



**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**Date:** Wednesday, 14 September 2016

**Time:** 4.30 pm

**Place:** LB31 Loxley House, Station Street, Nottingham NG2 3NG

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

**Corporate Director for Resilience**

**Senior Governance Officer:** Jane Garrard **Direct Dial:** 0115 8764315

**1 CHANGE TO COMMITTEE MEMBERSHIP**

To note that the following changes have been made to the Committee's membership:

Voting Members

Replace Assistant Chief Executive/ Strategic Director for Strategy and Commissioning (City Council) with Director of Commissioning and Procurement (City Council)

Non-Voting Members

Replace Director for Procurement and Children's Commissioning (City Council) with Head of Commissioning (City Council)

Remove Director of the Crime and Drugs Partnership

**2 APOLOGIES FOR ABSENCE**

**3 DECLARATIONS OF INTERESTS**

**4 MINUTES**

3 - 6

To confirm the minutes of the meeting held on 20 July 2016

**5 BETTER CARE FUND 2016/17 QUARTER 1 BUDGET MONITORING REPORT**

7 - 10

**6 UTILISATION OF DISABLED FACILITIES GRANT**

To follow

<b>7</b>	<b>COMMISSIONING SUPPORT SERVICES FOR CARERS</b>	11 - 24
<b>8</b>	<b>EXCLUSION OF THE PUBLIC</b> To consider excluding the public from the meeting during consideration of the remaining items 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.	
<b>9</b>	<b>COMMISSIONING SUPPORT SERVICES FOR CARERS - EXEMPT APPENDICES</b>	25 - 30
<b>10</b>	<b>BETTER CARE FUND UNDERSPEND PROPOSALS</b>	To follow

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](http://WWW.NOTTINGHAMCITY.GOV.UK). INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 20 July 2016 from 14.06 - 14.32**

**Membership**

**Voting Members**

Present

Councillor Alex Norris  
Marcus Bicknell (from 2:25pm)

Absent

Candida Brudenell  
Maria Principe

Jo Williams (substitute for Maria Principe)

**Non-Voting Members**

Present

Katy Ball  
Colin Monckton

Absent

Alison Challenger  
Lucy Anderson  
Martin Gawith

**Colleagues, partners and others in attendance:**

Helen Jones	- Director of Adult Social Care
Louise Noon	- Insight Specialist, Public Health
Christine Oliver	- Head of Commissioning
Darren Revill	- Finance Analyst
Jane Garrard	- Senior Governance Officer

**57     CHANGE TO COMMITTEE MEMBERSHIP**

**RESOLVED to note that Dr Marcus Bicknell had been appointed to replace Dr Ian Trimble as the GP Lead for NHS Nottingham City Clinical Commissioning Group on the Committee.**

**58     APOLOGIES FOR ABSENCE**

Candida Brudenell  
Maria Principe  
Alison Challenger

**59     DECLARATIONS OF INTERESTS**

None

## **60     MINUTES**

The minutes of the meeting held on 18 May 2016 were confirmed as an accurate record and signed by the Chair.

## **61     FUTURE MEETINGS**

**RESOLVED to meet on the following Wednesdays at 3pm:**

- 14 September 2016
- 14 December 2016
- 8 March 2017

## **62     BETTER CARE FUND - QUARTER 4 PERFORMANCE REPORT**

Jo Williams, Assistant Director Health and Social Care Integration, introduced the report outlining performance in relation to the Better Care Fund performance metrics for the period Quarter 4 2015/16. She highlighted the following information:

- a) The target for avoiding permanent residential admissions was not met. A deep dive review to identify the reasons for this and action that can be taken will be carried out and this should lead to improved performance going forward.
- b) Performance against the metric for increased effectiveness of reablement has improved. The target is now consistently being met and stretch targets have been set for next year as it is felt that there is potential for more to be achieved.
- c) Delayed transfers of care continue to be a problem. The number of delayed days continues to increase and it is also a problem in the County. A deep dive analysis into the reasons for this is being carried out to better understand the issues and the future focus will be on producing and implementing an action plan to address these issues.
- d) Local metrics to increase uptake of assistive technology and improve health and social care outcomes are both on target.
- e) A survey to key stakeholders seeking feedback on the first year of implementation of the Better Care Fund has been undertaken and the findings will be reported to a future meeting of the Sub-Committee.

In response to a question Jo Williams advised that recent regional discussions have focused on integration initiatives rather than performance but that a regional breakdown of end of year performance will be circulated when it is available.

**RESOLVED to:**

- (1) note the performance in relation to the Better Care Fund performance metrics as detailed in paragraph 2.4 of the report; and**
- (2) note the Better Care Fund Quarter 4 outturn submitted to NHS England on 27 May 2016.**

**63 BETTER CARE FUND PRE-AUDIT OUTTURN 2015/16**

Darren Revill, Finance Analyst, introduced the report outlining the pre-audit 2015/16 Better Care Fund outturn and the fund balance and commitments as at 31 March 2016. He highlighted the following information:

- a) In terms of cash flow the only variation relates to non-elective admissions. The Quarter 1 element was not met and therefore Nottingham City Clinical Commissioning Group withheld money from the Pooled Fund.
- b) The cash flow position at the year-end was £2,324,000.
- c) The outturn statement shows the breakdown by area of spend. The biggest area of spend was Co-ordinated Care.
- d) Out of the outturn position of £2,324,000 there were approved funding commitments of £1,879,000. The fund balance after commitments was £445,000 which will be carried forward.
- e) Other than the target for non-elective admissions not being met in Quarter 1 the Pay for Performance elements were achieved and a balance of £153,000 has been retained.
- f) The Council's final Statement of Accounts including the Pooled Fund Memorandum Account will be considered by the Council's Audit Committee in September 2016 following completion of the external audit.

