



Nottingham City Council

Commissioning and Procurement Sub-Committee

Date: Tuesday, 14 September 2021

Time: 10.00 am

Place: LH 0.02 - Loxley House, Station Street, Nottingham, NG2 3NG

Please see information at the bottom of this agenda front sheet about arrangements for ensuring Covid-safety

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

Director for Legal and Governance

Governance Officer: Mark Leavesley **Direct Dial:** 0115 8764302

Agenda	Pages
1 Apologies for Absence	
2 Declarations of Interests	
3 Minutes Minutes of the meeting held on 15 June 2021, for confirmation	3 - 8
4 Procurement Strategy 2018-23: Year End report Report of the Director of Commissioning and Procurement	9 - 18
5 Changing Futures award for people experiencing Severe and Multiple Disadvantage - Key decision Report of the Director of Commissioning and Procurement	19 - 62
6 Procurement of waste services - Key Decision Report of the Interim Corporate Director for Growth and City Development	63 - 66
7 Semi-Independent Accommodation block contract (Children in Care) - Key decision Report of the Interim Director for Children's Integrated Services	67 - 84

All items listed 'under exclusion of the public' will be heard in private. They have been included on the agenda as no representations against hearing the items in private were received

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

In order to hold this meeting in as Covid-safe a way as possible, all attendees are:

- asked to maintain a sensible level of social distancing from others as far as practically possible when moving around the building and entering / leaving the meeting room. As far as possible, please remain seated and maintain distancing between seats throughout the meeting.
- strongly encouraged to wear a face covering (unless exempt) when entering and leaving the meeting room and throughout the meeting, unless you need to remove it while speaking to enable others to hear you.
- make use of the hand sanitiser available and, when moving about the building, follow signs about traffic flows, lift capacities etc.

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

Commissioning and Procurement Sub-Committee

Minutes of the meeting held at Loxley House, Nottingham on 15 June 2021 from 10.05 am - 10.23 am

Membership

Present

Councillor Sam Webster (Chair)
Councillor Eunice Campbell-Clark
Councillor Adele Williams

Absent

Councillor Cheryl Barnard (Vice Chair)
Councillor Sally Longford

Councillor Linda Woodings (substitute for
Councillor Sally Longford)

Colleagues, partners and others in attendance:

Katy Ball	- Director of Commissioning and Procurement
Bethan Hopcraft	- Strategy and Commissioning Officer
Chris Keane	- Head of Highways
Ceri Walters	- Head of Commercial Finance
Phil Wye	- Governance Officer

Call-in

Unless stated otherwise, all decisions are subject to call-in. The last date for call-in is 23 June 2021. Decisions cannot be implemented until the working day after this date.

1 Election of Vice-Chair

RESOLVED to appoint Councillor Cheryl Barnard as Vice-Chair of this Committee for this municipal year (May 2021 to April 2022)

2 Apologies for Absence

Councillor Sally Longford – on leave
Councillor Cheryl Barnard – personal reasons

3 Declarations of Interests

Councillor Adele Williams declared an Other Registerable Interest in agenda item 6 because she is a member of Thomas Bow City Asphalt's Board of Directors. She left the meeting prior to discussion and voting on this item.

4 Minutes

The Committee/ Board confirmed the minutes of the meeting held on 13 April 2021 as a correct record.

5 Approval to procure supported accommodation for teenage parents - Key Decision

Councillor Linda Woodings introduced the report detailing the recommissioning of supported accommodation for teenage parents, providing a valuable service that provides support for pregnant teenagers and teenage parents who are unable to secure safe, suitable, permanent accommodation.

Resolved to

- (1) approve the expenditure associated with procuring a new supported homeless teenage parent accommodation service for five years, with the option of extending for two further one year periods (5+1+1). The maximum contract value (based on seven years) is £1,619,807, with an annual value of £231,401;**
- (2) delegate authority to the Director of Commissioning and Procurement to approve the outcomes of the teenage parent accommodation tender and award the contract to secure best value for Nottingham's citizens.**

Reasons for decision:

- The current provider's contract for this service is due to expire on 31st October 2021. Without securing a new contract, there will be no specialist provision for some of Nottingham's most vulnerable parents and their children.
- The provision was subject to a large review in 2015/2016 which led to a change in the service model. The success of this model means that there will be no major change to the service model in the proposed procurement process as it is believed that it delivers good practice and provides good value for money.
- Nottingham City, through numerous interventions, has managed to reduce the number of pregnant teenagers and in turn, teenage parents, and has managed to improve outcomes for teenage parents. Some of these interventions include the Family Nurse Partnership, continuation of access to contraception through a range of generic services (GP, pharmacy, schools and colleges), and through an investment into statutory sexual health provision. Despite this, the number of teenagers becoming pregnant and giving birth during their adolescence is much higher than the national average. Due to the complexities that are associated with teenage parenthood, there is an ongoing need for specialist housing for teenage parents to prevent homelessness.
- As there is a requirement for the service to be within Nottingham City, and the housing needs of the service users are very specific, seeking suitable premises is potentially challenging for a new provider. For this reason, a longer contract length is proposed to reduce the potential challenges for new providers in securing premises for short periods of time.

