



NOTTINGHAM CITY COUNCIL
COMMISSIONING AND PROCUREMENT SUB-COMMITTEE

Date: Tuesday, 13 June 2017

Time: 10.00 am

Place: LH 0.06 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Strategy and Resources

Governance Officer: Kate Morris, Governance Officer **Direct Dial:** 01158764353

AGENDA

Pages

- | | | |
|----------|---|---------------|
| 1 | APPOINTMENT OF VICE CHAIR | |
| 2 | APOLOGIES | |
| 3 | DECLARATIONS OF INTERESTS
If you need advice on declaring an interest, please contact the Governance Officer above, if possible before the day of the meeting | |
| 4 | MINUTES
To confirm the minutes of the meeting held on 15 March 2016 | 5 - 14 |
| 5 | VOLUNTARY AND COMMUNITY SECTOR UPDATE | Verbal Report |
| 6 | PROCUREMENT STRATEGY 2014-17 IMPLEMENTATION UPDATE
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| 9 | RE-PROCUREMENT OF HOMECARE - KEY DECISION
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- 10 INFORMATION, ADVICE AND SUPPORT SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH SEND AND THEIR FAMILIES - KEY DECISION** 77 - 92
Report of Director of Education and Director of Commissioning and Procurement
- 11 0-5 INTEGRATED SERVICES CONTRACT - KEY DECISION** 93 - 100
Report of Assistant Chief Executive, Director of Commissioning and Procurement, Director of Public Health and Director of Children's Integrated Services
- 12 DATES OF FUTURE MEETINGS**
To consider meeting on the following Tuesdays at 10am:
- | | |
|-------------------|------------------|
| 11 July 2017 | 9 January 2018 |
| 12 September 2017 | 13 February 2018 |
| 10 October 2017 | 13 March 2018 |
| 14 November 2017 | 10 April 2018 |
| 12 December 2017 | |
- 13 EXCLUSION OF THE PUBLIC**
To consider excluding the public from the meeting during consideration of the remaining item(s) in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 14 RE-PROCUREMENT OF HOMECARE - KEY DECISION - EXEMPT APPENDIX** 101 - 104
Report of Corporate Director for Strategy and Director of Procurement and Children's Commissioning
- 15 INFORMATION, ADVICE AND SUPPORT SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH SEND AND THEIR FAMILIES - KEY DECISION - EXEMPT APPENDIX** 105 - 106
Report of Director of Education and Director of Commissioning and Procurement
- 16 0-5 INTEGRATION SERVICES CONTRACT - KEY DECISION - EXEMPT APPENDIX** 107 - 110
Report of Assistant Chief Executive, Director of Commissioning and Procurement, Director of Public Health and Director of Children's Integrated Services

ALL ITEMS LISTED 'UNDER EXCLUSION OF THE PUBLIC' WILL BE HEARD IN PRIVATE. THEY HAVE BEEN INCLUDED ON THE AGENDA AS NO REPRESENTATIONS AGAINST HEARING THE ITEMS IN PRIVATE WERE RECEIVED

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

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NOTTINGHAM CITY COUNCIL

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE

MINUTES of the meeting held at LB 31 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 March 2017 from 14.01 - 14.05

Membership

Present

Councillor Alex Norris (Chair)
Councillor Nicola Heaton (Vice Chair)
Councillor David Mellen
Councillor Dave Trimble

Absent

Councillor Jon Collins
Councillor Jane Urquhart

Colleagues, partners and others in attendance:

Katy Ball - Director of Procurement and Children's Commissioning
Alison Challenger - Director of Public Health
Kate Morris - Governance Officer
Steve Oakley - Head of Contracting and Procurement
Christine Oliver - Head of Commissioning

Call-in

Unless stated otherwise, all decisions are subject to call-in and cannot be implemented until 23 March 2017

66 APOLOGIES FOR ABSENCE

Councillor Jon Collins - Council Business
Councillor Jane Urquhart - Work Commitments

Jules Sebelin – Business Development Manager, Nottingham Community and Voluntary Service

67 DECLARATIONS OF INTERESTS

None.

68 MINUTES

The minutes of the meeting held on 15 February 2017 were confirmed as a correct record and signed by the Chair.

69 VOLUNTARY AND COMMUNITY SECTOR UPDATE

An update document was submitted by Jules Sebelin, Business Manager at Nottingham Community and Voluntary Services and is appended to these minutes.

RESOLVED to note the content of the update.

70 RECHARGE TO THE NHS FOR MEDICINE PRESCRIBED THROUGH PUBLIC HEALTH SERVICES - KEY DECISION

Alison Challenger, Director of Public Health introduced a report on the Recharge to the NHS for medicines prescribed through Public Health Services. She highlighted the following points:

- (a) the Council commissions public health services through Nottingham City Clinical Commissioning Group (CCG) to uphold its responsibility to provide public health services. These services range from drug and alcohol services and smoking cessation to sexual health services and they all involve prescription of medication to service users;
- (b) establishing a pooled budget arrangement through a Section 75 agreement transfer of funds to Nottingham City CCG for a 2 year period starting in April 2017 will allow the Council to carry out a comprehensive assessment of the medicines used within public health services and a greater degree of governance, monitoring and efficiency to be achieved.

RESOLVED to:

- (1) approve the spend of £1,096,000 in order to meet the prescribing costs of public health services for 2016/2017;**
- (2) approve the development of a Section 75 agreement with Nottingham City CCG as lead commissioner who will continue to administer the scheme on behalf of Nottingham City Council as part of a pooled budget arrangement;**
- (3) approve up to £1,096,000 for 2017/18 and up to £1,096,000 to support integration and efficiencies.**

Reasons for decision

The Council has a responsibility to commission public health services which involves the prescription of medications to service users. Whilst the responsibility and funding lies with the Council the costs associated with prescribing these medications are borne by Nottingham City CCG. These costs relate to payments made to community pharmacies where the prescription is dispensed and the cost of the prescription medication themselves. Nottingham City CCG has to be reimbursed for these costs.

Rather than seek annual approval for the cost of reimbursing the CCG, setting up a Section 75 agreement will allow the Council to cover the costs of prescribed medications through the Public Health Grant. As well as covering costs the setting up a Section 75 agreement with the CCG will allow the Council to monitor the service delivery and ensure that services are procured in the best way to meet the needs of citizens. The Section 75 agreement will also allow the Council to have greater insight into how the budget is spent and how efficiencies can be achieved leading to better value for money.

Other options considered

One alternative option would be to continue with the block payments that are currently used. This was rejected due to need for greater understanding of service uptake, actual usage of medicines and prescribing trends. A pooled budget will enable a better system of review and allow for potential sharing efficiencies across the wider medicines management system.

A further option is for the Council to administrate and manage the scheme directly with the NHS providers. This option was rejected as it would require additional staff to be and it would create two schemes requiring practitioners to retrieve funding from two different commissioners (the Council and the Provider) which would add complexity and deter engagement and the provision of public health services would be adversely impacted.

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VCS Networks Report for Commissioning Executive Sub Group Meeting:

Membership

Children and Young People Providers (CYPP) Network members:

There are 160 organisation members of the CYPPN

Vulnerable Adult Provider (VAP) Network members

There are 179 organisation members of the VAPN

Advocates:

The networks are well connected in the city and we currently support representatives on the following forums:

- Safeguarding Children's Board and its sub groups (learning and improvement, QA)
- Safeguarding Adult Board and its sub groups (learning and improvement and QA)
- Health and Wellbeing Board
- Children's Partnership Board

The networks have established links with over 48 different strategic boards, networks and steering groups across the City. There are ten individual advocates who are supported to represent the voice of the voluntary sector through the networks.

Network Meetings

Children and Young Peoples Provider Network Meetings

A CYPPN meeting was held in November 2016, January 2017 and March 2017

Each meeting took feedback from representatives who had attended the following meetings:

Children's Partnership Board VCS Rep update
SSBC update
Nottingham City Safeguarding Children's Board

The guests at the Network meeting were a group of young people who are part of the CCG commissioned Future Pulse service. The young people had just returned from the NHS Expo in Manchester where their project was being acknowledged by Simon Stevens (head of NHS). The group are involved in the Your Welcome Standard and shared with us how they could work with VCS organisations to help them achieve the Your Welcome Standard.

- Bethan Hopcraft, Strategy and Commissioning Officer at the Nottingham Crime and Drugs Partnership discussed the Young Persons Substance Misuse contract review.
- Ashley Dunstan from The Tomorrow Project came to talk to us about the suicide prevention pathway and self-harm pathways. The tomorrow project was recently decommissioned by the CCG and LA and has found some funding via the university to run their project for a further year.
- Alison Kirk, Nottingham City CCG, community partnerships programme .The CCG is going to asking VCS groups to carry out engagement on its behalf, as they know the community's better and have that links and access that the CCG doesn't
- Lisa Elliker, Nottingham City Council, LION directory.Lisa gave an overview of the new lion directory. The directory is written in to both the Health and Wellbeing plan and the STP. It will feature links to other groups websites and search functions such as the NCVS search for groups
- Lisa Elliker, Nottingham City Council, review of the family support pathway
The current family pathway document was only meant to be a holding document whilst a new one was being reviewed and developed.
- Lucy Peel, Future in Mind
Future in mind is about working together to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham
- Holly Neill and John Matravers from the safeguarding Children's Board shared information on the rethinking of did not attend animation and how the sector works with the board. Including advertising of safeguarding training offered via the networks.

Vulnerable Adult Provider Network Meetings

A VAPN meeting was held in November 2016 and January 2017. The next meeting is scheduled for 23 March 2017.

Advocates fed back on their work on the health and wellbeing board and the Nottingham City Adult Safeguarding Board

Our guests were:

- Helen Jones, Director for Adult Social Services at Nottingham City Council who told us more about her role in the city.
- Nick Murphy from POWhER spoke to us about the new advocacy service that started delivering from end October 2016.
- Antony Dixon from Nottingham City Homes came to tell us about the changes in the delivery of assistive technology. This is part of the self-care work that the network has been involved in over the last year.
- Rasool Gore commissioning officer at Nottingham City Council came to explore our thoughts on mental health supported accommodation. The review aims to streamline services and ensure better outcomes.
- Councillor Alex Norris, Chair of the Health and Wellbeing Board, The importance of VCS engagement in the health and wellbeing plan Cllr Norris gave us a bit of background about himself. He is a councillor for Basford Ward. And on the Council as a member of the Executive Board with special responsibility for the Council's Adults and Health portfolio and chairs the City's Health and Wellbeing Board.
- Krista Blair, Nottingham City Council, LAEO . The Looking After Each Other or LAEO campaign has been re launched, and you may have seen the logo at bus stops and a range of events happening in the City over the next few weeks.
- Michelle Forbes & Karla Banfield – LION Directory. The new LION directory fits within the healthy cultures part of the health and wellbeing plan. The directory is written in to both the Health and Wellbeing plan and the STP. It will feature links to other groups websites and search functions such as the NCVS search for groups.
- Alison Kirk - Community Partnerships Programme. The CCG is going to asking VCS groups to carry out engagement on its behalf, as they know the community's better and have that links and access that the CCG doesn't.

Training

Since November 2016 we have trained 103 people in safeguarding children and adults and have a number of courses scheduled for March, May, June and September 2017. There is also training on offer via some of the ABG leads in localities and areas.

2.3 Networks showcase event:

A showcase event took place on Friday 9 December at the NCVS Voluntary Action Centre.

The keynote speakers were Dawn Smith, Chief officer from the City CCG and Katy Ball, Director of commissioning and procurement for Nottingham City Council.

A series of workshops followed to explore the direct services being commissioned and the future opportunities for the voluntary and community sector. These were led by commissioners from both the CCG and Nottingham City Council.

Workshops included:

- Transformation of services for people with learning disabilities
- Public Health Budgets
- New models of care and the five year forward view
- Sustainability and transformation plan
- Mental health accommodation service review
- The proposed integration of children's services.

Each workshop explored what the commissioning of these services will look like in the future and will also look at voluntary and community sector involvement in the co-design, co-production and delivery of these services

We ended the day with a Q & A panel session where we invited delegates to submit questions throughout the day for the panel to answer. The panel members were

Sarah Collis - self-help Nottingham

Alison Kirk – Nottingham City CCG

Jane Laughton – STP Team

Maria Ward – Networks and Policy Officer – VAPN / CYPPN – Nottingham CVS

Christine Oliver - Commissioning and Procurement – Nottingham City Council

Throughout the day we filmed a short video to promote the VCS involvement in the STP. This is now available on our website and highlights the diverse workforce that we have in the VCS.

You can view this film here at <http://www.nottinghamcvs.co.uk/vcsstp.html>

Network Officers work

The Networks Officer and Coordinator are actively involved in task and finish groups and steering groups. This ensures that the VCS has up to date information and is involved in co-producing services.

Work undertaken on behalf of the VAPN and CYPN included:

- Health and Housing Partnership - new committee looking at how housing impacts on health of citizens including children and young people.
- Crisis concordat Board and task and finish group – looking at mental health crisis care in the city
- Sustainability and transformation workforce planning – the role of the VCS in new models of care – NHS. Work is ongoing here to establish how the VCS can deliver alongside the proposed STP's that have recently been submitted to NHS England.
- Bank of England Round Table - Governor Mark Carney came to talk to the VCS about issues including poverty, debt and the impact of monetary policy.
- Workforce development steering group – worked to deliver the ECM event on mental health and planning for the safeguarding event in Q4
- Met police and crime commissioner to consider how his young person's priority and work for the wider community fits with the work of the network
- Attended Children and Young People scrutiny meeting where we discussed capital improvements to schools and the sustainability of children's social workers.
- Met with the director of public health to talk about the network and its membership – also about the BME health needs assessment and the health and wellbeing plan.
- SPLAT celebration event – committee looking at the needs of people with learning disabilities in the city.
- Black Achievers Awards – attended and presented volunteering award. NCVS were involved in the planning of the event for 2017 - planned for October 2017.
- JSNA steering group – talking about the latest JSNA chapters and how VCS data can be used to support the writing of JSNA. Currently working on the SEND chapter. Signed an agreement to assure that all chapters are viewed by network members prior to finalisation.

- CCG work – ensuring that more people are engaged with the work of the CCG and working on a project around seldom heard voices.
- Children’s safeguarding board and Safeguarding Adult Board meetings
- Wrote a pledge on how the VCS will work in partnership with the board to protect young people and vulnerable adults in Nottingham and we have had our safeguarding training endorsed by the safeguarding board
- Presented at health and wellbeing board development day about the work of the network and the BME health Needs Assessment
- Children’s partnership board – Roma community and education, reducing youth violence and the YP substance misuse services.
- Schools forum – children and young people with behavioural problems and how the network can work closer with academies and maintained schools
- Deaf society – how the VCS can best meet the needs of the community.
- Learning and Improvement sub group – part of the safeguarding board – looking at where our training fits with the other training being offered by the board.
- Opportunity Nottingham Board meeting and system change meeting. NCVS have won the contract to deliver the Practice Development Unit (PDU)
- Primary Care Mental Health Service Steering Group
- Department of Work and Pension (DWP) to discuss the implications of back benefit payments to vulnerable people in one lump sum and the problems for both service users and the providers.
- Mark Carney the governor of the bank of England came to talk to the VCS as part of his national roadshows.

