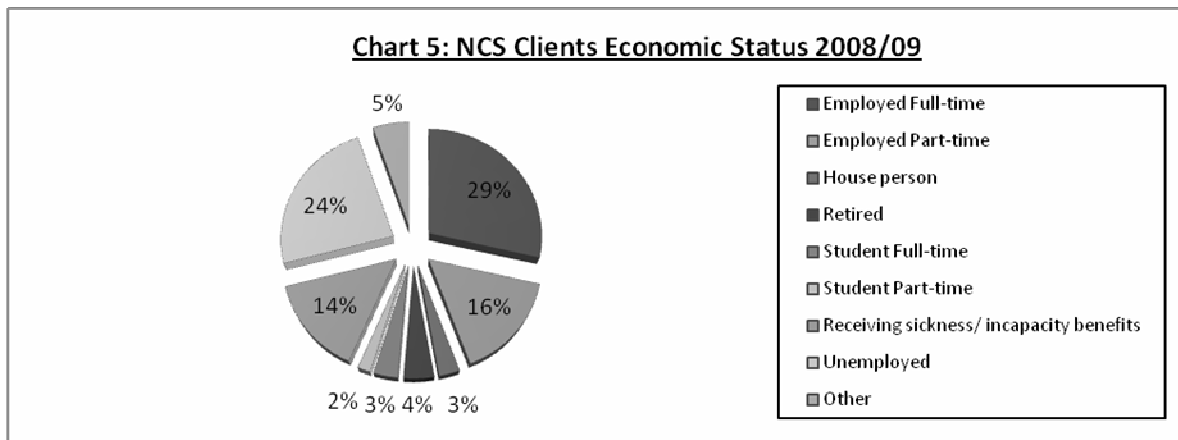
5.3 Ethnic Origin

The majority of clients/users are white. Chart 4 below indicates NCS is performing better than the norm in terms of its BME clients/users. As a leading generic counselling provider it could be doing more to increase BME communities.



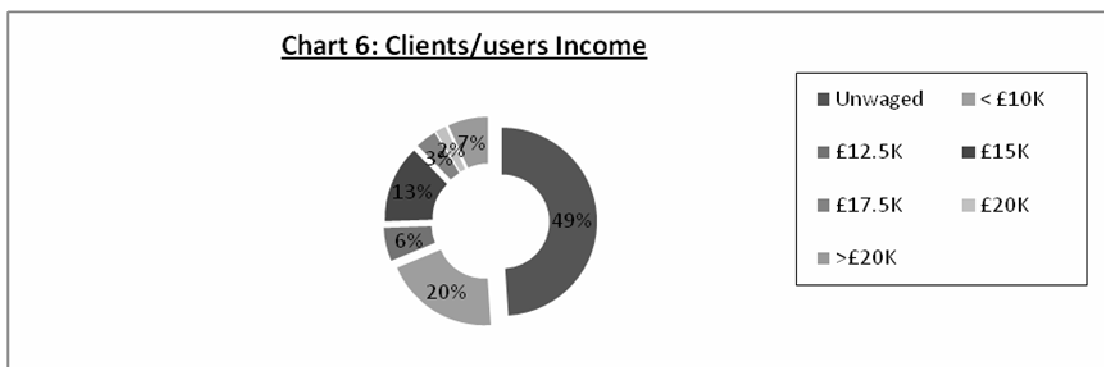
5.4 Economic Status

Chart 5 below show full time employed persons as the largest users group of the service accounting for around 29%. Clients in receipt of Incapacity Benefits represent between 35% of clients.



At present NCS does not receive financial assistance to work with unemployed persons. Given the significant number of clients falling into this category the organisation could present applications to support and target this client/user group. With the Government's emphasis of reducing the number of people on incapacity benefits, NCS is well placed to seek support for its work from the Department for Work and Pensions.

Chart 6 below also shows the income level of NCS clients, as can be seen almost one half of the client receiving counselling are unwaged and 20% of the clients has income below £10,000 per annum, only 7% of clients had income above £20,000 per year.

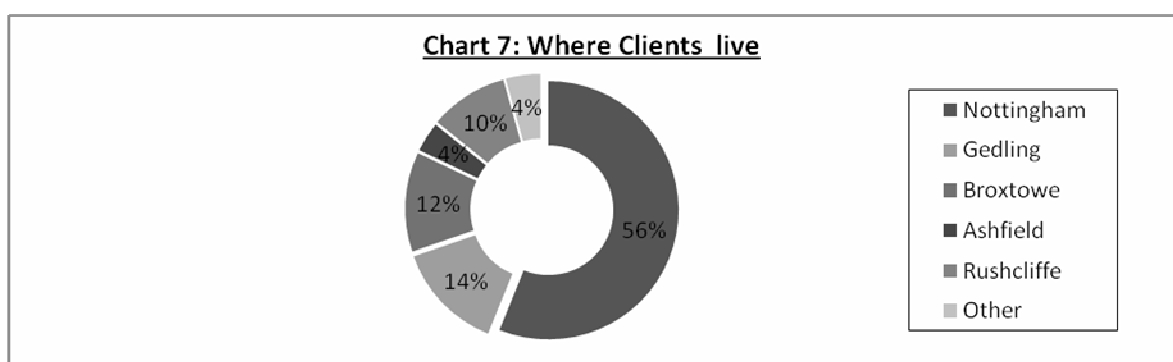


Due to the current economic climate the proportion of unwaged and low income, clients are expected to increase. The net result is that NCS may be delivering more counselling support for individuals but its income will remain roughly the same as it is now, unless it decides to change its product mix.

In order to achieve a balanced income NCS will need to increase its income from commissioning, EAP, and contract counselling work. Otherwise it will need to increase its prices in order to remain viable. Increasing the price would exclude many users.

5.5 *Where Clients Live*

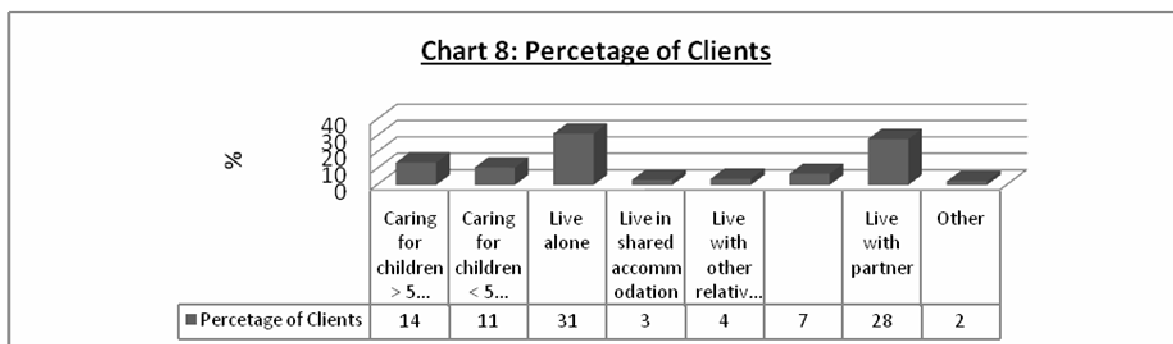
Chart 7 below is showing where clients referring to the Centre in 2008/09 reside. This is an important measure for NCS because it has funding arrangements with Nottingham City and Nottinghamshire County Councils. The councillors like to know that their constituency are able to access the service which they are contributing towards. As the chart shows over one half of clients live in the Nottingham City Local Authority area (56%), and the remainder are evenly spread across the neighbouring borough councils in south Nottinghamshire in particular.



NCS currently receive NHS funding for work with women survivors of sexual abuse but is unsupported for its generic counselling services. The organisation is seeking to address this gap in its funding.