**RESOLVED to:**

- (1) note the cash flow position of the Better Care Fund Pooled Fund as at 31 March 2016 as set out in table 1 of the report;**
- (2) note the outturn position of the Better Care Fund Pooled Fund as at 31 March 2016 as set out in table 2 of the report and approved funding commitments against this balance; and**
- (3) note the final position of the Pay for Performance element of the Fund as set out in table 3 of the report.**

**64 BETTER CARE FUND UNDERSPEND PROPOSALS JULY 16**

Jo Williams, Assistant Director Health and Social Care Integration introduced the report setting out proposals for the utilisation of the 2016/17 Better Care Fund in relation to the carry forward of money from the 2015/16 Better Care Fund and anticipated in-year underutilisation. She highlighted the following information:

- a) The three proposals – Click Nottingham; expansion of the Temporary Assessment Project Team; and Citizen Triage Point - all support delivery of Better Care Fund metrics.
- b) While an evaluation of Click Nottingham is undertaken it is proposed that commissioning of the service transfer from Nottingham City Clinical Commissioning Group to Nottingham City Council.

- c) Some of the proposals have recurrent funding requirements and some are non-recurrent.

**RESOLVED to**

- (1) approve proposals for utilisation of the Better Care Fund underspend as detailed in the exempt appendix 1 and approve spend for this purpose totalling £492,469;**
- (2) approve dispensation from Contract Procedure Rule 5.1.2 in accordance with Financial Regulation (3.29)(Operational Reasons) in order to make a direct award to Click Nottingham for 6 months from July 2016 to December 2016 with the potential to extend for a further 3 months to 31 March 2017 subject to the outcome of the review and available funding; and**
- (3) delegate authority for signing the Click Nottingham contract to the Head of Contracting and Procurement.**

**65     EXCLUSION OF THE PUBLIC**

**RESOLVED to exclude the public from the meeting during consideration of the remaining item 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.**

**66     BETTER CARE FUND UNDERSPEND PROPOSALS JULY 2016 - EXEMPT APPENDICES**

The Committee considered the exempt appendices to the Better Care Fund Underspend Proposals July 2016 report.

**RESOLVED to note the information contained within the exempt appendices.**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE -**  
**14 September 2016**

<b>Title of paper:</b>	<b>Better Care Fund 2016/17 Quarter 1 Budget Monitoring Report</b>	
<b>Director(s)/ Corporate Director(s):</b>	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Darren Revill <a href="mailto:darren.revill@nottinghamcity.gov.uk">darren.revill@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>		
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Total value of the decision:</b>	Nil	
<b>Relevant Council Plan Key Theme:</b>		
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"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
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"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b> This paper presents the 2016/17 First Quarter Better Care Fund (BCF) Monitoring Report.		
<b>Recommendation(s):</b>		
<b>1</b>	Commissioning Sub-Committee <u>note</u> the cash flow position of the BCF Pooled Fund as at Quarter 1 of 2016/17 as per <b>Table 1</b> in paragraph 2.3.	
<b>2</b>	Commissioning Sub-Committee <u>note</u> the forecast position of the BCF Pooled Fund as detailed in <b>Tables 2 &amp; 3</b> .	
<b>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'):</b>		

## 1. **REASONS FOR RECOMMENDATIONS**

- 1.1 Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2016/17 BCF budget and to support decision making on the use and effectiveness of the pooled fund.
- 1.2 This report also meets the requirements of the Section 75 Partnership Agreement to prepare quarterly reports showing the income and expenditure of the Pooled Fund.

## 2. **BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 Following the requirement to establish a pooled fund to support the integration of health and social care, quarterly budget monitoring reports are presented to Commissioning Sub-Committee to note the position of the pooled fund.
- 2.2 The 2016/17 Nottingham City BCF Plan was approved by the Health & Wellbeing Board Commissioning Sub-Committee on 16 March 2016 and the Health and Wellbeing Board on 25 April 2016.
- 2.3 **Table 1** below shows the cash flows of the 2016/17 pooled fund and the fund balance at the end of quarter 1 against the approved BCF plan. The cash flow represented in Table 1 reflects both slippage in scheme spend and the phasing of expenditure to date.