Any further information required about this report please contact Maria Ward - Networks Officer. - mariaw@nottinghamcvvs.co.uk

Maria Ward - Networks Officer - March 2017

Agenda Item 6

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE
13th JUNE 2017

Subject:	PROCUREMENT STRATEGY 2014-17 IMPLEMENTATION UPDATE		
Corporate Director(s)/ Director(s):	Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder(s):	Councillor Graham Chapman, Portfolio Holder for Resources and Neighbourhood Regeneration		
Report author and contact details:	Jo Pettifor – Category Manager (Strategy and People) Tel: 0115 8765026 Email: jo.pettifor@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision:			
Wards affected: All	Date of consultation with Portfolio Holder(s): Councillor Graham Chapman - 24th May 2017		
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input checked="" type="checkbox"/>
Schools			<input type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input checked="" type="checkbox"/>
Energy, Sustainability and Customer			<input checked="" type="checkbox"/>
Jobs, Growth and Transport			<input checked="" type="checkbox"/>
Adults, Health and Community Sector			<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>Since its launch in 2014, the Nottingham City Council Procurement Strategy 2014-17 has driven strong achievements through being citizen focused, maximising savings and delivering economic, social and environmental benefits. This report presents the key achievements of the Strategy in 2016/17, which are detailed at Appendix 1. The overall outcomes delivered through procurement during its first three years of the Strategy are presented at Appendix 2.</p> <p>In the third year of the Strategy (2016/17), procurement activity has delivered:</p> <ul style="list-style-type: none"> • a total of 116 contracts awarded; total value £80.3m • £50m injected into the local economy – 62% of total contract value awarded to local suppliers (£48m awarded to local SMEs) • 41.5 new entry level jobs and apprenticeships created • Savings of £2.7m per annum (approximately 9.5% of value prior to procurement) • <p>Overall in the first three years of the Strategy, procurement has delivered:</p> <ul style="list-style-type: none"> • a total of 567 contracts awarded; total value £417.5m • £288m injected into the local economy – 69% of total contract value to local suppliers • 364 new entry level jobs and apprenticeships created for local people • savings of £10.4m per annum (approximately 8.9% of value prior to procurement) • 15 contracts awarded subject to 1% levy – offering potential income of £179.2k per year 			

Exempt information:

None

Recommendation(s):

- 1 To note the achievements delivered under the Nottingham City Council Procurement Strategy 2014-17 in its final year (2016/17).
- 2 To note the overall outcomes delivered through procurement during the three years of the Nottingham City Council Procurement Strategy 2014-17.
- 3 To note that a final report on the outcomes delivered under the Procurement Strategy 2014-17 will be presented to the Commissioning and Procurement Sub-Committee in 2018.

1 REASONS FOR RECOMMENDATIONS

1.1 Nottingham City Council has implemented the robust model and principles set out in its Procurement Strategy to enable the delivery of its strategic priorities within the financial envelope. Effective implementation of the Procurement Strategy has ensured a focus on:

- maximising procurement capability and improving procurement processes in terms of efficiency and effectiveness in delivering priority outcomes;
- balancing the use of spending power impact to support growth (including Small and Medium Sized Enterprises (SMEs)) and secure more jobs and apprenticeships for unemployed people, within EU procurement regulations.
- ensuring that return on investment delivers social and environmental benefits for the City, in accordance with the Public Services (Social Value) Act 2012
- developing strategic, collaborative and commercial relationships with suppliers and key partners.

1.2 The Procurement Strategy is a key driver in the delivery of the Council's key strategic priorities, in particular:

- Support the local economy (linking with the Nottingham Growth Plan)
- Drive increased job opportunities for unemployed people
- Deliver effective value for money for our citizens
- Lead as an Early Intervention City
- Lead as a Green City

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Nottingham City Council Procurement Strategy 2014-17 developed in 2014 reflects the political aspirations to deliver economic, social and environmental benefits to the City and translates aspirations in the Public Services (Social Value) Act. It was approved by the Council's Executive Board in February 2014 and a formal launch event was held in December 2014. Key partners and stakeholders, including providers were invited to the launch event where the key aims of the strategy and target outcomes were shared.

2.2 The implementation of the Procurement Strategy was a major step change for the Council; allowing strong strategic relationships to continue to be built with suppliers and maximising the impact of the Council's spending power to support sustainable growth, levelling the playing field for SMEs and securing more jobs. Public

procurement must be about more than purchasing goods and services; local authority procurement in particular must be used strategically to deliver social and economic gains. Through the Strategy, the aims of the Social Value (Public Services) Act have been taken forward whilst ensuring that competition, transparency and equal treatment are maintained.

- 2.3 The Procurement Strategy has facilitated the development of a modern, effective and efficient procurement service that delivers best value, supports innovation, stimulates growth and most importantly delivers quality services for citizens. This has led to a focussed and sharpened procurement process. New spend analysis dashboards have been developed by the Procurement Team and these will be rolled out across all Departments.
- 2.4 Procurement continues to drive income generation initiatives. Procurement activity undertaken on behalf of other organisations has generated further income in 2016/17 and has raised the profile of the Council's Procurement Team as a commercial entity. Three procurements were completed for the Opportunity Nottingham Partnership in 2016/17 (generating income of £7861) and this work is ongoing.
- 2.5 Procurement has helped to provide sustainable funding for the Nottingham Jobs Employment Hub Service, through a 1% levy rebate mechanism applied to all eligible new contracts procured. Since its introduction, 15 contracts have been awarded subject to the levy, offering a potential income of £179.2k per year (potential £651.21k over the life of these contracts). These figures are indicative at the contract award stage and actual income received will be dependent on expenditure under these contracts, however the income from this initiative is expected to increase as it is applied to more contracts.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 None

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 The financial implications summarising the procurement activity included in this report is either already included in the Medium Term Financial Plan or will be captured as part of future budget processes.
- 4.2 Each procurement process incorporates financial modelling where appropriate, recommendations ensuring value for money for the organisation is delivered and alignment to the council's strategic and financial priorities. Darren Revill, Senior Commercial Business Partner. 23.05.17.

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 The recommendations in this report are notes of action taken and do not raise significant legal issues. Legal Services will continue to provide support to the City Council's Procurement team by advising on relevant legislation, legal and commercial risks, and drafting and approving contract documents. Andrew James, Team Leader (Contracts and Commercial). 09.05.17

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)

n/a

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 A clear message of the Strategy is that public procurement must be about more than purchasing goods and services; local authority procurement must be used strategically to deliver social, economic and environmental gains, in line with the Public Services (Social Value) Act.
- 7.2 During the third year of the Strategy implementation a total of £50m was injected into the local economy through procurement activity; 62% of the total value of contracts awarded was to local Nottingham City based suppliers. The Strategy has also enabled the creation of 41.5 new entry level jobs and apprenticeship opportunities for local citizens.
- 7.3 In March 2016, the Council adopted its new Business Charter which signalled a new way of working with businesses to maximise Nottingham's potential and improve the economic, social and environmental wellbeing of Nottingham. In conjunction with Economic Development, the Procurement Team developed a mechanism to implement the Business Charter in contracts procured, through the inclusion of contract specific requirements and targets to maximise the delivery of economic, social and environmental benefits. The Public Contracts Regulations 2015 allow for contract award criteria to include social value considerations, provided these requirements are relevant to the subject matter of the contract and do not compromise competition, transparency or equal treatment. To ensure legal compliance and maximise the economic, social and environmental benefits delivered, the contract requirements and targets related to the Business Charter are developed in each case as relevant and proportionate each contract.

8 REGARD TO THE NHS CONSTITUTION

- 8.1 This is considered where appropriate for relevant service areas.

9 EQUALITY IMPACT ASSESSMENT (EIA)

- 9.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because:

The report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies development outside the Council)

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

10.1 None

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

11.1 Nottingham City Council Procurement Strategy 2014-17

Public Services (Social Value) Act 2012

'Nottingham City Council Procurement Strategy' - Report of the Director of Quality and Commissioning to Executive Board February 2014

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Appendix 1 - Procurement Headlines (2016-17)

PROCUREMENT - HEADLINE ACHIEVEMENTS (2016/17)

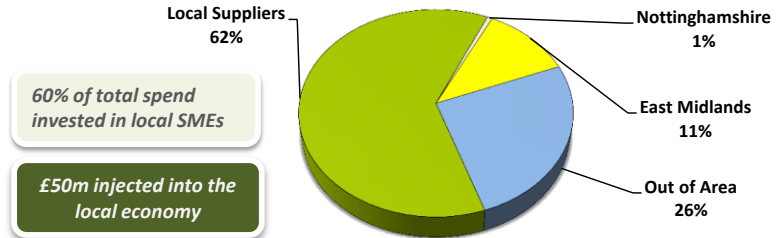
Procurement Activity (2016/17)

Activity	Total
Contracts awarded	116
Total value (awarded contracts)	£80.3m



62% of total contract value awarded to local suppliers (target: 60%)

Investment in Local Economy - Contracts Awarded (2016/17)



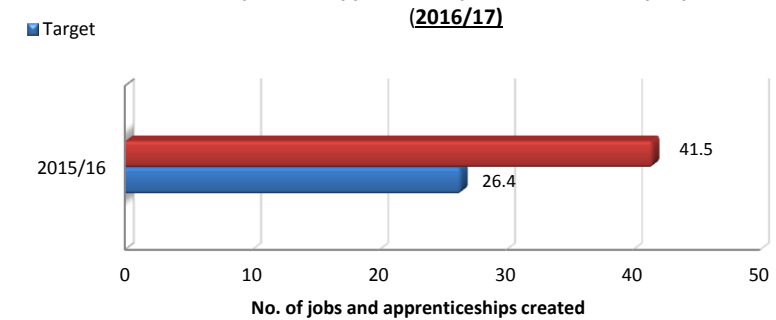
Income and Savings (2016/17)

Annual Value of Awarded Contracts	Savings Achieved (Annualized)	Income from Concessions & Commercial Activity (Annualized)
£25.8m	£2.7m	£0.3m



Savings achieved represent approximately 9.5% of value prior to procurement

New jobs and apprenticeships created for local people (2016/17)



CATEGORY MANAGEMENT - ACHIEVEMENTS

- People** : 17 contracts awarded with a total value of £36m (annual value £6.9m)
 84% of total contract value awarded to local suppliers (£30m total contract value)
 84% over target for employment and training - 12.5 FTE
 Full year savings of £0.72m delivered through awarded contracts
 £7,861 income generated through sold procurement activities: 3 projects completed for the Opportunity Nottingham partnership
- Places** : The total value of contracts awarded in 2016/17 was 15.5m.
 Based a sample of spend data from tier 1 contractors, an estimated circa £6m of spend was invested in Nottingham based suppliers and a further £2m within the wider Nottinghamshire area.
 Approximately 49% of construction project sub-contractors based within the local area, and a further 29% within Nottinghamshire
- Products** : 39 contracts awarded with a total value of £31m (annual value £10.2m)
 62% of annual contract value awarded to local suppliers
 61% over target for employment and training - 28 FTE
 4 contracts awarded subject to 1% levy - potentially £70k additional income to the Council
 £1.58m of savings achieved through awarded contracts (60% of overall procurement savings)
 £3.9m in income generated through contracts awarded (95% of overall procurement income generated)

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Appendix 2 - Procurement Headlines (2014-15 to 2016-17)

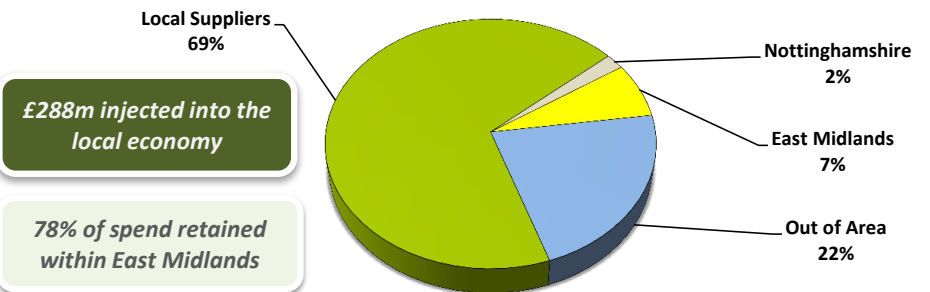
PROCUREMENT - HEADLINE ACHIEVEMENTS (2014/15 - 2016/17)

Procurement Activity (2014/15 - 2016/17)

Activity	2014/15	2015/16	2016/17	Total
Projects being managed	179	224	207	610
Contracts awarded	120	331	116	567
Total value (awarded contracts)	£112.7m	£224.5m	£80.3m	£417.5m
Local spend (%)	60%	76%	62%	69%

N.B. 2015/16 figures include 200 contracts awarded through the residential care accreditation process, valued at approximately £147m total

Investment in Local Economy - Contracts Awarded (2014/15 - 2016/17)



Income and Savings (2014/15 - 2016/17)

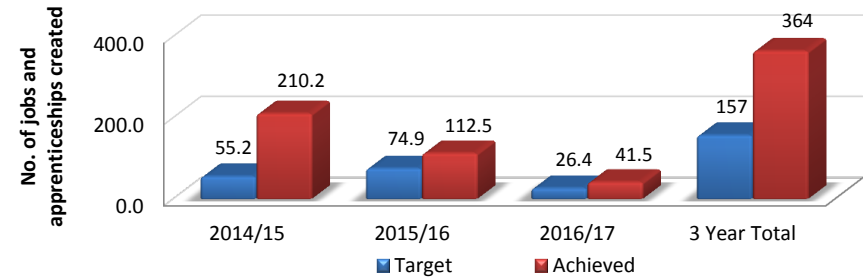
Annual Value of Awarded Contracts	Savings Achieved (Annualized)	Income from Concessions & Commercial Activity (Annualized)
£106.9m	£10.4m	£1.2m



Savings achieved represent approximately 8.9% of value prior to procurement

£72k per annum secured through 1% levy initiative

New jobs and apprenticeships created for local people (2014/15 - 2016/17)



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Agenda Item 7

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE
13th June 2017

Subject:	NOTTINGHAM CITY COUNCIL PROCUREMENT PLAN 2017- 22		
Corporate Director(s)/ Director(s):	Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder(s):	Councillor Graham Chapman, Portfolio Holder for Recourses and Neighbourhood Regeneration		
Report author and contact details:	Jo Pettifor, Category Manager – Strategy and People Jo.Pettifor@nottinghamcity.gov.uk 01158765026		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision			<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: Nil			
Wards affected: All		Date of consultation with Portfolio Holder(s): Councillor Alex Norris – 21 March 2017	
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input checked="" type="checkbox"/>
Schools			<input checked="" type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input checked="" type="checkbox"/>
Energy, Sustainability and Customer			<input checked="" type="checkbox"/>
Jobs, Growth and Transport			<input checked="" type="checkbox"/>
Adults, Health and Community Sector			<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input checked="" type="checkbox"/>
Resources and Neighbourhood Regeneration			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>This report presents the Nottingham City Council Procurement Plan for 2017 – 2022 which sets out the Council’s planned programme of procurement activity for all goods, works and services over this five year period. The Plan is attached at Appendices 1- 3. The outcomes of procurement activity undertaken during 2016/17 will be reported in the ‘Procurement Strategy Implementation Update Report’ in June. Investment in the local economy has continued to be a key achievement during this year; with a total of £48.2m contracts (representing 65% of the total) awarded to local suppliers by March 2017.</p>			
Exempt information:			
None			
Recommendation(s):			
1 To note the Nottingham City Council Procurement Plan 2017 – 2022.			
2 To note that the Procurement Plan is indicative of planned procurement activity and timescales, which may be subject to change dependent on the outcomes of the strategic commissioning process, service budgets and priorities and the full consideration of procurement options for each requirement.			
3 To note that the outcomes of procurement activity undertaken in accordance with the Plan during 2017/22 will be reported at the end of the year.			

