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NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 31 January 2018

Time: 4.00 pm (or at the rising of the Health and Wellbeing Board if that is later)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Contact: Jane Garrard **Direct Dial:** 0115 8764315

1 **MEMBERSHIP CHANGE**

To note that Gary Thompson, Chief Operating Officer, has replaced Maria Principe as an NHS Nottingham City Clinical Commissioning Group voting member and joint chair of the Health and Wellbeing Board Commissioning Sub Committee.

2 **APOLOGIES FOR ABSENCE**

3 **DECLARATIONS OF INTERESTS**

4 **MINUTES**

To confirm the public minutes of the meeting held on 13 December 2017

3 - 6

5 **BETTER CARE FUND 2017/18 QUARTER 3 PERFORMANCE**

To follow

6 **EXTENSION TO MENTAL HEALTH SUPPORT AND ACCOMMODATION BASED CONTRACT - STEPHANIE LODGE**

7 - 18

7 **EXCLUSION OF THE PUBLIC**

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

8 **EXEMPT MINUTES**

To confirm the exempt minutes of the meeting held on 13 December 2017

19 - 22

The Nottingham City Health and Wellbeing Board Commissioning Sub Committee is a partnership body whose role includes providing advice and guidance to the Health and

Wellbeing Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund and domestic violence pooled budgets.

Members:

Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Nick McDonald	City Council Portfolio Holder with a remit covering health
Gary Thompson	NHS Nottingham City Clinical Commissioning Group Chief Operating Officer
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Colin Monckton	City Council Director of Strategy and Policy
Lucy Anderson	NHS Nottingham City Clinical Commissioning Group Assistant Director – Mental Health and Community Services
Martin Gawith	Healthwatch Nottingham representative

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.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 13 December 2017 from 3.04 pm - 3.35 pm

Membership

Voting Members

Present

Katy Ball

Dr Marcus Bicknell (Chair)

Absent

Councillor Nick McDonald

Maria Principe

Non-Voting Members

Present

Martin Gawith

Absent

Lucy Anderson

Alison Challenger

Colin Monckton

Christine Oliver

Colleagues, partners and others in attendance:

- | | | |
|---------------|---|---|
| Clare Gilbert | - | Commissioning Lead – Adults, Nottingham City Council |
| Ciara Stuart | - | Assistant Director for Out of Hospital Care, Nottingham City Clinical Commissioning Group |
| Jane Garrard | - | Senior Governance Officer, Nottingham City Council |

114 APOLOGIES FOR ABSENCE

Councillor Nick McDonald – personal
Maria Principe

115 DECLARATIONS OF INTERESTS

None

116 MINUTES

The minutes of the meeting held on 13 September 2017 were agreed as an accurate record and signed by the Chair.

117 DRAFT REVISED HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced a report proposing revisions to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference. She highlighted that:

- (a) The proposals reflect discussions about the need to align the Sub-Committee more closely with the Health and Wellbeing Board and the commissioning priorities which arise from that.
- (b) It is proposed that the Terms of Reference are broadened to encompass all relevant Section 75 Agreements.

Martin Gawith, Healthwatch Nottingham, noted that the proposals omit Healthwatch from the future membership of the Sub-Committee. He was advised that this reflected the intention that the Sub-Committee would be a commissioner-only body but it was discussed that while Healthwatch is not a commissioner, it plays an important role in representing service users and holding commissioners to account. Therefore it was suggested that further consideration be given to including Healthwatch as a member of the Sub-Committee.

RESOLVED to support the proposed revisions to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference with the exception of the proposed membership, where it was asked that further consideration be given to what would be gained and lost by removing Healthwatch from the membership of the Sub-Committee.

118 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report providing information in relation to the Better Care Fund performance metrics for Quarter 2 2017/18. She highlighted that:

- (a) Performance against all of the metrics was good, with the exception of delayed transfers of care.
- (b) Initial assessment of delayed transfers of care during October suggested that there had been further improvement but that performance was still off trajectory.
- (c) Discharge to Assess seemed to have made an impact earlier than expected.

RESOLVED to

- (1) note the performance in relation to the Better Care Fund performance metrics for Quarter 2 2017/18; and**
- (2) note the quarterly return which was submitted to NHS England on 17 November 2017 and was authorised virtually by the Health and Wellbeing Board Chair, Councillor Nick McDonald.**

119 BETTER CARE FUND SAVINGS PROPOSALS

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced a report setting out proposed savings from the Better Care Fund 2017/18-2018/19.

RESOLVED to

- (1) agree savings as detailed in the exempt minutes; and**
- (2) note the need to engage on how the savings will be delivered and potential impact on fiscal year end of 2018/19 savings.**

120 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining items in accordance with 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.

