



NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Tuesday, 14 July 2015

Time: 3.00 pm

Place: LH 2.32 - Loxley House, Station Street, Nottingham, NG2 3NG

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

Acting Corporate Director for Resources

Governance Officer: Phil Wye **Direct Dial:** 0115 8764637

AGENDA

Pages

- | | | |
|----------|--|---------|
| 1 | NOMINATION OF CHAIR FOR FIRST MEETING | |
| 2 | APOLOGIES FOR ABSENCE | |
| 3 | DECLARATIONS OF INTEREST | |
| 4 | BETTER CARE FUND PERFORMANCE REPORT
Report of the Director of Primary Care Development and Service Integration and the Director of Quality and Commissioning | 3 - 8 |
| 5 | BETTER CARE FUND QUARTER 1 BUDGET MONITORING REPORT
Report of the Chief Finance Officer and the Corporate Director for Children and Adults | 9 - 14 |
| 6 | SOCIAL CARE CAPITAL GRANT
Report of the Corporate Director for Children and Adults | 15 - 20 |
| 7 | PRIORITY FAMILIES PROPOSAL: SMALL RESOURCE BUDGET FOR FAMILIES
Report of the Corporate Director for Children and Adults | 21 - 28 |
| 8 | APPROVAL FOR CRIME AND DRUGS PARTNERSHIP TO TENDER | 29 - 34 |

DOMESTIC AND SEXUAL VIOLENCE SERVICES

Report of the Corporate Director for Children and Adults and the Strategic Director for Early Intervention

9 DATES OF FUTURE MEETINGS

To consider meeting at 3.00pm on the following Tuesdays:

2015: 8 September, 10 November

2016: 12 January, 15 March

10 EXCLUSION OF THE PUBLIC

To consider excluding the public from the meeting during consideration of the remaining item(s) in accordance with section 100a(3) 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.

11 APPROVAL FOR CRIME AND DRUGS PARTNERSHIP TO TENDER DOMESTIC AND SEXUAL VIOLENCE SERVICES - EXEMPT APPENDIX

35 - 38

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.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE - 14 July 2015

Title of paper:	Better Care Fund – Performance report	
Director(s)/ Corporate Director(s):	Maria Principe – Director of Primary Care Development and Service Integration Candida Brudenell, Director Quality and Commissioning, NCC	Wards affected: All
Report author(s) and contact details:	Jo Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council. <u>Joanne.Williams@nottinghamcity.nhs.uk</u>	
Other colleagues who have provided input:	Antony Dixon – Strategic Commissioning Manager Nottingham City Council Charlotte Harris – Project Manager Nottingham City CCG and Nottingham City Council	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		√
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		√
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
This paper provides information on the performance of the Better Care Fund; the Better Care Fund indicator report is included.		
Recommendation(s):		
1	Sub-committee note current performance in relation to BCF metrics as detailed in 2.4	
2		
3		
4		

	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

- 1.1 To enable Sub-committee to consider current performance of the BCF pooled budget against agreed national and local metrics on behalf of the Health and Well-being Board and consider whether any changes are required to BCF schemes as a result.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Better Care Fund provides for £3.8 billion worth of funding nationally (23.297m Nottingham City) in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

- 2.2 Nottingham City's plan was approved In October 2014 and detailed planning for successful implementation has taken place since this date.

- A section 75 pooled budget agreement was approved by both Nottingham City Council and Nottingham City CCG. This includes the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks.
- A better care fund indicator report has been developed to monitor performance against the national BCF metrics.
- Logic modelling is underway to better understand how activity funded through the BCF supports expected outcomes. A report will be produced to monitor the impact of individual BCF schemes and inform future BCF planning.

- 2.3 Better Care Fund performance is measured through a set of four nationally developed metrics and two locally developed metrics. These performance metrics assess reductions in non-elective admissions to hospital, reductions in delayed transfers of care, reductions in permanent residential admissions, increased effectiveness of reablement (national metrics) and improvement in citizen outcomes and an increased uptake of assistive technology (local metrics). Locally a Better Care Fund indicator report has been developed to provide information on performance to date to the Health and Wellbeing Board Sub- Committee (appendix A).

The pay for performance element of the plan relates to the target for a reduction in non-elective activity only. On submission Nottingham City's plan stated a planned reduction of 3.5% based on national guidance at that time. In early 2015 NHS England indicated that local areas could revisit their non- elective admissions plan through 15/16 operational planning to take into account actual performance in the year to date (particularly through winter), likely outturn for 14/15 full year, and progress with contract negotiations with providers. The Health and Wellbeing Board

approved a reduction in the target to 1.6% to reflect the expected impact of the BCF schemes. Current understanding of the guidance indicates that performance will be measured against the 3.5% target for Q4 of 2014/15 and 1.6% for Q1-3 of 15-16.

2.4 Summary of performance

Performance against each BCF metric is described below; where applicable performance against the annual target is described first, followed by a description of performance against the monthly target.