1 REASONS FOR RECOMMENDATIONS

- 1.1 The Procurement Plan is a key mechanism in the implementation of the Nottingham City Council Procurement Strategy 2014-17, enabling the planning of procurement activity to deliver the Council's strategic priorities:
- Grow the local economy
 - Drive increased local job opportunities for local people
 - Deliver effective value for money for our citizens
 - Lead as an Early Intervention City
 - Lead as a Green City
- 1.3 The Procurement Plan supports compliance with the Public Procurement Regulations and the Contract Procedure Rules of the Council's Financial Regulations by enabling procurement activity to be planned and undertaken within the duration of existing contracts. This minimises the need for dispensation from the Financial Regulations to be sought to extend contracts beyond their expiry date without formal tendering being undertaken, other than in genuinely exceptional circumstances. This is particularly important in relation to goods and services that are subject to the full application of the European Procurement Directives.
- 1.4 The Procurement Plan provides information for internal and external stakeholders about planned procurement activity and presents a clear, transparent and robust process of procurement planning. It facilitates joint working with partner organisations and collaboration in procurement activity. It allows other service departments (such as Legal Services) to include support for procurement activity in their work plans.
- 1.5 The Procurement Plan supports the Council's commercialisation agenda by enabling potential 'Make or Buy' opportunities to be identified in a timely way in advance of existing contracts being due for renewal. It facilitates the forward planning of 'Make or Buy' considerations by the Make or Buy Panel.
- 1.6 The Procurement Plan informs provider markets about forthcoming opportunities to bid for contracts with the Council; enabling potential suppliers to prepare for these and enabling market development support to be offered.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 A Procurement Plan was first developed to align the planning of procurement and contracting activity for commissioned services with the Strategic Commissioning Intention Review programme. The Plan was first reported to Executive Commissioning Sub Committee at its meeting on 23 May 2012 and has subsequently been updated regularly and routinely reported to Committee.
- 2.2 A copy of the Procurement Plan 2017 – 2022 is attached at Appendices 1- 3. It presents planned and anticipated procurement activity across the Council; showing the expected commencement and completion dates and anticipated key stages for each project. The format of the Plan is based on the three procurement categories managed by the Procurement Team within Strategy and Resources. These are:
- 'People' - commissioned services for citizens, including: social care and support for vulnerable adults and children, Community, Public Health and education services;

- 'Places' – including: major projects, minor works, highways, school capital works, safety and compliance, operator services and temporary structures;
- 'Products' – including: transport, energy, waste, environmental services, professional services, ICT, soft facilities management and business support.

2.2 The Procurement Plan is indicative of anticipated procurement activity and may be subject to change, for example based on the outcome of commissioning decisions or due to changes to service budgets and service priorities. The procurement options for each requirement are considered as part of the commissioning process based on a number of factors, including whether the services are required in future, whether remodelling is necessary, consideration of 'Make or Buy' options, compliance with the Council's financial regulations and Public Procurement Regulations, and the overall risks, costs and benefits of tendering. All procurement activity is planned in accordance with the core principles of the Nottingham City Council Procurement Strategy 2014-17:

- Economic, social and environmental well-being;
- Maximising savings;
- Citizen focus;
- Governance, fairness and transparency;
- Partnership and collaboration;
- Innovation and improvement.

2.3 The outcomes of procurement activity undertaken during 2015/16 were reported in the 'Procurement Strategy Implementation Update' report in July 2016. A key achievement during this year was the investment of £184m into the local economy through contracts awarded to local suppliers; representing 76% of the total value of contracts awarded in the year. During the last year there has been an increase in the use of concession contracts, supporting the Council's commercialisation agenda by generating income for Departments.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Do nothing. This would impact on the planning of the Council's procurement activity across all goods, works and services. It would risk non-compliance with the Council's Contract Procedure Rules and Financial Regulations through contracts needing to be extended beyond their expiry date due to procurement activity not being undertaken in a timely way. In relation to commissioned services it would impact on the alignment of procurement activity with the programme of Commissioning activity undertaken within Strategy and Resources. For these reasons, this option was rejected.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 The recommendations of this report do not have any specific financial implications.

4.2 As each element of the Procurement Plan set out in Appendices 1- 3 is undertaken, separate approvals will be required by the relevant Board or Portfolio Holder decision as appropriate.

4.3 This approval will include the appropriate financial implications and recommendations ensuring budget availability and aligning any procurement savings captured as part of the Medium Term Financial Plan (MTFP).

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 The Council's Contract Procedure Rules and Financial Regulations and European Procurement Regulations dictate that the Council should undertake a formal tender process for the award of contracts of a particular value. The Procurement Plan addresses the risk of non-compliance with these Regulations by providing a tool for planning procurement activity across all contracts based on their expiry date.
- 5.2 The Procurement Plan sets out an ambitious programme of procurement activity for the Council across all categories of goods, works and services. Planned procurement activity includes the re-tendering of existing contracts prior to expiry, alongside anticipated procurement to meet new priorities identified through the strategic commissioning process. The delivery of this programme of activity depends upon the necessary resources being available. The number of tenders actually undertaken will be dependent on the outcomes of the commissioning process for each requirement (including the consideration of procurement options and implications) and will be subject to decision making through the commissioning process.

Legal Observations

- 5.3 The Legal Services Team will provide support and contribute to the delivery of the Procurement Plan by advising on relevant legislation, legal and commercial risks, compliance with the City Council's Constitution and drafting and approving of contract documents.

Andrew James, Team Leader Contracts and Commercial, Legal Services

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)

- 6.1 This decision does not have any implications for strategic assets and property.

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 The Nottingham City Council Procurement Strategy 2014-2017 sets out how procurement will drive the Council's key priorities of economic growth, social value and sustainability. It outlines how procurement will contribute to the economic, social and environmental well-being of the City through consultation, supporting the local economy, social benefits and protecting the environment.
- 7.2 For each procurement process, consultation will be undertaken and full consideration will be given to how the goods, works or services procured could improve economic, social and environmental well-being in Nottingham, in accordance with the Public Services (Social Value) Act 2012. Social value considerations will be made throughout the procurement process to ensure opportunities are maximised to improve the wellbeing of the City and its citizens. In relation to commissioned services for vulnerable adults and children, social improvements are expected for those receiving services.

- 7.3 Procurement activity undertaken in accordance with the Procurement Plan will support the implementation of the Council's Business Charter, through the inclusion within eligible contracts of relevant contract specific requirements and targets based on the principles of the Charter. To maximise the economic, social and environmental benefits delivered from each contract, the contract requirements and targets will be developed in each case as appropriate and proportionate to the contract being procured.
- 7.4 A Procurement Project Register is maintained as a mechanism to monitor the outcomes of procurement activity undertaken, in particular progress against the key economic, social and environmental targets within the Procurement Strategy.

8 REGARD TO THE NHS CONSTITUTION

- 8.1 This is considered where appropriate for relevant service areas.

9 EQUALITY IMPACT ASSESSMENT (EIA)

- 9.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because:

This report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies developed outside the Council

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 10.1 None

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 11.1 Quality and Commissioning Procurement Plan Report – Executive Board Commissioning Sub-Committee, 23 May 2012.
- 11.2 Nottingham City Council Procurement Strategy 2014-17
- 11.3 Procurement Strategy Implementation Update - Report to Commissioning and Procurement Sub Committee, 13 July 2016
- 11.4 Public Services (Social Value) Act 2012

12 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

- 12.1 Andrew James, Team Leader Contracts and Commercial, Legal Services 0115 8764431
- 12.2 Darren Revill, Senior Commercial Business Partner 0115 8763675

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Agenda Item 8

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE
13/06/17

Subject:	NCC and CCG Joint Commissioning Priorities		
Corporate Director(s)/ Director(s):	Candida Brudenell: Assistant Chief Executive Katy Ball: Director of Commissioning and Procurement		
Portfolio Holder(s):	Councillor Graham Chapman, Portfolio Holder for Resources, Commissioning and Procurement.		
Report author and contact details:	Chris Wallbanks, Strategic Commissioning Manager. Chris.Wallbanks@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: N/A			
Wards affected: N/A	Date of consultation with Portfolio Holder(s): Councillor Alex Norris, Portfolio Holder for Adults and Health - 21/03/2017		
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input type="checkbox"/>
Schools			<input type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input checked="" type="checkbox"/>
Energy, Sustainability and Customer			<input type="checkbox"/>
Jobs, Growth and Transport			<input type="checkbox"/>
Adults, Health and Community Sector			<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input type="checkbox"/>
Resources and Neighbourhood Regeneration			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
This report sets out the commissioning priorities for Nottingham City Council and the joint Commissioning Priorities for Nottingham City Council (NCC) and Nottingham City Clinical Commissioning Group (CCG) for 2017-2018 which will form the basis of the work programme for both organisations and will inform the prioritisation of resources.			
The commissioning priorities will provide an important catalyst for:			
<ul style="list-style-type: none"> • Improving outcomes and choice for adults, families and children • Reducing cost where appropriate • Improving service provision and • Increasing the focus on prevention and early intervention 			
Exempt information:			
None			
Recommendation(s):			
1. To approve the main areas of activity identified within the NCC Commissioning Priorities Plan (Appendix 1) and the NCC and CCG Joint Commissioning Plan (Appendix 2)			

1 REASONS FOR RECOMMENDATIONS

- 1.1 Agreement of the commissioning priorities for 2017/18 will establish the work programme for the City Council and the CCG and enable resources to be allocated effectively.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Discussions have taken place with relevant partners in relation to the commissioning priorities for 2017/18. These were based on consideration of citizen outcomes, policy and legislative requirements, contractual issues, budgetary issues, time since last review, partnership priorities and deliverability. The plans will form the basis for the allocation and prioritisation of resources for the forthcoming year in order to deliver improved outcomes for Nottingham citizens, transformational change and systemic efficiencies.
- 2.2 This plan identifies NCC priorities and our combined priorities across health and social care provision and will underpin the work of the Commissioning Executive Group and the Health and Wellbeing Board.
- 2.3 As a result of this engagement and prioritisation process, commissioning activity for the coming year has been aligned as far as possible with the outcomes and priority areas identified within the Health and Wellbeing Strategy.
- 2.4 Activity relating to improving physical health outcomes has been listed under the outcome 'People in Nottingham adopt and maintain Healthy Lifestyles'. Activity relating to improving mental health has been listed under the outcome 'People in Nottingham will have positive Mental Wellbeing and those with Serious Mental illness will have good physical health'. Activity relating to empowering people to live healthy lives or activity relating to wider system change, including services working better together, which will ultimately support people to live healthier lives, has been listed under the outcome 'There will be Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health'. Finally, activity relating to improving citizens' physical environment has been listed under the outcome 'Nottingham's Environment will be sustainable; supporting and enabling citizens to have good health and wellbeing'
- 2.5 The attached plans identify activity undertaken by NCC Commissioners only (Appendix 1) and activity that is being undertaken jointly by NCC and CCG Commissioners (Appendix 2)
- 2.6 In addition to the activity identified in the plans, it is recognised that all partners will have additional priorities and 'business as usual' that will also require resource allocation.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Other options for commissioning priorities may have been considered as part of early discussions with partners. Where these have been rejected it would be on the basis of application of the following considerations:
- Outcomes for children, adults and families

- Financial factors
- Policy Framework
- Contractual issues
- Time since last review
- Partnership priorities
- Deliverability

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 The finances associated with each area of activity have been identified where possible. Further analysis of spend contained within each area of activity will be undertaken in order to identify potential efficiencies

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 This report does not raise any significant legal issues and any Crime and Disorder Act implications arising from the recommendations in this report are positive

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)

- 6.1 This report has no implications in relation to property assets or associated Infrastructure at this stage.

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 As part of the co-productive engagement process integral to each commissioning review, consideration will be given to how the services being commissioned could improve the economic, social and environmental wellbeing in Nottingham. By virtue of the type of services being commissioned, social improvements are expected to be delivered, particularly for those receiving services, but also economic improvements are expected with regard to the terms under which service providers employ their staff. Such considerations will support compliance with Public Services (Social Value) Act 2012 and this will be embedded in any procurement process

8 REGARD TO THE NHS CONSTITUTION

- 8.1 Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making commissioning decisions relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community

9 EQUALITY IMPACT ASSESSMENT (EIA)

- 9.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because: does not relate to any new service provision.

Attached as Appendix x, and due regard will be given to any implications identified in it.

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

10.1 None

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

11.1 Public Services (Social Value) Act 2012

12 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

12.1 Christine Oliver: Head of Commissioning, Nottingham City Council

Tel: 0115 8765731

Jo Williams: Assistant Director of Health and Care Integration, Nottingham City Clinical Commissioning Group

joanne.williams@nottinghamcity.nhs.uk

NCC Commissioning Intentions 2017/18 v1

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
1. People in Nottingham adopt and maintain Healthy Lifestyles						
Continuing						
Drug and Alcohol Inpatient Review	Inpatient provision was out of scope for the current commissioning of substance misuse services. A review of level of need is required based on 16/17 activity	Timescales to be confirmed. All of the following to be completed by end of 17/18 <ul style="list-style-type: none"> • Approval to extend contracts to 31.3.18 • Partnership discussions on-going regarding RADAR. Consultation, market development and assessment against other areas to be undertaken in Q1 17/18 • Review level and profile of need • Review current provision • Identify unmet need • Options appraisal • Commissioning intentions determined • Current provider notified • <i>Should decision be to tender, procurement plan developed and market development undertaken</i> 	IB	KB CO	Review completed. Commissioning intentions determined. Plan for any procurement in place (any procurement to begin Q1 17/18). Current providers notified.	tbc
2. People in Nottingham will have positive Mental Wellbeing and those with Serious mental illness will have good physical health						
All activity in joint plan						

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health						
<u>New</u>						
Care, Support and Enablement (CSE)	CSE provides supported living for citizens in their own tenancies as well as outreach support to enable participation within the community. There is a strong policy drive for citizens to be placed in 'settled tenancies' rather than residential care.	<ul style="list-style-type: none"> Analysis April 17 Plan May-June ITT September Award contract December New Service in place February 18 	CG	HJ	New CSE model in place	No savings anticipated
<u>Continuing</u>						
Social Inclusion	Review of current contracts providing supported housing projects and related Independent Living Support Services for citizens at risk of social exclusion	<ul style="list-style-type: none"> Initiation Jan/Feb 17 Analysis Feb-April 17 Plan April-May 17 Recommendations to CPSC in June/July New arrangements from Q4 17/17 or Q1 18/19 	BL	KB CO	New services in place	Circa £4.3m
Domestic and Sexual Violence Review In scope: Domestic Violence Refuges. Stronger Families & Rise Children's Workers Implementation of domestic & sexual violence contracts	New services for Domestic Violence, Sexual Violence and prevention tendered and awarded and new services commenced April 2016. These contracts plus all other dsv services have an end date of March 2019. JCG to discuss forward plan for this in their March 17 meeting	Review to begin in January 2018 and a timeline to be agreed	IB	CM TS		
Criminal Justice Treatment Service Review	Contract due to end April 2018. Lease on current Adult Offender Building December 2017. The review will focus on how the	<ul style="list-style-type: none"> Review to begin January 2017 	IB	KB CO		£1,234,157