- The service has, within its current contract, avoided any voids in the units meaning that the need is at least meeting the provision available.

Other options considered in making recommendations::

- Do nothing and let the service provision decrease. This is not a viable option because there is a clear need for this service in the city to continue to provide an appropriate means of meeting Council's statutory homelessness duties and to help teenage parents to continue to care for their children.

6 Contract to carry out planned road maintenance and highway construction works for Nottingham City 2021-22 - Key Decision

Councillor Adele Williams declared an Other Registerable Interest in this item because she is a member of Thomas Bow City Asphalt's Board of Directors. She left the meeting prior to discussion and voting on this item.

Chris Keane, Head of Highway Services, introduced the report which on the award of a contract to carry out essential planned road maintenance, specialist road-surfacing works on the Broadmarch scheme, and delivery of the Green Lane highway scheme.

Resolved to approve dispensation (in accordance with Financial Regulation 3.29) from the need to conduct a tender process in accordance with Contract Procedure Rule 4.1.2, to award a contract to Thomas Bow Limited to carry out planned maintenance and highway construction works around Nottingham with a total estimated value of £1.65m.

Reasons for recommendations:

- Thomas Bow currently delivers works under a number of contracts awarded by NCC that have been tested competitively in the market, and pricing will be subject to the scrutiny of the Council's professional team, including its competent Engineers. This includes both works completed for Highways and the Major Programmes Team.
- Ensuring value for money is a key part to delivering these works.
- Given the tight timescales for this published programme and delays resulting from COVID, letting a contract through a 'mini competition' would jeopardise this year's programme for construction works and the available allocated road space.
- By direct awarding to Thomas Bow the City would de-risk through single programme delivery and would reduce officer time and minimise scheme costs.
- Working with TB to deliver these works would give the following benefits:
 - Established early contractor involvement (ECI) streamlining project delivery for NCC.

- Programme delivery approach on all schemes will greatly assist NCC with managing the highway network in 2021/22, minimising disruption, together with reducing administration costs.
 - A developed flexible and responsive delivery structure to accommodate short term changes to programmes. Established service delivery for NCC and positive working relationship with NCC and clients - local knowledge on road infrastructure and planning works for NCC.
 - Established positive collaboration between the Highways Service and Thomas Bow on the Broadmarsh Roadspace/Public Realm Schemes.
 - Supports delivering environmentally sustainable solutions for delivering highways maintenance and construction across Nottingham City & reducing carbon emissions.
 - Reduced whole life carbon cost of the asset by utilising local contractor provision
 - Strong links to our corporate value and objectives.
 - Keeping the pound in Nottingham.
- Using an NEC 3 target cost approach, will enable Highway Services to ensure value for money in the coordination and planning of these essential highway works which will be delivered as an annual programme of works. The alternative, appointing under individual projects will not achieve the benefits in terms of better coordination on available road space, right timing of works, minimisation of costs in terms of; road notices/charges and uplifts.
 - By engaging Thomas Bow in a Target Cost Contract, Highway Services would ensure value for money as detailed below; a target cost contract is a type of cost reimbursable contract under which the contractor is paid the 'actual cost' (usually defined in the particular contract) it incurs in carrying out the works, but subject to a target cost which is agreed by the parties at the beginning of the project. This provides transparency and better control of costs for NCC.
 - By producing a bill of quantities, before engaging the contractor we can ensure that the target cost is a realistic target cost and allows for a 'pain and gain' approach with the contractor ensuring both parties are incentivised to seek efficiencies. This will drive TB to deliver works at least cost for NCC.
 - Open book costing will ensure that the NCC engineer/contract manager can assess the costs elements and ensure that only works carried out are invoiced for by working with one contractor for all of these works will ensure continued high quality of works and materials. This will greatly assist with transparency on each of the schemes forming part of a larger delivery programme together with reduced staffing costs for NCC.
 - Through sourcing a package of works we will achieve better value for money, rather than individual schemes and allows for monitoring of social value opportunities and to foster better working relationships. Thomas Bow have previously been engaged on delivering highway surfacing & construction works and are in a unique position to deliver this programme as both a local contractor and an NCC wholly owned company.

Other options considered in making recommendations:

- Procure works through existing framework arrangements – it is likely that there would be increased project initiation costs and it would not enable the full benefits of ECI. Our current framework has limited direct award options and it should be noted under future proposed arrangements there will be an ability to direct award to the No1 ranking suppliers, this will not be in place until April 2022 at the earliest.
- Do nothing- projects will not be delivered in line with funding requirements. There are standing risks in relation to 1/3rd party claims and essential highway works not completed in year.