5.5 *Relationships*

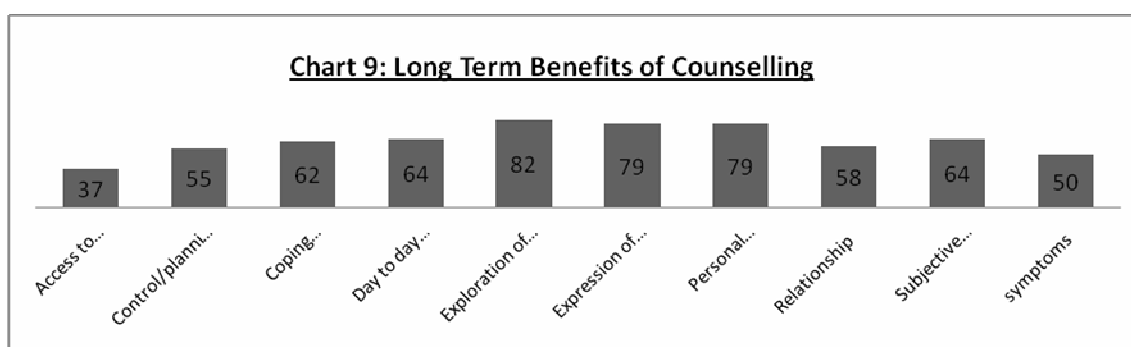
Chart 8 below shows parents are among the main users, also around one third lived alone. The analysis demonstrates that the majority of clients were in household or accommodation with other people and therefore it is important for them to be supported to reduce the risks they may present to other people living in the household.



At present NCS does not receive financial assistance to work with families. Given the significant number of clients falling into this category the organisation could present applications to support and target this clients/user.

5.6 Long Term Counselling Support

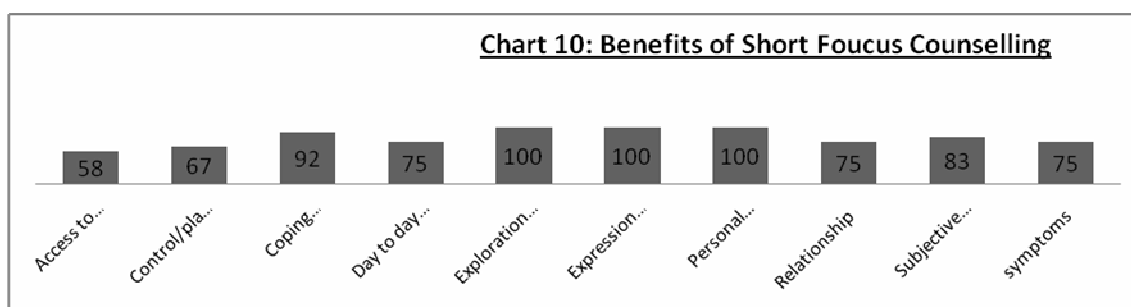
The NCS has an established reputation for delivering long term counselling support of up to two years duration. In the past the organisation was able to secure funding from the local authority social services department in recognition of this work. However, therapeutic support is no longer a priority and this work is now largely unsupported. Locally there are limited alternative provisions, and the NCS continue to be a main referral point for GP's and other NHS statutory agencies for people needing support. But it does not receive specific funding support for this service, which is needed by the majority of users.



The organisation is not able to sustain this activity/service and will need to lobby MP's and other Government officials in order to get the funding needed to continue this work. Analysis of the NCS clients receiving this type of support indicates largely positive benefits. It has evidence of needs and outcomes for users and can be using this information to demonstrate and substantiate benefits and need for this service type of support.

5.7 Short Focus Counselling

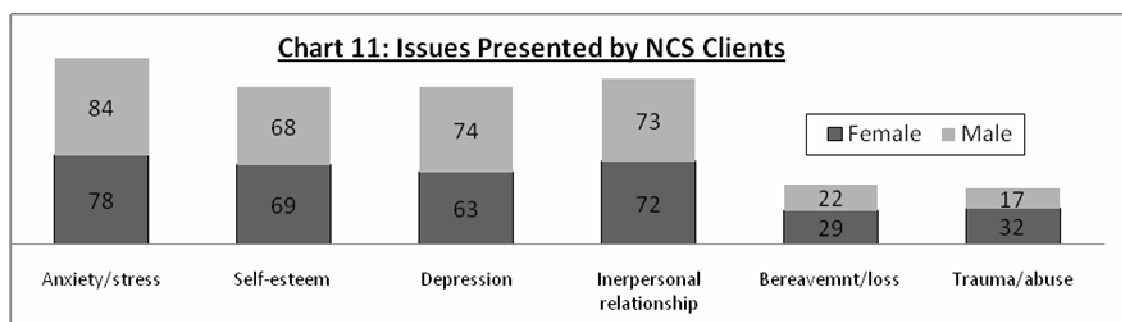
NCS have been providing this type of generic service for just over two years. The number of clients taking up this type of service is small. Table 10 below records that there is significant all round benefits perceived and experienced by clients receiving this type of support.



This demonstrates NCS capabilities to working within the Governments (IAPT) programme as a delivery partner and/or an adjunct service for clients for whom Cognitive Behavioural Therapy (CBT) is not appropriate.

5.8 Abuse and Trauma Support

Almost one third of female user's have cited trauma/abuse among the problems presented as shown in Chart 11 below. This is in addition to the survivors of sexual abuse in childhood. At present NCS do not provide any specific support for male clients presenting these issues. This shows the need for continuing specialist support for trauma victims.



6. PERFORMANCE ANALYSIS

6.1 Finance

The analysis of past performance provides a good indication of capabilities, use of resources and response to clients/users demands. The charity aims to deliver affordable services and to remain sustainable. In this section we have undertaken a summary of NCS performance covering the past five years.

6.1.1 Total Income

Income has increase 39% from £167,499 in 2005 to £232,853 at 31st March 2009. The NCS has been successful in diversifying its income base in the period and has also introduced new financial systems and procedures. This has aided the improvements made.

6.1.2 Income from Grants and Service Agreements

The level of income from the Local Authorities has fallen in actual and real terms over the past five years. In 2005 funding from the public sector was 75% of total income, whereas by March 2005 this form of income it was down to 58% despite increase costs and rising numbers of users.

6.1.3 Income from Client Donation

The income from client's contribution has increased by 219%. Prices have remained unchanged for the past two years. There is opportunity for NCS to increase the impact of client's donation even further through applying for Gift Aid status with HM Revenue and Customs (HMRC). The application to HMRC can be backdated three years, claimed for UK tax paying clients.

6.1.4 Cost of Service Delivery

Total expenditure has increased only marginally during the period from £198,884 to £216,809 in 2008. During the period the average cost of delivering a counselling session has reduced from £77 in 2005 to £41 per session at 31 March 2009. NCS has become more efficient delivering more individual counselling sessions than ever before.

6.1.5 Reserves

NCS has made significant progress in this area. The level of reserves has increased from just over £3,000 in March 2005 to £65,500 at 31 March 2009.

6.2 Quality

The quality of service is measured using client Evaluation Questionnaires. NCS evaluates the service at the initial assessment interview/consultation and at the final therapy session for clients completing their therapy. Throughout the period clients rated the service on average 93% at the initial assessment and 89% on completion. Also 92% of clients reported improvements in the overall health and well being as a result of the counselling process.

NCS does have very good formal policies and as mentioned elsewhere the service is accredited by the BACP. However, it does not have a formal quality management system such as Investors in People or ISO 2000. It considers this to be an important issue to address for the future.

7. SERVICES AND ACTIVITIES

NCS provide a wide range of counselling for adults aged 18 and over in Nottinghamshire. The organisation also provides other activities which are targeted at practising counsellors as a resource centre. These are described in summary below

7.1 Information and Counselling Services

NCS currently provide a range of information and counselling services meeting the counselling needs of adult residence of Nottingham and surrounding areas currently.

The core services offered include long term counselling of up to twenty four months duration and short focused counselling for individuals of up to ten sessions/weeks. NCS also provides specialist group counselling support for female survivors of childhood sexual abuse.

