

NCC Commissioning Reviews 2016/17 v6 - Impact

HWB Strategy Outcome	Commissioning Activity and Scope	Rationale	Key Milestones	Impact
<p>1. People in Nottingham adopt and maintain Healthy Lifestyles</p>	<p>1a. Implementation of Healthy Lifestyles Model <u>SCR (Strategic Commissioning Review)</u></p> <p>In scope are LA commissioned PH Grant funded services for adults to stop smoking, become physically active, improve diet and nutrition and have a healthy weight, NHS Health Checks.</p>	<p>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.</p>	<ul style="list-style-type: none"> • New model confirmed April `16 • Draft spec May `16 • CEG May `16 • Exec Board June, `16 • Tender process July `16 • Award Sept `16 • Mobilisation March `17 • Service starts March `17 	<ul style="list-style-type: none"> • Commissioned a new model smoking cessation service and a new model Healthy Weight Service co-commissioned with the CCG • Smoking Cessation service is more targeted to smokers from priority high smoking and risk groups. • Healthy weight service is more targeted on obesity outcomes and at risk priority groups than 6 previous adult healthy lifestyle services. • Includes innovative signposting function commissioned in partnership with Sport & Leisure. • Includes a new adult integrated weight management pathway including tiers 1-3 of weight management and pathway into tier 4. • Includes innovative approach to increase access to NHS Health Checks for eligible patients from priority groups. • New services commence from 1/4/17
	<p>1b. Young People's Substance Misuse & Treatment Review <u>SCR</u></p> <p>Lifeline Journey. Head2Head DrugAware.</p>	<p>To refresh and provide a progress update on the young people's substance misuse review. Specialist young people's substance misuse service contract comes to an end 30/04/17.</p>	<ul style="list-style-type: none"> • Review to be complete by Sept 2016 and recommendations for future commissioning made. • Procurement for any new services to be complete end Jan 17. • Any new services to be operational April 17. • On track 	<ul style="list-style-type: none"> • The service was tendered in 2016/17 with the new service due to start 01/05/2017. • The new service will focus on improving pathways into substance misuse treatment and support for young people from across a range of key partner agencies/at risk groups of young people (such as children's social care, education, and mental health). • New pathways to improve early intervention and outcomes for service users are to be implemented through the new service specification and a new service development plan is already in place. • Negative impact on existing service users was minimal due to there being no change in provider at the time of tender. There has been a novation of the contract to CGL since that time. The current provider delivers positive outcomes from treatment including 70% of those leaving treatment having reduced unsafe substance/alcohol use.

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	<p>1c.Implementation of adult substance services model <u>Implementation</u></p> <p>Integrated alcohol drug & alcohol treatment & support service (new).</p> <p>Specialist needle exchange & sexual health service (new).</p> <p>Family support service (new).</p>	<p>New substance misuse adult treatment system contracts tendered in 15/16 with contracts anticipated to be awarded April 16 and operational July 16.</p> <p>Safe implementation of new services required to ensure safe transfer of care and prescribing for existing service users.</p>	<ul style="list-style-type: none"> • Contracts awarded April 16 • Service to be operational July 16. • On-going support and full implementation 	<p>Integrated Drug & Alcohol Service:</p> <ul style="list-style-type: none"> • Service commenced 1/7/16 • Performance is good and despite the destabilising nature of re-commissioning, the key partnership target for successful completions (to be 5% above the core cities average) continues to be met. With a 20% successful completion rate in the most recent 12 month reporting period, Nottingham has the second highest successful completion rate of the core cities. The new service is on track to meet their contract targets for the first 12 month reporting period. During the high risk transition period all service users were retained in treatment and there were no unplanned exits from services. • Service user consultation was comprehensive and integral to the remodelling of the treatment system to create an integrated drug and alcohol service while keeping young people’s treatment and family support separate. It also informed the decision to remove separate aftercare provision. • The new service aligns and integrates six alcohol contracts and three drug treatment contracts into a single integrated service. This integrated service streamlines and simplifies the service user pathway, allows for better management of poly-substance misuse, enables increased equality of access, allows for flexibility of service development and delivery. • Standards and quality of care and patient safety have not been negatively impacted by the redesign, re-commissioning and efficiency savings. • The new service was implemented to deadline. During the high risk transition and implementation period all service users were retained in treatment and there were no unplanned exits from services. <p>Specialist Needle Exchange & Sexual Health:</p> <ul style="list-style-type: none"> • Service commenced 1/7/16