7 Dates of future meetings

The Committee agreed to meet at 10am on the following Tuesdays:

2021

13 July
14 September
12 October
9 November
14 December

2022

11 January
15 February
15 March
12 April

This page is intentionally left blank

Subject:	Procurement Strategy 2018-23 Year End Report		
Director:	Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder:	Cllr Sam Webster, Portfolio Holder for Finance and Resources		
Report author and contact details:	Jo Pettifor: Category Manager - Strategy and People Tel: 0115 8765026 Email: jo.pettifor@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: Nil			
Wards affected: All		Date of consultation with Portfolio Holder: 26 August 2021	
Relevant Council Plan Key Theme:			
Nottingham People			<input type="checkbox"/>
Living in Nottingham			<input type="checkbox"/>
Growing Nottingham			<input type="checkbox"/>
Respect for Nottingham			<input type="checkbox"/>
Serving Nottingham Better			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>The Nottingham City Council Procurement Strategy 2018-2023 (the Strategy) drives the use of the Council’s spending power to drive our key strategic objectives of:</p> <ul style="list-style-type: none"> • Citizens at the heart; • Securing economic, social and environmental benefits; • Commercial efficiency. <p>This report presents the outcomes and achievements delivered under the Strategy in its third year 2020-21, (detailed in appendix 1) and over the three years of the Strategy 2018-21 (detailed in appendix 2). During 2020-21 procurement activity delivered:</p> <ul style="list-style-type: none"> • 188 contracts awarded - representing a total value of £221.7m; • £100.7m injected into the local economy – 45.5% of total contract value awarded to City suppliers (of which £80.6m awarded to local SMEs). Over the three years of the Strategy 2018-2021, a total of £632m has been invested in the local economy – an average of 61.6% of total contract value to City suppliers; • 56.1% of the total contract value awarded (£124.4m) retained within Nottinghamshire; 74.8% awarded within the East Midlands area overall (£165.8m); • 174 environmental measures and benefits secured through contracts awarded; • 23 new entry level jobs and apprenticeships created; • Cashable savings of £0.42m per annum – representing 8.53% of the total contract value awarded (recurring contracts only); • Income generation of £193k from procurement and contracting activities (external income); • 10 contracts awarded subject to the 1% levy rebate. Actual levy income is dependent on expenditure incurred during the lifetime of contracts and based on expenditure on relevant contracts during 2020-21, the income generated for employment/skills activity was £160,000. 			

Exempt information: None
Recommendations:
1 To note the outcomes delivered under the Nottingham City Council Procurement Strategy 2018-23 in its third year (2020-21), as detailed in appendix 1.
2 To note the outcomes delivered during the three years of the Procurement Strategy 2018-21, as detailed at appendix 2.
3 To note that an update of the Nottingham City Council Procurement Plan 2020–25 is reported to Committee annually at the start of each financial year.

1 Reasons for recommendations

- 1.1 The Procurement Strategy 2018-23 provides a robust framework for the procurement of all goods, works and services to drive the delivery of the Council’s strategic priorities within a challenging financial context. It sets out how procurement will use the Council’s spending power to pursue our key objectives of citizens at the heart; securing economic, social and environmental benefits; and commercial efficiency.

Delivery of the Council’s strategic priorities depends on the strategic and efficient use of our purchasing power, and the Strategy promotes a commercial approach to support the Council in addressing significant financial challenges now and in the longer term.

- 1.2 The Strategy drives the delivery of social value for the City by addressing economic, social and environmental considerations at all stages of the procurement cycle, through the framework of the Public Services (Social Value) Act 2012. It sets out the key actions to be taken to maximise the economic, social and environmental benefits to be secured through all our purchasing activity.

- 1.3 Implementation of the Strategy during 2020-21 has continued the focus on the core principles of:

- Commercial efficiency – a commercial approach and securing best value for money;
- Citizens at the heart – providing services that are right for all citizens and customers;
- Partnerships and collaboration – maximising opportunities for joint working;
- Governance, fairness and transparency – to ensure a level playing field and legal compliance;
- Ethical standards – promoting the well-being and protection of work forces throughout the supply chain;
- Innovation and improvement – developing our processes and working innovatively to secure improved outcomes.

2 Background (including outcomes of consultation)

- 2.1 The development of the Procurement Strategy provided an opportunity to take stock of the strategic context for procurement with reference to national and local policies and strategic drivers. A primary purpose of the Strategy is to inform the supplier market of the Council’s key strategic objectives and the proposed procurement approach to deliver them. This aims to enable all potential suppliers (particularly local

businesses, SMEs, SEs and the voluntary and community sector) to access contract opportunities.

- 2.2 The Strategy has continued to support a modern, effective and efficient procurement service delivering best value and quality services for citizens, supporting innovation and stimulating growth in the City. It enables the aims of the Social Value (Public Services) Act 2012 to be followed whilst ensuring that competition, transparency and equal treatment are maintained.
- 2.3 A Procurement Information Management System is used to monitor and report on the outcomes of procurement activity undertaken, in particular progress against the key economic, social and environmental objectives of the Strategy.
- 2.4 The delivery of procurement activity was impacted significantly during the year 2020/21 by the COVID-19 pandemic, with some areas particularly affected. In April 2020, a review was undertaken of planned procurement activity to determine whether planned tenders should proceed in the light of the pandemic. It was decided to pause some non-essential procurement activity to enable resources to be focussed on the Council's key priorities such as supporting social care delivery.