7.1.1 Long term Counselling

All clients are assessed by an experienced supervisor to ensure that NCS can offer the support that they require and that counsellors can work safely with them to address their issues. Most of the clients that access this service are referred by their GP or other mental health practitioner and have usually received therapy elsewhere but need ongoing support. They attend counselling once per week for up to 2 years.

7.1.2 Short Solution Focused Counselling

This type of counselling is undertaken by the most experienced counsellors that were trained approximately 18 months ago prior to the introduction of this service. The clients receive support for up to 10 sessions/weeks. These clients usually come with a single issue or problem, which they work with the counsellor to resolve by the end of the period.

7.1.3 Sexual Abuse Project (SAP)

This is a group counselling service for women only. After making contact with the Centre clients are invited to attend an assessment interview with the Project Coordinator and a co-Assessor. The aim of the interview is to assess whether the client is clinically suitable to endure a 10 week group therapy and not present risks to themselves or other group members during the process.

7.1.4 Employee Assistance Programme (EAP)

This is a service for employers. An employee is the client and there is a three way contract between NCS the employer and the employee.

The NCS does not report to the employer on the content of the counselling but may confirm attendance or non attendance as they are liable for the bill. Usually the contract is for short term support up to 8 weeks.

The employee attends weekly sessions with the same counsellor at the centre. NCS clients include a wide range of Public and Private Sector organisations that over the years includes Nottingham City Council.

7.1.5 Contract Counselling

This service is similar to the EAP and is provided to other organisation's clients. Over the past 12 years NCS have provided this service, to social services, police and Victim Support. Here the client are organisations, the beneficiary is a client which they have legal responsibility for. Again this service is provided by NCS most experienced counsellors.

7.2 Volunteering

NCS organise and coordinate the work of qualified volunteer counsellors. Counsellors work with clients for durations of up to two years and are provided with clinical support through individual and peer group sessions provided by experienced staff counsellors. At the time of writing the Centre employed 44 volunteer counsellors. NCS operate an accreditation scheme for counsellors achieving 200 hours or more direct client contact time.

7.3 Private Counsellors Directory

This is an online Directory of Counsellors that are in private practice that clients may refer to if they want quicker access to counselling rather than going on the NCS waiting list.

7.4 Counsellors Professional Practice Development

NCS offers work placements to students studying at Diploma level and above in Counselling and Psychotherapy. Students are provided with supervision and guidance whilst they complete 100 hours of direct client contact. Placements usually last up to 2 years and currently high proportions of counsellors usually become volunteers after completing their training.

7.5 Resource Centre

NCS currently provide a range of counselling materials including a library of books, journals reports which are available to internal counsellors. It also offers for hire counselling rooms and the group room when not required, but this is very in frequent.

It believes there is a gap in local facilities for a dedicated resource centre where volunteer counsellors can access resources and networking. With the advent of the new premises NCS will seek to bridge this gap, collaborating with the other counselling organisations.

8. INDUSTRY OVERVIEW

8.1 *Market Research*

The UK healthcare industry serves the needs of an increasingly health-aware population. It is an extremely diverse sector covering a very wide range of product types and healthcare users. A survey carried out by voluntary sector umbrella organisation National Voices and the Royal College of Nursing has shown that commissioners are failing to involve local voluntary organisations in decisions about services. Fewer than half of 200 groups questioned from across England reported being involved in commissioning. Only 48% had a good experience of Primary Care Trust commissioning, 35% of practice based commissioning and 26% of specialist commissioning by the Strategic Health Authority.

Experts have warned that rates of suicide, murders and heart attacks will go up as the economy continues its downturn. The predictions are based on an analysis in *The Lancet* of economic changes and death rates in 26 EU countries over the past three decades.

In the UK, rising unemployment could lead to an extra 290 suicides, while death from alcohol abuse could rise as much as 28% and more people will suffer from raised levels of mental distress⁶ Source: <http://www.hc2d.co.uk/content.php?contentId=12082>.

8.2 *Size of Industry*

The UK healthcare market is dominated by the National Health Service (NHS), which, according to the World Health Organisation (WHO), is the largest public healthcare service in the world. The NHS is funded through general taxation and has the remit to provide comprehensive healthcare services to all UK citizens on the basis of need, not the ability to pay. In 2000, total expenditure on the main healthcare services of the NHS was estimated at £41.25bn, or 73.1% of the total UK healthcare services market.

The UK market for private healthcare has so far withstood the economic downturn, and, in 2008, the market grew by 5.6% to reach an estimated value of £25.81bn at current prices. Between 2004 and 2008, the value of the market increased by 29.1%, with the growth being driven by increased NHS and public outsourcing towards the private sector.

⁶ <http://www.hc2d.co.uk/content.php?contentId=12082> accessed 17/07/09

Other healthcare markets include palliative care, which is run largely by the voluntary sector, operating increasingly in partnership with the NHS. In 2000, expenditure in this sector was £299m, around 0.5% of the total UK healthcare market.

Alternative healthcare is composed of services which fall outside the mainstream of traditional care. The more popular therapies include osteopathy, chiropractic, aromatherapy, acupuncture, reflexology and homeopathy, among others. In 2000, expenditure on these services was estimated at £581m, or around 1% of the healthcare services market.

8.3 *Key Market Segments*

The key private healthcare sectors are: long-term care (for the elderly and physically disabled); acute care; psychiatric care; private medical insurance (PMI); and primary care. These sectors are mainly funded by the NHS and local authorities, and, therefore, a large proportion of the market is dependent on government investment. This has largely been sustained, if not increased, during the 2004 to 2008 review period.

Adult mental health service is a key segment for NCS. Figures contained in the 2008/2009 National Survey⁷ reports that investment in this segment had increased from £5.5 billion in 2007/08 to £5.892 billion or £181 per head of the working age population, representing an increase of 3.96%. Investments in three priority areas (crisis resolution, early intervention and assertive outreach) have continued to increase in significant terms by 11% between 2007 and 2009.

More specifically investment in psychological therapy services totalled £184.76m represented 4% of total spending, including £8.97 million reported by the voluntary/private counselling or psychotherapy services.

8.4 *Purchase Process and Buying Criteria*

In terms of long-term care for both the elderly and the mentally ill, greater outsourcing by local authorities is the prevailing trend, but focus on costs and the need to deliver a lean and efficient business model to attract long-term commissioning appear to be pre-requisites. The same can be said for short-term acute provision for the mentally ill in the independent mental health hospital sector, which is currently burgeoning, but which needs to stay cost-efficient and competitive. The national Survey 2008/09 of Investment in Mental Health the NHS commissioned 83% and the Local Authorities 17% of services.

⁷ Mental Health Strategies, 2008/09 National Survey of investment in Mental Health Services

In term of service provisions the Non statutory sector provided 22% of adult services and this was like to increase in the future (Source: The 2008 / 09 *National Survey of Investment in Mental Health Services*).

8.5 *Key Industry Trends*

The NHS is in a period of transition and it is not yet clear how it will compare with its privately funded rival over the next few years. Waiting lists have been reducing and the quality of care is perceived to have improved in a number of areas of the service. This presents a very real threat to the future of the private healthcare market and could deter use of private treatment. In addition, while sectors such as acute care have benefited from the NHS commissioning of provision to cut waiting lists, this situation may not continue.

The market is currently facing new challenges due to the improvements that are taking place in the NHS, with many hospitals now having reduced waiting times. Some experts believe that consumers are now being deterred from using private healthcare since they recognise that NHS treatment is becoming faster and better quality. In addition, consumers are now able to take advantage of the private sector through the NHS by using the extended patient choice scheme. This came into force in April 2008, and enables patients to choose where they wish to be treated when referred to a specialist.

The future for the private healthcare market does not appear to be under threat in the long term, as it is likely that NHS performance will fluctuate and demand for more individualised and privileged treatment will remain a priority for many people. However, a period of more modest growth in all sectors is emerging, where cost-effectiveness, in comparison with public provision, will be the key to survival. We forecast that the value of the market will increase to £32.62bn in 2013 — a growth of 63.2% compared with 2004⁸.