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
	service has been impacted by changes in the criminal justice system such as the split in the probation service and the re-alignment of IOM					
4. Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing						

Key- Initials:

Nottingham City Council

- KB – Katy Ball
- HJ – Helen Jones
- CM – Colin Monckton
- CG – Clare Gilbert
- TS – Tim Spink
- IB – Ian Bentley
- BL – Bobby Lowen
- CO – Christine Oliver

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NCC and CCG Joint Commissioning Intentions 2017/18 v4

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
1. People in Nottingham adopt and maintain Healthy Lifestyles						
<u>Continuing</u>						
Healthy Lifestyles	To determine the most effective use of resource available from the Public health Grant in supporting citizens to increase physical activity, improve diet and nutrition, reduce obesity and reduce smoking	<ul style="list-style-type: none"> New services begin in April 17 	JW LP GM(CCG)	RS	Effective implementation of services demonstrated through monitoring	£600k pa
2. People in Nottingham will have positive Mental Wellbeing and those with Serious mental Illness will have good physical health						
<u>Continuing</u>						
2a.Integrated Mental Health Accommodation Pathways Opportunity to consider whole system support from inpatient mental health services through to community based accommodation and support.	Overall performance of MH provision is not well understood. Commissioning activity to date has not looked across areas of provision or produced joined-up plans. This is an opportunity to explore integration, particularly integration of physical and mental health in care delivery. Increase in MH presentations in general needs homelessness services. Initial 3 year contract term for supported accommodation due to expire at the end of 16/17.	Subject to initial scoping and further development of model. <ul style="list-style-type: none"> Scope – July 2016 Contracts to be extended to March 18 Initial findings of analysis Feb 17 Risk plan in place Feb 17 Phase 2 <ul style="list-style-type: none"> Analysis completed April 17 CEG and HWB sign off June 17 Tender process commences Oct 17 	RG RJ(CCG)	JW	Cross system plan for provision of MH services aligned to priorities in the Wellness in Mind Strategy. Further outcomes (i.e. design of services and award of contracts) subject to plan.	Circa £1.7m pa (NCC contracts)
2b.Future in Mind Transformation Plan (including CAMHS work) Promoting resilience, prevention and early intervention Improving access to effective support Care for the most vulnerable children Accountability and transparency Developing the workforce	Future in Mind is Government Guidance on promoting, protecting and improving children and young people's mental health and wellbeing. All areas have been asked to baseline their provision and submit an action plan. Supportive funding has been	<ul style="list-style-type: none"> Strengthen the perinatal mental health pathway across Nottinghamshire and Nottingham City March 18 Transition of young people requiring ongoing mental health support upon reaching adulthood 17/18 	LP CAW SQ CR(CCG)	KB HD LA(CCG)	Delivered Yr 2 objectives.	TBC

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
Development of a Section 75 Agreement between NCC and CCG to formalise the joint funding arrangements	made available nationally.	<ul style="list-style-type: none"> • Further embed a system without tiers, including the development and implementation of care bundles by March 2017 • Further strengthen access arrangements for children and young people in need of emotional and mental health support by March 18 • Scope out commissioning arrangements for LAC CAMHS by March 18 • Deliver improvements to the pathway for children and young people with potential ASD or ADHD by July 2017. • Promote whole school approaches to MHWB by embedding and evaluating the Healthy Schools Health Improvement Model March 18 • Increase capacity in the system to support more CYP by March 18 • Develop a website for CYP by June 17 • S75 in place for April 17 				
3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health						
<u>New</u>						
3a. Greater Notts. Self-Care STP Work stream (Preventative Services)	Self-care is a key work strand within the STP. Helen Jones is the lead for Greater Notts. Interventions that enable community inclusion have been recognised as a key mechanism	<ul style="list-style-type: none"> • Scoping current services March –May 17 • Establishing City/County Project Group • Determining Scope of review 	CG JW(CCG)	HJ	Common evaluation methodology for 'edge of care' services Development of	TBC

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
	<p>for effectively managing demand. ASC are re-shaping provision to Care Delivery Groups aligned community based care. We have identified the need for an increased level of community support to prevent people requiring care. We have aligned the Looking After Each Other (LAEO) work into this commissioning review.</p>	<ul style="list-style-type: none"> Evaluating Vulnerable people's preventative Service 			STP self-care PID	
<p>3b. Home and Nursing Care Provision including Pricing Structures</p>	<p>Procurement are undertaking a review of Fair Price for Care to look at standard packages for the frail elderly and at high cost packages of care. Value of residential provision is approximately £37 million The CCG are reviewing their offer to nursing homes so working together to resolve shared issues will be beneficial.</p>	<ul style="list-style-type: none"> Tender for consultant to undertake Fair Price for Care Review April 17 Report completed Sept 17 Recommendations on older people's provision November 17 Recommendations on higher packages of care - TBC 	CG GM	HJ SS(CCG)	New pricing structure for care homes New health offer for care homes	TBC

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
3c. Information, Advice and Support Services (including Keyworker Service, SEND Engagement and links with the LiON Directory)	Statutory function in line with SEND reforms Maximise the potential of commissioned services; Ask Us, Ask Iris, Keyworker Service, SEND Engagement, Dispute Resolution Service Joint work with County Council and Health. Ensure support for the Education and Health Care Plan process is sustainable (Key Workers funding is non-recurrent) Remove confusion and duplication between current range of support (commissioned and otherwise) Drive whole system use of LiON Directory Current contracts/SLAs end 31 st March 2018	<ul style="list-style-type: none"> PID – Dec 2016 Analysis Plan – Jan 2017 Report to CEG – direction of travel – March 2017 Options Generation April 2017 Analysis complete April 2017 Model developed May 2017 Spec/s developed June/July 2017 Procurement Aug-Dec. 2017 New service/s in place from April 2018 	CG CR(CCG)	JW	New service/s in place, ready to commence	TBC
Continuing						
3d. Joint Health and Social Care-Development of a Savings Plan (QIPP) Work with the CCG to develop a joint savings plan	Supports integrated care. More effective and efficient cross agency commissioning	TBC	CG TBC (CCG)	HJ CW MP JW LB (CCG)		CHECK
3e. Integrated Commissioning of Health and Social Care Adult Provision -Better Care Fund (BCF)	The BCF supports integrated provision between Health and Social Care	<ul style="list-style-type: none"> To determine the services that sit within the BCF April 17 To develop the BCF narrative to align more closely with the STP – April 17 To oversee and monitor the BCF throughout the year 	CG IS(CCG)	HJ CM DS MP JW LB (CCG)	BCF Plan will be in place	N/A

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
		<ul style="list-style-type: none"> To use the metrics to inform and promote change 				
3f. Child Development Review Phase 1 (Integrated 0-5 Children's Services) In scope: Health Visitors, Family Nurse Partnership, 5-19 Public Health Nurses Breast Feeding Peer Supporters, Children's Nutrition Team, Early Help Team, Review all services and identify duplication and gaps in provision Consider evidence-based approaches and where these can be used instead of non-evidence based activity Develop a new pathway of services Develop a shared outcomes framework Consider and procure an effective integrated model	Maximise the potential of commissioned services; Health Visitors, FNP, Breast Feeding Peer Supporters, Children's Nutrition Team and internal Early Help Service to work in an integrated way with a shared outcomes framework and indicator set.	<ul style="list-style-type: none"> Service model finalised by April 17 Draft tender spec by May17 Tender for a delivery partner to work with internal services begins in May 2017 (Subject to change depending on model agreed) New integrated model implemented April 2018 	CAW CR(CCG)	CB KB HB SS LA (CCG)	Integrated 0-5s Service in place	Circa £13m which includes contracts for services in scope
3g. Home Care Review of Homecare system including Framework provision and role of internal provision. Consideration of Standard Homecare and re-design of Urgent Homecare. Aim to align with Notts County provision where practical and incorporate health related homecare	Current System does not have enough capacity and is under increasing pressure. Current Framework expires Dec 2017.	<ul style="list-style-type: none"> Proposed model to go to be signed of May 31st Report to CPSC July ITT to be issued August New contracts to be issued Nov 17 New services to be in place April 18 	CG CK JW(CCG)	CM HJ	Model agreed and service contracted	N/A
3h. Assistive Technology expansion Integrate existing assistive technology	Remove duplication and confusion. Build on positive findings of external evaluation.	<ul style="list-style-type: none"> Integrated Service established by October 2016 	DM	CM JW	New services in place	Circa £1.015m pa BCF

Commissioning Activity and Scope	Rationale	Key Milestones	Lead/s	Director /Sponsor	Year End Outcome – where will we be?	Financial Information/ savings
(AT) services (Telecare and Telehealth) into a single service. Develop an AT commercial service. Provide clinical hub video conferencing support for care home residents. Develop new AT initiatives.	Support self-care for citizens Reduce admissions from care homes Harness new technologies.	<ul style="list-style-type: none"> Commercial service established by April 2017 Clinical hub operational by October 2016 Ongoing 				

Key- Initials:

Nottingham City Council

CB – Candida Brudenell
 KB – Katy Ball
 HJ – Helen Jones
 HB – Helen Blackman
 CM – Colin Monckton
 HD – Helene Denness
 CG – Clare Gilbert
 RG – Rasool Gore
 SQ – Sarah Quilty
 DM – Dave Miles
 CAW – Chris Wallbanks
 CW – Ceri Walters
 RS – Rachel Sokal

Nottingham City Clinical Commissioning Group

DM – Dawn Smith
 SS – Sally Seeley
 LA – Lucy Anderson
 JG – Jane Godden
 MP – Maria Principe
 JW – Jo Williams
 CR – Charlotte Reading
 RJ – Rachel Jenkins
 LP – Lucy Peel
 CK – Claire Kent
 GM – Gemma Markham
 GW – Gemma West

Agenda Item 9

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE – 13/06/2017

Subject:	Re-Procurement of Homecare		
Corporate Director(s)/ Director(s):	Candida Brudenell, Corporate Director for Strategy Katy Ball, Director of Procurement and Children’s commissioning		
Portfolio Holder(s):	Councillor Nick McDonald, Portfolio Holder for Adult Services and Health Councillor Graham Chapman, Portfolio Holder for Resources and Neighbourhood Regeneration		
Report author and contact details:	Clare Gilbert, Commissioning Lead 0115 84163132 Clare.gilbert@nottinghamcity.gov.uk		
Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject to call-in	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: £102.879 million			
Wards affected: All		Date of consultation with Portfolio Holder(s): 24/05/17 Councillor Chapman	
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input type="checkbox"/>
Schools			<input type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input type="checkbox"/>
Energy, Sustainability and Customer			<input type="checkbox"/>
Jobs, Growth and Transport			<input type="checkbox"/>
Adults, Health and Community Sector			<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years			<input type="checkbox"/>
Leisure and Culture			<input type="checkbox"/>
Resources and Neighbourhood Regeneration			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>This paper proposes the new homecare commissioning structure from 1 April 2018, and seeks permission to extend the current framework for homecare as well as the accredited provider list from 1 January 2018 until 31 March 2018.</p> <p>The new model builds on the developments to Nottingham City’s homecare over the last year. It seeks to improve outcomes for citizens and to support them to become as independent as possible whilst delivering homecare in a timely manner.</p> <p>Additionally, to allow for the procurement, the paper seeks permission for the cost of extending the current framework from 1 January 2018 to 31 March 2018 at approximately £1.677 million for new packages.</p> <p>The estimated annual cost of externally purchased homecare based on current activity levels and payment rates is £11.238 million. During the life of the contract, Providers will receive an annual uplift that will be based on inflationary and National Living Wage factors. Based on current funding levels, the cost for this service over 9 years will be £101.142 million. Given the intended growth of the homecare sector and the ongoing uplift, it is anticipated that this figure will rise.</p>			

Exempt information:**State 'None' or complete the following.**

An appendix to the report is exempt from publication under category 3 of schedule 12A of the LGA, Information relating to the financial or business affairs of any particular person (including the authority holding that information) because it contains information relating to contractual details and pricing and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information because the information it contains information that commercially sensitive and may jeopardise contract negotiations.

Recommendation(s):

1. To approve the procurement of homecare in accordance with the proposed model at Appendix 1, including arrangements for an Accredited Provider List.
2. To delegate authority to the Director of Commissioning and Procurement to approve the outcome of the tender and award contracts from 1 April 2018 for 3+2+2+2 years. Exercise of the option to extend is subject on each occasion to consultation with Director Finance to ensure funding is available within the Council's Medium Term Financial Plan.
3. To delegate authority to the Head of Contracting and Procurement to sign the contracts resulting from the tender process once the outcome is agreed.
4. To approve dispensation from contract procedure rule 5.1.2 in accordance with financial regulation 3.29 to extend the current Homecare Framework Contracts from 1st January 2018 until 31 March 2018 to allow completion of the procurement process and transition to the new arrangements at Appendix 1.
5. To approve dispensation from contract procedure rule 5.1.2 in accordance with financial regulation 3.29 to extend the current CM2000 solution 'CallConfirmLive!' from 1st February 2018 up until 30 June 2018
6. To approve the rate and methodology detailed in paragraph 6.5 of the exempt finance appendix for homecare services from April 2018 and the principles for use of National Living Wage funding contained within the Council's Medium Term Financial Plan.
7. That the Committee note that approval to spend against the Homecare contracts is covered within the Council's Scheme of Delegation for Adult's Care Packages.

1 REASONS FOR RECOMMENDATIONS

- 1.1 The current homecare framework is due to expire on 31st December 2017. The proposal is to extend the framework until April 2018. Demand for homecare tends to be at its highest from December to February and so any change to the purchasing of homecare during this time is likely to add significantly to this pressure.
- 1.2 The new homecare model has been developed in partnership with Adult Social Care as well as health commissioners. See Appendix 1 for more details. It has built upon improvements in the model as detailed in Section 2 below as well being informed by local and national consultation with citizens as well as local homecare providers. Significant work has been undertaken by internal analysts to understand the demand for the homecare. It has also

been informed by the experience of other local authorities who have recently commissioned homecare.