Additionally, it was identified that due to the disruption to supplier markets, providers may have difficulty participating in formal tenders, and there was likely to be a negative impact on pricing or the viability of any tenders received. For those projects that were paused, the Procurement Team continued to work with client Departments to consider the longer term sourcing options and agree plans to secure continued delivery through a compliant arrangement as soon as possible. Procurement activity resumed as appropriate during the latter part of 2020/21, based on consideration of the circumstances and risks in each case.

- 2.5 During 2020-21, 45.5% of total contract value awarded to City suppliers, representing £100.7m investment in the local economy. The figures for this year were impacted by a small number of high value awards (such as the purchase of specific vehicles) for which there is no local market. The rolling average of local spend under the Procurement Strategy for the 3 years from April 2018 remains on target at 61.6%, representing a total value of £632m. In 2020-21, 56.1% of the total contract value awarded (£124.4m) was retained within Nottinghamshire, and 74.8% was awarded within the East Midlands area overall (£165.8m)
- 2.6 Procurement has continued to provide sustainable funding for the Nottingham Jobs Employment Service through the 1% levy rebate mechanism applied to eligible contracts. During 2020-21, 10 contracts were awarded subject to the levy, from which actual levy income will be dependent on expenditure over the lifetime of the contracts. Based on expenditure on contracts subject to the levy in this year, £160,000 was generated to fund employment and skills activity. Levy income has supported the Nottingham Jobs 'Nottingham Works for You' initiative, which offers dedicated employment support for 16 to 24-year-old citizens facing barriers to work.
- 2.7 Procurement continues to drive commercial and income generation initiatives; the projected total income generated for the Council through sold procurement and contracting activity during 2020-21 is £193,150.

3 Other options considered in making recommendations

- 3.1 None - progress against the Strategy is reported on a yearly basis.

4 Finance colleague comments

- 4.1 The financial implications of procurement activity included in this report have been aligned to the Medium Term Financial Plan as part of the decision making process for each project.
- 4.2 Each procurement process incorporated financial modelling and recommendations at the appropriate time ensuring value for money for the organisation and alignment to financial strategies. This will be replicated over the future years of the Procurement Strategy.

Philip Gretton - Strategic Finance Business Partner, 11/06/2021

5 Legal and Procurement colleague comments

- 5.1 The recommendations in this report are notes of action taken and do not raise significant legal issues.

Naomi Vass – Senior Solicitor, 11 June 2021

6 Social value considerations

- 6.1 The Nottingham City Council Procurement Strategy 2018-2023 drives the delivery of social value for the City by outlining how we will address economic, social and environmental considerations at all stages of the procurement cycle, through the framework of the Public Services (Social Value) Act 2012. It sets out how procurement will deliver the Council's key priorities of supporting the local economy, delivering social and community benefits, and environmental sustainability. The strategic objectives for procurement are set out under the key economic, social and environmental themes, with actions to maximise social value benefits through all our purchasing activity.
- 6.2 During the third year of the Strategy (2020-21), a total of £100.7m has been injected into the local economy through procurement - representing 45.5% of the total value of contracts awarded to City based suppliers. Of this, £80.6m was awarded to local SMEs. The rolling average of local spend under the Strategy for the 3 years from April 2018 is on target at 61.6%, and a total value of £632m.
- 6.3 The Strategy continues to support the implementation of the Council's Business Charter through the inclusion within eligible contracts of relevant contract specific requirements and targets based on the principles of the Charter.
- 6.4 The Strategy has supported the creation of new entry-level jobs and apprenticeship opportunities for citizens. In 2020-21, 23 full time employment opportunities have been secured through contracts awarded. Suppliers have been engaged with the Nottingham Jobs Service and other local employment and training initiatives through the inclusion of the Business Charter in contracts on a mandatory or voluntary basis; this has maximised opportunities for disadvantaged local residents. During 2020-21, the Nottingham Jobs social care recruitment campaign has continued to be successful, with 80 employees taken on by internal NCC care provision and 92 by external care providers.

6.5 In accordance with the Strategy aim of minimising the negative environmental impact of our procurement, environmental requirements have been included in contracts as appropriate to secure environmental benefits. In 2020-21 a total of 174 specific environmental measures and benefits have been secured, relating to: air quality and climate change (79 measures); resource efficiency, waste reduction and recycling (87 measures); biodiversity, nature conservation and greening (8 measures). Examples of contracts with environmental measures are:

- Loxley House Replacement Chiller Unit:

Sustainability goals are tracked and monitored, including reduction of greenhouse gases, water consumption and waste. The successful supplier offered a more energy efficient solution, including:

- energy savings reducing funding pay back from 8 years to 2.75 years. Saving 787,896 kWh/year – a 43% reduction
- Operating on high efficiency refrigerant
- Exceeding new energy efficiency legislation

- Building Services repairs and maintenance suite of contracts:

Environmental questions were included in all tenders, with appointed contractors mitigating the environmental impact of regular travel to undertake works with low carbon fleets & effective route planning.