Q4 2014/15

Avoiding permanent residential admissions	<p>There were 146 permanent admissions into residential care during 2014/15, this metric over-performed against the BCF target for 14/15 of 242 admissions.</p> <p>During March 2015 32 citizens were permanently admitted into residential care, this metric under –performed against the monthly BCF target of 21 admissions.</p> <p>However, analysis done to reconcile end of year figures suggests that there was under reporting during 2014/15 and that this data quality issue has arisen from business process issues. Local authority analysts are working with business units to revise the business processes.</p>														
Increased effectiveness of reablement	<p>The measure combines data from the Local Authority and CityCare reablement services. During 2014/15 60.8% of citizens offered reablement were at home 91 days after discharge from hospital. Performance against this measure is below the target of 64.1%.</p> <p>Performance during March 2015 under-performed against the target at 48%.</p>														
Reduced delayed transfer of care (DTC)	<p>There were 7,959 delayed days during 2014/15, this metric over -performed against the BCF target of 8,786 delayed days.</p> <p>During March 2015 there were 801 delayed days, this metric under-performed against the BCF monthly target of 666 delayed days.</p>														
Increased uptake of Assistive Technology	<p>The number of users of Assistive Technology at the end of 2014/15 over-performed against the target with 4809 users against the target of 4800.</p>														
Improvement in health and social care outcomes	<p>The first dataset was produced in February 2015, the results showed that 83% off those citizens with long term conditions taking part in the survey reported an improved experience. This will form the baseline for this metric.</p>														
Reduced non-elective activity	<p>Performance during Q4 14/15 demonstrated a downward trend in admissions compared to performance for the same period during 13/14.</p> <p>The finalised dataset for Q4 14/15 is summarised in the table below. The target number of admissions was 7117; there were actually 7211 admissions during this period (94 above the target). However, there was a reduction of 146 admissions against the baseline for this metric.</p> <p>The total value of the payment for performance available this quarter was £360k, the performance against the target releases £220k.</p> <table border="1" data-bbox="427 1720 1150 1998"> <tr> <td>Q4 14/15 Target</td> <td>7117</td> </tr> <tr> <td>Q4 14/15 Actual performance</td> <td>7211</td> </tr> <tr> <td>Variance against target</td> <td>94</td> </tr> <tr> <td>Cumulative number of admissions reduced</td> <td>(146)</td> </tr> <tr> <td>Payment available during quarter</td> <td>£360,580</td> </tr> <tr> <td>Payment achieved</td> <td>£220,520</td> </tr> <tr> <td>Payment not available</td> <td>£140,060</td> </tr> </table>	Q4 14/15 Target	7117	Q4 14/15 Actual performance	7211	Variance against target	94	Cumulative number of admissions reduced	(146)	Payment available during quarter	£360,580	Payment achieved	£220,520	Payment not available	£140,060
Q4 14/15 Target	7117														
Q4 14/15 Actual performance	7211														
Variance against target	94														
Cumulative number of admissions reduced	(146)														
Payment available during quarter	£360,580														
Payment achieved	£220,520														
Payment not available	£140,060														

Q1 2015/16

Avoiding	There have been 27 permanent admissions into residential care since the start
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permanent residential admissions	of Q1, this metric has over-performed against the BCF year to date target for 15/16 of 37 admissions. The Local Authority analysts are continuing work with business units to revise reporting processes.
Increased effectiveness of reablement	The target for May 2015 was 66.7% i.e. 66.7% of the citizens who were offered reablement following discharge from hospital were still at home 91 days after discharge. During May performance was below the target at 63%.
Reduced delayed transfer of care (DTC)	There has been a positive reduction in delayed transfers of care. During April 2015 there were 662 delayed days, over-performing against the BCF monthly target for this metric of 805 delayed days. Reports at the provider level show that delays for CityCare have now stabilised as a result of reviewing their reporting processes.
Increased uptake of Assistive Technology	Data on the number of Telecare users was not available for May 2015. There are some on-going data reporting issues within the Telecare service. This issue has been logged and actions are being progressed to resolve reporting problems.
Improvement in health and social care outcomes	The next round of surveys will be analysed at the end of June, an update on this metric should be available in July/August 2015. A recommendation on the target for this metric will be proposed to the CEG in August 2015.
Reduced non-electivity activity	The general trend in admissions is downwards compared to performance for the same period during 2014/15. During April there were 2,406 non-elective admissions, this metric over-performed against the BCF target of 2,442 admissions (target of 1.6% reduction). There is some variation in non-elective activity by CDG. During the last six months a review of the rolling average percentage change shows that there has been an increase in non-elective activity of between 3-5 % in CDGs 1, 2,3,5,6 and 7. There was a significant increase in non-elective activity in CDG 3 during May of 5.4%.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None. Finance comments pertaining to the pay for performance element of the BCF are contained within the BCF Budget monitoring Report.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

This report does not raise any significant legal issues

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

✓

No

□

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

Appendix A – BCF Dashboard



Enc. 3 Better Care
Fund Indicators v3.3

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Health and Wellbeing Board paper 'Better Care Fund Update' October 2014.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE – 14TH JULY 2015

Title of paper:	Better Care Fund Quarter 1 Budget Monitoring Report	
Director(s)/ Corporate Director(s):	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults	Wards affected: All
Report author(s) and contact details:	Darren Revill darren.revill@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Andrew James, Team Leader – Legal Services	
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision	Up to £0.861m	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities): This paper presents the Qtr1 Better Care Fund Monitoring Report, requests approval for the realignment and reallocation of funds and management of the pay for performance element of the fund.		
Recommendation(s):		
1	To approve the realignment of NHS Nottingham City Clinical Commissioning Group (CCG) schemes to reflect 2015/16 finalised contract values as detailed in 2.6 below.	
2	To approve the allocation of £0.176m released from Recommendation 1 above to fund Ramsay Wait Beds in 2015/16.	