<b>TABLE 1 – 2016/17 NOTTINGHAM BCF CASH FLOWS</b>		
<b>Better Care Fund</b>	<b>BCF Annual Plan £</b>	<b>Cash Flow at end of Qtr 1 £</b>
<b>Funding into Pool:</b>		
<b>CCG</b>		
CCG Baseline (Minimum Contribution)	(21,504,692)	(5,376,173)
Other CCG Allocation	(1,748,000)	(437,000)
<b>Sub-Total</b>	<b>(23,252,692)</b>	<b>(5,813,173)</b>
<b>City Council</b>		
Disabled Facilities Grant	(1,888,709)	(472,177)
Social Care Contribution	(716,000)	(179,000)
<b>Sub-Total</b>	<b>(2,604,709)</b>	<b>(651,177)</b>
<b>Total Income</b>	<b>(25,857,401)</b>	<b>(6,464,350)</b>
<b>Funding out of Pool:</b>		
<b>CCG</b>	11,188,814	2,754,588
<b>City Council</b>	14,668,587	3,531,477
<b>Total Expenditure</b>	<b>25,857,401</b>	<b>6,286,065</b>
<b>Fund Balance</b>	<b>0</b>	<b>(178,285)</b>



## 2.4 Forecast

2.4.1 **Table 2** below shows the forecast position of the pooled fund at quarter 1. The information is represented at an area of spend level of detail and includes approvals by Commissioning Sub-Committee throughout the financial year, including those approved on 20 July 2016.

The forecast position of the BCF as represented in Table 2 is an underspend of **£0.535m**. The underspend has predominantly arisen as a result of the allocation for seven day working within social care now not planned to start during 2016/17 and lower levels of activity within Carers schemes.

<b>TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING STATEMENT (QUARTER 1)</b>				
<b>Area of Spend (Scheme)</b>	<b>2016/17 (£000)</b>			
	<b>Original S75 Annual Budget</b>	<b>Revised S75 Annual Budget</b>	<b>Annual Forecast</b>	<b>Forecast Variance</b>
Access & Navigation	1,698	1,700	1,673	(27)
Assistive Technology	1,335	1,335	1,293	(42)
Carers	1,527	1,527	1,428	(99)
Co-ordinated Care	7,854	7,852	7,462	(390)
Capital Grants	1,889	1,889	1,889	0
Independence Pathway	11,249	11,249	11,298	49
Programme Costs	305	305	279	(26)
<b>Total</b>	<b>25,857</b>	<b>25,857</b>	<b>25,322</b>	<b>(535)</b>

2.4.2 The BCF Pre-Audit Outturn Report presented to Commissioning Sub-Committee on 20 July 2016 reflected a 2015/16 pooled fund balance at year end of £2.324m and approved commitments totalling £1.879m.

**Table 3** below shows an updated forecast of the 2015/16 pooled fund balance.

<b>TABLE 3 – 2015/16 POOLED FUND BALANCE</b>		
<b>Fund Position</b>	<b>Plan £000</b>	<b>Updated Forecast £000</b>
Outturn Position	(2,324)	(2,324)
Approved Commitments @ 31 March 2016	1,879	1,757
Fund Balance	(445)	(567)
Approvals - 20 July 2016	445	445
<b>Total Fund Balance</b>	<b>0</b>	<b>(122)</b>

This balance has occurred from delays to recruitment in a number of temporary initiatives within this allocation of funding.

- 2.4.3 The underspend and forecast fund balances as shown in Tables 2 and 3 will be subject to further reports to Commissioning Sub-Committee for approval to utilise the available funding during the financial year.

**3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

- 3.1 This report provides an update to Commissioning Sub-Committee and therefore no recommendations require approval.

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

- 4.1 Financial information is detailed in the body of this report.

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

- 5.1 None.

**6. EQUALITY IMPACT ASSESSMENT**

- 6.1 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 or financial decisions.

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

- 7.1 Not applicable.

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

- 8.1 None.

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE****14 September 2016**

<b>Title of paper:</b>	<b>Commissioning Support Services for Carers – Key Decision</b>	
<b>Director(s)/ Corporate Director(s):</b>	Katy Ball - Director of Commissioning and Procurement (Nottingham City Council)  Colin Monckton – Director of Policy and Insight (Nottingham City Council)  Maria Principe - Director of Cluster Development and Performance (NHS Nottingham City Clinical Commissioning Group)	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	Lisa Lopez – Commissioning Manager (Nottingham City Council) 0115 8762746 <a href="mailto:lisa.lopez@nottinghamcity.gov.uk">lisa.lopez@nottinghamcity.gov.uk</a>  Gemma Markham - Commissioning Manager (NHS Nottingham City Clinical Commissioning Group) 0115 883 9532 <a href="mailto:gemma.markham@nottinghamcity.nhs.uk">gemma.markham@nottinghamcity.nhs.uk</a>	
<b>Other colleagues who have provided input:</b>	Hayley Bipin - Commissioning Officer (NHS Nottingham City Clinical Commissioning Group) 0115 883 9474 <a href="mailto:hayley.bipin@nottinghamcity.nhs.uk">hayley.bipin@nottinghamcity.nhs.uk</a>	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	<b>7<sup>th</sup> September 2016</b>	
<b>Total value of the decision:</b>	<b>£4,175,000 (over 5 years)</b>	
<b>Relevant Council Plan Key Theme:</b>		
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"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		<input checked="" type="checkbox"/>
Early Intervention - Improving mental health		<input checked="" 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):**

This report seeks approval for the procurement of services to support both adult carers and young carers, including proactive outreach to identify carers in a variety of settings, and carrying out statutory assessments to identify carer's needs. The proposed services are detailed in **Exempt Appendix 1**.