- Dinosaur Exhibition Fabrication tender

- Suppliers in the supply chain for materials utilise wood registered through FSC (Forestry Stewardship Council). Waste timber is recycled
- All sub-contractors are vetted to have environmental policies in place
- Where possible, reusable materials other than plastic used for wrapping goods and transportation and where plastic is used, this will be preserved for future use

6.6 During 2020/21 a mechanism was implemented to establish a baseline figure of the number of commissioned providers paying the Real Living Wage (RLW). Procurement documents were amended to ask bidders whether they pay the Real Living Wage, and for each contract awarded, this information was recorded. Of those contracts awarded during 2020/21 where the Real Living Wage status of suppliers is known, a total of 66 out of 82 (80.5%) were awarded to suppliers declaring themselves to be RLW providers.

6.7 A Procurement Information Management System is maintained to record the outcomes of procurement activity undertaken, in particular progress against the key economic, social and environmental objectives of the Procurement Strategy.

7 Regard to the NHS Constitution

7.1 This is considered where appropriate for relevant service areas.

8 Equality Impact Assessment (EIA)

8.1 An EIA is not required because the report does not contain proposals for new or changing policies, services or functions.

9 List of background papers relied upon in writing this report

9.1 None.

10 Published documents referred to in this report

10.1 Nottingham City Council Procurement Strategy 2018-23.

10.2 The Public Services (Social Value) Act 2012.

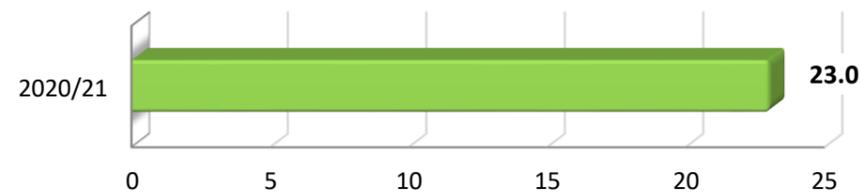
10.3 The UK Public Contracts Regulations 2015, the Concessions Contracts Regulations 2016 and Utilities Contracts Regulations 2016.

PROCUREMENT - HEADLINE ACHIEVEMENTS (2020/21)

Procurement Activity

Activity	Total
Contracts awarded	188
Total value (awarded contracts)	£221.7m

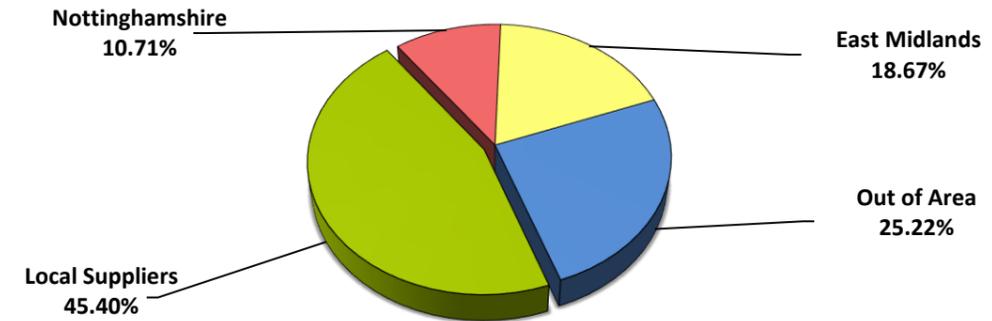
New Jobs Created for Local People



14 apprenticeships created

Achieved

Investment in Local Economy (Contracts Awarded)



£80.6m (36.4%) of total contract value invested in local SMEs

£100.7m (45.40%) of total contract value injected into the local economy

Environmental Benefits Identified

Air Quality and Climate Change	Resource Efficiency, Waste Reduction and Recycling	Biodiversity, Nature Conservation and Greening
79	87	8

Income and Savings

Annual Value of Awarded Contracts	Cashable Savings on Recurring Contracts (Annualized)	Income from Concessions & Commercial Activity (Total)
£57.9m	£0.42m	-

CATEGORY MANAGEMENT - ACHIEVEMENTS

- People** : 23 contracts awarded with a total value of £145.1m (annual value £23.9m)
 43.5% of total contract value awarded to local suppliers (£63.1m total contract value)
 57.32% of total contract value awarded to suppliers in the combined City and Nottinghamshire region (£83.2m total contract value)
 £61.6m total contract value awarded to voluntary community sector organisations
- Places** : 122 contracts awarded with a total value of £41.8m (annual value £25.1m)
 £6.4m of spend avoidance (requirement secured for less than the anticipated budget / cost)
 79.27% of total contract value awarded to local suppliers (£33.1m)
 115 environmental benefits identified (66% of all benefits captured)
- Products** : 43 contracts awarded with a total value of £34.81m (annual value £9m)
 6 contracts awarded subject to 1% levy - potentially £5.8k additional income per annum to the Council