3	Note the projected position of the Better Care Fund (BCF) Pooled Budget as at Quarter 1 of 2015/16 as per Table 2 .
4	To approve the use of underspends in 2015/16 to meet the non-achievement of the Pay for Performance element of funding within the BCF in accordance with the Section 75 Partnership Agreement.
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

- 1.1 The change in contract values for schemes commissioned by the CCG in 2015/16 will enable the realignment of the Better Care Fund budget to give more robust budget monitoring and inform further decision making on the use of funds for integrated working initiatives.
- 1.2 Ramsay wait beds are currently being used to support discharges from NUH to free up capacity until further care arrangements can be put in place. This proposal supports the Better Care Fund objectives and performance metrics.
- 1.3 Quarterly budget monitoring information will be provided to Sub-Committee to enable the formal monitoring of the 2015/16 Better Care Fund budget.
- 1.4 To agree how the funding linked to the Pay for Performance element of the Better Care Fund is managed within 2015/16.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Nottingham City Better Care Fund Plan was approved by the Health & Wellbeing Board on 25 February 2014. The plan was subsequently revised in accordance with NHS England requirements and approved on 29 October 2014.
- 2.2 It is a requirement (under s.223GA of the NHS Act 2006, as amended by the Care Act 2014) that the CCG and Council establish a pooled fund to support the integration of health and social care to achieve the national conditions and local objectives; the Better Care Fund.
- 2.3 The Section 75 (S75) Better Care Fund Partnership Agreement details the governance arrangements, funding allocations for schemes aligning to the Better Care Fund Plan that have been agreed by NHS England and risk sharing arrangements for the pay for performance related element.
- 2.4 At a national level, in 2015/16 the funding comprises;
 - £3.46bn that will pass through NHS England to CCG's.
 - £134m Adult Social Care Capital Grant from the Department of Health to Local Authorities.
 - £220m Disabled Facilities Grant from the Department for Communities and Local Government.

2.5 The funding of the Better Care Fund for Nottingham City as included in the S75 Partnership Agreement is detailed in **Table 1** below.

TABLE 1 – 2015/16 NOTTINGHAM BCF FUNDING	
Better Care Fund	Total £000
CCG	
CCG Baseline (Minimum Contribution)	21,421
Other CCG Allocation	1,832
Sub-Total	23,253
City Council	
Disabled Facilities Grant	1,013
Social Care Capital Grant	863
Social Care Contribution	716
Sub-Total	2,592
Grand Total	25,845

2.6 **Table 2** below shows the first quarterly budget monitoring report for the 2015/16 Better Care Fund following the pooling of funds under S75 arrangements. Information is represented at an area of spend level of detail and the forecast includes the impact of recommendations 1, 2 and 4.

TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING REPORT (QUARTER 1)			
Area of Spend	2015/16 (£000)		
	Original S75 Annual Budget	Annual Forecast	Forecast Variance
Access & Navigation	1,610	1,583	(27)
Assistive Technology	1,185	1,185	0
Carers	1,352	1,410	58
Co-ordinated Care	8,381	7,146	(1,235)
Capital Grants	1,876	1,876	0
Independence Pathway	11,281	11,244	(37)
Programme Costs	160	166	6
Total	25,845	24,610	(1,235)
Non Achievement Element of Qtr1 Pay for Performance (reflecting proposal to meet this cost from BCF underspends)	(140)		
Current level of forecast BCF Underspend	25,705	24,610	(1,095)
Estimated Provision for Pay for Performance element (Q2 to Q4)	(545)		
Revised BCF Forecast Underspend	25,160	24,610	(550)

2.7 The current forecast underspend of £1.235m as shown in Table 2 above is due to the 7 day working allocation. Proposals to agree the services this work stream supports will be subject to a further report to Committee for approval.

2.8 Finalisation of contracts with service providers has resulted in changes in values to the figures included in the BCF plan and Section 75 Agreement. **Table 3** below shows the changes to the CCG schemes at an 'area of spend' level.

TABLE 3 - CHANGE IN CONTRACT VALUES				
Area of Spend	Original S75 Agreement Value	Finalised Contract Value	Variance	Reason for Variance
	£000	£000	£000	
Access & Navigation	1,321	1,294	(27)	Citycare SLA finalised
Assistive Technology	400	400	0	
Carers	629	687	58	Increase in cost of Carers Respite and Headway Services
Co-ordinated Care	2,470	2,470	0	
Independence Pathway	7,491	7,278	(213)	Citycare SLA finalised
Programme Costs	160	166	6	Salary uplift
TOTAL	12,471	12,295	(176)	

2.9 The net impact of these changes is a reduction in budget requirement of £0.176m. The proposal in this report is to reinvest this funding in 2015/16 to contribute towards the Ramsay wait beds, supporting the discharge of citizens from hospital until further care arrangements are in place to provide support in the community.

2.10 NHS England operational guidance states that for the Pay for Performance related element of the fund, CCG's may only release the full value of this funding into the pool if the non-elective admissions target is met. If the target is not met, a proportionate amount will be transferred to the pooled fund and the balance retained by the CCG.

2.11 Provisions within the S75 Agreement (Schedule 3 – Risk Share and Overspends) for treatment of the Pay for Performance related element of the Better Care Fund give 2 options:

- 1) To make additional contributions to the pooled fund in equal proportions of an amount required to meet the Payment for Performance shortfall.
- 2) Virement from an underspend within the pooled fund.

2.12 Recommendation 4 proposes in line with 2.11 above that the 2015/16 Payment for Performance shortfall is met from pooled fund underspends. The value to date and maximum requirement this decision represents is:

- Quarter 1 value (based on Q4 2014/15 Performance) £0.140m
- Quarter 2 to 4 assuming target is not met £0.545m
- Total Maximum Value £0.685m

It should be noted that the value attributable to Quarter 2 to 4 may range between £0 and £0.545m. Updates on the performance related element will be provided through future budget monitoring reporting.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 The payment for performance shortfall in 2015/16 under provisions of the S75 Partnership Agreement could be funded through the partners making additional contributions from their own resources. As both partners are already contributing more than the specified minimum amount to the Better Care Fund and there being slippage within the 7 day working initiative, the preferred option is to meet any shortfall in 2015/16 from underspends

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Table 4 below summarises the value of this decision.