9. **STRATEGIC OBJECTIVE**

This strategy is designed with the long term aim of giving the NCS longevity and sustainability. The objectives are as follows:

- 9.1 Make NCS financially sustainable and a more valued resource centre locally and diversify its potential income opportunities.
- 9.2 Improve the organisation's capacity, enabling it to respond more appropriately to local demands for psychological counselling support.

⁸ Research and Markets, http://www.researchandmarkets.com/reportinfo.asp?report_id=1054416, Private Healthcare Market Report 2009, accessed 19/07/2009

- 9.3 Enhance the ability for the organisation to take on more contracts and commissioning work with the NHS, Local Authority and other public sector.
- 9.4 Remove barriers and limitations for clients with disability, socially or economic disadvantages wishing to access the service.
- 9.5 Improve the organisation's capacity so enabling it to respond more appropriately to local demands for psychological counselling support.
- 9.6 Enable the organisation to become a central resource for volunteer counsellors practicing.

10. MARKETING STRATEGY

Marketing activities will be focused on increasing awareness of the NCS solution focused counselling, Employee Assistance Programme, contract counselling services and work with young people of working age. The aim will be to generate new commissioned work or contract which will make NCS more financially sustainable as currently its long term counselling work is not been appropriately funded by the NHS nor Local Authorities.

10.1 *Core Competency and Competitive Position*

As mentioned at section 8 the UK healthcare industry serves the needs of an increasing health aware population. Greater outsourcing by Local Authorities and the NHS is the prevailing trend through commissioning and contracting for adult care services. The UK Government has recognised the important role played by the Third Sector in providing value for money public services and new opportunities are opening up for organisations in the health and wellbeing markets. NCS competitive position is summarised below.

Table 1: NCS COMPETITIVE POSITION	
CORE COMPETENCY	U S P
• Service design and delivery • SLA/contract management • Using CORE PC • Assessing risks/users participation • Managing and organising volunteer • Supervising/developing counsellors • Fund raising • Project management • Service quality assurance standards	• Long and short term counselling • Evidence based • Central location • High customer rating and satisfaction • Sexual abuse project • High social value • Affordable prices • Strong brand/reputation • BACP Accreditation

The organisation is already well positioned and recognised with high levels of referrals from GP's and NHS mental health practitioners locally. However, NCS has low market presence with the general public, commissioners and those responsible for planning health services at a strategic level. This weakness will be addressed by the Senior Management Team when in place so that NCS is positioned as the first choice for generic counselling among the general public and service commissioners.

10.2 *Target Market/Clients*

The target clients and markets are set out below. The focus are large employers, NHS Psychological Therapy Commissioners for IAPT programme, other organisations that support adults, individuals wanting solution focus support and children and families service commissioners. It will also target counsellors for professional practice development.

Table 2: NCS MARKET/SERVICE FOCUS	
MARKET DEVELOPMENT	NEW SERVICE DEVELOPMENT
• Employer Assistance programme (EAP) • Contract Counselling • Solution focus counselling	• Advanced Counsellors CDP • Counsellors training • Wellbeing training
DIVERSIFICATION	NEW MARKETS
• Young people aged 16 + and families • BME groups • Older people	• Research • Consultancy • Office Services

10.3 *Products/Services*

The service areas that NCS will seek to develop and grow are Short Focus Solution counselling (SFC), EAP and Contract counselling work by developing the market. It will also develop and offer new wellbeing training services for the general public, employers and advanced CPD programmes for practicing counsellors. These services will be delivered alongside the existing core services including long term counselling and the sexual abuse project and those other activities mentioned at section 7.

10.4 *Competition/Competitors*

10.4.1 National Competitors - Three of the UK's larger mental health charities (Rethink, Together Working for Wellbeing and Mind) have combined expenditure of approximately £80million, while four others charities have combined f roughly £90m.

This list does not include all of the mental health charities, but it does give some indication of the expenditure of mental health.

To give some background on some of the larger charities in this list; Rethink (formerly known as the national Schizophrenia Fellowship) is the largest voluntary sector provider of mental health services in the UK. Rethink provides support to people with severe mental illness. Mind, meanwhile, provides an information and legal service nationwide and is one of the UK's leading mental health charities. Finally, Together Working for Wellbeing (formerly known as the Mental Aftercare Association) provides community support, employment schemes, advocacy and assertive outreach.

Rethink are currently in partnership with Nottinghamshire Healthcare Trust in delivering the IAPT for NHS Nottinghamshire County PCT area. There is also an extensive range of private individuals and counselling practices as well as third sector counselling organisations, including the four listed below.

10.4.2 Local competitors that NCS view as their main rivals for commissioning opportunities and clients groups are: Base 51, APAS, ISAS and Relate. The analysis of each competitor follows.

- a) **Alcohol Problems Advisory Service (APAS)**⁹ – is a member of APAS trading limited. They provide a range of services in the community, designed to contribute to the reduction of alcohol and drug related harm.
- b) They are an independent charity and company. They are based in Nottingham City but provide support throughout Nottinghamshire and neighbouring counties. The Nottingham City, Primary Care Trust (PCT) provides the organisation with premises, which was worth £100,000 of intangible income in 2006/07.

They worked with clients of all ages 18 to 70 of which 82% were aged 19 to 49 and 11% of APAS customers were non white and through the year they had 909 clients attending ongoing appointments. Women accounted for 32% of their clients. For the accounting period APAS income had increase to £452,360, an increase of £32,032 (7.6%) on the previous year.

⁹ Alcohol Problems Advisory Service, Report and Financial Statement Year ended 31 March 2007

Its income from service contracts and student placements remained the same and its trading income increased approximately 22% to £39,514.

- c) **Incest and Sexual Abuse Survivors (ISAS)**¹⁰ - This organisation provides face to face, telephone and group counselling services for adult male and female survivors of childhood sexual abuse, their partners and family members. The service is available in Newark and Sherwood, Mansfield, Ashfield, Bassetlaw, Rushcliffe, Broxtowe, Retford, Ollerton, Gedling and Worksop. It is open to women and men over the age of 18, regardless of race, class, sexual orientation, disability and special needs. It is a free service, but as a registered charity donations are welcomed. They are a member of the British Association of Counselling and Psychotherapy and are bound by its Ethical Framework.

ISAS takes self referrals and those from GPs, mental health teams, social services, probation service, prison services, criminal justice teams, drug and alcohol teams, voluntary sector organisations and other counselling services. All referrals are offered an initial assessment appointment within two weeks.

- d) **Base 51 is the trading name for HINT**¹¹ The Charity's aims are to provide a model holistic health care by providing a comprehensive, full time drop-in service offering realistic help, advice and information that reflects the needs of all young people aged 12-25 years living in the Nottinghamshire area.

The accounts for the year ended 31st March 2008 reported a deficit of £15,258 (2007 deficit £6,770) on income of £619, and stated that Base 51 may have to vacate the current premises on or before 31st March 2009. The fixed assets leasehold improvements have been written off as at 31st March 2008. The net book value of the remaining fixed assets as at 31st March 2008 amount to £16,890 (2007-£81,642).

The core services will continue to be delivered at Base 51, working with partner agency in Children's Services ensures the needs of young people are met, targeting those who are most vulnerable and at risk.

¹⁰

¹¹ HINT Trading as Base 51 Report and Audited Financial Statements for the Year ended 31st March 2008

Teenage pregnancy in Nottingham continues to be a priority for the city and Base 51 will continue to deliver work as part of the Nottingham City Teenage Pregnancy Strategy, focusing on the Hotspot areas of the City.

The services operated with 19 employees including 13 full time staff. Counselling Service activities: 234 Assessments (2008-114 November - March), 1723 Counselling Sessions, 2008 -1500 (November - March), 327 Crisis Intervention Sessions, 87 Drop-in Sessions, 290 Consultants to Parents/Carers, 305 Professional Consultations, 1857 Contacts with Young people.