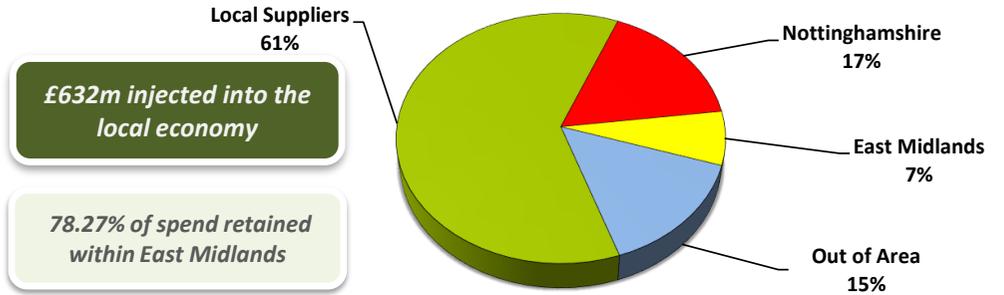
This page is intentionally left blank

PROCUREMENT - HEADLINE ACHIEVEMENTS (2018/19 - 2020/21)

Procurement Activity

Activity	2018/19	2019/20	2020/21	Total
Contracts awarded	384	334	188	906
Total value (awarded contracts)	£228.4m	£578.4m	£221.73m	£1.03bn
Local spend (%)	58.56%	69%	45.40%	61.59%

Investment in Local Economy (Contracts Awarded)

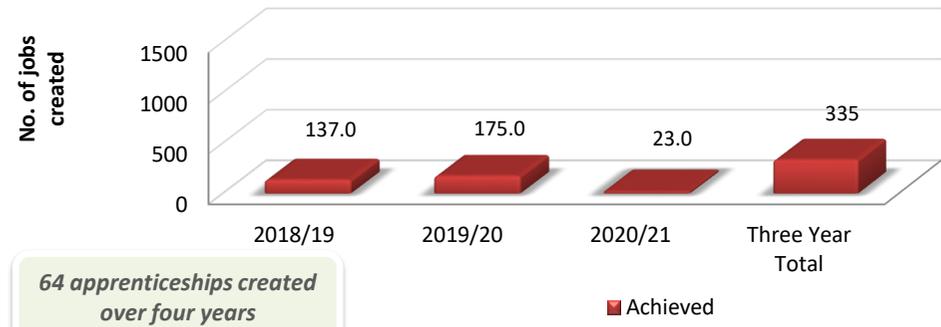


Income and Savings

Annual Value of Awarded Contracts	Cashable Savings on Recurring Contracts (Annualized)	Income from Concessions & Commercial Activity (Total)
£286.6m	£4.46m	£5.35m

171 contracts awarded subject to 1% levy, generating income of approximately £0.427m for employment and skills activity

New Jobs Created for Local People



This page is intentionally left blank

Agenda Item 5

**Commissioning and Procurement Sub-Committee / Companies
Governance Executive Sub-Committee – 14th September 2021**

Subject:	Changing Futures Programme for People Experiencing Severe and Multiple Disadvantage		
Corporate Director(s)/ Director(s):	Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder(s):	Councillor Adele Williams, Portfolio Holder for Adults and Health		
Report author and contact details:	Bobby Lowen, Commissioning Lead alan.lowen@nottinghamcity.gov.uk 0115 876 3571		
Other colleagues who have provided input:			
Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject to call-in	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total value of the decision: £3,878,673			
Wards affected:	Date of consultation with Portfolio Holder(s): 31 st August 2021		
Relevant Council Plan Key Theme:			
Nottingham People			<input checked="" type="checkbox"/>
Living in Nottingham			<input checked="" type="checkbox"/>
Growing Nottingham			<input type="checkbox"/>
Respect for Nottingham			<input checked="" type="checkbox"/>
Serving Nottingham Better			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>This report requests approval to accept and use funding awarded to Nottingham City Council (on behalf of a local partnership facilitated by the Nottingham City Integrated Care Partnership) following a successful application to the national Changing Futures programme.</p> <p>The approval of the recommendations within this report will allow for the mobilisation of an ambitious programme of activity designed to drive improvements in collaboration between partners in the City working to help people experiencing Severe and Multiple Disadvantage.</p>			
Exempt information:			
State 'None' or complete the following.			
None			
Recommendation(s):			
1 To approve the receipt of funding up to a total of £3,878,673 from the Ministry of Housing, Communities and Local Government for the delivery of Nottingham's Changing Futures programme over 2021/22 to the end of 2023/24.			
2 To approve the use of funding to a maximum value of £1,365,105 allow for the delivery a range of activity required for the initial mobilisation of the programme as detailed in Appendix 1.			
3 To approve dispensation from Contract Procedure Rules 4.1.1 and 4.1.2 in accordance with Financial Regulation 3.29 to allow for selected contracts to be directly awarded as detailed in			

Appendix 1 (see rows 8-13 and 14-15 respectively).	
4	To approve the selection of providers to deliver selected contracts by means of an open quotation process as detailed in Appendix 1 (see rows 3-7) and to delegate authority to the Head of Contracting and Procurement to establish contracts with the successful provider(s) based on the outcome of this exercise.
5	To approve the transfer of funding up to a value of £345,283 to Nottinghamshire Healthcare NHS Foundation Trust as detailed in Appendix 1 (see rows 1 and 17).
6	To approve spend up to a value of £261,308 for internal appointments as detailed in Appendix 1 (see rows 2 and 16).
7	To note that use of the remaining balance of the Changing Futures award will be subject to further approval.