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				<ul style="list-style-type: none"> Jointly commissioned needle exchange and sexual health service across Public Health and CDP. This joint approach enables the new service to respond appropriately and creatively to issues such as chemsex. Some issues in relation to data and performance information which are being managed through contract mechanisms. The new service is providing a better offer to support pharmacy needle exchange providers, improving quality and consistency in needle exchange provision across the whole city.
	<p>1d. Drug and alcohol inpatient Review <u>SCR</u></p> <p>Woodlands Inpatient Service (NHT)</p> <p>Michael Varnam House (Framework)</p>	<p>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 with potential commissioning in 2016/17. .</p>	<p>Timescales to be confirmed. All of the following to be completed by end of 16/17:</p> <ul style="list-style-type: none"> 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</i>, procurement plan developed and market development undertaken 	<ul style="list-style-type: none"> Negotiated through CCG block contract arrangement a reduced Occupied Bed Day Rate (OBD) and true block arrangement for 16/17 and 17/18 reducing level of financial risk. Approval obtained through commissioning & procurement sub-committee to extend existing contract until 31/03/18. Considering other models for inpatient provision including the possibility of a pathway for alcohol users from hospital acute care direct to inpatient detox with potential fit to STP Commissioning options appraisal will be developed in 17/18 and possible 18/19 to identify potential procurement and commissioning options,
	<p>1e. Implementation of sexual health services <u>Implementation</u></p> <p>Ensure implementation of re-commissioned services</p> <p>Undertake a review of current primary care services, (including service</p>	<p>Maximise the potential of recently commissioned services:</p> <ul style="list-style-type: none"> ISHS sexual health and needle exchange service, STI and social care, primary care services; online STI testing services (chlamydia, HIV) C-card 	<ul style="list-style-type: none"> Commissioning of main Integrated Sexual Health Service (ISHS) undertaken in 2015/16, however requires an on-going review including managing activity within the financial cap / offer an opportunity to ensure main service provides 	<ul style="list-style-type: none"> New ISHS service commenced 1/4/17 – on-going review of KPI monitoring ensuring service is achieving integrated outcomes as well as effective outreach and health promotion activity. Some concerns with risks arising from new data and coding system impacting on budget cap, provider being supported to resolve. Syphilis exceedance managed. Spec refreshed. Integrated SH & NE service commenced 1/7/16. Some issues in relation to data and performance information which are being

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	review of specific services) to determine future commissioning proposals	To work in an integrated way to deliver improvements in sexual health outcomes.	<p>full integration of contraception and STI services</p> <ul style="list-style-type: none"> Primary care services contract due to expire at the end of 16/17. 	<p>managed.</p> <ul style="list-style-type: none"> LCPHS – Over-performance being monitored and managed, Cripps level 2 service extended for 1 year. Specs refreshed. PGD audit being undertaken. C-card provider data system issues being addressed.
<p>2. People in Nottingham will have positive Mental Wellbeing and those with Serious mental Illness will have good physical health</p>	<p>(All activity is jointly planned and delivered- see joint plan)</p>			
<p>3. There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill-health</p>	<p>3a. Looking After Each Other (LAEO) <u>Implementation</u></p> <p>Building capacity of citizens and in communities, so that better able to look after themselves and each other. By doing so significantly reduce the demand, and cost of, public services</p>	<p>Public services cannot continue to operate as they are. There is a need to rebalance the system so that citizens and communities do more to help others and themselves</p> <p>LAEO programme designed to be a key mechanism to bring about this change and help rebalancing of the system</p> <p>(LAEO is also incorporated in Building Resilience part of STP)</p>	<ul style="list-style-type: none"> Helping Strategy & action plan in delivery – from April 16 (IN PROGRESS, Strategy refresh Mar 17) Resources secured to delivery strategy and city-wide comms campaign Mar 16 (COMPLETE) Comms campaign run Nov and Dec 16 (COMPLETE) Impact analysis of LAEO pilot projects complete – decisions on scaling-up made March 16 (COMPLETE) 	<ul style="list-style-type: none"> Still too early to evaluate direct impact of overall programme, but indications that the programme might be having a positive impact – most notably an average 12% reduction in people who said they would not volunteer or help in next 12 months (based on comparison 2015 and 2016 Respect survey results) Demand (and cost) reduction resulting from a number of the LAEO pilots – for examples, Community Navigators, Safe Families for Children, Social Prescribing, targeted befriending schemes Greater and wider ownership of LAEO amongst both internal stakeholders and external partners. Greater LAEO brand awareness amongst citizens Agreed plans – and supporting governance arrangements to help drive (a) a reduction in loneliness and isolation