TABLE 4 - VALUE OF DECISION SUMMARY		
Proposal		Cost £000
Allocation of funding to the Ramsay Waits Beds (from re-aligned CCG contractual values)		176
Allocation of 2015/16 underspends to meet Pay for Performance shortfall	Up to	685
Total	Up to	861

4.2 Other financial implications are detailed in the body of this report.

4.3 Use of further Better Care Fund underspends in 2015/16 will be subject to further appropriate approvals.

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

5.1 This report does not raise any significant legal issues.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

x

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

NHS England Publications Gateway Reference 03001 – Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE – 14TH JULY 2015

Title of paper:	Social Care Capital Grant	
Director(s)/ Corporate Director(s):	Alison Michalska Children & Adults	Wards affected: All
Report author(s) and contact details:	Antony Dixon Antony.dixon@nottinghamcity.gov.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)	17 th June 2015	
Total value of the decision	£863,000	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities): This paper requests approval of proposals for utilisation of Social Care Capital Grant for 2015/16 in accordance with BCF planning requirements. They will contribute to improving health and well-being outcomes for citizens through assisting with a reduction in non-elective acute and residential care admissions and through contributing to the implementation of Care Act requirements.		
Recommendation(s):		
1	Committee approve the allocation and spend of 2015/16 Social Care Capital grant as detailed in 1.2 below.	
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):	

At present Nottingham's BCF plan (to which this report pertains) is focused on improving outcomes for older people and those with long-term conditions. This may change in future iterations of the plan
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1. REASONS FOR RECOMMENDATIONS

- 1.1 From 2015/16 Social Care Capital grant is contained within the Better Care Fund to ensure that utilisation of this funding stream forms part of strategic planning for integrated provision.
- 1.2 It is proposed to utilise the 2015/16 Social Care Capital Grant for the following purposes:

Capital Costs of Integrated Community Equipment Loan Service (ICELES) Including Funding for ICELES overspend:

Contribution to NCC capital costs associated with delivery of ICELES. Will result in a budget pressure if not allocated in 15/16 as spend on ICELES has exceeded original estimates on which current budget based and budget profiled on capital contribution.

An allocation of £400,000 will be required in 2015/16

Project Evolution Funding:

Part of the 2015/16 grant allocation (£322,000) is ring-fenced funding for the introduction of a capped cost system. In addition a further allocation is required in order for Project Evolution to incorporate additional finance modules that will support the adult social care department's ability to cope with the additional demand on the service, these include:

- Online financial assessment module which financial assessors can complete alongside citizens and carers in their homes or that citizens and carers can complete themselves;
- Financial protection module which will enable NCC to consolidate its deputyship processes and systems so that all client financial information is in one system.

The funding requirement is £322,000 ring-fenced for the capped cost system and an additional £141,000 for additional financial modules

- 1.3 Utilisation of Social Care Capital Grant for the purposes identified above has good fit with BCF objectives and metrics as they will: assist with a reduction of non elective and residential admissions through provision of aids to independent living; assist with delivery of Care Act requirements and use of NHS number as the primary client identification. The proposals also provide good fit with the requirement to utilise the grant to support developments relating to personalisation, reform and efficiency.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Department of Health (DoH) allocates the Social Care Capital Grant to local authorities, providing capital funding to support development in three key areas: personalisation, reform and efficiency.
- 2.2 Guidance on utilisation of the Grant is based on feedback from the local government sector indicating that priorities for investment are:
 - Innovative alternatives to residential care - supported housing and living (for Learning Disability clients) and Page 16 Care Housing (for elderly clients) which can

help people live in the most appropriate accommodation via a range of housing options for differing levels of need and lifestyle;

- Alternatives to residential care via community based services investment – specifically capital investment in telecare, simple aids to daily living & reablement infrastructure;
- Service redesign to the care infrastructure - capturing front of house first point of contact services (e.g. Putting People First considerations sign posting, information & advice and social capital), Assessment and Care management is 'lean' so that contact with users is maximised and the process is proportionate to risk and needs.

2.3 Formal notification of Social Care Capital Grant allocation was received from the DoH on 19th December. This stipulated that within the Grant is a ring-fenced allocation of £322k for capital costs associated with the transition to a capped cost system (including IT).

2.4 Allocation of Social Care Capital Grant in 2013/14 and 2014/15 was for the following purposes:

- Funding for development of extra care provision in the North of the City (Hazel Hill)
- Capital funding for Assistive Technology equipment
- Capital funding for equipment to facilitate mobile working within Adult Assessment

2.5 The purpose of Project Evolution is to consolidate systems, processes and ways of working in order to achieve compliance and generate efficiencies to cope with the rising demands on social care services and meet the requirements of Ofsted and changes in adults social care legislation in 2015 and 2016 including a capped cost system.

In order to achieve this objective, the project completed a tendering exercise to procure an integrated case management and finance solution that would meet the needs of the current business operating requirements and the future requirements of the Care Act legislation. Following an evaluation process, the tender for the consolidated social care and finance system was awarded to Liquidlogic in May 2015.