1 Reasons for recommendations

- 1.1 Approval to take receipt of the funding is sought to allow for the delivery of Nottingham's Changing Futures programme in line with proposals submitted to the Changing Futures national team (see Appendix 2).
- 1.2 The delivery of Changing Futures will put in place a significant programme of operational activity designed to help improve the lives of people in the city who experience severe and multiple disadvantage (SMD). SMD is defined by Changing Futures as experiencing three or more of the following: homelessness, substance misuse, mental health issues, domestic violence, and contact with the criminal justice system. The delivery and further development of this activity is expected to realise the significant benefits of improving the lives of vulnerable people and the avoidance of serious negative outcomes (e.g. in relation to health, homelessness, offending, etc), as well helping to manage demand for reactive interventions (e.g. emergency homelessness responses, hospital attendances, etc) and the associated costs across the public sector
- 1.3 The delivery of the programme will also prevent a substantial loss of existing support for people experiencing SMD by providing continuity of provision beyond the closure of the current Opportunity Nottingham programme funded through the Big Lottery Fulfilling Lives programme until the end of June 2022.
- 1.4 The delivery of Changing Futures is expected to significantly enhance partnership efforts to improve the collective response to help people who experience SMD, with the further expectation of improved outcomes and greater efficiency through collaborative planning and delivery. Changing Futures will also seek to establish a partnership programme of activity on SMD on a sustainable footing (e.g. by creating the structures to join up planning for the use of partners' mainstream resources) beyond the end of external funding for the programme at the end of March 2024.
- 1.5 The recommendations under this report allow for the initial mobilisation of the programme during the 2021/22 year. Work will take place within the scope of the programme to shape recommendations for the further commissioning and

procurement of the programme from July 2022 in line with key objectives of supporting collaboration between partners.

- 1.6 Dispensation from Contract Procedure Rule 4.1.2 in accordance with Financial Regulation 3.29 is sought to enable a direct award of contracts with the following rationale (see Appendix 1):
- Project Coordination and Support, Lived Experience Team, and Frontline Delivery Team (rows 8-13). A direct award is sought to enable funding to be provided for the continuation of activity previously funded through Opportunity Nottingham for a short period of time only (a maximum of six months) in advance of full procurement of the Changing Futures programme for delivery from July 2022. The current provider is considered the only viable provider based on the short timeframe for delivery and required compatibility with the existing Opportunity Nottingham programme.
 - Embedded / Hosted Posts: Primary Care Officer and Offender Management Officer (rows 14-15). These roles have been commissioned to work to improve the response to SMD within these organisations as key mainstream services. These roles also need to support direct engagement between the service and the wider Changing Futures programme with scope to directly influence developments within their organisation. A direct award is sought in each case on the basis that no alternative provider is able to meet these requirements.
- 1.7 The Changing Futures programme requires a number of new Navigator posts to work as SMD specialists within BAME communities and with women and people experiencing domestic violence. These roles have a remit that includes the direct delivery of support to people experiencing SMD as well as improving understanding of how people within different communities are affected by SMD and effective means of providing support. Approval is sought to select providers through means of a quotation process to secure the most appropriate organisations to meet the requirements corresponding to each post.

2 Background (including outcomes of consultation)

- 2.1 Nottingham City Integrated Care Partnership (ICP) has agreed a priority of “supporting people who face multiple disadvantages to live longer and healthier lives”. At the outset of the pandemic, the Council worked in partnership through the ICP to ensure the delivery of an holistic response to meet the wider needs of rough sleepers (e.g. to attend to their physical and mental health, etc) to align with the additional accommodation and support provided by the Council through the ‘Everyone In’ scheme.
- 2.2 A growing partnership of organisations has continued to work together as part of an ICP programme to build on operational improvements during Everyone In (e.g. the enhanced coordination of frontline interventions across health, housing and other needs) to benefit a wider population of people experiencing SMD. This partnership continues to explore opportunities for partners to improve how they work together in their planning, commissioning and delivery

of services to achieve shared and organisational objectives and make the best use of their collective efforts and resources.

- 2.3 This work has benefited from the experience, learning and operational input provided through the existing Opportunity Nottingham (ON) programme. This programme has created the foundation for Nottingham's understanding of approaches that work best to help people experiencing SMD through its experience of direct delivery, wide and meaningful involvement of people with lived experience, and focus on learning and development. Funding for this programme (provided through the Big Lottery Fulfilling Lives programme) and the range of activity it currently provides is due to end at the end of June 2022.
- 2.4 In December 2021, the Ministry of Housing, Communities and Local Government (on behalf of cross-government partners) announced Changing Futures as a new programme designed to test innovative approaches and deliver lasting change in the way that local services work together to respond to help people who experience multiple disadvantage (defined as including a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system).
- 2.6 The national Changing Futures programme is underpinned by a £46m fund committed for work with a small number of pioneering local partnerships in line with the aims of the programme. Nottingham's ICP SMD partners (including people with lived experience) have worked together to develop a proposal for the local delivery of the programme which has been accepted and funded by MHCLG with an award of £3,878,673 for use from 2021/22 to the end of 2023/24.
- 2.7 Nottingham's Changing Futures programme seeks to build on approaches developed through Opportunity Nottingham and through the ICP SMD programme. This will include the continuation of key areas of operational service delivery intended to support the engagement of people experiencing SMD and to enable them to benefit from a range of other assistance, healthcare and support provided by other partners. In addition, the programme will seek to develop the structures and arrangements that enable ongoing collaboration between partners in their use of resources and planning of services, with the intention that this should continue beyond the end of the programme.