121 BETTER CARE FUND SAVINGS PROPOSALS APPENDIX

The Sub-Committee considered the information set out in the exempt appendices, the details of which can be found in the exempt minute.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

31 JANUARY 2018

	Report for Resolution
Title:	Extension to Mental Health Support and Accommodation Based Contract - Stephanie Lodge
Lead officer(s):	Rasool Gore
Author and contact details for further information:	Celina Adams/Rasool Gore Celina.adams@nottinghamcity.gov.uk Tel: 0115 8764923 Rasool.gore@nottinghamcity.gov.uk Tel: 0115 8762299
Brief summary:	<p>The Stephanie Lodge contract provides a service to vulnerable adults who are experiencing a severe episode of mental illness. The majority of referrals (97%) to this service come directly from the specialist mental health hospital wards. The service has successfully supported 34% of users to remain accommodated within the community after being referred to them as well as having successfully supported 24% of citizens to achieve independent living.</p> <p>The Better Care Fund 2017-2019 submitted plan included within it support for the continuing funding of Stephanie Lodge. The plan was signed off by the Chairs (September 2017) of the Health & Well-Being Board Commissioning Sub-Committee.</p> <p>It is requested that this contract be extended to ensure that this service is aligned to the Adult Better Lives, Better Outcomes Programme and the Clinical Commissioning Group System Affordability Programme.</p>
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

- a) approve extension of the Stephanie Lodge contract from 1st October 2017 – 31 March 2019 at a cost of £340,500; and
- b) grant dispensation from Contract Procedure Rule 5.1.2, in accordance with Financial Regulation 3.29.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy	This contract is part of a pathway of services

making Nottingham one of the healthiest big cities	that seek to provide timely intervention to support citizens with poor mental health to live positive, healthy lives.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
The service ensures that all citizens accessing services are linked into primary care as well as secondary mental healthcare services. The service supports citizens to improve their mental health well-being as well as their physical health.	

Reason for the decision:	<p>Both Nottingham City Council and the NHS Nottingham Clinical Commissioning Group (CCG) have a statutory duty towards these individuals under the Mental Health Act 2007 and the Care Act 2014 to ensure their needs are being met and that they are safe.</p> <p>Phase 1 of the Mental Health Supported Accommodation Pathway (MHSAP) Strategic Commissioning Review (SCR) found that this service was good value for money. For example, on average a placement in Stephanie Lodge costs £396 per person per week. This compared to an average cost of £848 per week in a residential placement.</p> <p>Further work is being undertaken to deliver the Better Lives, Better Outcomes Programme in the provision of assistance to people with mental ill health across the health and social care system.</p> <p>The CCG, the NHS Trust and Nottingham</p>
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	<p>City Council will work in partnership to identify opportunities to ensure the most effective pathways are in place to support vulnerable citizens.</p> <p>A tender process is not being recommended at this time, as another procurement may be necessary once the above work is concluded.</p> <p>It would be unsuitable for another provider to deliver these services in the interim, as this would risk destabilising the care and support of vulnerable citizens and create uncertainty that could halt or undo any recovery that has been achieved. In addition, it would not be an efficient use of resources, as this would incur additional costs.</p> <p>Stephanie Lodge has been put forward in the Better Care Fund Plan of spend and all partners have previously supported the ongoing financial commitment to this service.</p>
Total value of the decision:	£340,500
Financial implications and comments:	<p>The total cost of this decision for the extension of the Mental Health Support and Accommodation Based Contract up to 31 March 2019 is £340,500. There is provision for this cost within the Better Care Fund (BCF) plan, which has been provisionally signed off for 2018/19. This cost is within existing budget provisions allocated within the Medium Term Financial Plan.</p> <p>Procurement and Legal have supported the request for dispensation from the provisions of the Contract Procedure Rules (5.1.2) in accordance with Financial Regulation (3.29) and this is appropriate given the circumstances. Comments from the Chief Finance Officer will be reported at the meeting.</p>
Procurement implications and comments (including where relevant social value implications):	<p>The proposal is to extend the contract for the period from 1st October 2017 to 31st March 2019 for Stephanie Lodge. This will allow this service to be considered under the Better Lives, Better Outcomes Programme with the view for the long term commissioning decision in relation to mental health services, including Stephanie Lodge,</p>