- e) **Relate** - is a national charity that was incorporated in 2001. The principal activities of this organisation are the provision of relationship counselling, psychosexual therapy and life skills training. It has over 60 years experience and is a recognised provider of relationship counselling in Nottinghamshire. It helps couples whatever their age, ethnic background, personal or religious beliefs, sexual orientation or social background.

They offer relationship counselling for individuals and couples, sex therapy, family counselling, and counselling for young people. They also provide a variety of life skills courses for people and operate a national phone line.

According to the Relate 2008/09 Annual Report¹², the organisation operated with 5.8 full time equivalent staff, including the full-time Centre Director and 0.43 Personal Assistant. The charity's income was £374,072 improving 27% on the previous year. Its reported income from the local authority had reduced by 12% and that the incoming funds had increased as the result of new parenting and youth offending project being secured. Its income from core counselling was £21,747 increasing 12% on the previous year. During the year it introduced a new client fee structure and was also unsettled by the loss of the counsel line contract with Nottingham City Council after many years.

Counselling is offered in Nottingham at the Relate offices, and other public venues in Mansfield, Newark, Worksop and Retford. Day and evening appointments are available. They normally offer an initial appointment within 7 days (which may or may not lead on to further sessions). It had 35 practising counsellors included but only 3 were volunteers. Waiting lists are very short at present.

¹² Relate Nottinghamshire 62nd Director's Report and Statement of Financial Activities 2007-2008.

For residents of the City of Nottingham there is also their Relate2you parenting support service, which is available at a number of venues. They worked with clients aged 18 to 70 of which 69% were aged 30 to 49. Of their clients 37% had income below £15,000 per year and 17% had income between £15-20,000 and 12% of Relates customers were non white.

10.5 Pricing

NCS is committed to ensuring that its generic counselling can be accessed by individuals in need and that the service exhibit “public service characteristics” in terms of affordability. Individual clients are not charged the full costs of the services. Each activity and service will be allocated to one of the pricing policy/cost recovery category listed below.

10.5.1 Uncharged for services – this category includes the Sexual Abuse Project, ten weeks group counselling for women survivors of sexual abuse in childhood and the associated activities. Some of the new services being developed will also fall into this category and the individuals accessing the services (beneficiaries) will not be required to contribute towards the service.

10.5.2 Partially charged for services – with partial support from Grant Aid – the current generic counselling activities fall into this category. Clients are required to pay fees and contribute base on their joint family income.

Generic counselling is charged on a sessional basis, ranging from £6 for unwaged persons to £35 per person whose personal or joint family income is above £20,000 per annum. Details of the current scale of charges for individual counselling are attached at appendix D.

10.5.3 Charged for service – these services are charged at full cost recovery and reflect local prices charged by other providers of these counselling services. The services that fall into this category include EAP and contract counselling activities.

10.6 Promotion

Upon the appointment of the Business Development Manager NCS will review the current marketing activities and would commence target action towards employers and other organisations. In the meantime the main form of promotion will be paid for advertising focusing on Nottingham City buses, yellow pages, yell.com and GP community journal. The Nottingham City Bus campaign and GP magazine promotes the Sexual Abuse Project.

This campaign has been running for several years and is proving successful in raising awareness of the project. In addition NCS undertakes direct mailing to GP practices two times per year. The budget allocated for advertising is approximately £3,500 in year 1 and similar amounts for other years.

The Yellow Pages and Yell.com are intended to position NCS among the leading counselling service provider. The NCS website www.nottinghamcounsellingcentre.org.uk is important in helping to provide access to information about all services and activities. The site was launched in November 2008 and has been a successful tool for marketing and promoting the organisation. Additional features will be added to the site in due course which aid will improve access to the services offered.

It will also continue yearly mailing to GPs and updating information on the NCS website, which has proven extremely successful in raising awareness and attracting new clients since being launched in November 2008. The Executive Director will also continue liaising with Commissioners from the NHS organisations in Nottinghamshire to generate new contracts to meet emerging needs resulting from the economic down turn. The Business Development Manager and Clinical Team will be involve with networking and community outreach activities to promote NCS and the services

10.7 *Place*

NCS core services will continue to be delivered from Heathcoat Street premises, until the new premises are completed. Subject to the development of collaboration with other Counselling organisations and relevant risk assessment, some outreach activities may also be delivered. This arrangement however, will not take place until the new management team is in place and formal arrangements and protocols agreed with partnering organisations. At the time of writing the exact location of the future NCS offices are undetermined.

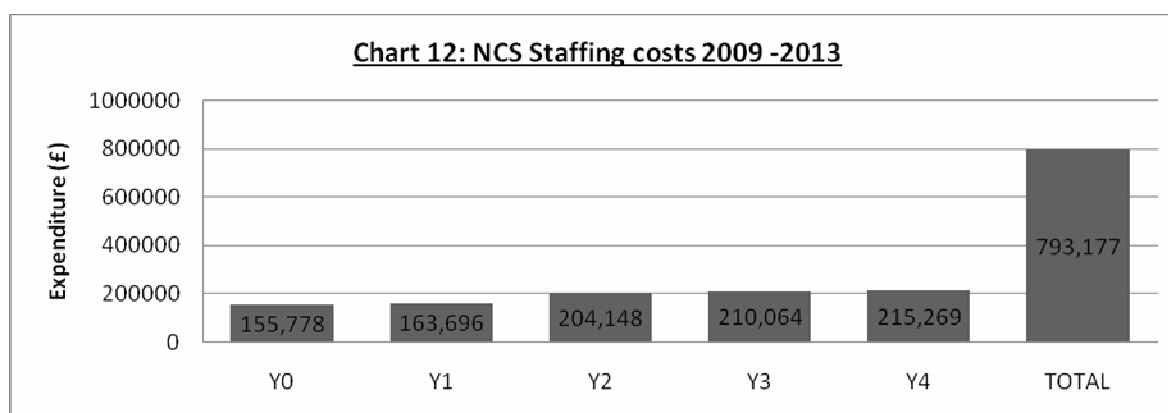
10.8 *Collaboration*

NCS will be committed to working in collaboration with other psychological counselling service providers in order to improve access to counselling services. The Modernisation Programme report produced for NCS July 2009, by Tanc Ltd, will be followed up and embedded into the marketing and promotional plan. The exact activities and work plan will be woven into the operational plans to be developed when the new Senior Management Team is in place. A copy of the report is attached at Appendix E.

Given the large number of referrals from GP's it will also seek to develop better communication and referral pathways. Collaboration will also extend to the NHS with regards IAPT and access to Specialist Psychiatric expertise, private and Higher and Further Educational sectors, with regards CPD and Advanced professional development of Counsellors

11. MANAGEMENT AND STAFFING

The weaknesses identified within the SWOT Analysis will be addressed through the intervening period. Improving the structure of the organisation and staffing resources is essential to the delivery of this strategy, helping NCS to realise the vision. Chart 12 below shows the projected staffing cost associated with this plan, the full details are presented at Appendix F.



11.1 Structure

It is the intention to introduce a new Senior Management tier. The team will be responsible for realising this strategy. The Executive Director will head the Team that will include the Clinical Lead and Business Development Manager. It is expected that there will be an appropriate level of involvement of the Clinical Supervisors, Sexual Abuse Project Coordinator and Administration staff in planned developments. The team will report to the Board of Trustees and Executive Directors.

The performance of the team will be scrutinised by the Chairperson, Vice-Chair and Treasurer. The organisational Chart, showing the structure is included at Appendix G.

11.2 Board of Trustees/Executive Committee

The new Board of Trustees/Executive Committee will operate with a complement of ten members. NCS will seek to recruit up to 3 new Trustees and 2 representatives of the Volunteer Counsellors.