Local authorities have a statutory duty to proactively identify, assess and support carers in their area under The Care Act 2014, and to young carers under The Children and Families Act 2014.

The proposed services are funded through the Better Care Fund. Aims of the Better Care Fund include citizens living longer, being healthier and having a better quality of life; and removing organisational barriers so that teams from different sectors work together seamlessly. It is proposed that the re-commissioning and tender process be undertaken jointly between Nottingham City Council and NHS Nottingham City CCG. This will allow the continued development of seamless support for carers across both Health and Social Care.

The contracts for the existing carer support services all end on 31<sup>st</sup> March 2017. Therefore any new services to support carers would need to be in place by 1<sup>st</sup> April 2017 in order to provide continuous support.

**Appendices 1 and 3 to this report are exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because they contain 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 jeopardise contract negotiations.**

### **Recommendation(s):**

<b>1</b>	<b>Approve</b> the expenditure of £4.175m of the Better Care Fund budget over the entirety of the contract term for the provision of the Carer Support Services detailed in <b>Exempt Appendix 1</b> .
<b>2</b>	<b>Approve</b> the procurement of the three Carer Support Services detailed in <b>Exempt Appendix 1</b> , 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 1 <sup>st</sup> April 2017, 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. The procurement of and contractual arrangements for the Carer Support Services are to be undertaken jointly by Nottingham City Council and Nottingham City CCG as detailed in section 1.5
<b>3</b>	<b>Delegate</b> authority to the Director of Strategy and Commissioning (Nottingham City Council) and the Director of Cluster Development and Performance (NHS Nottingham City CCG) to approve the outcome of the procurement processes and award contracts to providers that are deemed most suitable to provide these services.
<b>4</b>	<b>Delegate</b> authority to the Head of Contracting and Procurement to sign the final contracts awarded and to agree annual extensions on the basis of performance and budget availability.

### **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'):**

It's recognised that the caring role can have very negative impact on the mental health and wellbeing of the carer. 60% of carers have faced depression at some point due to their caring role (Carers UK) compared to 25% of the general population experiencing any common mental health problem. There have been a number of reports identifying the links between the hours of care provided, and the impact on the health of the carer

– carers who provide more hours of care per week tend to experience poorer health and wellbeing. In Nottingham City more carers provide more hours of care than is average in the UK.

Carers' quality of life can be improved through early identification, assessment and support. By supporting carers we can also improve quality of life for cared-for citizens - many carers support someone with a mental health condition.

The recommendations in this report are for the procurement of services which identify, assess and support carers. The proposed new arrangements will improve the pathway for carers to access support, increase the support available and make more efficient use of the funding available for this purpose.

## **1. REASONS FOR RECOMMENDATIONS**

- 1.1 To provide support for carers in Nottingham City. There are approximately 27,000 carers in Nottingham City (2011 Census data). It's acknowledged that this is likely to be an under-estimation, and with demand for health and social care support expected to rise over the next 20 years, this figure is likely to increase.  
Carers typically experience higher levels of stress and poverty, and poorer physical and mental health than the general population, due to the demands of the caring role. Carers provide support to Nottingham City's most vulnerable citizens, preventing the people they care for from requiring greater degrees of health and social care support. By supporting carers we improve the carer's quality of life. We also support cared-for citizens to remain in their own homes, maintain independence and reduce their incidences of requiring hospital admissions and residential care. Carers' quality of life can be improved through early identification, assessment and support – key elements of the proposed Carer Support Services.
- 1.2 To support the fulfilment of statutory duties towards carers under The Care Act 2014, and to young carers under The Children and Families Act 2014. The Care Act 2014 places a duty on local authorities to proactively identify, assess and meet the needs of carers in their area who might have support needs that are not being met. The Care Act defines a carer as anyone who provides any amount of unpaid care, including the carers of citizens who are not receiving social care support. The Care Act requires local authorities to identify carers' needs through statutory Carers Assessments. The Children and Families Act 2014 requires local authorities to offer an assessment to young carers (aged under 18 years old) where it appears that a child is involved in providing care. This legislation is aligned with provision in the Care Act.
- 1.3 To improve efficiency and value for money in the services we commission. The services which are currently commissioned to support carers by both Nottingham City Council and NHS Nottingham City CCG are discussed in section 2.2 of this report. A single efficient combined Carers Hub could support a far greater number of carers, with reduced costs in service management, and in procurement and contract management. The proposed new services will realise savings of at least £85k across Nottingham City Council and NHS Nottingham City CCG (detailed in Exempt Appendix 1). Performance-related incentives within the new services could result in greater savings, and lead to improved value for money. The proposed Carers Support Services could indirectly provide further savings by decreasing demand for respite and healthcare through providing early support to greater numbers of carers.
- 1.4 To improve access to support for carers. The outcomes of consultations with carers are discussed under section 2.2 of this report, a key message being that carers do not know where to go for information and support. The current range of support available is confusing to both carers and to professionals who could potentially refer carers to services for support. This is a factor in lower numbers of carers accessing assessments and support than anticipated. In addition to clarifying and simplifying access to support for all carers, the proposed services will include clear expectations and performance requirements on identification, assessment and support for carers from BAME communities. (See **Appendix 2.**) As noted above, improving carers' access to support has the potential to improve quality

of life for both carers and cared-for citizens, and to reduce demand on Health and Social Care services.