	<p>to be taken and an appropriate procurement process commenced. Therefore, dispensation from the provisions of the Contract Procedure Rules (5.1.2) in accordance with Financial Regulation (3.29) (Operational Issues) is supported from a procurement perspective and is allowed under Reg 72(1)(b) of Public Contracts Regulations 2015.</p>
<p>Other implications and comments, including legal, risk management, crime and disorder:</p>	<p>The proposal to extend the existing contract at Stephanie Lodge will provide additional support to the existing mental health support and accommodation services but in doing so requires dispensation from Contract Procedure Rule 5.1.2 in accordance with Financial Regulation 3.29 (operational issues).</p> <p>The requested extension is deemed a modification as permitted under Regulation 72 of the Public Contracts Regulations. It is supported on the basis that for technical and economic reasons and to ensure continued service delivery to vulnerable citizens, it would be impracticable, would cause significant inconvenience and substantial duplication of costs to retender the contract at this time.</p> <p>It is understood that the services will form part of the Better Lives Better Outcomes programme for mental health services in which future procurement processes will be considered and undertaken as appropriate.</p> <p>This service helps to prevent crime and disorder through the provision of accommodation and support designed to assist vulnerable citizens to maintain or re-establish independent living. They support and divert citizens who are at risk of perpetrating crime or becoming victims from criminal activities.</p>
<p>Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i></p>	<p>EIA attached</p>
<p>Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i></p>	<p>NB: Nottingham City Council Executive Report detailing the Councils budget proposals (Executive Board Meeting on 19th December 2017) has been taken into account for this decision request. The budget consultation does not affect this decision request, as there is no reduction required from the Stephanie Lodge contract.</p>
<p>Background papers relied upon in writing</p>	<p>Better Care Fund Plan</p>

<p>the report: <i>Documents, which disclose important facts, or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	
<p>Other options considered and rejected:</p>	<p>1/ Do Nothing: This option is rejected on the basis that it could result in the loss of key provision and support for vulnerable adults in Nottingham. Without this service, there is a high risk that it would increase demand for other health and social care services provided which will put pressure on the Adult Social Care Budget.</p> <p>2/ To not extend the contracts and go out to tender: This option is rejected on the grounds that the on-going commitment of resources toward the activities provided by these services should be considered as part of the Better Lives, Better Outcomes programme by the Council to assist those with significant mental health difficulty. It would not be efficient therefore to tender this service in isolation for the interim period.</p>

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Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Mental Health Supported Accommodation Pathway. Name of Author: Celina Adams
Department: Strategy and Resources
Service Area: Commissioning
Author (assigned to Covalent): Rasool Gore

Director: Katy Ball & Helen Jones
Strategic Budget EIA Y

Proposal:

To extend the current Mental Health Supported Accommodation and Independent Living Support contracts in order to complete Phase 2 of the Strategic Commissioning Review.

Background:

Nottingham City Council has undertaken a review of the Mental Health Supported Accommodation Pathway (MHSAP). The Health and Well Being Board approved this review in July 2016. The services within the pathway provide for citizens who have been inpatients in mental health hospital and/or have difficulty maintaining independent living due to difficulties arising from their mental health. These services include independent living support (ILLS) services including peripatetic 'floating' support offering advice and assistance to assist citizens to sustain independent accommodation. It is proposed that these contracts are extended in order allow for further work and analysis as part of Phase 2.

The MHSAP review undertook phase 1, which focused on the current commissioned pathway. The project team included:

- Nottingham City Council Adult Social Care
- Nottingham City Clinical Commissioning Group (CCG)
- Nottingham Community Voluntary Service
- NHS Trust Foundation
- Opportunity Nottingham
- Current providers
- Service Users

The Mental Health JSNA (2016) reported the following amongst unmet needs and gaps:

- Citizens find the system of mental health services confusing and difficult to navigate.
- Broader understanding of mental health needs and the relationship with physical health needs to be improved at all levels within commissioning and provision.
- Black and minority ethnic (BME) communities and high-risk groups such as LGBT groups, offenders and asylum seekers/refugees may have challenges in terms of accessing mental health services.
- Mental Health problems are frequently reported amongst individuals who are homeless or at risk of becoming homeless. Work is needed to ensure systems of homelessness prevention and mental health support work together to ensure those in need receive adequate treatment, accommodation and support.

The JSNA also highlighted that

- Black men are 3 times more likely to be represented on a psychiatric ward and up to six times more likely to be detained under the Mental Health Act;
- Lesbian, gay, bisexual or transgender adults have a 4-fold increased risk of suicide;

Recommendations for commissioners ensure all commissioned mental health services include:

- Services are understood and accessible to all, including groups within the population who currently find services difficult to use for cultural reasons or because they believe the service will not meet their needs;
- Services have and emphasis on supporting recovery and promoting 'safe' independence;

- Services consider each individual's physical health needs as equally important as their mental health needs;
- Services to raise the profile of outcomes for people with mental health problems as an equality issue by consideration of the requirement to make reasonable adjustments to enable people with enduring mental health problems to benefit.

Although the current Supported Accommodation services are effective in enabling discharge from hospital of people with complex needs, there is a waiting list and half of the service users move from one type of supported accommodation to another. Considering that diagnosis of MH is on the increase, it is therefore recommended that further work is needed to fully understand if and how the MHSAP could be improved in order to best fit with the social care system, NHS treatment services and homelessness provision in the City and thereby improve outcomes for people with complex mental health needs.