A range of products have been included as part of the new solution that will enable the Council to meet the legislative requirements of the Care Act including:

- Ability to track care costs and progress towards the CAP and support the recording and tracking of care costs;
- Ability to manage and track services provided to self-funders;
- Ability to manage carers and citizens and joint assessments;
- Production of care account statements;
- Carer assessments and personal budgets;
- Connectivity to the NHS PDS in order to pass data to and from the social care system.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Other options for disbursement of grant in 2015/16 include:

Assistive Technology: would enable early intervention and prevention services to be developed across the City. Funding would enable the purchase of equipment that can be used within homes to ensure citizen safety and potential monitoring to ensure individual remembers to take medication, food and drinks throughout the day. Would pump prime refreshed AT programme in the City. Capital funding allocation for 14/15 still not utilised.

Community Innovation Fund: this would be a 'market development' fund for independent providers to bid into for a variety of purposes including: updating of existing provision; capital cost of providing alternatives to existing intensive or ineffective provision. The fund would enhance the support available for the independent sector and facilitate an expansion of market choice which would fulfil Council and wider national social care objectives.

Nottingham City Council Provision Capital Upgrades: set aside for capital costs of upgrading existing NCC residential and day care provision where funding has not already been set aside for this purpose.

Pop Up Shop: capital costs for temporary town centre store showcasing assistive technology solutions and aids and adaptations to promote independent living. The provision would be targeted at those who do not receive equipment through the funded ICELS route.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 As detailed in Department of Health (LASSL (DH)(2014)2) and NHS England Better Care Fund guidance the Social Care Capital grant from 2015/16 will be allocated directly to councils from the DoH. Conditions of the grant specify that the funding is included within pooled budgets for the purposes of integrated provision.

4.2 Of the national allocations, £50m of the total £134m capital funding has been earmarked for costs associated with transition to the capped cost system which will be implemented in April 2016. For Nottingham City, this equates to £0.322m as detailed in 2.3 of this report.

4.3 A summary of the recommendations in this report are detailed in Table 1 below:

TABLE 1 - SUMMARY OF RECOMMENDATIONS	
Purpose	2015/16 Cost £000
Integrated Community Equipment Loan Service	400
Integrated Case Management and Finance System	463
Total	863

4.4 Both of the above funding allocations are contributions to larger services / projects and support the BCF objectives and metrics as detailed in section 1.3. The ICELS service is a pooled fund in itself currently hosted by Nottinghamshire County Council on behalf of city and county partners. The Integrated Social Care System project and total funding allocation will be managed by the Project Evolution Steering Group.

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

This report does not raise any significant legal issues

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Proposals do not relate to new provision or service delivery

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

Local Authority Social Services letter LASSL (DH)(2014)2

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

None

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE -
14 JULY 2015

Title of paper:	Priority Families- proposal: Small Resource Budget for Families	
Director(s)/ Corporate Director(s):	Alison Michalska - Corporate Director Children and Adults	Wards affected: All
Report author(s) and contact details:	Nicky Dawson Priority Families Programme Coordinator Tel: 0115 87 63757 Nicky.dawson@nottinghamcity.gov.uk	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Total value of the decision:	£24,000	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input checked="" type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>The Priority Families Programme commissioning intentions and framework were set out in a Commissioning Executive Group paper August 2014 and approved by the Health and Well-Being Board and are referenced in this paper.</p> <p>The Priority Families Programme (nationally the Troubled Families Initiative) is a key delivery strand under the Health and Well-Being Board strategy changing culture and systems. The Priority Families Leadership Group has delegated authority from the Health and Well-Being Board to determine and make recommendations to this Committee in respect of release of resource, to include short-term commissioning, and long-term commissioning intentions. This will enable decisions to be made by the Commissioning Sub Committee in respect of supporting delivery of phase 2 of the Troubled Families national initiative.</p>		

The recommendation being brought forward is that a small Family Resource Budget is allocated to each of the 16 partnership senior practitioners (known as Accredited Practitioners) to use for practical support of families across their geographical areas of responsibility and to be accessed by frontline workers across the partnership supporting families under this programme. Partners include for example schools, police, Health, Housing, Voluntary and Community Sector.

Recommendation(s):

1	It is recommended that the Health & Wellbeing Board Commissioning Sub Committee approve the release of £24,000 resource from the Troubled Families grant funding for one year as a small Family Resource Budget. This resource to be accessed by frontline partnership staff in support of the families they are working with and managed by the Accredited Practitioners. The 16 Accredited Practitioners to each hold and manage a £1,500 share of the £24,000 funding.
2	The Health & Wellbeing Board Commissioning Sub Committee to note delegated authority from the HWBB to the Priority Families Leadership Group to oversee and manage the Priority Families partnership budget and to bring forward recommendations for use of programme resource and grant funding for final decisions by this Committee.
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>Not applicable</p>

1. REASONS FOR RECOMMENDATIONS

- 1.1 To ensure the Health and Wellbeing Board and Commissioning Sub Committee is enabled to receive recommendations and make commissioning and resource decisions in respect of the operating model and interventions used to support delivery.
- 1.2 To enable CSC under delegated authority from HWBB to make decisions to release programme resource and specifically to agree the release of £24,000 resource from the Priority Families grant funding for practical support of complex needs Nottingham families supported under the programme. The programme delivers against a wide range of strategic outcomes in Nottingham City.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Priority Families Partnership retains responsibility for the development of strategies to deliver Nottingham's Priority Families Programme incorporating the new 'Ways of Working' transformation strand (partnership wide service transformation and workforce development) and government's Troubled Families agenda 'tackling crime and anti-social behaviour, school attendance and exclusion, worklessness and financial vulnerability, domestic abuse, children in need of help, and physical and mental health issues (including substance and alcohol misuse)'. The programme successfully entered Phase 2 of the national initiative as an 'early starter' having met 100% of Phase 1 targets six months early. This partnership

programme is overseen by and reports to the HWBB as its top layer of governance as agreed by the One Nottingham Partnership in 2012.