- 1.5 To support joint commissioning in line with the aims of the Better Care Fund (BCF). An 'aligned commissioning' model, with Nottingham City Council as hosts and NHS Nottingham City CCG as co-signatories is recommended, as statutory responsibility for Carers Assessments sits with Nottingham City Council. A Section 75 agreement is already in place through the BCF to enable the joint procurement to take place. A single tender process would be possible - efficiencies would be realised in the procurement process, and a joint approach would be applied to contract management.

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

### **2.1 Key local and national drivers -**

**The Care Act 2014** requires local authorities to proactively identify, assess and meet the needs of carers in their area who might have support needs that are not being met. This duty extends to all carers, including the carers of citizens who are not receiving social care support. The Care Act requires local authorities to work collaboratively with CCGs to continue to bring together Health and Social Care services to provide tailored support for the citizen.

**The Children and Families Act 2014** requires local authorities to offer an assessment to young carers (aged under 18 years old) where it appears that a child is involved in providing care. This legislation is aligned with provision in the Care Act 2014 requiring local authorities to consider the needs of young carers, including whether the care being provided by the child is excessive or inappropriate, and how the child's caring responsibilities affects their wellbeing, education and development.

**The Better Care Fund (BCF)** is a pooled fund which supports the integration of health and social care. Clinical Commissioning Groups and local authorities pool budgets and agree an integrated spending plan. The BCF includes a requirement to provide support for carers - BCF allocation to CCGs includes funding for supporting the implementation of the Care Act 2014, and NHS replacement care so that carers can have a break.

**The National Carers Strategy 2014-16** has key priorities to support carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.

**Nottingham City's Joint Vulnerable Adults Plan (VAP)** recognizes that there are large numbers of carers in Nottingham City, aims to improve carers' quality of life by ensuring the early identification and holistic assessment of their needs, and by supporting them to realise their potential so that they can have a life outside caring.

**Nottingham City's Children and Young People Plan (CYPP)** identifies young carers as a vulnerable group and includes a commitment to 'pay particular attention to helping them to achieve their potential'.

### **2.2 Current services which supporting carers**

There are currently a number of services commissioned to support carers in different settings, including two referral hubs which operate in community and primary care settings, a number of respite services, and support for young carers aged under 18 years old. There are also services supporting carers of citizens with specific conditions/from specific backgrounds - these services support small, consistent numbers of citizens and appear to have few links and little turnover. There is a low uptake of statutory assessments being carried out through the community referral hub, and low uptake of some respite services. Most services report that access by carers from BAME groups is low. There is a BAME specific respite service that supports one cohort of BAME carers. The very low numbers supported (4% of the eligible local cohort) and the diversity of the BAME population mean that the service could not be said to provide equitable support for the diverse population of Nottingham City (see **Appendix 2**). Overall, the services are well-regarded by the carers they support, but are not well joined up and there is some duplication of provision. Therefore the current services are not always efficient and do not always provide good value for money. The contracts for these existing services all end on 31<sup>st</sup> March 2017.

### 2.3 Consultations

Initial consultations with carers took place in January and February 2016. A Carers Working Group of carers from the Citizen Panel was formed in May 2016 to look at how we support carers. A survey took place in June/July 2016 to inform development of support services. Support for carers from BAME communities was identified as an area of weakness in current services - consultation with carers from BAME communities took place in early September 2016. Key messages from carers were –

- Despite services in place, carers still don't know where to go for information and support.
- Carers often don't recognise their own situation or that help is needed until they have been carers for a significant length of time. During this time they often have some very negative experiences as carers. Far more promotion is needed to ensure a widespread understanding of what being a carer is and where to seek support.
- Carers need improved access to respite provision to enable them to take breaks, support them to continue in their caring role and avoid carer / family breakdown.
- Support with emergency planning would help carers to be confident in their caring role.
- Young carers' felt that they required more support from school/college, access to appropriate support when needed, time to themselves, and opportunities to engage in activities/hobbies. Young carers highly value being taken seriously, and the Young Carers I.D. card has been well received for this reason.

## 3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 Make no changes to services. Continuation of the current service model would not support the needs of many carers in Nottingham, (in particular BAME communities are not fully supported by current services). Whilst the current services are well-regarded by those who access them, many carers are currently receiving no support. If this continues it is likely to result in escalation of needs in both the carer and the cared-for citizen, and significant impact on the quality of lives of all concerned. In addition this model would not support the aims of the Better Care Fund to move towards joint strategic commissioning, or the needs of both Nottingham City Council and NHS Nottingham City CCG to realise cost efficiencies where these can be made without a reduction in service quality or capacity.
- 3.2 Re-commission services at full 2015/16 costs. It's recognised that both Nottingham City Council and NHS Nottingham City CCG need to make significant savings in the coming years. Whilst it would be aspirational to provide increased capacity in services with no reduction in funding, it's recognised that this model may not be a sustainable financial commitment for the proposed duration of the contracts, and that services with increased capacity and efficiency, and reduced management costs, would be a more realistic option.
- 3.3 Re-commission services with further funding reductions (20% savings). Options to re-model services to realise increased savings were considered. Savings of this magnitude could not be realised without reduction in capacity and/or quality of the services. Given the vulnerability of both carers and the citizens they support, and that this could potentially result in increased costs to Health and Social Services, this option is not recommended.
- 3.4 Allow contracts to end and not re-commission them, removing support for carers outside personal budgets. The Care Act 2014 places a duty on local authorities to proactively identify and meet the needs of carers in their area who might have support needs that are not being met. Without commissioned carer support services the requirement to carry out Carers Assessments and Young Carers assessments would fall entirely on Adults and Childrens social services, resulting in long waiting times for assessments, fewer carers being assessed and likely escalation of needs in both the carer and the cared-for citizen during this time. As well as the potentially disastrous impact on the quality of life of these citizens, this would be likely to result in increased costs to both Health and Social Services.