Information used to analyse the effects on equality:

Phase 1 was informed by extensive research, analysis and consultation and included:

- Regular meetings of the Analysis team undertaking desktop analysis, research and literature searches.
- Analysis of information provided in monitoring returns from current providers.
- Data presented in the MH JSNA chapter (refreshed in 2016).
- Regular input from Stakeholders represented at Project Team meetings.
- Wider stakeholder's engagement workshops – An initial event held in November 2016 and a follow up event in May 2017 to discuss initial findings of Phase 1.
- Meetings to consult with current providers.
- A 'Barriers to move on' survey completed by current providers.
- Citizen engagement – involving those who are currently using Supported Accommodation or are in the process of moving on from Supported Accommodation.
- Consultation with NHS workforce.
- Consultation with Social Care workforce.
- Consultation with voluntary and community sector representing service for vulnerable adults.

Key messages from the consultation were that:

- The current commissioned pathway is operating well, offering an effective short-term support system that is value for money.
- Diagnosis of secondary Mental Health within Nottingham city is increasing.
- There is a need to consider how the whole system of support works and how better to manage this resource effectively in the future.
- Homeless provision has a high rate of citizens that have mental health needs who are receiving support but who feel that it is not sufficient
- Supported accommodation services are delivering high level of outcomes for around 50% of citizens accessing the pathway.
- Further work is needed with NHS and CCG to consider how capacity across the mental health support pathway can be increased to meet future need.
- A data strategy would enable City Council and NHS CCG to compare care across the pathway in order to provide greater insight on whether the system is working effectively and where further development of resources is required.

In addition to the very specific consultations above, Nottingham City Clinical Commissioning Group (CCG) undertook a range of engagement activity on community adult mental health support services during 2014 and 2015. Key themes included that services should include culturally specific and more specialist services.

	Could particularly benefit	May adversely impact
People from different ethnic groups.	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X

3. There is an increase in the number of citizens achieving safe independence or have a range of longer-term options across Adult social care, NHS and CCG commissioned services.

3. Development of shared systems – (Eg: dashboard of population being supported and current spends). In order to identify level of complexity of needs in order to understand spend related to needs. Responsible: CCG and Nottingham City Commissioners. Timescale (at date of writing) July 2018 – July 2019

4. Further consultation with Stakeholders will be carried out on recommendations resulting from Phase 2 which will offer the opportunity to comment on or question proposals before specifications are finalised.

4. Final specifications will reflect considerations from the consultation on Phase 2 recommendations. Timescale (at date of writing) August 2019

Contract timescales:
 Current contract end date: March 2018
 Proposed extension end date: March 2020
 New contracts proposed to be in place: April 2020

Has consultation been done or planned for this proposal? •Completed •Planned

Has human rights legislation been considered in this proposal? •Yes •No

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:

This assessment to be reviewed as part of Phase 2 of the review (July 2018)
 Going forward actions will be monitored as part of:
 Monthly and annual service reporting and monitoring submitted by Providers.
 Data provided by other internal agencies (eg: Housing Aid, Adult Social Care)

Approved by (manager signature):

Date sent to equality team for publishing:

Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input 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 type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, <u>vulnerable children/ adults</u>).	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please underline the group(s) /issue more adversely affected or which benefits.</i>		

<p>How different groups could be affected (Summary of impacts)</p>	<p>Details of actions to reduce negative or increase positive impact (or why action isn't possible)</p> <p style="text-align: right;"><u>screen tip-section F</u></p>
<p>Provide details for impacts / benefits on people in different protected groups.</p> <p>Benefits of proposal – Citizens</p> <ol style="list-style-type: none"> 1. Considering the unmet needs in the JSNA (see above), future specifications can stipulate that providers need to evidence that they will be able to accommodate the needs of different cultures to ensure services are accessible by all. 2. Individuals who are homeless or at risk of becoming homeless receive adequate treatment, accommodation and support. 	<p>Actions:</p> <ol style="list-style-type: none"> 1. Final specifications and monitoring requirements amended to address issues related to challenges for groups such as BME accessing mental health services. Responsible: Commissioning and Contracts processes. Timescale (at date of writing): August 2019 2. Align Phase 2 of the review with work being undertaken as part of the Adult Social Care Big Ticket programme and related Strategic Reviews - ensuring a method/system that identifies citizens who are in homeless provision but are eligible for support under NHS or Adult Social Care. Responsible: Commissioners. Timescale:

Rasool Gore – Lead Commissioning Manager:

rasool.gore@nottinghamcity.gov.uk

Tel: 8762299

Signed: 

Final submission: 9th January 2018

Send document or link to:

equalityanddiversityteam@nottinghamcity.gov.uk

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

1. Read the guidance and good practice EIA's
2. Clearly summarised your proposal/ policy/ service to be assessed.
<http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=9770>
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.

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