The new Board will be focused on strategic rather than operational issues and on governance issues. New members will be recruited that have experience of strategic management. The Chair, Vice Chair and Treasurer will assume a more proactive role in leading and managing the Board of Trustees and their activities.

11.3 *Senior Management*

The Executive Director will head up the new Senior Management Team. The team will be charged with implementing board policies as well as delivery of the strategy. The team will operate as a matrix and involve Clinical Supervisors and Administrative staff within project/service development and planning activities. The staff will include: 1 x 0.66 FE, Executive Director, 1 x 0.66 FE Business Development Manager, and 1 x 1.0 FE Clinical Lead.

11.4 *Clinical Supervision Team*

The team will be headed by the new Clinical Lead. The current personnel are well qualified and experienced. The Team will implement best practice counselling and supervision and be responsible for identifying, implementing, recording, communicating and CPD for all counselling personnel. All team members will assist and support the Clinical Lead with ensuring NCS maintain Accredited Counselling Service status with the British Association for Counselling and Psychotherapy (BACP), as well as input in to NCS business development activities to be lead by the new Business Development Manager.

The team currently comprise of 1 x 0.66 FE supervisor (working Mondays, Tuesdays and Thursdays), 2 x 0.21 Supervisors (one working mainly Mondays, the other Fridays) 1 x 0.43 FE Supervisor (working Tuesdays and Wednesdays).

The full complement of paid staff includes 1 x 0.67 FE Sexual Abuse Project Coordinator (working Tuesday to Thursday). The configuration the current arrangements ensures that the Centre has Clinical Supervisors presence Monday to Friday. The Executive Director will line manage the Team until the appointment of the Clinical Lead.

11.5 *Clerical and Administration Team*

The plan identifies the need to recruit an additional person to complement the existing team members. NCS will need to employ persons that are well motivated and a skilled Secretary/PA capable of working with, and supporting the senior management team. This will enable the existing team members to continue focusing on Client and Counsellor focused activities. The Team will comprise of the current staff of: 1 x 0.81 FE General Administrator, 1 x 0.27 FE Evening Administrator and 1 x 0.27 FE Administrator – Finance.

The full complement of staffing will include an Administrator/PA to work with the senior Management Team. The Executive Director will lead the team until the appointment of the Business Development Manager.

11.6 *Counselling Personnel*

The Centre will operate with up to 60 Counsellors from the current premises and will increase the numbers by a further 10 to 70 personnel when it relocates to new premises. It intends to immediately increase the counselling capacity by recruiting up to 15 trainee counsellors on placement over the next six months. This is achievable as there is a high demand for Placements. This will lift the embargo on recruitment introduced in June 2008. The Centre will aim to increase the capacity from 47 counsellors in July 2009 to operating with 60 x 0.16 FE Counsellors by March 2010. Once relocated to new premises the centre will aim to recruit a further 10 counsellors, thereby increasing the capacity to 70. The Clinical Lead will take over line management of all counsellors once appointed freeing the Clinical Supervisors to focus on clinical practice and CPD for counsellors.

11.7 *Personnel Training and Development*

NCS is committed to ensuring continued improvements in the quality and delivery of its services to the public. It will be dedicated to supporting CPD for all staff especially the Clinical team and Counsellors.

All Clinical Team members will be required to maintain BACP or UKCP membership and NCS will contribute to the cost of any essential CPD training needed to support this strategy. In addition NCS will pay monthly for up to 1.5 hours of personal external clinical supervision for these staff. The organisation will also introduce a new system of contracting with external supervisors to aid the delivery of best clinical practices. Within the budget a sum has been set aside to cover this. NCS recognises the significant importance of Volunteer Counsellors to the service. To that end it will identify and implement a programme of CPD training and activities which are relevant to improving the service and the quality counselling practice. All Counsellors will be expected to participate in such activities and NCS will cover the full costs of the programme.

NCS may also facilitate other CPD activities which are available for both internal and external counsellors. Any counsellor practising at NCS will be encouraged to attend but will be required to make a contribution towards the cost. It is expected that NCS will offer a generous discount to all internal personnel.

For all staff, NCS will support Customer Care training and attendance at workshops and seminars relevant to the staff role. The NCS has set aside a budget for staff training and development.

11.8 *Labour Market Issues*

From October 2012 all employers will be required to make contributions to employee's pension plan. NCS is not currently making any such contributions for employee benefits. This will be added costs for the organisation and further increase staffing salary costs 1-3%.

12. IMPLEMENTATION PLAN

The plan will be implemented over three to five year period starting in April 2009. The first year 2009 will mainly focus on preparatory work to include: Consultation and engagement of current key stakeholders, identifying and applying for new funding, acquiring the new premises, recruitment, training and induction of the senior management team and development of the operational/project plan underlying the new services and offerings of NCS. In addition the first year will also involve rebuilding the counselling personnel to reach 60 by the end of the first year. The second year will focus on preparation of the new premises to meet the NCS requirements and relocating the organisation, which would be achieved by the end of quarter 3 for that period.

During the second and third quarter NCS will commence building up the user base on the assumption that the new premises will immediately be available for use by Q3 whereby the capacity for new clients and ongoing counselling will at least double.

By the start of year three NCS should be fully functional and be in the position to deliver and perform as outlined assuming there are no major delays or snags with this plan. The summary of the key actions to be taken to implement this plan is included at Appendix H.

NCS is committed to the principle of working in collaboration with other local organisations to improve access to counselling and strengthening counselling practices within the Third sector locally. In consideration of the report from "Think Tanc Ltd, July 2009, NCS will be seeking to work collaboratively with other organisations to implement this plan. The precise organisations and the areas around which the collaboration will take place will be embedded with the operational plans and projects that will flow from this.

12.1 Strategic fit

The strategy is designed to fit identified needs based on market research, feedback from NCS clients and meet the business goals of making NCS financially sustainable. It encompasses the new vision and mission and is aligned to the local strategic plans of the NHS organisations in Nottinghamshire in terms of improving access to psychological therapies.

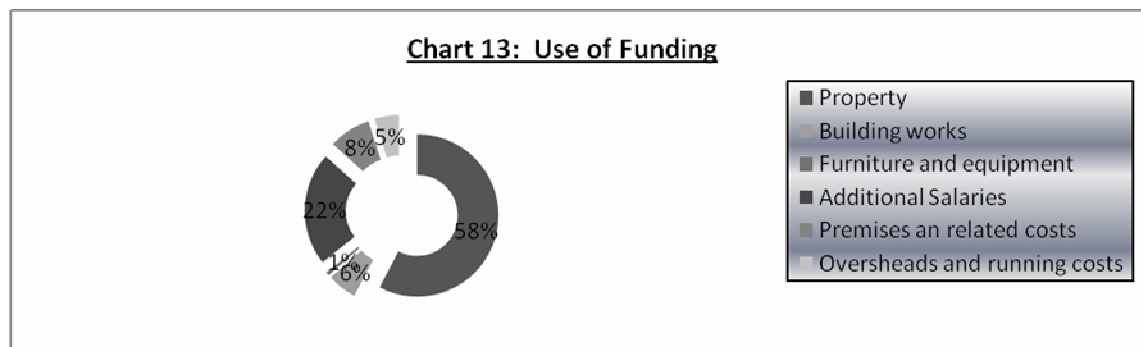
On a wider scale the strategy supports national and local strategies for health and wellbeing, social inclusion and equality. The application of good clinical practices meeting the BACP Ethical Framework for counselling and best business practices will position the NCS as model counselling organisation, and one against which other organisations can be benchmarked.

13. SUMMARY FINANCIAL PLAN

NCS helps to improve the health and wellbeing of Nottinghamshire's communities by reducing the number of adults of working age who are economically inactive because they are unable to function normally because of common mental ill health such as stress and depression. Some estimates place the cost of treating patients within the NHS at an average cost of £995 according to ¹³NHS Commissioning Toolkit. The NHS and individuals can recover their investment in around 20 sessions, keeping a patient out of Primary care service by using NCS.