- 2.2 Priority Families forms part of the One Nottingham Plan and the HWBB Strategy. The programme is also responsible for developing and testing innovative collaborative solutions to create service efficiencies, fill short term gaps, and to better meet the needs of complex families. This can include recommendations for short term commissioning to provide resource for this activity.
- 2.3 The commissioning activity to be approved through this report is the provision of a small Family Resource Budget to be administered by partnership senior practitioners to provide practical support to complex needs families.

PROPOSAL - Family Resource Budget

2.4 Background

For Phase 1 £250 per family was reserved against 1,000 target families. This small budget allowance was to cover practical items that would help to move the family on in their journey to achieve more positive outcomes that could not be funded or sourced from an alternative budget or resource centre. This small budget was to be managed by the Accredited Practitioners.

Because the criteria for phase 1 of the programme were constrained to areas of work that are covered by statutory provision there was little call on this funding. The small usage was funded from the programme operational budget line. All expenditure was agreed with the Programme Coordinator after thorough exploration of alternative sources of funding.

Examples of expenditure

- Purchase of replacement birth certificates for apprentices to enable registration for employment
- Art and craft materials for work with children in the Edge of Care Hub.

Phase 2

It has already become apparent that with the widening of the criteria that more creative approaches are required and that there will be more need for a small resource for practical support of families to help small changes. Requests are already being made that cannot be sourced elsewhere for example for a set of soft toy characters that can be used for play therapy. It is also apparent that the previous level of funding for a small resource budget could be substantially reduced.

Proposal

Based on the level of usage across similar posts in other local authority settings, it is proposed that each partnership senior practitioner (Accredited Practitioner) should hold a budget of £1,500 per annum (to be reported for accounts each quarter with auditable evidence of any expenditure and reviewed annually). This resource to be accessible on application by partnership frontline workers in practical support of complex needs families. This would equate to a total budget of £24,000 across 16 Accredited Practitioners per annum. Initially release of this resource is requested for one year, to be reviewed by this Committee at the end of that period before any further extension.

The grant funding arrangements for the Priority Families Programme are set out in the table below:

Action	Funding Source	Note
HWBB (and CEG) to receive data and needs led analysis from the Priority	Long term - Joint commissioning pooled/aligned arrangements	HWBB hold this authority

Families Partnership to enable and inform commissioning decisions to be made in respect of service transformation, efficiencies and savings, and workforce development (the operating model) and interventions required to deliver the model and support improved outcomes for families with complex needs.	Short term – Priority Families Programme grant and income (e.g. payment by results income).	CSC hold this authority as delegated by HWBB
For CSC to approve release of grant resource for a small family resource budget for practical support of complex needs Priority Families across the city to the value of £24k.	Troubled Families Grant (Attachment Fee)	HWBB delegated this authority to CSC
For CSC to note that future short term commissioning proposals will be brought forward as required	Troubled Families Payment by Results Income and uncommitted under spend from the attachment fee. (Other sources of income may be available to support individual proposals).	HWBB delegated authority to CSC

Table 1: Priority Families commissioning and funding sources

Strategic Outcomes

1.4 The programme contributes to the delivery of strategic aims and outcomes across a range of key partnership plans and strategies such as the examples set out in table 2 below. These are measured through government and locally determined performance measures as applied to a household.

Plan / Strategy	Outcomes contributed to
CDP Partnership Plan	<ul style="list-style-type: none"> • Reduce All Crime • Reduce Anti-Social Behaviour • Reduce Substance Misuse • Reduce Reoffending
Nottingham Plan 2020	Priorities to reduce crime and ASB, reduce unemployment and support young people into training education or employment, support early intervention, deliver effective value for money services.
National Public Health Outcomes Framework (PHOF)	Directly delivers against following measures: <ul style="list-style-type: none"> • Successful completion of drug treatment (2.15) • Alcohol related admissions to hospital (2.18) • Domestic abuse (1.11) • Violent crime (including sexual violence) (1.12) • Reoffending levels (1.13)
Nottingham City Joint Health and Wellbeing Strategy	Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases. Support citizens to be fit for work. Support citizens with emotional and mental health and well-being.
Safe, Responsible, Healthy: Nottingham's	<ul style="list-style-type: none"> • supporting individuals to drink less and less often • Fewer children and young people misusing alcohol

Approach to Alcohol	<p>people will be reduced</p> <ul style="list-style-type: none"> • Fewer adults drinking at harmful levels • Lower levels of alcohol related health harms • Greater numbers recovering from alcohol dependency • Levels of alcohol related disorder and violence reduced
Partnership Drug Strategy	<ul style="list-style-type: none"> • Reduce drug use through preventing new incidences of drug use, increasing the number recovering from dependence and restricting the supply of drugs • Reduce the number of new drug users, including preventing today's young people from becoming tomorrows drug users • Increase the number who recover from dependant drug use • Reduce the harm caused to children by adults drug use • Reduce crime and the progression to criminal activity, including preventing today's young people from becoming tomorrows offenders • Reduce drug fuelled offending • Reduce the wider public health risks resulting from drug use
Police & Crime Commissioner Plan	<ul style="list-style-type: none"> • Reduce antisocial behaviour in households by 60% • Reduce the impact of drugs and alcohol on levels of crime and antisocial behaviour • Give extra priority and resources to domestic violence and crimes against girls and women
Ending Gang and Youth Violence Strategy	<ul style="list-style-type: none"> • To keep people safe and reduce the harm of the impact of gun, knife and gang related behaviour by supporting intervention models designed to tackle these specific behaviours and risks • To support a cohesive and challenging partnership approach across all sectors (including voluntary and community) to identify early and prevent children and young people from becoming involved in gun, gang and knife related crime and where appropriate to promote the use of and facilitate restorative justice and mediation processes. • Early identification of the children and young people who become involved in guns, gangs and knife crime or experiencing the impact of this nature of offending
Children and Young People Plan	<p>Identifies three "core features" of the Councils approach to delivering this vision:</p> <ul style="list-style-type: none"> • Intervening earlier (to prevent avoidable problems) and break the cycle of disadvantage • Empowering families to take responsibility • The integration of services around families to deliver a seamless response to those in need (safeguarding and early intervention, strong families, healthy and positive children and young people, achievement and economic well being)