- 1.3 A key consideration around the new model relates to market stability and transition arrangements. Work with lead providers has led to increasing take up rates of packages and improved co-operation and flexibility. Leads and supports now have 60% of the market. Any model that departs from this approach may lead to greater fragmentation and less market influence. Where a citizen has to move from their current homecare provider to a new provider, a review will have to be undertaken by adult social care. There is currently only limited reviewing capacity within this team. Under the Care Act the citizen is entitled to choose their own care. If they do not want to change provider they can choose to take a Direct Payment and directly pay for the service themselves.
- 1.4 The Invitation to Tender for the new service will be issued in July 2017 with the new services appointed in October 2017. The new contract will be operational from the 1st April 2018. Given the disruption caused to service provision from re-procurement, the proposal is to have the option for a 9 year contract. However, given the rapidly changing landscape in relation to homecare and the development of the Sustainable Transformation Plan, the contract needs to be able to respond flexibly. It will therefore include a break clause in the specification and contract for six-month for any reason and a three month break clause for financial difficulties.
- 1.5 Since January 2012 the local authority has used the CM2000 solution 'CallConfirmLive!' (CM2000) to monitor the real-time provision of home-care services to citizens by external providers. At present all providers on the Nottingham City Local authority 'Care At Home Framework' are required to use the CM2000 Monitoring system. This is the method by which the Strategic Commissioning Service monitor contract compliance for approximately 20 external providers, and by which the visit data is captured that enables the Fairer Charging and Finance teams to invoice citizens and pay providers. The current contract with CM2000 expired in January 2016 and a Delegated Decision in March 2015 agreed to extend the support and maintenance agreement on a yearly basis until January 2018. This was done to coincide with expiration of the 'care at home framework' so that any future reporting solution could be procured based on the requirements of the new home care model. This 2 year extension was to the value of £400,000 (revenue).
- 1.6 The new homecare contract is due to be implemented April 2018 and it is not intended to continue to use CM2000 as part of the new model. In order to ensure a smooth transition to new monitoring and reporting arrangements it is recommended that approval be granted to extend the CM2000 contract from Feb 2018 up to a maximum of June 2018 with the proviso that it may be brought to an end in March/ April depending on the new reporting/monitoring requirements and the complexity to implement. This extension beyond the Delegated Decision would be for a minimum of £30,000 and a maximum of £60,000 (based on previous costs of approx. £15,000 per month).

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The annual gross cost of external homecare in the financial year 2016/17 was £11.356million. However, over this period there has been growth in Care, Support and Enablement (CSE) and Direct Payments. Furthermore, homecare can be purchased by citizens through Direct Payments and the estimated value is currently £2.237m. It is not possible to identify what element of CSE growth may be attributable to it being used as an alternative mechanism for the delivery of homecare. CSE is currently being re-commissioned and referral pathways for this service will be tightened to ensure that it is not being used inappropriately. The cost of homecare was increased to £15.25 in September 2016 in response to pressure within the market as Providers were unable to recruit and retain staff and in order to provide regional consistency by aligning with County rates.
- 2.2 Based on January to March 2017, the average number of new packages picked up by external homecare is 133. This equates to 1,905 new commissioned hours per month. On the 1st April 2017 the total number of packages was 1421 and 18,953 hours were being commissioned by external homecare.
- 2.3 The last homecare framework was issued in December 2014. This was based on geographical zones for leads and providers who were paid by the minute (known as time and task) for homecare undertaken. Whilst this approach did achieve short term savings, the time and task approach did not support citizen to be more enabled and they felt that their care was rushed. Care workers were not able to deliver the interventions that they felt was needed and payment by the minute meant that payments to carers were very variable. This has had a detrimental effect on recruitment.
- 2.4 A further factor that impacted on the success of the model was the lack of transition plans to move packages to the new framework providers. This led to a fractured market which has been difficult to manage and provided an insufficient number of packages for lead providers to develop a cost effective business model. Currently there are three tiers of providers; leads and supports at £15.25 per hour, accredited providers at £15:20 per hour and spot contracts which are individually priced. This has meant that leads and supports have not been able to develop sufficient capacity and have not been able to respond quickly to providing packages for citizens coming out of hospital.
- 2.5 This combination of factors, alongside a national homecare crisis led to a significant increase in citizens waiting for homecare. As well as the impact that this had on the citizens themselves, this resulted in delayed transfer of care from hospital which in turn led to delays within the Urgent Care System due to the lack of available beds.
- 2.6 In order to address this issue a number of initiatives were undertaken. These included expanding the internal homecare service, Nottingham City Homecare (NCHC), and strengthening an alliance between lead and support providers. The expanded NCHC, alongside short term funded provision paid for by resilience funding for urgent care, now picks up all new homecare cases from both the hospital and the community, whilst external providers receive several

days' notice of new packages. Internal and external providers meet fortnightly to discuss issues and to re-configure care runs where relevant. This has improved responsiveness and flexibility. The number of waits for homecare has reduced from 140 in August 2016 to approximately 14 in April 2017. There has also been a significant reduction of delayed transfers of care over the last three months.

2.7 The Sustainable Transformation Plan places great emphasis on moving resources from acute settings to the community. This will mean that homecare will need to be robust and be able to grow to meet this challenge.

2.8 Citizen engagement

A programme of consultation and analysis was undertaken to understand what good homecare looks like from a citizen perspective. This took place in April and May 2017 and included:

- A citizen engagement event at the Council House
- Obtaining citizen questionnaire feedback from current providers
- A broad range of consultation events with citizens and carers Analysis of national documentation, for example NICE guidance, feedback from the UK Homecare Association and CQC advice about what to look for from good homecare provision

Key themes from consultations were that:

- Good homecare:
 - Helps citizens to feel independent
 - Is friendly
 - Is not rushed
 - Is provided by a consistent group of carers
 - Provides the right gender of carer if delivering personal care to maintain dignity. This is especially the case in some specific cultures
 - Provides carers who can communicate with the cared for if there are language or disability requirements in relation to communicating
 - Provides carers who offer practical advice and support
 - Provides carers who will liaise with the family
 - Provides carers who are trained and knowledgeable about the citizen's specific needs e.g. diabetes
- Citizens feel that current homecare in Nottingham is of a good standard
- Some citizens felt their slots were too short or somewhat rushed
- Loneliness and isolation are recurrent issues for citizens
- Whilst citizens appreciate continuity in the care workers, moving to a new provider did not elicit anxiety as long as the process was managed and that there was good communication with the citizen and their family / carers
- There is ambivalence towards taking a Direct Payment. Some thought it was a good idea; others thought it would be too much hassle and responsibility.

2.9 Provider engagement

A comprehensive programme of consultation was undertaken with providers, both during the ongoing operation of the current contract and through

bespoke activity to find the views of providers with whom the Council does not currently contract. This took place between March and May 2017 and included:

- A provider event at which around 20 organisations were represented
- Ongoing consultation meetings with all current lead providers on a fortnightly basis, as part of contract management
- A questionnaire for current lead and support providers carried out either over the telephone or face to face
- Consultation with the UK Homecare Association who have canvassed the views of a large number of providers nationally in regard to how commissioners can make processes and models more conducive to good outcomes in homecare provision

Key themes from consultations were:

- There is general positivity around the proposed model of 6-8 weeks of stabilisation in the internal team before packages are offered out to external providers.
- A positive response to the idea of block contracts for a percentage of commissioned hours, with cost and volume to top up – This provides cash flow stability for providers.
- Providers reported that a major issue for them is the lack of flexibility in the time at which they deliver a package of care. If they were able to be more flexible they would be able to make runs up more easily. The message to citizens and internal staff needs to be strong that people will not necessarily get a call at exactly the time they have asked for.
- A positive attitude towards exploring more ways for providers to work together as part of an alliance, including the potential of sharing functions such as training and recruitment.
- A willingness to explore having their staff trained by health professionals to carry out more complex health procedures.
- Commissioners should be taking a longer term approach to how they commission services – potentially 10 years rather than a framework of 4 years.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Do Nothing. This option is rejected as legally the framework ends and a new contractual arrangement is required.
- 3.2 Have no lead providers and procure all homecare through an accredited list with packages allocated on a first come, first serve basis. This would support consistency with current arrangements as all providers could move onto this list. It would also significantly reduce the need for new reviews. However, this option was rejected as it would not support the development of strong market relations. There are currently 23 different providers which mean that it is difficult to provide strong quality oversight.
- 3.3 Commission only leads and supports. Whilst this has the benefit of creating a strong market for successful providers and will enhance performance management and alliance arrangements, it will require at least 40% of citizens to be reviewed. Many citizens may choose not to change from their current provider and so will elect to take a direct payment. It also means that, if the leads and supports are

unable to pick up packages, there is no alternative resource. For these reasons, this option was rejected.

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 See Exempt appendix 2 for Financial Comments

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

Procurement Observations

5.1 The proposed procurement will be undertaken by the Procurement Team through a process compliant with EU and UK Procurement Regulations (Light Touch Regime) and the Council's Financial Regulations. The proposed establishment of an accredited list of homecare providers will be through a fair, open and compliant process and will ensure that providers listed meet adequate quality standards. The proposed extension of the current contractual arrangements will allow time for the completion of the procurement process and transition to the new model, at a time of high demand and pressure upon homecare services. Therefore dispensation from financial regulations for operational reasons is supported from a procurement perspective.

Jo Pettifor, Category Manager – Strategy & People. 31/05/17

Legal Comments

5.2 The Legal Services team will support the Procurement and Commissioning teams to develop the contract for Homecare provision in accordance with the comments above at paragraph 5.1. This will include agreeing the terms and conditions to ensure the contracts contain the necessary flexibility proposed in this report. It is understood that the dispensations sought are for the minimum period required to enable the new arrangements to be put in place. The two contract extensions are either below the applicable financial procurement threshold or can be considered as necessary modifications which are permissible under the Public Contracts Regulations.

5.3 Appendix 1 describes a model for a contract which includes a Provider Alliance. There will be challenges to deliver this as providers may raise issues such as confidentiality and data protection as restrictions which would prevent them from working in alliance.

Andrew James, Team Leader (Contracts and Commercial) 01/06/17

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)

6.1 Not applicable

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 By effective zoning of providers, homecare can be undertaken on foot or by public transport. This supports the employment of a large, local, entry level work force which is supported by the Employment Hub.

8 REGARD TO THE NHS CONSTITUTION

- 8.1 Not applicable

9 EQUALITY IMPACT ASSESSMENT (EIA)

- 9.1 Has the equality impact of the proposals in this report been assessed?

Yes

X

Attached as Appendix 3, and due regard will be given to any implications identified in it.

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 10.1 Provider and Citizen Homecare Engagement Reports

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 11.1 Care Act 2014

Delegated Decision: Ref 1908 Two Year Extension of CM2000 'CallConfirmLive!' Contract (signed 27/03/2015)

Nottingham Homecare Commissioning Model

The key commissioning challenge in relation to homecare is to create a system that works with key partners to deliver sufficient homecare capacity both in the short term and in anticipation of future need whilst balancing the key requirements of value for money and quality for citizens.

The model has built upon the developments and learning that have been implemented since the current contractual arrangements were put in place.

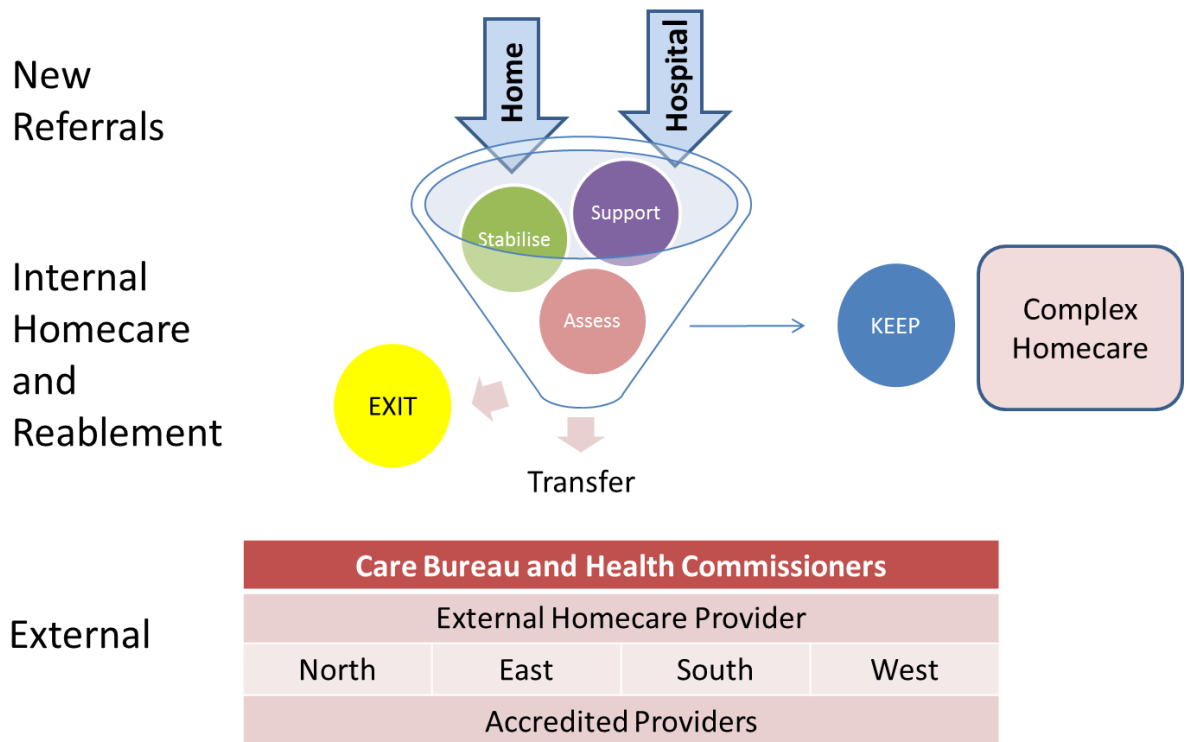
Old Contract	Current Situation	New Model
Lead and support providers across four geographical zones		Lead providers across four geographical zones
	Payment on Time and Task	Banded payments on cost and volume Guaranteed Funding for Lead Providers
	CM2000 Monitoring System	Providers use in house/alternative monitoring- Needs to align with new provider portal Liquid Logic
	Partially Separate Health Element	Health Element Integrated
Reablement and Jackdawe Service	Internal homecare service for 6 to 8 weeks with complex homecare service	
Multiple Framework and spot providers	Framework, accredited and spot providers	Lead and accredited providers

The commissioning model for homecare services comprises two elements. These are:

- **Nottingham City Home Care** aligned with the Health and Social Care Reablement Service, which is delivered by the local authority. This service will pick up all new cases from the hospital and the community. It will be a short term service to maximise independence. This service will incorporate the social care reablement service. The service will stabilise packages of care before they will be allocated to the community. It will also provide on-going support for individuals with additional complexities, whose needs cannot be met by the private sector.
- **Private Sector Homecare.** This service will be commissioned by four locality lead providers in the north, east, south and west of the City and by an accredited provider list which will work across the whole of the City. Lead Providers will deliver End to End Care across the four localities. Expectations in relation to undertaking health related tasks will be incorporated in to the specification.
When an individual is eligible for Continuing Health Care, the CCG will take over the funding for this provision, but it will continue to be provided by the

same provider. The CCG will commission a service to assess the needs of the individual and decide whether standard or complex rate homecare is provided. This service will be paid for based on commissioned hours.

Proposed Model



Mechanism for Delivering Private Sector Homecare

Provider Arrangements

There will be a service based specification for the lead provider in the North, East, South and West of the City alongside an aligned specification for accredited providers.

A new accredited provider list will be put in place to support the lead providers. This will be divided into two lists; providers who can provide both all aspects of social and more specialised health care, and providers offering only standard homecare functions. All providers will be expected to provide End of Life Care except where this requires a specialist health component.

No homecare provision will be purchased through spot contract arrangements.

Allocations

Cases will be initially allocated to the lead agencies. Agencies will usually be given a one week notice period. Health funded homecare packages will be allocated within a shorter time frame.

This should promote the growth and strengthening of the lead arrangements. However, it is anticipated that up to 40% of total cases will be made available to the accredited provider list.

Payments

There will be a fixed hourly payment rate for homecare. This rate will incorporate travel time and travel costs. The rate will increase incrementally building on the current hourly rate and incorporating the National Living Wage and annual inflation drawing on the formula identified through the UK Homecare Federation Association.