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			<ul style="list-style-type: none"> • Loneliness action plan agreed (linked to HWBB) and in delivery – IN PROGRESS • Improved governance arrangements in place April 16 COMPLETE but more work req'd • CSR initiatives of city's major businesses aligned around a small number of key priority areas May 16 DELAYED new date end Mar 17 • All strands of Bulwell Pilot implemented and impacts projects evaluated Oct 16 and Feb 17 (COMPLETE /IN PROGRESS) • LAEO incorporated into STP Building Resilience strand Dec 16 COMPLETE but more work required • Income generation proposals to be developed (linked to budget) Apr 17 (IN PROGRESS) 	<p>(b) a (further) increase in people who help others either informally or formally</p> <ul style="list-style-type: none"> • Improved alignment between LAEO and wider Demand Management strategies (for example, STP building resilience priority)
	<p>3b.Day and Evening Services Framework <u>SCR</u></p> <p>Review of current framework for the provision of day and evening activities to agree the mechanism by</p>	<p>Current framework ends February 17. Current framework does not deliver sufficient flexibility and does not support innovation. No learning disability services are on the current framework</p>	<ul style="list-style-type: none"> • Analysis of services and model Aug 16 • Develop new model Sept 16 • Day and Evening ITT Issued Oct 16 • New Framework in place Feb 2017 	<p>The new Day and Evening Services Quality Provider list is now in place. This is allowing new and innovative services to join the framework as they develop.</p> <p>The large number of spot-providers is being transferred to the new list and so will now be subject to quality and performance management oversight.</p>

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	which citizens in receipt of adult social care are enabled to access day and evening activities			
	3c.Criminal Justice Treatment Service Review <u>SCR</u>	Contract due to end April 2018. Lease on current Adult Offender Building December 2017. Review will begin in 2016/17.	<ul style="list-style-type: none"> Review of the service and Needs Assessment will be completed before the April deadline. 	<ul style="list-style-type: none"> Will be going out to tender during spring early summer 2017. Co-location with community SMS likely Performance is of concern due to issues with pathways to treatment via this system New developments for on street offending (Street drinkers and beggars)
	3e.Domestic and Sexual Violence Review <u>SCR</u> Domestic Violence Refuges. Stronger Families & Rise Children's Workers Implementation of domestic & sexual violence contracts	<ul style="list-style-type: none"> Refuges contracts end in September. Commitment at JCG to reissue contracts for refuges due to buildings. Dispensation will be sought. Stronger Families & Rise dispensation has been granted to extend contracts in line with recently awarded Additional funding required for children's workers in refuges (circa £80K). Domestic & Sexual Violence JCG has identified gaps in provision and will be considering these in year. New domestic and sexual violence contracts awarded in 15/16 to be implemented. Partnership arrangements with other funders to be finalised 	<ul style="list-style-type: none"> COMPLETE – all refuges have contracts until 31/03/2019 in line with the DSVA system of services. <p>COMPLETE as above.</p> <ul style="list-style-type: none"> No funding has been identified. Children's Workers decommissioned as of 31/03/2019. This work is ongoing. <ul style="list-style-type: none"> COMPLETE, services commissioned are all implemented. 	<p>All services have confirmed funding from OPCC and other partners</p> <p>Services all performing well</p>

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	<p>3f. Commissioning and Sufficiency of Children in Care Placements <u>SCR</u></p> <p>Ensure sufficient accommodation for Looked After Children and Young People. Determine new methods and models (local, regional and sub-regional) for the commissioning and contract management of care placements, informed by current and anticipated sufficiency requirements.</p> <p>Maximise quality, value for money and opportunities to reduce spend on CiC placements.</p>	<p>£34m annual spend, changing cohort needs, market sufficiency and capability needs, outcomes still relatively poor for this group.</p>	<ul style="list-style-type: none"> • Sufficiency analysis to inform 2016-18 strategy to commence April 2016. • Commence implementation of semi-independent block and framework contracts August 2016. 	<ul style="list-style-type: none"> • c.84% of all children in care placed locally (within 20 miles) • Increased number of residential and fostering providers on East Midlands Regional Children's Framework through annual opening of ITT • Implementing a new quality standard in unregulated semi-independent accommodation • Number of children and young people in residential care reducing over time • Increasing number of young people receiving a Continuing Care funded service – represents improved health service for young people and savings against CiC budget. • Development of bids for the Life Chances Fund as part of sub-regional group (Derby City & Nottinghamshire) to develop the market for complex fostering to enable more of our most challenging young people with the most complex needs to remain or return to family settings. • Residential block contract performing very well in second half of 16/17 –improved placement planning leading to improved matching for young people going into placements under this contract.
<p>4. Nottingham's Environment will be sustainable: supporting and enabling its citizens to have good health and wellbeing</p>	<p>Social Inclusion <u>SCR</u></p> <p>Review of current contracts providing supported housing projects and related Independent Living Support Services for citizens at risk of social exclusion</p>	<p>Understanding impact of LHA cap and other social housing changes. Delivering significant on going efficiencies</p>	<ul style="list-style-type: none"> • Undertake analysis of current services- June 2016 • Develop new operational models Sept 16 • Issue ITT Oct 16 • New services in place April 17 	<ul style="list-style-type: none"> • Multi-agency plan to alleviate rough sleeping during winter developed and commissioned / implemented – significant reduction in rough sleeping and Council's commitment to NSNO upheld • Opportunities for transformation of City's response to assist homeless citizens currently being explored – includes response to Homelessness Reduction Bill and to the new model of funding for supported housing (under gov't consultation), access to settled accommodation and reducing unbudgeted spend on B&B. • New model anticipated by 18/19