Table 2: Plans/strategies contributed to through delivery of Priority Families

Local Need

2.5 The Family Resource Budget will be used to meet the practical needs of complex needs families in the Priority Families programme that cannot be met from any other resource.

Commissioning Framework

2.6 The Priority Families Partnership applies the Nottingham City Council commissioning framework to partner Page 25 commissioning activities.

2.7 The commissioning intentions set out within section 3 will be delivered within the context of the commissioning cycle:

Table 3: commissioning cycle



This proposal complies with Commissioning Intentions set out in 2014/15

2.8 The commissioning intentions for 2014/15 (set out in table 3) will:

- Contribute to delivery of partnership wide strategic aims and outcomes identified in section 1.4
- Work within current financial constraints and consider opportunity for further value for money/efficiencies as set out in section 4
- Respond to local need identified through robust needs assessments
- Continue to improve support pathways and outcomes for citizens
- Ensure alignment to local and national strategies and criteria

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Not having a resource. This would not enable removal of small practical barriers that make a big difference to the pace of change in families or in some instances may prevent change altogether.

3.2 Keeping the resource at the previous level. Review of this option, for example level of previous use and comparisons with other local authorities evidenced that resource could be reduced and still be effective.

4. FINANCE COMMENTS (INCLUDING VALUE FOR MONEY/VAT)

4.1 The resource release requested is £24,000. There are sufficient uncommitted funds in the attachment grant to enable this request and use of uncommitted funds for this purpose was recommended by the Priority Families Leadership Group 3rd June 2015.

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

- 5.1 The programme risk register is overseen and managed by the Priority Families Partnership Programme Board. There are no risks to be escalated at this time.
- 5.2 Within the programme the Troubled Families element has stretching targets for Nottingham to deliver against the key outcomes for families around reductions in crime and Anti-Social Behaviour that include domestic abuse and substance misuse. These targets have been met to required levels for Phase 1 of the programme. Phase 2 target delivery has just commenced. The national targets align with Nottingham's strategic plans – see section 1.4 'strategic outcomes'.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Yes – (as part of strategy development)

- Yes – An Equality Impact Assessment was prepared when HWBB strategy was developed.

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham City Joint Health and Wellbeing Strategy 2013-2016,

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**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE -
July 2015**

Title of paper:	Approval for Crime and Drugs Partnership to tender Domestic and Sexual Violence Services	
Director(s)/ Corporate Director(s):	Alison Michalska - Corporate Director Children and Adults Candida Brudenell - Strategic Director Early Intervention	Wards affected: All
Report author(s) and contact details:	Clare Fox – Strategy and Commissioning Manager 0115 8765656 clare.fox@nottinghamcity.gov.uk Christine Oliver – Head of Service CDP 0115 8765725 Christine.oliver@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Dee Fretwell – Finance Analyst – Children and Adults Dawn Cafferty – Procurement Category Manager Naomi Vass - Senior Solicitor, Contracts and Commercial	
Date of consultation with Portfolio Holder(s) (if relevant)	Cllr Norris 25/06/2015	
Total value of the decision:	£3.9m	

Relevant Council Plan Strategic Priority:

Cutting unemployment by a quarter	<input type="checkbox"/>
Cut crime and anti-social behaviour	<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City	<input type="checkbox"/>
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>
Help keep your energy bills down	<input type="checkbox"/>
Good access to public transport	<input type="checkbox"/>
Nottingham has a good mix of housing	<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs	<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>
Support early intervention activities	<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens	<input checked="" type="checkbox"/>

Relevant Health and Wellbeing Strategy Priority:

Healthy Nottingham: Preventing alcohol misuse	<input type="checkbox"/>
Integrated care: Supporting older people	<input type="checkbox"/>
Early Intervention: Improving Mental Health	<input type="checkbox"/>
Changing culture and systems: Priority Families	<input type="checkbox"/>

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

The purpose of this report is to seek delegated authority to implement commissioning recommendations for Domestic and Sexual Violence (DSV).

A review of domestic and sexual violence services was undertaken as part of the Safe From Harm Review. Recommendations from the Safe from Harm review were to maintain levels of funding for domestic and sexual violence and the need for a more joined up approach to commissioning. The

CDP has lead a joint commissioning approach that involves the transfer of budgets and contracts from other commissioning partners to the CDP to be managed in one place, making it less onerous in terms of reporting for providers and therefore more effective for service users. A joint commissioning group has been set up and is developing more effective ways of commissioning DSV services. Subject to agreement of the committee there will be a programme of re-tendering during 2015 with the view for new domestic violence, sexual violence and prevention pathways to be in place for April 2016.

The report seeks delegated authority to the Strategic Director for Early Intervention for agreement to transfer of budget from PCC and CCG approval to tendering of DV and SV services, award contracts and to secure best value for Nottingham Citizens.