In order to provide business stability, Lead Providers will receive a guaranteed funding block. This block will be based on an 80% payment of the volume of service delivered, with additional provision being based on a cost and volume basis. The block will initially be based on the first 6 months of delivery and will be reviewed every three months. This will allow providers to secure an increased level of guaranteed funding as the business develops. Guaranteed payments will be subject to the Provider continuing to pick up an agreed percentage of new cases.

Accredited Providers will be paid on a cost and volume basis.

All payments will be based on actual hours delivered, except for health funded provision. This will be paid based on commissioned hours. Health commissioned provision will not be incorporated into the 80% block.

Bandings

Most packages of care, instead of being allocated for a specified time period, will be given a banded time period. Each banded rate will have a set range of hours; e.g. a standard 10 hour package will have a range between 9 and 11 hours. All banded hours will be on the set hourly rate. This flexibility will enable Providers to respond to the citizens' needs and to reduce requests to social workers to change the level of packages. Where Providers consistently claim for hours at the top of a banding, this will be tracked and challenged.

Alliance Arrangements

All Providers along with the internal service will be expected to work together in a provider alliance.

Providers will be given the opportunity to participate in joint recruitment and training opportunities which will be developed in the first year of the contract. These services will be costed and a charge made to Providers if they utilise them. Providers will also

be expected to participate in a shared Passport to Care. This document will record training and experience of care workers to aid transition of workers between providers and support staff development.

In addition Lead Providers as well as accredited Providers who have 10% or more of the market share will be expected to meet regularly with Adult Social care to discuss and resolve issues and could be invited to join the alliance.

Lead Providers will be expected to work together to consolidate runs and to resolve boundary issues. For example, where the North provider has some homecare packages in the south and the South provider has homecare packages in the north, they will work together to transfer packages and runs so that the provider has a clear locality focus.

Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Recommissioning Homecare for Vulnerable Older People

Name of Author: Peter Morley – Commissioning Manager

Department: Chief Executive's Department

Service Area: Strategy and Resources

Author (assigned to Covalent): Peter Morley

Director: Katy Ball

Strategic Budget EIA Y/N (please underline)

Brief description of proposal / policy / service being assessed:

Nottingham City Council, jointly with Nottingham City CCG intends to re-commission homecare services for vulnerable older people following the expiry of the current framework agreement. New contractual arrangements are to be in place from 1st April 2018.

The new model of delivery will consist of a number of providers, based in geographical zones in the City, who will take the lead for delivering ongoing homecare to citizens in that area. This will be supported by a list of accredited providers who will take up what the contracted providers are unable to deliver.

There will be a clear expectation in the new service specification for both internal and external providers to work together in an alliance arrangement to improve the experience of the citizen as they transition through the system and to share systems to facilitate this.

The model will see all citizens receiving a package of care from City Council homecare delivery for a 6-8 week period to stabilise packages before the package of care is passed out to the external provider to provide ongoing care. The rationale for this is set out below.

Information used to analyse the effects on equality:

- Consultation with citizens in receipt of homecare
- Consultation with providers of homecare
- Consultation with the carers of citizens in receipt of homecare
- National best practice guidelines (NICE / UK Homecare Association / CQC)
- Consultation with SPLAT – representing citizens with learning disabilities and autism
- JSNA

A programme of consultation and analysis was undertaken to understand what good homecare looks like from a citizen perspective. This took place in April and May 2017 and included:

- A citizen engagement event at the Council House
- Obtaining citizen questionnaire feedback from current providers
- Contacting day centres and holding events to consult with citizens who would be in attendance
- 1-2-1 visits to citizens' homes
- Analysis of national documentation, for example NICE guidance, feedback from the UK Homecare Association and CQC advice about what to look for from good homecare provision

Key themes from consultations were that:

- Good homecare:
 - Helps citizens to feel independent
 - Is friendly
 - Is not rushed
 - Is provided by a consistent group of carers
 - Provides the right gender of carer if delivering personal care to maintain dignity. This is especially the case in some specific cultures
 - Provides carers who can communicate with the cared for if there are language or disability requirements in relation to communicating
 - Provides carers who offer practical advice and support
 - Provides carers who will liaise with the family
 - Provides carers who are trained and knowledgeable about the citizen's specific needs e.g. diabetes
- Citizens feel that current homecare in Nottingham is of a good standard
- Some citizens felt their slots were too short or somewhat rushed
- Loneliness and isolation are recurrent issues for citizens
- Moving a to a new provider did not elicit anxiety as long as the process was managed and that there was good communication with the citizen and their family / carers
- There is ambivalence towards taking a Direct Payment. Some thought it was a good idea; others thought it would be too much hassle and responsibility.
- Citizens appreciate continuity in the care workers they receive but that with the right planning, induction and communication, anxiety could be lowered around moving to new care workers.

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	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>	<p>Older people and their carers could be affected by a change in service provider. In consultation they have said that they value continuity of care workers but that they are not averse to changing to a new provider if this is planned and they are kept well informed.</p> <p>Homecare is provided to all cultures in the City and consultation has taken place with significant interest groups, namely Pakistani, Indian and African Caribbean. These groups are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in relation to the gender of care worker, language requirements or food and drink.</p>	<p>If current homecare providers are not successful in tendering for the new contract, citizens will have a choice of either moving to a new provider or taking a direct payment to stay with their current provider. For those who wish to move to the new provider, a comprehensive transition plan will be put in place that includes robust handover of the care plan to new provider and delivery staff (including any cultural requirements) and communication with the citizen and their family. [Transition plans to be written from November 2017 to be completed by April 2018 for all citizens moving to new providers]</p> <p>The overarching strategic plan for transition to the new contract will be</p>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trans	<input type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>		
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>		
Older	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Younger	<input type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/ civil	<input type="checkbox"/>	<input type="checkbox"/>		

partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).

Please underline the group(s) /issue more adversely affected or which benefits.

Some citizens, through consultation, have said that their calls can sometimes feel rushed. The service specification for new provision will allow for some flexibility in the time slots provided to citizens. This will allow care workers not to rush visits when an older person's needs require more resources on a given day. This will allow for better quality interaction between care worker and citizen, in line with what citizens have told us in consultation about social isolation and length of care slots.

completed by Adult Assessment, following contract award. **[By April 2018]**

The new model will see a mechanism built into reporting that will allow flexibility around how much time a provider spends with a given citizen. **[Developed as part of service specification – by June 2017]**

Providers will receive a guaranteed payment of a percentage of the hours that are commissioned from them by the City Council. This is intended to improve provider and market stability, creating more capacity in the market to take more packages of homecare and reduce waiting times for citizens. **[Developed as part of service specification – by June 2017]**

A data strategy is being written to set out exactly what we need to providers to report on, which will enable City Council analysts, brokers, providers and assessment colleagues to fully understand if the overall homecare system is performing well in terms of quality and capacity to deliver. **[Development from June 2017 – April 2018]**

Monitoring of the intended improvements in the new model will be undertaken via contract management procedures and via the City Council Insight Team. They will ensure they have accurate data that reflects the performance of the whole homecare system with regard to quality and capacity. **[To commence at the start of the new contract in April 2018]**

Outcome(s) of equality impact assessment:

- No major change needed
- Adjust the policy/proposal
- Adverse impact but continue

•Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of. September 2018

Approved by (manager signature):

Clare Gilbert – Lead Commissioning Manager
Clare.gilbert@nottinghamcity.gov.uk

Date sent to equality team for publishing:

31st May 2017

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.

Agenda Item 10

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE
13/06/17

Subject:	Information, Advice and Support Services for children and young people with SEND and their families		
Corporate Director(s)/ Director(s):	Pat and Sarah Fielding, Director of Education Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder(s):	Councillor David Mellen, Portfolio Holder for Early Intervention and Early Years Councillor Sam Webster Portfolio Holder for Business, Education and Skills		
Report author and contact details:	Lisa Lopez, Commissioning Manager lisa.lopez@nottinghamcity.gov.uk Tel: 0115 87 62746		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision		<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: £162,200 per year for 5 years (£811,000 over whole life of contract) Nottingham City Council funding			
Wards affected: All		Date of consultation with Portfolio Holder(s): Councillor David Mellen and Councillor Sam Webster - 25 May 2017	
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input type="checkbox"/>
Schools			<input checked="" type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input type="checkbox"/>
Energy, Sustainability and Customer			<input type="checkbox"/>
Jobs, Growth and Transport			<input type="checkbox"/>
Adults, Health and Community Sector			<input type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input type="checkbox"/>
Resources and Neighbourhood Regeneration			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>This report seeks approval for the procurement of a service providing Information, Advice and Support to children and young people with special educational needs and/or disabilities (SEND) and their families. The proposed service is detailed in Exempt Appendix 3</p> <p>Local authorities have a statutory duty to provide information, advice and support to children and young people with SEND and their families.</p> <p>The proposed service would provide clearer pathways for children and families with SEND in relation to accessing information, advice and support, enable children and families with SEND to have more say in services that will support them, and ensure children and families with SEND are able to access information in a timely manner, improving their opportunities for self-care.</p> <p>It is proposed that the re-commissioning and tender process be undertaken jointly between Nottingham City Council and Nottinghamshire County Council, and include input from Nottingham City Clinical Commissioning Group (CCG). This will allow the continued development</p>			

of seamless support for families across both Nottingham City and Nottinghamshire County, including Health and Education. It is proposed that Nottinghamshire County Council would lead the procurement processes and contract management, subject to agreement of suitable processes and arrangements.

The contracts for the existing services providing Information, Advice and Support all end on 31st March 2018. Therefore any new services would need to be in place by 1st April 2018 in order to provide continuous support.

Exempt information:

State 'None' or complete the following.

An appendix to the report is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is commercially sensitive and may prejudice the tender process.

Recommendation(s):

- 1** Approve the expenditure of £811,000 over the 5 year contract term for the provision of the Information, Advice and Support Service (IASS) detailed in Exempt Appendix 3. This will include £121,000 from the SEND Reform Grant 2017/18.
- 2** Approve the procurement of the Information, Advice and Support Service detailed in Exempt Appendix 3, jointly with Nottinghamshire County Council, through an appropriate procurement process, and to award the contracts for the services based on the outcomes of the procurement process. The approved contracts would commence on 1st April 2018, for a three –year period with an option to extend on an annual basis for a further two years (i.e. 3+1+1), to a maximum of 5 years in total.
- 3** Delegate authority to the Director of Commissioning and Procurement to approve the outcome of the procurement processes and award contracts to providers that are deemed most suitable to provide these services.
- 4** Delegate authority to the Head of Contracting and Procurement to sign the final contracts and agree annual extensions on the basis of performance and budget availability.

1 REASONS FOR RECOMMENDATIONS

- 1.1 To provide information, advice and support for children and young people with special educational needs and/or disabilities, and their families. Numbers of children and young people with SEND have increased for several years and are expected to continue to increase. Improved access to appropriate, trusted, impartial information could increase self-efficacy by enabling families with lower levels of need access appropriate support without the need for formal assessments, reducing demand on services.
- 1.2 To support the fulfilment of statutory duties towards children and young people with special educational needs and/or disabilities, and their families, under the Children and Families Act 2014 and the SEND Code of Practice 2014. The Children and Families Act 2014 requires local authorities to identify all the children and young people who have or may have special educational needs, and/or a disability within their area, and to ensure that education,

health and social care services work together where this would improve support for the child/young person.

- 1.3 To improve efficiency and value for money in the services we commission. The services which are currently commissioned to provide information, advice and support by across Nottingham City and Nottinghamshire County are discussed in section 2.2 of this report. A single efficient combined service could continue to support families, whilst improving clarity of the pathway to access information for families, and reducing costs in service management, procurement and contract management. The proposed service could indirectly provide further savings by increasing self-efficacy of families and reducing demand for formal assessments and EHCPs. The proposed new service and costs are detailed in Exempt Appendix 3.
- 1.4 To improve access to information for children and young people with special educational needs and/or disabilities. Historically the services have focussed on providing information to parents and carers. In response to the SEND Code of Practice and good practice in working with children and young people, the proposed new service will include greater focus on providing information and support for young people to ensure the service is suitable for them when they require it.
- 1.5 To ensure the voice of the citizen is captured through engagement and feeds into the development of IASS provision. The current SEND Engagement contract (for Nottingham City only) includes work to support the IASS review, linking the views of parents, families and young people with SEND into development of the proposed new IASS. The proposed new service will include engagement activities as part of the contract (for Nottingham City only), working with children/young people as well as their families, and feeding their views into ongoing service development. This will embed a culture of participation and co-production within the provision of IAS services, providing more opportunities for different types of citizen engagement and participation.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Key local and national drivers

The Children and Families Act 2014 requires a local authority to identify all the children and young people in its area who have or may have SEND, and to ensure that education, health and social care services work together cohesively, where this would improve support for the child/ young person.

The SEND Code of Practice 2014 requires local authorities to provide children and young people with SEND, and their parents/carers, with information and advice about their educational needs and/or disabilities, and related issues, through a dedicated, easily identifiable service at arm's length from local authorities and health organisations, which is free, impartial, confidential, accessible, and responsive to needs of users.

Nottingham City Council's Children and Young People's Plan (CYPP) 2016-2020 outlines the approach of tiered support for children and young people with SEND, and their families, with needs being met through universal services where possible, and those with more complex needs receiving a more extensive range of support, which is de-escalated if and when this becomes appropriate.

2.2 Current services providing Information, Advice and Support

A range of services offering Information, Advice and Support are currently being provided. Commissioned services are shown in Appendix 1.

Providers of services supporting children and young people with SEND and their families report annual increases in demand, and capacity in services as being very strained.

2.3 Risks

- Valued elements of the current services are funded through non-recurrent funding from
 - SEND reform funding
 - Funding from NHS Nottingham City CCG which is not agreed beyond March 2018.
- The new service will be supporting increased demand, which is expected to continue to increase, with reduced funding due to the end of the SEND reform funding.
- Should NHS Nottingham City CCG not agree to a funding contribution towards supporting EHCP applications, we would need to review the application process. Without support through a specialised service, the process would require greater staff involvement from both Nottingham City Council and NHS Nottingham City CCG, resulting in increased staffing costs.

2.4 Consultations

Consultations with parents and families took place January – April 2017, via physical surveys and online via Survey Monkey. An Options Generation event took place in April 2017, at which professionals from Education, Health and Social Care settings, and parent carer representatives, took part in group activities to identify and shape possible service models. To consult with children and young people with SEND, an engagement tool/game was developed by City Council engagement officers in partnership with Rainbow Parent Carer Forum. The game was used to engage young from special schools across Nottingham City and Rainbow PCF, with a range of needs.

Key themes from consultations were –

Parents/carers

- Despite services in place, families find it hard to know where to go for information and support. The current picture is confusing and has led some parents to high levels of scepticism about support available. Parents tend to identify a trusted source of information and return to it (Iris magazine, Rainbow Parent Carer Forum, word of mouth from other parents)
- There is an expectation that professionals, including GPs, paediatricians, and SENCOs, should be able to tell families where to go for information. This is not always currently the case.
- Parents value having someone to speak to on the telephone, and face-to-face support if necessary. Hardcopy information such as magazines, newsletters and information packs are still preferred.