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

4.1 See exempt appendix 3 for finance comments.

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

The Decision to approve the procurement of the three Carer Support Services is supported by Procurement. Nottingham City Council's Procurement Team will lead the Procurement process ensuring compliance with Procurement Regulations. The procurement and contractual arrangements for the Carer Support Services are to be undertaken jointly by Nottingham City Council and Nottingham City CCG.

The s.75 agreement between the CCG and NCC includes Carers as a scheme specification agreed by the partners to be commissioned under the agreement. The original scheme specification expired in March 2016. The s.75 agreement permits the arrangements for schemes to be extended by the parties. In this case the parties are agreeing to jointly commission the carer services. On that basis a jointly(aligned) commissioning arrangement does not involve the delegation of any functions between the parties – that means the City is responsible for commissioning its local authority functions only and the CCG commissions its health functions only. The Legal Services Team will support the procurement and commissioning teams to ensure the contract to commission the services reflect this split responsibility.

**6. EQUALITY IMPACT ASSESSMENT**

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

No

☐

An EIA is not required because:

(Please explain why an EIA is not necessary)

Yes

☒

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

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

7.1 Analysis Product – Carers Strategic Commissioning Review, 2016

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

8.1 Policies and Strategies

- The Care Act 2014
- The Children and Families Act 2014
- The Young Carers (Needs Assessments) Regulations 2015
- The National Carers Strategy 2014-16 (DoH, October 2014)
- Working Together to Safeguard Children (DfE – 2015)
- 2016/17 Better Care Fund Policy Framework (DoH 2016)
- Young Carers' Needs Assessment Guidance (ADASS; Children's Society; Carers UK; Carers Trust, 2016)
- Vulnerable Adults Plan for Nottingham City 2012-15 (Nottingham City Council, NHS Nottingham City CCG, 2012)



- Nottingham City Joint Carers Strategy 2012 to 2017 (Nottingham City Council, NHS Nottingham City CCG, 2012)
- Nottingham City Children and Young People's Plan 1 year refresh 2015/16 (Nottingham Children's Partnership, 2015)
- 'No wrong doors: Working Together to Support Young Carers and their Families' (Nottingham City Council, 2015)

## 8.2 Documents

- Young carers: personalisation and whole family approaches (ADASS; ADCS, 2011)
- 2011 Census (Office for National Statistics, 2011)
- Supporting working carers: the benefits to families, business and the economy (Doh, August 2013)
- Young carers talking (Carers Trust, 2013)
- Hidden from view: The experiences of young carers in England (The Children's Society, 2013)
- Commissioning for Carers: Key Principles for Clinical Commissioning Groups (Carers Trust, 2013)
- Nottingham City Joint Strategic Needs Assessment: Carers (Nottingham City Council, NHS Nottingham City CCG, April 2013)
- Quality of care and carers (Carers UK, September 2014)
- Carers at breaking point (Carers UK, September 2014)
- Economic case for local investment in carers support (Doh; ADASS; Carers UK; Carers Trust, 2014)
- Alone and Caring (Carers UK, January 2015)
- Caring into later life (Carers UK, April 2015)
- State of Caring 2015 (Carers UK, May 2015)
- NHS England's Commitment to Carers & End of Year Progress Summary 2014/2015 (NHS England, April 2014, August 2015)
- Eyes on the evidence: Physical and mental health of carers (NICE, October 2015)
- Valuing Carers 2015: the rising value of carers' support (Carers UK, November 2015)
- An integrated approach to identifying and assessing Carer health and wellbeing (ADASS; Children's Society; ADCS; Carers Trust, 2015)
- Prevent, Reduce, Delay: Are councils meeting their new duties to support unpaid carers? (Carers Trust, 2015)
- Informal Caregiving and Learning Opportunities: An Overview Of EU Countries (Eurocarers, March 2016)

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## Equality Impact Assessment Form (Page 1 of 2)

**Title of EIA/ DDM: Carers Services Commissioning Review**

**Name of Author: Gemma Markham, Commissioning Manager – Community Services (NHS Nottingham City CCG)**

**Department: Community Services, NHS Nottingham City CCG**

**Director: Maria Principe**

**Service Area: Commissioning, Insight and Analysis**

**Strategic Budget EIA Y/N (please underline)**

**Author (assigned to covalent): N/A**

### **Brief description of proposal / policy / service being assessed:**

Local authorities have a statutory duty to proactively identify, assess and support carers in their area under The Care Act 2014, and to young carers under The Children and Families Act 2014. The Care Act requires local authorities to work collaboratively with CCGs to continue to bring together Health and Social Care services to provide tailored support for the citizen and as part of this duty, commission services which aim to support carers to live longer, be healthier and have a better quality of life.