Recommendation(s):

1	To agree the transfer and spend of PCC and CCG additional funding for additional projects (Appendix 1)
2	To authorise the procurement of new domestic and sexual violence contracts (Appendix 2, table 2.A)
3	To agree 5 year contracts for new Domestic and Sexual Violence contracts (Appendix 2, table 2.A)
4	To delegate authority to the Strategic Director for Early Intervention to approve the outcome of tenders and award contracts to secure best value for Nottingham’s citizens. (Appendix 2)
5	To delegate authority to the Strategic Director of Early Intervention to sign contracts arising from the tender processes once the tender outcomes are agreed (Appendix 2)
6	To approve dispensation from financial regulations 3.29 under corporate contract procurement rule 5.1.2 in respect of those contracts identified in exempt appendix 1 (table 1A) and exempt appendix 2 (table 2b)
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>These recommendations will enable the provision of services that address and champion the mental health and wellbeing needs of survivors of domestic and sexual violence in line with Public Health, Clinical Commissioning Group and City Council responsibilities. A joint commissioning approach will support the aspiration of parity of esteem.</p>

1. REASONS FOR RECOMMENDATIONS

- 1.1 To implement recommendations from the Safe from Harm review regarding a joint approach to commissioning domestic and sexual violence services therefore making it less onerous for providers and easier navigation for service users. A joint commissioning approach where all the funding and contract management is in one place ensures best value and best practice in commissioning.
- 1.2 Five year contracts would offer stability for providers and potentially make the tenders more attractive to potential providers.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The 2013 Safe from Harm review recommendations included the need for a more joined up approach to commissioning and understanding of the impact of commissioning decisions for DSV specialist services within Nottingham City.

Agreement has been made to transfer all City Council DSV specialist DSV budgets and contracts to the CDP for contract management from April 2015. The Office of the Police and Crime Commissioner (OPCC) has also agreed to transfer their domestic violence grant funding and contracts to the CDP mid-year 2015. It has been agreed sexual violence budgets and contracts will remain with the OPCC and Nottingham City Clinical Commissioning Group (CCG) until April 2016 to ensure no further disruption to these services during the county tendering process.

A Memorandum of Understanding has been drafted to identify roles and responsibilities of all partners, the commitment to a joint commissioning approach and the pooling and alignment of resources and budgets.

The commissioning intentions are to re-commission sexual violence services (excluding recently tendered contracts, refuges and children's workers, specialist nurse posts and the helpline), sexual violence services and prevention services for April 2016.

Consultation will be undertaken on options for a sexual violence pathway in July as this will be completely new for the city. A co-production event is planned with providers and stakeholders and will be facilitated by an external facilitator to help ensure engagement from all.

The timescales for tendering will be advertisement October 2015, awards to be made January 2016 and new services in place April 2016. Consultation, market development specification design and ITT development will be undertaken between now and September 2015.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Domestic and Sexual Violence work is funded through PCC, NCC and CCG budgets other options are to continue separate commissioning. This was rejected through the Safe from Harm Review.
- 3.2 Shorter contracts have been considered but 5 year contracts are the preferred option with suitable break clauses.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 A joint approach to DSV commissioning enables best value for money as there will be no duplication across delivery, contracts will be more manageable for providers and for contract managers and with fewer contracts there will be less management costs, therefore maximising spend on service delivery and achieving desired outcomes.
- 4.2 A finance paper was presented to the board of the CDP in June 2015. This details the budgets to be pooled to deliver Domestic and Sexual Violence Services.
- 4.3 The value of the contracts included in this report, including the extension periods is £3.93m, further detail of the profile of this spend is included in the **Exempt Appendices 1 and 2.**

- 4.4 Dispensation from financial regulations is required for the contracts set out in **Exempt Appendices 1 and 2**
- 4.5 Commissioning of the contracts in this report will ensure value for money is being achieved for services and the requirements of the MTFP are achieved. Before the contracts are awarded a review will need to be undertaken by Commissioning to ensure that the final award value aligns with the values in the **Exempt Appendices**.

Dee Fretwell
Finance Analyst Childrens & Adults

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

Legal Comments

- 5.1 Subject to the MOU being in place prior to the entering into of any contracts with providers there are no significant legal concerns with the proposals set out in this report.
- 5.2 The dispensations being sought are in respect of low value contracts, each below £50,000 and therefore do not present a concern in respect of EU tendering requirements under the Public Contracts Regulations 2015. These are currently discreet individual contracts that would not be subject to aggregation.
- 5.3 Legal representation is being provided as part of the project team for the commissioning of the DSV contracts and the wider joint procurement approach to be adopted under the MOU.

Naomi Vass
Senior Solicitor, Contracts and Commercial

Procurement Implications

- 5.4 There are no significant procurement concerns with this decision. The Procurement Team is providing full support for tendering of requirements in compliance with the Public Contracts Regulations 2015 and Contract Procedure Rules. This will ensure a fair and transparent process and best value for money services for citizens.
- 5.5 With regard to the Dispensations requested, these are supported for the operational reasons set out:
- The Emergency Department and Safeguarding Domestic Violence nurses must be embedded within existing wider healthcare services and can therefore only practically be provided by current providers. These are clearly separate requirements from the main services to be procured and are valued below the relevant EU procurement threshold.
 - The Male IDVA service is low value (less than 20% of the overall value of Domestic Violence services to be procured), and requires a specialist role with only part-time hours supported. Incorporating this element into the overall tender for Domestic Violence services would not be expected to generate any additional value for money and may be detrimental to service delivery.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed? This will be undertaken as part of the development of models.

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

None

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