Children and young people

- Younger children, and those with higher levels of need tended to have stronger dependence on family members to access information. Young

people with higher intellectual function displayed greater independence of enquiry (channelled through family/support workers where physical needs are high).

- Young people typically having far greater use of electronic information and social media than their parents. Internet access provides even the most profoundly physically disabled young people with the opportunity for independent research - young people with highly complex needs mentioned Google and Youtube as information sources.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Make no changes to services - re-commission services at full 2017/18 costs. Current pathways for children and young people with SEND and their families to access information, advice and support have been identified in the Whole Life Disability Review 2015 as a key area of dissatisfaction for families. Current services are funded through a high proportion of non-recurrent funding, so not all the resources for the current provision will be available from April 2018 onwards. Therefore this option is not recommended.
- 3.2 Re-commission services making further funding reductions. Options to re-model services to realise savings were considered, but could not be realised without reduction in capacity and/or quality of the services. Given the lack of capacity in current services, the increasing demand for them, the enforced funding reductions due to non-recurrent funding streams, and obligations of any future provider to staff in current services, it's unlikely that a service model with further reductions in funding would be realistic or viable. Therefore this option is not recommended.
- 3.3 Do nothing - allow contracts to end and not re-commission services. The SEND Code of Practice 2014 requires that children and young people with SEND, and their parents/carers, be provided with information through a dedicated service at arm's length from local authorities and health organisations, which is free, impartial, and confidential. If we did not commission IAS services we would still be obligated to provide them, through direct in-house provision. This would be likely to incur additional costs due to TUPE obligations from existing services, and could be considered not to be compliant with the requirement for the IASS to be impartial. Therefore this option is not recommended.

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 This proposal seeks to achieve value for money through the combination of a number of existing contracts into a new, single Information, Advice and Support contract and joint re-procurement with partners. The stated maximum Nottingham City contribution of £0.162m per annum represents a £0.038m saving compared to the sum of the City Council's contributions to existing contracts. This will be achieved through changes to the service model and working practices.
- 4.2 The additional requirements on local authorities linked to the Children and Families Act SEND reforms have been recognised by central government in the provision of a number of SEND implementation grant allocations during the transition period. SEND implement grant allocations to 2016/17 have been approved for spend covering planned activities to the end of March 2018 including the City contribution to costs of Person-Centred Review (PCR) facilitation currently carried out by the key worker service jointly commissioned with the CCG.

- 4.3 A further non-ring-fenced SEND implementation allocation of £0.241m for 2017/18 was announced in December 2016. This proposal seeks approval for the use £0.121m of this allocation over a five-year period to support the inclusion of the facilitation of the PCR meetings into the new single IASS contract, subject to the CCG agreeing to continue to contribute. The £0.121m will be allocated to a reserve to be drawn down at the rate of £0.024m per annum over the maximum five-year contract period (2018/19 to 2022/23).
- 4.4 Under the proposed single IASS contract, the reliance on one-off grant funding is significantly reduced compared to previous years. However, during the contract period, consideration will need to be given as to how to make services fully sustainable from recurrent funding. The three-year contract period with an option to extend on an annual basis for a further two years is strongly supported due to the flexibility this will provide in re-evaluating service requirements.
- 4.5 The Independent Supporters element of the service will only be included in the final contract subject to DfE funding being made available to local authorities from April 2018 for this purpose.
- 4.6 The balance of the £0.162m funding requirement will be met from the recurring Council budgets that are funding the existing services, to the level of the current contracts as follows:

Table 1: Breakdown of funding sources	
£m	
0.065	IASS budget
0.020	DRS/Mediation budget
0.018	Ask Iris budget
0.014	SEND engagement budget
0.117	SUB-TOTAL from recurrent budgets
0.024	SEND implementation grant 2017/18
0.021	Independent supporters grant funding (if available)
0.162	TOTAL annual funding requirement

Kathryn Mair Stevenson, Senior Commercial Business Partner, 24/05/2017

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

Procurement Observations

- 5.1 There are no significant procurement implications arising from this decision. The proposal to enter into procurement with partners at Nottingham City CCG and Nottinghamshire County Council, for Information, Advice and Support Services for children and young people with SEND and their families, will be compliant with the Council's Financial Regulations and in line with EU and UK Procurement Regulations (Light Touch Regime). The procurement and contract management will be led by Nottinghamshire County Council. The process should be agreed with Nottingham City Council Procurement Team, who will engage with this process to ensure a robust and compliant process.

- 5.2 The local authority has a statutory duty to provide support services for children and young people with SEND. Given the total estimated value of the contract over its whole life (5 years maximum), the council is required to go out to tender to procure these services to comply with procurement rules.

Sarah O'Bradaigh, Senior Solicitor, 26/05/2017

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)

- 6.1 N/A

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 The service will require a local base in a central location in Nottingham City, and as such is likely to provide employment opportunities for Nottingham citizens.
- 7.2 The service will provide information and support to parents/carers of children and young people with SEND. By improving access to information on services, we improve access to appropriate support and enable some parents/carers to return to the workplace where they previously felt unable to do so.
- 7.3 The service will provide information and support to young people with SEND about training and post-education opportunities, raising aspirations and supporting young people towards making appropriate and productive contributions to society, in line with their needs and abilities.

8 REGARD TO THE NHS CONSTITUTION

- 8.1 N/A

9 EQUALITY IMPACT ASSESSMENT (EIA)

- 9.1 Has the equality impact of the proposals in this report been assessed?

Yes



Attached as Appendix 2, and due regard will be given to any implications identified in it.

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

- 10.1 Analysis Product – IASS Strategic Commissioning Review, 2017

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 11.1 Policies and Strategies

- The Children and Families Act 2014
- The SEND Code of Practice 2014
- Nottingham City Council's Children and Young People's Plan (CYPP) 2016-2020
- Children and Young People with Special Educational Needs, Nottingham City JSNA 2017

11.2 Documents

- Health & Well-being Board Commissioning Executive Group Report - Information, Advice and Support Services for children and young people with SEND and their families
- Understanding the needs of disabled children with complex needs or life-limiting conditions (Council for Disabled Children 2016)
- What works in the delivery of Independent Support? Final report from the national evaluation of the Independent Support Programme 2014 – 2016 (National Development Team for Inclusion 2016)
- Independent Support Phase 2: a summary report. London (Council for Disabled Children 2016)
- Quality standards for services providing impartial information, advice and support (National Parent Partnership Network/DfE 2015)
- Information, Advice & Support Services National Data Collection Report 2014-2015 (Information, Advice & Support Services Network 2015)

INFORMATION ADVICE AND SUPPORT SERVICE CONTRACTS - 2017/18

The table below sets out details of the current contracts for the provision of information, advice and support to children and young people with SEND and their families.

Service	Commissioning arrangements	Provider	Annual funding	Current agreed Expiry date	Funding recurrent beyond March 2018
Ask Us formerly the Parent Partnership Service providing independent advice and support	SLA with County	County team deliver this service for both City and County.	£65,000 (City)	31 st March 2018	Yes
			£112,460 (County)		Yes
Independent Supporters Provide ongoing support element of Ask Us service. Funded separately through DfE funding.	Delivered as part of the Ask Us contract (SLA with County)	County team deliver this service for both City and County.	£21,000 (City)	31 st March 2018	Funding TBC Clarification expected from DfE March 2018
			£21,000 (County)		
Ask Iris website, newsletter and magazine for families and professionals	Joint City/County Council	Family Action	£18,000 (City)	31 st March 2018	Yes
			£40,000 (County)		Yes
Key worker service Facilitating and supporting families through the Education, Health and Care Plan (EHCP) application process in Nottingham City only.	Joint City Council/City CCG	Nottingham Citycare Partnership	£81,554 (City)	31 st March 2018	No
			£132,540 (CCG)		Funding TBC
SEND Engagement Nottingham City only	Parents and carers - City only	Rainbow PCF	£14,000 (City)	31 st March 2018	Yes
	Children & young people - City only	City Council Engagement team			
Total City Council funding 2017/18			£199,554		
Total County Council funding 2017/18			£173,460		
Total City CCG funding 2017/18			£132,540		
Total funding 2017/18			£505,554		
Total recurrent City Council funding April 2018 onwards			£97,000 p.a.		
Total recurrent County Council funding April 2018 onwards			£152,460 p.a.		
Total recurrent funding April 2018 onwards			£249,460 p.a.		

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Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/DDM: Information, Advice and Support for children and young people with SEND and their families

Name of Author: Lisa Lopez

Department: Education

Service Area: Disability & Inclusion

Director: Pat & Sarah Fielding

Strategic Budget EIA Y/N (please underline)

Brief description of proposal / policy / service being assessed:

This EIA pertains to proposed arrangements for re-commissioning services providing Information, Advice and Support to children and young people with special educational needs and/or disabilities (SEND) and their families. The proposed service will commence from 1st April 2018.

Local authorities have a statutory duty to provide information, advice and support to children and young people with SEND and their families under the SEND Code of Practice 2014.

Nottingham City Council currently provide a range of Information, Advice and Support (IAS) services. Some of the services are provided jointly with Nottinghamshire County Council, and one is provided jointly with NHS Nottingham City CCG. The services are valued by the citizens they support, and have different purposes, but some of the functions of the services overlap. This creates confusion for citizens, who don't necessarily benefit from support from several different organisations.

The proposed new service will provide clearer pathways for children and families with SEND in relation to accessing information, advice and support, enable children and families with SEND to have more say in services that will support them, and ensure children and families with SEND are able to access information in a timely manner, improving their opportunities for self-care.

This EIA should be read in conjunction with the following reports –

- Information, Advice and Support Services for children and young people with SEND and their families – report to Commissioning & Procurement Sub-committee June 2017
- Information, Advice and Support Services Update – report to Commissioning Executive Group June 2017

Information used to analyse the effects on equality:

Analysis

A review of how we provide information, advice and support to children and young people with SEND and their families is currently underway. Analysis of current services has taken place, including performance and demographic information from the following services:

- Ask Us Information, advice and support service
- Nottingham Citycare Partnership Key Works service
- Ask Iris information service

Further details of the service reviews can be found in the Analysis Product – IASS Strategic Commissioning Review, 2017, and in the folder [..\..\Analysis\Service reviews 2017](#)

<http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Children-and-young-people/Children-and-Young-People-Special-Educational-Need.aspx>

Consultations

- With parents and families via physical surveys face-to-face and online via Survey Monkey.
- With children/young people with SEND via an engagement tool/game developed by City Council engagement officers in partnership with Rainbow Parent Carer Forum. The game was used to engage 51 young people aged 11-19, from special schools across Nottingham City and from Rainbow Parent Carer Forum, with a range of needs.
- With providers, key stakeholders from Education, Health and Social Care settings and parent carer reps via an Options Generation event. Attendees took part in group discussions to identify and shape possible service models. Details of the Options Generation event can be found here - [..\Options Generation\Options Generation event - Joint IAS SCR - FINAL REDACTED.ppt](#)

	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>People from different ethnic groups</u> The ethnic breakdown of the 1,025 children on Nottingham City Disabled Children Register in February 2015 was broadly similar to the census, with 38% belonging to a BME group. It's recognised that families from black and minority ethnic (BME) communities are less likely to access services and support than in the general population. In particular many BME parent/carers do not receive any support, advice or carer's assessments.</p>	<p>The IAS review has considered demographic information from current services, including ethnicity breakdown. From service data appears that the services are supporting families from BME communities in approximate proportion to the population of Nottingham City. It's noted that for the Key Workers service a high proportion of service users did not have their ethnicity recorded, so there may be some variation in this which is not being recorded.</p> <p>The requirement to provide adequate information and support to families from different ethnic groups will be included in the contract for the new IAS service. This will include providing information in other languages where appropriate but also considering culturally appropriate support such as providing support staff of a specific gender that the citizen can speak to where this is preferred.</p>
Men	<input type="checkbox"/>	<input type="checkbox"/>		
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trans	<input type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>		
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>		
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>		
Older	<input type="checkbox"/>	<input type="checkbox"/>		
Younger	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/ civil partnership, <u>looked after children</u> , cohesion/ good relations, <u>vulnerable children/ adults</u>).	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<i>Please underline the group(s) /issue more adversely affected or which benefits.</i>				

			<p><u>Gender</u> The prevalence of SEN is higher in males - 68% of Nottingham City pupils with SEN are male, and 74% of Nottingham City children with a statement/EHCP are male. Conversely the parent who is the main carer is more likely to be female; 60% of all carers in England are females. Therefore male children and female adults are more likely to require information and support around SEN and related issues.</p> <p><u>Disability</u> Children and young people with SEN experience significant barriers to learning but do not necessarily have a disability. Equally, children and young people with disabling conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN – it's estimated that approximately three-quarters of 'disabled' children are also identified as SEN. The parents/carers of the child or young person may also have additional needs of their own. It's acknowledged that families of children/young people with SEND struggle to know where to go for information. The purpose of the IAS service is to address this issue. Some of the funding for the current services provided through the SEND reforms funding, and not guaranteed after April 2018. Additionally some of the funding is provided by NHS Nottingham City CCG and has not been guaranteed after April 2018. If this funding is not available the new service will operate with reduced functions, and will not be able to provide the same degree of support around applications for Education, Health and Care Plans, as is currently available.</p>	<p>The requirement to provide information, advice and support which is appropriate and accessible to citizens irrespective of gender will be included in the contract for the new IAS service.</p> <p>The requirement to provide information, advice and support relating to a broad range of abilities and needs, to citizens who themselves have a broad spectrum of abilities and levels of comprehension will be included in the contract for the new IAS service. This will include providing information in clear, understandable, citizen-friendly terms, easy read formats, face-to-face support where there is a need, and access to sign language translation where required.</p> <p>The service will also be required to link to the Nottinghamshire Carers Hub to ensure parent/carers have access to Carers Assessments and appropriate support.</p> <p>If funding to support Education, Health and Care Plan applications is not available, the pathway will need to be re-modelled.</p>
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Age

It's a statutory requirement that IAS services must provide information to both parent/carers and to the children and young people themselves. Less than 5% of contacts to current information services come directly from the young person. However it's not known whether young people are not accessing services because they are unsuitable /unappealing or because for most children/young people their preference is for the parent carer to access information on the young person's behalf. This is consistent with other IAS services nationally.

LGBTQ communities

LGBTQ parents/carers can have concerns that services to support the family may not be LGBTQ friendly, or that they may be under pressure to disclose the nature of relationships within the family unit to various support services. This can result in such families not seeking support.

Looked after children

Nottingham's Children in Care cohort has higher numbers of children with special needs identified than nationally for children in care. We could reasonably expect that where children in care access IAS services, they are more likely to access the service independently without adult support. If the IASS is unsuitable /unappealing to young people this could have a disproportionate impact on children in care with SEND.

From consultations, it's apparent that young people don't look for information in the same way as their parents, typically having far greater use of electronic information and social media. The requirement to provide information, advice and support to children and young people separately and formats suitable and appealing to them (such as electronic communications, social media and phone messaging) as well as 'easy read' formats to address both needs, will be included in the contract for the new IAS service.

The requirement for the new service to clearly identify as LGBTQ friendly, and that support is provided without judgement, will be included in the service contract.

The requirement to provide information, advice and support to children and young people separately and formats suitable and appealing to them (such as electronic communications, social media and phone messaging) as well as 'easy read' formats to address both needs, will be included in the contract for the new IAS service. It's recognised that it is of greater importance for children in care that the information provided is clear to children and young people of varied ages and abilities, and provided in a format that suits their communication needs and preferences.