This section summarises the financial plan that underpins the proposed development strategy for NCS. The projections show that NCS can become more sustainable as an organisation, increasing its services and having a greater impact on the adult community of working age. The summary is drawn from the Cashflow, Income and Expenditure and Balance Sheet Projections prepared for this purpose. The full details of are set out in Appendices I, J and K.

13.1 Total Investment required – NCS is seeking £669,500 of new investment funding to implement this development plan over the next three years. Approximately 58% of the funding is needed to invest in acquiring new premises. See Chart 13 below.

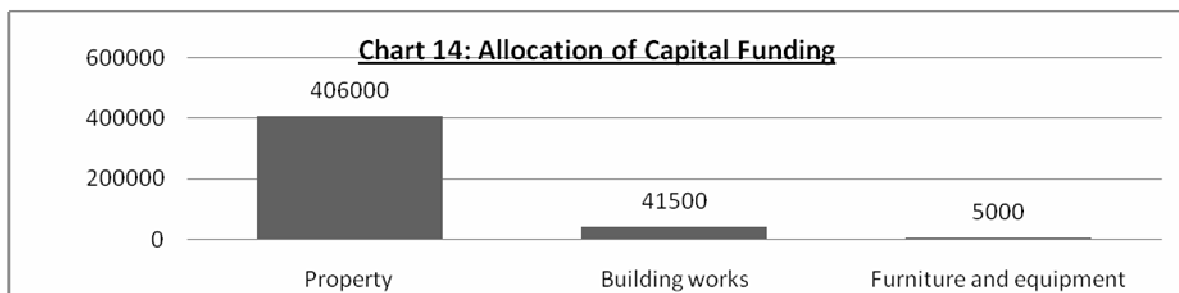


¹³ NHS,2007, Improving Access to Psychological Therapies (IAPT) Commissioning Toolkit

It will also need to invest in the employment of additional staff; this will represent around 21% of the funding. The rest of the funding will go towards the present accommodation and related costs and contribute to the overheads and running costs.

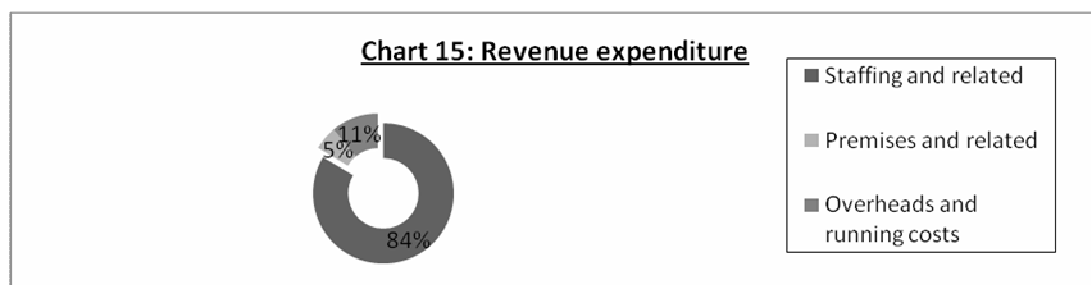
13.2 **Revenue Income** – The level of income from Grants and Service Agreements with the Public Sector has been fairly static over the past five years, averaging around £130,400 per annum representing approximately 56% of the NCS total income. By adopting a more client/service segmentation approach NCS expects income from the Public Sector to increase to around £169,000 in Year 1 and £159,000 in Year 2, the return to the level of 2008/09. Self generated income has increased progressive over the years and in 2008/09 represented around 32% of total revenue income.

13.3 **Capital Expenditure** – £452,500 capital funding is required for the purchase and adaptation of new premises. This will double its capacity and give it an asset base. See Chart 14 below.

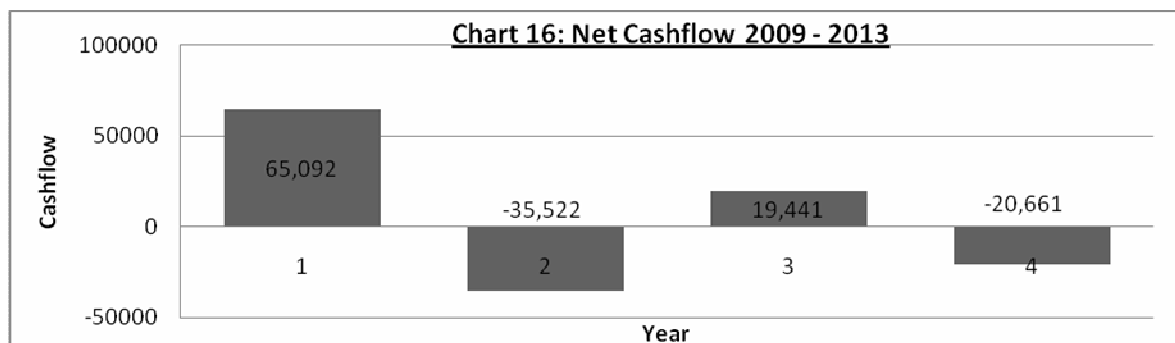


The purchase price is based on research of available premises offering in excess of 5,000 square feet office space for sale and an estimated amount for refurbishment and fitting out. See Chart 14 below of the project expenditure. NCS would need to assemble a cocktail of grants and a loan. The potential source of such funding is shown below and description included at section 14.

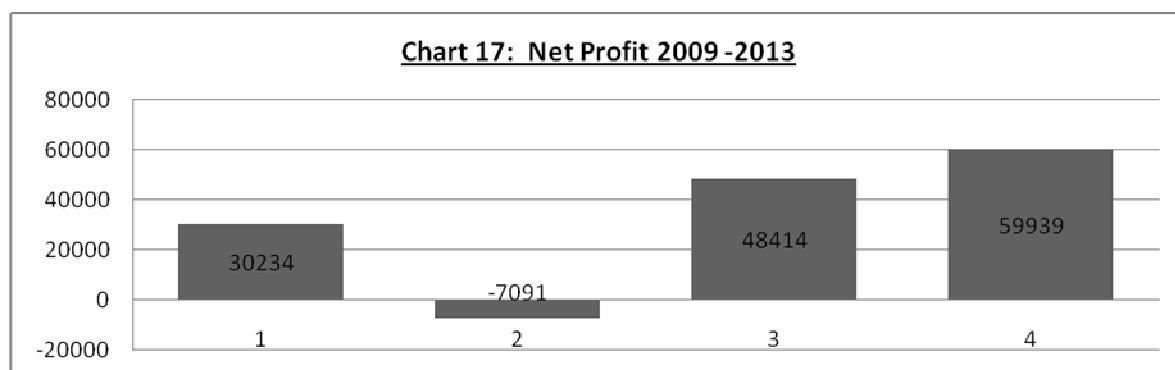
13.3 **Overheads and running costs** – the will represent 35% of total revenue expenditure as shown in Chart 13 above. Chart 15 below breaks the cost down further.



13.5 **Cashflow** – The statement attached at Appendix I shows that NCS will retain positive Cashflow throughout the period. The Statement shows the balance in Year 2 declining. Chart 16 shows the net Cashflow position over the period.



13.6 **Profit margin** – the projections show NCS will achieve Net Profits in years 1 and 3. In Year 2 it may break even or make a small loss. Below Chart 15 shows the net profits for the period.



13.7 **Balance sheet** – the projections shows that NCS the investment would have significant impact on NCS. In future years it is expected that the premises will appreciate in value and if the organisation decide to sell the property for any reason it should be able to realise a profit from the sale.

13.8 **Payback** –The Cashflow makes provision for £15,000 loan repayments per annum; this is equivalent to the annual rent which NCS currently pay to its landlord Nottingham City Council. Both the Cashflow and Profit Forecasts show that NCS would be in the position to make a lump sum payment at the end of 2013 in order to reduce the mortgage/loan. See Appendix I and L.