The current services are funded through the Better Care Fund and contracts for eight of these services expire on 31/03/2017. These services are:

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- **Carers Counselling Service** (Provider: The Carers Federation)
  - Provides counselling to informal carers of any age, suffering from anxiety and non-delusional depression.
- **Carers Respite Service (End of Life and Dementia)** (Provider: Carers Trust East Midlands)
  - Provides planned and emergency respite support including sitting, overnight stays and short breaks.
- **Learning Disability Saturday Drop-in Day Service** (Provider: Scope)
  - Provides a day centre facility offering support, training and social activities for people with a learning disability and their carers.
- **Carers BAME Respite** (Provider: Homecare Plus – formerly known as TimeOut)
  - Provides culturally aware and sensitive respite for African and African Caribbean elders and their families.
- **Primary Care Carers Support Service** (Provider: Nottingham CityCare Partnership)
  - Provides support, information and awareness raising to carers and staff in a primary care / community setting
- **Carers Respite** (Provider: Nottingham Community Housing Association)
  - Provides pre-eligibility respite to carers not in support of Adult Social Care to take a break to prevent a crisis
- **Carers First** (Provider: The Carers Federation)
  - Provides universal advice and support for carers residing in Nottingham City.
- **Action for Young Carers** (Provider: The Carers Federation)
  - Provides support and respite service for young carers.

As these contracts are coming to an end with no option to extend, the city council and CCG have conducted a commissioning review to develop recommendations for the provision of carers services to support both adult carers and young carers, including providing proactive outreach to identify carers in a variety of settings, and to carry out statutory assessments to identify carer's needs.

The outcome of reviewing evidence, NICE guidelines, good practice and consultation with citizens, providers and professionals as part of this review has concluded the following:

- To provide a single efficient combined Carers Hub which could support a far greater number of carers, increase the level of support within respite, counselling and young carers' services and introduce performance-related incentives to target and encourage increased access from the BAME community.

The purpose of the equality impact assessment is to assess the impact of the proposed change in service provision on equity of access and outcomes for citizens in relation to BAME specific services.

#### Information used to analyse the effects on equality:

- Young carers: personalisation and whole family approaches (ADASS; ADCS, 2011)
- 2011 Census (Office for National Statistics, 2011)
- Supporting working carers: the benefits to families, business and the economy (Doh, August 2013)
- Young carers talking (Carers Trust, 2013)
- Hidden from view: The experiences of young carers in England (The Children's Society, 2013)
- Commissioning for Carers: Key Principles for Clinical Commissioning Groups (Carers Trust, 2013)
- Nottingham City Joint Strategic Needs Assessment: Carers (Nottingham City Council, NHS Nottingham City CCG, April 2013)
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- Eyes on the evidence: Physical and mental health of carers (NICE, October 2015)
- Valuing Carers 2015: the rising value of carers' support (Carers UK, November 2015)
- An integrated approach to identifying and assessing Carer health and wellbeing (ADASS; Children's Society; ADCS; Carers Trust, 2015)
- Prevent, Reduce, Delay: Are councils meeting their new duties to support unpaid carers? (Carers Trust, 2015)
- Informal Caregiving and Learning Opportunities: An Overview Of EU Countries (Eurocarers, March 2016)

	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.	☒	☒	<p><b>People from different ethnic groups</b> The prevalence of carers amongst the BAME communities is approximately equivalent to that of the general population. However, higher than average incidences of providing unpaid care are reported amongst the Black Caribbean, Indian, Pakistani and Bangladeshi communities.</p> <p>Many BAME carers do not receive any support, advice or carer's assessments.</p>	<p><b>People from different ethnic groups</b> The service specification will state the need for the service provider to take steps in service design and marketing to consider the needs of people from these ethnic groups and take steps to engage diverse communities.</p> <p>A performance-related incentive scheme will be applied to the contract to target and encourage increased access from the</p>