Vulnerable children - Young offenders

Children in the youth justice system are vulnerable by virtue of their young age and developmental immaturity. Many are also disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. It is well established that high numbers of children who come to the attention of youth justice services have complex support needs, low levels of educational attainment, and far more unmet health needs than other children of their age. If the IASS is unsuitable /unappealing to young people this could have a disproportionate impact on children with behaviour that challenges/ at risk of coming into contact with the youth justice system.

The requirement to provide information, advice and support to children and young people separately and formats suitable and appealing to them (such as electronic communications, social media and phone messaging) as well as 'easy read' formats to address both needs, will be included in the contract for the new IAS service. Again It's recognised that it is great importance that the information is clear to children and young people of varied ages and abilities, and their families, to enable them to seek appropriate support before contact with the youth justice system.

Outcome(s) of equality impact assessment:

- No major change needed •Adjust the policy/proposal •Adverse impact but continue
- Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

The contract for the proposed new service will include the requirement to report equalities information as part of the quarterly monitoring returns. This information will be submitted to the Contracts team. The information will be reviewed as part of the 'Review' phase of the commissioning process after the service has been in place for one year, and then on an annual basis by the Contracts team as part of standard contract monitoring processes. This EIA will be refreshed in the event of any further changes to services.

Approved by (manager signature):

The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

Date sent to equality team for publishing:

19/05/2017

Send document or link to:
equalityanddiversityteam@nottinghamcity.gov.uk

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.

Agenda Item 11

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE - 13/06/17

Subject:	0-5 Integrated Services Contract		
Corporate Director(s)/ Director(s):	Candida Brudenell: Assistant Chief Executive Katy Ball: Director of Commissioning and Procurement Alison Challenger: Director of Public Health Helen Blackman: Director of Children's Integrated Services		
Portfolio Holder(s):	Councillor David Mellen, Portfolio Holder for Early Years and Early Intervention		
Report author and contact details:	Chris Wallbanks: Strategic Commissioning Manager chris.wallbanks@nottinghamcity.gov.uk 0115 8764801		
Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject to call-in	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: £10,917,774 pa (£98,259,966 maximum lifetime value)			
Wards affected: All	Date of consultation with Portfolio Holder(s): Councillor David Mellen 27 th April 2017		
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input type="checkbox"/>
Schools			<input type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input type="checkbox"/>
Energy, Sustainability and Customer			<input type="checkbox"/>
Jobs, Growth and Transport			<input type="checkbox"/>
Adults, Health and Community Sector			<input type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input type="checkbox"/>
Resources and Neighbourhood Regeneration			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
This report seeks approval to go out to tender for an organisation to deliver a range of children's public health activity and to potentially work with Nottingham City Council as a Joint Venture Partner in order to maximise the resources available to both organisations with the aim of improving the universal and preventative services offered to families and their children aged 0-5 years.			
Exempt information:			
State 'None' or complete the following.			
Appendices 1 and 2 are exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because they contain information relating to the financial affairs of a particular person (including the authority holding that information) and having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is commercially sensitive and may prejudice the procurement process if all potential bidders are not made aware of this at the same time through the Invitation to Tender Process.			

Recommendation(s):

1. Approve the integration of the existing Public Health contracts listed in the exempt Appendix 1 and procure an organisation to deliver the integrated specification working in partnership with our internal Early Help Service with a view to potentially formalising the integration through a Contractual Joint Venture Agreement. The details of this agreement, including any services in scope will be brought to Committee to approve at a later date, following the appointment of the provider organisation

2. Approve the budget to support the contractual value set out in exempt Appendix 1. If the contractual values are over and above current indicative values a separate report will be presented for approval

3. Delegate authority to the Director of Public Health in consultation with the Portfolio Holder for Adults and Health and the Portfolio Holder for Early Intervention and Early Years to approve the outcome of the tender process and award the contract for 5 years, plus 2 years potential extension, plus a further 2 years potential extension.

1 REASONS FOR RECOMMENDATIONS

- 1.1 Integrating the existing children's public health contracts will allow the provider to develop an innovative and flexible approach to delivering the existing functions that is free from historic service divisions and offers the opportunity for a more efficient and streamlined service, responsive to the needs of children and their families
- 1.2 The exempt Appendix 1 contains details of the six public health contracts that are to be integrated and their current contract values, including savings made during 2017-18. Over the next 3 years, the total contract value will be reduced by a further 10% in line with other public health contracts.
- 1.3 To enable the integrated service specification to be delivered, the provider will need to work in partnership with our internal Early Help Services. In order to formalise the integration arrangements and consider how the assets of both organisations can be used most effectively, e.g. the workforce, management structures, premises and IT systems, it has been agreed by the portfolio holder for Early Intervention and Early Years and other key stakeholders that a Contractual Joint Venture Agreement could be developed with the provider once the contract has been awarded.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Context:

- 2.1 Under the provisions of the Health and Social Care Act (2012) Nottingham City Council (NCC) has a statutory responsibility to commission a range of public health services that improve and protect the health of citizens.
- 2.2 Commissioning responsibilities for the 0-5 children's public health services transferred to the local authority in October 2015, and presented a unique opportunity to consider how these services could integrate with our existing children's delivery teams, eliminating historical boundaries between the provision

of related areas of support and instead, work innovatively and holistically to help children get the best possible start in life

- 2.3 The primary rationale for integration is to improve the experience for our children and families by establishing a seamless 'pathway of support' from pregnancy to age 5, informed by the needs of the families and influenced by practitioners. Additional immediate benefits would include:
- Less duplication of activity and therefore fewer points of contact for families
 - Increased opportunities to share data and information and plan 'around the family'
 - A more flexible approach to work force planning, enabling resources to be used more effectively
- 2.4 In preparation for the transfer, a Strategic Commissioning Review of existing universal and preventative services was undertaken jointly with the Clinical Commissioning Group (CCG). The CCG commissions midwifery services and through the Review, discussions could take place to consider how these collective services could be aligned more closely. The Review would also provide a clear context for integration and an opportunity to design an updated 'pathway of support', based on best practice and evidence of what works.
- 2.5 The success of the Small Steps, Big Changes (SSBC) programme in securing additional funds from the Big Lottery has also created significant opportunity to deliver system change with a legacy beyond the initial period of investment. The 'pathway of support' would incorporate some of the evidence-based programmes and approaches adopted by SSBC that had been evaluated positively and would be a mechanism for wider rollout of successful interventions.

Key outcomes of the Strategic Commissioning Review:

- 2.6 Since the Strategic Commissioning Review was undertaken, a shared set of outcomes has been developed by commissioners from both organisations and representatives from all services in scope i.e. Midwifery, Health Visitors, the Family Nurse Partnership, Public Health Nurses, Breastfeeding Peer Supporters, Children's Nutrition Team and our internal Early Help Service. This builds on the Healthy Child Programme, Early Years Foundation Stage, the requirements of the Children's Centres' Inspection and the SSBC Outcomes Framework. This has meant that rather than each service working towards its own set of outcomes, each service can now work towards the same outcomes framework and performance indicator set.
- 2.7 Midwifery Service Commissioners (the CCG) and Commissioners of the Private, Voluntary and Independent (PVI) Sector Early Years' provision were central to the process and have ensured alignment with their outcomes frameworks.
- 2.8 An updated 'pathway of support' has also been developed in partnership and incorporates statutory provision and provision that is deemed to be best practice or evidence-based. Recommendations from the Review, including increasing the number of evidence-based programmes and approaches being delivered, have been incorporated into the pathway, as have programmes being trialled by SSBC and interventions that the City would like to continue into the future, such as the Dolly Parton Imagination Library

- 2.9 An integrated service specification has been developed based on the 'pathway of support'. The specification identifies statutory activity, such as the mother and baby checks including the 2-2½ year review and 'locally mandated activity', such as the Triple P Parenting Programme and the Dolly Parton Imagination Library. In some instances, the specification identifies which professional is best placed to undertake activity e.g. a trained Health Visitor should undertake the ante-natal check at 28 weeks, but for most activity, the Provider will determine who in the integrated team should deliver activity based on the level of skill and competency required.
- 2.10 The integrated specification incorporates key activity from all services in scope including our internal Early Help Service. The newly appointed provider will be required to work closely with the Early Help Service in order for both organisations to jointly deliver the specification.

Potential Future Arrangements: A Contractual Joint Venture Agreement

- 2.11 Following the appointment of a provider to deliver the integrated specification, our intention is to consider developing a Contractual Joint Venture Agreement with the newly appointed provider. This will enable both organisations to develop more formal integration arrangements, including, potentially, a full integration of the work force in order to maximise resources and adopt a flexible, skill-mix approach. It is envisaged that the initial phase could focus on the Early Help Service to strengthen delivery of the 0-5 integrated specification. However, it may be deemed beneficial at a later stage to consider further phases of integration and increase the number of services in scope.
- 2.12 Additional longer term benefits of formal integration arrangements could include:
- Implementing one line-management structure to release capacity and resources
 - Utilising one data collection system to assist in information sharing and joint planning around the family
 - Pooling budgets to enable a more flexible approach to the use of resources, based on shared priorities
 - Sharing premises within the 8 Care Delivery Group areas, (established through preceding work to deliver an integrated health and social care system for adults in the City) to promote co-location and potentially reduce cost
 - Undertaking a skill-mix approach across the workforce to blur the traditional boundaries and work to practitioners' skills and competencies enabling a more streamlined service to be delivered with less duplication and less handovers for families. For example, this approach could mean one health professional working with a family and child from birth -19, rather than the transition at age 5 to a different professional who does not know the family.
- 2.13 The process of developing the Joint Venture Agreement could begin once the contract has been awarded and would be supported by our Legal Team. The main aim of such an agreement is to consider how the relevant assets of both organisations, e.g. the workforce, management, premises, IT systems and financial resources could be brought together and utilised most effectively, to strengthen the delivery of the integrated service and improve the experience of families and children. It could include (but not be limited to):
- Agreeing on a shared vision, aims and objectives for the venture

- Agreeing what each organisation is prepared and able to contribute to the venture
- Agreeing the roles and responsibilities of each organisation and identifying contractual obligations
- Agreeing the strategic governance structure for children's integration work
- Agreeing an operational governance structure
- Developing an implementation plan for increased integration, including undertaking activity to determine arrangements for future service delivery, including potential co-location, use of shared IT systems etc.
- Developing a financial plan which could consider budget allocation per area team

Timeline:

The timeline for the process can be found in Exempt Appendix 2

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Do Nothing:

This option was rejected as the contracts are due to expire in March 2018 and this would be in breach of the procurement regulations and therefore leave the Council at risk of challenge.

3.2 Re-procure the 6 public health contracts independently:

This option was rejected, as it would maintain separate 'health' and 'social care' worlds that complicate the lives of children and families. Feedback from families nationally and locally has highlighted their frustrations in having to tell their story repeatedly to a number of professionals and their need for a simpler 'pathway of support'. The benefits of integrating services and ensuring all practitioners are working to the same outcomes framework could not be realised through procuring independent services.

3.3 Insource children's public health services:

This option was rejected due to the potential risks relating to recruitment and terms and conditions

- If staff were transferred to NCC Terms and Conditions which are less favourable, (e.g. no pay increments) they are likely to move to an NHS Provider and recruiting to vacancies will be extremely difficult, potentially resulting in an unsafe service
- If staff stayed on NHS Terms and Conditions there is a risk of unfair pay claims from NCC staff who may be doing similar activities once an integrated and skill mix approach is adopted

3.4 Outsource the Early Help Teams:

This option was rejected as whilst there were a number of benefits, the key risks relating to protecting existing staff outweighed the perceived benefits. Stakeholders agreed that this could be a consideration for the future, if a trial period of integration had proved to be effective and if a contractual agreement protecting staff could be put in place

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 This procurement amalgamates several Public Health contracts. The expected cost is £10.918m pa, with a total estimated cost of £98.260m for a nine-year contract. The expected length is 7 – 9 years; on a 5+2+2 basis with the Council's usual contractual terms, this will support the organisation's budget processes while giving initial backing to the SSBC programme.
- 4.2 Value for money will be achieved through the tender process and the efficiencies gained by the amalgamation of these services. Early help will prevent costs incurred when children and families progress within the Health and Social Care system. Contractual performance indicators will be monitored throughout the life of the contract. The financial ItT documents will translate these requirements into a pricing model and evaluation strategy to ensure that the best value for the required quality will be achieved through the competitive tender process for this contract. Finance should agree the financial models before full approval of ItT documentation.
- 4.3 The next phase, following contract implementation, will be to consider developing a Joint Venture Agreement with the provider. Finance will be involved and will support the work to understand how to take this forward, including the financial modelling of the options.

Liesa Sisson, Senior Commercial Business Partner, Finance 05/06/2017

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 This contract will fall within the EU and UK Procurement Regulations (light touch regime) and a compliant process will be undertaken following on from the issuing of a Prior Information Notice (PIN) in December. Legal and Procurement colleagues will be involved throughout this process.

Procurement Observations

- 5.2 The contractual arrangements proposed in this report are subject to the UK Public Contracts Regulations 2015 which require all contracts above £589,900 to be advertised and procured in accordance with EU Procurement Legislation. The Procurement Team will undertake the procurement process in compliance with these Regulations and the Council's Financial Regulations and Contract Procedure Rules. A 'Prior Information Notice' has been issued to notify the market of the forthcoming procurement. Undertaking a competitive tender process will encourage providers to make their best offer to meet the Council's requirements and for the contract to be awarded based on a full assessment of quality and price. The proposed contractual arrangements will enable the delivery of services to be robustly managed through a detailed specification and performance targets.

Jo Pettifor, Category Manager – Strategy & People. 31/05/17

5.3 Legal Comments

This report proposes the procurement of a partner to provide services which are to be integrated with the City Council's services which may be followed by the City Council and partner forming a joint venture. The challenge which this proposal raises is to provide sufficient information at the outset of the procurement about the joint venture to ensure prospective bidders understand how the contract will move from employer/provider to a joint venture. If that information is not provided at the outset of the process then the City Council is at risk of a legal challenge later when it has to negotiate the terms of the joint venture – in particular if the negotiation results in a change to the allocation of risk between the City Council and provider. The basis of the legal challenge would be that the City Council has significantly modified the original contract which requires a new procurement. The Legal Services Team will work with Commissioners, Health and Children's teams to develop a contract which aims to minimise the risk of a challenge. This will include consideration of the employment issues as a joint venture may involve the transfer of staff from the City Council in to the joint venture (if set up as a joint venture company).

Andrew James, Team Leader (Contracts and Commercial) 01/06/17

6 **STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE (STRATEGIC REGENERATION COMMITTEE REPORTS ONLY)**

N/A

7 **SOCIAL VALUE CONSIDERATIONS**

- 7.1 The contracts listed in the exempt appendix are essential public health services that improve the health and wellbeing of both children and adults. However the possibility for creating additional social value (for example generating employment and training opportunities) will be considered as part of the procurement process.

8 **REGARD TO THE NHS CONSTITUTION**

- 8.1 Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

9 **EQUALITY IMPACT ASSESSMENT (EIA)**

- 9.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because although the services may be integrating, there is no significant change to the functions being delivered

**10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT
(NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT
INFORMATION)**

10.1 None

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

11.1 None

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of the Local Government Act 1972.

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