14. Funding Options

From the research undertaken NCS is reasonably confident that it can assemble the required funding to implement this plan. The main funding options and the descriptions are summarised below.

Table 3: POTENTIAL SOURCES OF FUNDING	
CAPITAL	REVENUE
• Big Lottery • East Midlands Development Agency (EMDA) • Bridges Charity • Social Enterprise Investment Fund (SEIF)	• NCS Reserves • Big Lottery • Modernisation Fund • NHS Commissioning • Local Authority Commissioning • Gift Aid/donations • Clients fees/contributions • EAP/contract counselling • Businesses sponsorship • Various Trusts

- a. **OWN MONEY** – at 31st March 2009 NCS had cash reserves of £65,000. The Charity's policy is to maintain reserves equivalent to 3 months operating cost. During the 2009/10 period it is expecting to utilise some of its reserves in order to bridge the shortfall in its funding due to reductions from Nottingham City Council. It is therefore constrained by this and does not have surplus funds to invest in any capital project.
- b. **BUSINESS LOAN(S)** – approaching the bank or other financial institutions is a common route. Whilst this development plan demonstrates viability, there are too many variables to deem commercially sound for traditional bank lending. The organisation would not be in the position to generate the level of income immediately needed to maintain a commercial loan as its main emphasis is accessibility for users rather than profit maximisation.
- c. **SOCIAL ENTERPRISE INVESTMENT FUND (SEIF)** – Funding for start up and established businesses delivering health and social care services. The fund supports research and development costs, through to payment of salaries and purchase of equipment and properties. It is managed by futurebuilders on behalf of the Department of Health. Up to £500,000 funding, interest would be charged @6%.
- d. **MODERNISATION FUNDING** – interest free loans are available from £30,000 to £500,000. The loan is repayable over 5 years. The fund is managed by futurebuilders.

- e. **EAST MIDLANDS DEVELOPMENT AGENCY (EMDA)** – business investment grants are available to support businesses with investment projects which will increase productivity, skills and employment in deprived areas in England. Four priority sectors important to the future economic growth of the East Midlands includes: Construction, Food and Drink, Healthcare and Transport Equipment. Applications from these priority sectors will be actively encouraged.
- f. **BG LOTTERY FUND** – Reaching Communities Programme, funds projects that help people and communities who are most in need, and can really make a difference. Projects can be new or existing activities, or be the core work of the organisation.

The in the East Midlands they want to fund projects that respond to needs identified by communities, and those that fund projects that help those most in need including those people or groups who are hard to reach. It encourage following changes to communities as a result of our funding:

- people having better chances in life, including being able to get better access to training and development to improve their life skills
 - strong communities, with more active citizens, working together to tackle their problems
 - improved rural and urban environments, which communities are better able to access and enjoy
 - healthier and more active people and communities
- g. **BRIDGES CHARITY** - The Bridges Social Entrepreneurs Fund invests in social enterprises that have: a clear social mission (protected in their legal structure), a robust business model, the ability to grow to scale and increase their social impact, a financially sustainable model, the ability to generate surpluses to repay financing, a strong management team,

The investments made by the fund will be: up to £1million, structured as a flexible and tailored investment, usually in the form of quasi-equity, repayable, with an appropriate return, through the social enterprise's trading activities

15. SOCIAL VALUE PROPOSITION

The NCS aim is to promote emotional health and wellbeing by providing inclusive, accessible services and delivering ethical professional counselling practices utilising qualified counsellors. It employs a mix of experienced volunteer and trainee counsellors that provides the counselling/therapeutic support to clients and also some volunteer clinical supervisors. All clients benefit from subsidised services. Both assessment and ongoing counselling is charged for on a sliding scale based on the household income.

This means the client is not paying the full cost and current funding from the Local Authority's also make only a modest contribution to the cost, not the full cost of providing the service.

Table 4: SOCIAL BENEFITS		
ENVIROMENTAL	SOCIAL	ECONOMIC
• Reduced Visits to GP • CO2 emissions • Encourage use of public transport • Brownfield site development • Energy efficient building	• Volunteering • Active citizen • Healthier individuals • Reduce risk of suicide and self harm • Reduced call on NHS • More inclusive society • User involved in planning	• Reduced costs • of anti-depressant medication • Reduced sickness absences • Less incapacity benefits payments • Healthier workforce

The calculation shows the investment of £700,000 will produce a SROI of 227% and the Social Index of Return calculated is 2.5. This demonstrates that £2.50 would be the return per £1 invested. The calculations are attached at Appendix M.

NCS is helping to reduced healthcare cost, reduced benefits cost, and tax collected and days lost through stress related illness. By making the service affordable to those that would otherwise not use the NHS or private counsellors, it is helping to improve access to therapy for vulnerable residents. The provision for volunteer and placement opportunities is also helping to increase the pool of qualified counsellors and psychotherapist available locally to meet increasing demands for psychological counselling due to the economic downturn. The SROI and financial projections shows that NCS can effectively combine financial sustainability with high quality evidence base psychological counselling for Nottinghamshire's adult communities.

16. KEY PERFORMANCE INDICATORS (KPI)

Like most publicly funded organisations the NCS performance is measured in terms of Outputs and Outcomes. Under the existing contracts/agreements the organisation prepares and presents reports to its various funders on a regular basis. It is required maintain a wide range of output data collected from clients of proof of the take up and access to the service and the demographic profile of users across Nottinghamshire. Outcome measures are also recorded to attest the benefits of the service, here the NCS monitor, evaluate and report on the feedback received from users and Volunteer counsellors. See Appendix for details of the KPI's presented to funders.

In addition to the above the Trustees have established business performance indicators focusing on client's access and satisfaction with the service, service delivery and resources and financial viability and efficiency targets. These key performance measurements are reported quarterly to the trustees by the Executive Director. See Appendix N for Template for current Service Agreement KPI's.

17. CONFIDENTIALITY AND RECOGNITION OF RISKS

17.1 Confidentiality

The information included in this business plan is confidential and is supplied on the understanding that it will not be copied or disclosed to third parties without the written consent of the Nottingham Counselling Service.

17.2 Risk assessment

We have endeavoured to identify all possible risks and position NCS appropriately. The main risk assessed is loss of funding support from NHS Nottinghamshire County, remaining in the current premises and slippage to this plan **equal second among the risks identified**. The Risk Assessment is presented at Appendix O.

17.3 Stakeholders Assessment

The proposed development of NCS will be of interest to a wide range of stakeholders. The main stakeholders include Volunteers and Employees, Users and Funders, with some having a more direct influence on the enterprise. The analysis is presented at Appendix P.

18. EXIT STRATEGY

NCS will continue to operate at the end of the funding period. By purchasing its own premises NCS will retained more of its income by avoid paying rent which is a business expense. It will continue to work in partnership with other organisations and should be more self dependent.

While there is no specific planned exit for NCS, it is recognised that new opportunities and relationships will developed throughout the currency of this plan, these will either enhance or threaten the organisation. Whatever the circumstances, the organisation aim to remain open and flexible and will give due consideration as appropriate to its key stakeholders. The Strategy will therefore be continually updated.

19. CONCLUSIONS

This document sets out in brief the future directions of NCS. The plan is to increase the capacity of the organisation so that it is better able to serve the needs of clients and users in the Nottinghamshire area in particular.

The plan is realistic and is directed towards positioning the organisation as a sustainable role model organisation, achieving its goals through collaborative relationships with other key local organisations, making good quality psychological counselling services accessible to Nottinghamshire's diverse communities.

The financial investment will have a significant impact on the organisation. It will operate from modern premises and owning its own premises that will give NCS longevity. The financial projects shows the recurrent status of the organisation over a 4 year period, in which sufficient contingency reserves have been included manage risks and deliver the financial goal of the Charity.

NCS recognise the need to embrace continual change and will monitor and adjust this plan as appropriate, in order to achieve the vision and in giving due consideration of its key stakeholders needs.