			<p>Most ethnic groups in the city provide a similar amount of care to the average, with white British, Pakistani and black Caribbean groups providing slightly more, and mixed ethnic groups slightly less. Significantly more citizens from Pakistani and Bangladeshi communities provide greater amounts of care – over 2.3% of the Pakistani and Bangladeshi community provide 50 or more hours of care per week.</p> <p>Currently only the BAME respite service and Primary Care Carers Support service are providing support to non-white British citizens. The BAME specific service is supporting approximately 4% of eligible citizens within one CDG of one ethnicity (African, African Caribbean) meaning that BAME support is inequitable.</p> <p>However changing the commissioned model may reduce the number of Black African and Black African Caribbean citizens accessing the BAME respite service.</p>	<p>BAME community.</p> <p>The provider must have interdependencies with appropriate voluntary/community groups that have already made links with the BAME communities i.e. Self Help Nottingham who provide a BAME Health Outreach Worker and the Small Steps, Big Changes team who have been successful in working with the community.</p> <p>Providers must have appropriate training and expertise in delivering culturally specific care and will also be responsible for employing a diverse workforce to reflect the needs of the population within Nottingham City.</p>
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>People of different faiths/beliefs and those with none</b></p> <p>Although no data is available in relation to this cohort it is reasonable to assume that a proportion of the citizens accessing the BAME respite service may be impacted by changing the commissioning model.</p>	<p><b>People of different faiths/beliefs and those with none</b></p> <p>Please see notes above.</p> <p>The hub will be expected to provide holistic tailored support to citizens and to actively engage statutory organisations that support the cared for person.</p>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>All other categories</b></p> <p>Analysis has shown that uptake of all carers services is lower than expected. Unfortunately the performance data received by both the City Council and CCG is extremely variable and it is difficult to provide comparisons of uptake in relation to the following cohorts:</p> <ul style="list-style-type: none"> <li>- Men</li> <li>- Women</li> </ul>	<p><b>Men &amp; women</b></p> <p>The service specifications will state the need for the service provider to take steps in service design and marketing to engage men and women. This must include monitoring the gender of citizens accessing the service.</p> <p>As described above the carers' hub must provide holistic tailored support and be able to signpost citizens to other appropriate services for support.</p>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trans	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Pregnancy/ Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Younger	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults) Mental health <b><i>Please underline the group(s) /issue more adversely affected or which benefits.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>- Trans</li> <li>- Disabled people or carers</li> <li>- Pregnancy/Maternity</li> <li>- Lesbian, gay or bisexual people</li> <li>- Older</li> <li>- Younger</li> <li>- Other (e.g. marriage/civil partnership etc.)</li> </ul>	<p><b>Lesbian, gay, bisexual or trans people</b> Providers must have appropriate training and expertise in delivering holistic and individual care, to have interdependencies with appropriate voluntary/community groups that have already made links with the LGBT community and be proactive in engaging with LGBT communities.</p> <p><b>Disabled people and carers</b> The service specification will state the need for the service to be offered at accessible locations to enable disabled people with diverse needs to access support.</p> <p>The provider must employ staff who are trained and able to support disabled people in relation to the service function. The service specification will also state the need for the service to be operated at different times of the day and week, thus giving more opportunities for people with caring responsibilities to access the service.</p> <p><b>Pregnancy/maternity</b> The service specification will state the need for pregnant women to be able to access the service and the provider will be expected to employ staff who are able to support pregnant women in relation to the service function.</p> <p><b>Older People</b> The service specification will state the need for the provider to develop a robust relationship with social care and ensure that pathways are seamless. This includes ensuring referral pathways are in place from Primary Care, Secondary Care, Community Health Services and other existing care and support agencies.</p> <p>The hub must educate social and healthcare professionals through a variety of means e.g. promotion, training and information to encourage professionals to be aware of carers and their needs whilst they are</p>
<p>Evidence has shown that 17% of Nottingham's carers are aged 65 and over, many of whom provide high levels of care - 45% of carers aged 65+ provide 50 hours or more per week.</p> <p>However changing the commissioned model aims to increase support across all carers services e.g. respite, counselling and young carers. The hub will also have more resources to dedicate to:</p> <ul style="list-style-type: none"> <li>- Information, advice &amp; support</li> <li>- Carers Assessments</li> <li>- Managing referrals to respite</li> <li>- Proactive outreach &amp; Promotion</li> <li>- Emergency Planning</li> <li>- Carers ID cards</li> <li>- Carer Training</li> <li>- Support for young carers aged 18+</li> <li>- Links to employers</li> <li>- Face to face &amp; telephone counselling</li> <li>- Communication with professionals</li> <li>- Info &amp; support for professionals re: referring</li> <li>- Training for professionals</li> </ul> <p>These changes aim to increase the number of citizens accessing carer support and hopefully will reduce the number of crises.</p> <p>This will have a positive effect on all carers' ability to live longer, be healthier and have a better quality of life.</p>	

visiting the cared for person.

**Other – Learning disability**

The service specification will state the need for the provider to ensure that respite support for this cohort of citizens is provided and is available at different times of the day and week, including weekends. The provider will be expected to employ staff who are trained and able to support disabled people in relation to the service function.

**Mental health**

The service specification will state the need for the service to make reasonable adjustment to enable citizens or carers of citizens with mental health problems to access this service and for the provider to employ staff who are able to support this cohort.

The service specification will also specify the need for the provider to develop a robust relationship and seamless pathways with mental health services, in particular with the Carer Support Worker employed by Nottinghamshire Healthcare Trust.

**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 monitoring of the recommended actions in the EIA will be undertaken quarterly from April 2017 as part of contract monitoring and management for the new 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.

Hazel Wigginton, Assistant Director of Commissioning –  
Community Services

Email: [Hazel.Wigginton@nottinghamcity.nhs.uk](mailto:Hazel.Wigginton@nottinghamcity.nhs.uk)

**Date sent to equality team for publishing: 02/09/2016**

Send document or link to:  
[equalityanddiversityteam@nottinghamcity.gov.uk](mailto:equalityanddiversityteam@nottinghamcity.gov.uk)

**Equality Impact Assessments must be attached to the  
DDM for publication.**

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

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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.



**Nottingham  
City Council**

**NHS**  
**Nottingham City**  
**Clinical Commissioning Group**



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