3 Other options considered in making recommendations

- 3.1 Not to take receipt of funding awarded by MHCLG for the delivery of the Changing Futures programme. This is not recommended on the basis that to not take receipt of the funding would lose the opportunity to realise expected benefits from direct operational delivery and prospects for longer term improvements.
- 3.2 To procure all activity from the offset of the programme. This option has been rejected on the basis that the procurement of all activity will delay the implementation of the programme, with a substantial risk of loss of funding from MHCLG and of undermining the ability of the programme to achieve desired outcomes.

- 3.3 To procure the required activity for the initial mobilisation of the programme from the Project Coordination and Support, Lived Experience Team, and Frontline Delivery Team (Appendix 1, rows 8-13) through means of a competitive tender. This option is not recommended on the basis that there is considered to be no alternative viable provider in line with the requirements for the short period of delivery and compatibility with the current Opportunity Nottingham programme.
- 3.4 To procure the Embedded Posts – Primary Care Officer and Offender Management Officer through a competitive tender. This option is not recommended on the basis that there is considered to be no alternative viable provider in line with the requirement for these posts to work within key existing mainstream services.

4 Finance colleague comments (including implications and value for money/VAT)

- 4.1 This decision seeks approval to accept and allocate £3,878,673 funding awarded through Section 31 of the Local Government Act 2003 by Ministry of Housing, Communities and Local Government to Nottingham City Council (on behalf of a local partnership facilitated by the Nottingham City Integrated Care Partnership).

This funding was awarded following a successful application to the national Changing Futures programme for the delivery of Nottingham’s Changing Futures programme covering 2021/22 to 2023/24.

- 4.2 This initiative is jointly funded by Government (MHCLG) and The National Lottery Community Fund (TNLCF) and the profiling of the funding to be received in each year is as per the table below:

Financial Year	Funding Source		Total
	MHCLG	TNLCF	
Year one (2021/22)	£1,134,562	£0	£1,134,562
Year two (2022/23)	£1,476,506	£0	£1,476,506
Year three (2023/24)	£0	£1,267,605	£1,267,605
Total	£2,611,068	£1,267,605	£3,878,673

- 4.2 This decision seeks approval for the expenditure outlined in Appendix 1: Use of Changing Futures Award for Initial Mobilisation, totalling a maximum of £1,365,105 over the duration of the programme. The expenditure consists of both external contract spend and internal staffing spend.
- 4.3 Dispensation from Contract Procedure Rules 4.1.1 and 4.1.2, in accordance with Financial Regulation 3.29 (operational issues) is sought to directly award of contracts for a maximum period of 2 years to Framework Housing Association, Nottingham City GP Alliance and Nottingham Probation Service as detailed in Appendix 1. Reasons for seeking dispensation are detailed in point 1.6 of this report. The remaining external costs will be procured via a compliant procurement quotation exercise.

- 4.4 The contract length of internally recruited posts should be commensurate to the period that the funding is being received over to, where possible, reduce the risk of future financial liabilities (i.e. unfunded posts and redundancy costs).
- 4.5 The funding will be aligned to the services (as approved) to ensure visibility and robust budget monitoring and reporting in line with the signed MoU. The use of funding should adhere to the specific grant conditions and it is to be noted that funding for year 3 of the project is conditional upon the additional terms and conditions outlined in the grant agreement being fully satisfied.
- 4.6 The remaining balance of this funding, £2,513,568, is still being scoped and subsequent proposals will be subject to a separate decision/approval process via this forum. Any changes to the proposals outlined in this report will also require further approval.
- 4.7 The service(s) will need to ensure that any funding balance remaining at each financial year end is carried forward to ensure that the funding aligns to the financial year that the expenditure is incurred and that no subsequent financial pressure arises.
- 4.7 The approval of the recommendations within this report will allow for the mobilisation of an ambitious programme of activity designed to drive improvements in collaboration between partners in the City working to help people experiencing Severe and Multiple Disadvantage.

Hayley Mason
Strategic Finance Business Partner
1 September 2021

5 Legal and Procurement colleague comments (including risk management issues, and including legal, Crime and Disorder Act and procurement implications)

- 5.1 The decisions in this report will enable Nottingham City Council to support improvements in collaborative working within the City to help people who experience Severe and Multiple Disadvantage through the delivery of the Changing Futures programme as a result of funding from the Ministry of Housing, Communities and Local Government. Dispensation from Contract Procedure Rules 4.1.1 and 4.1.2, in accordance with Financial Regulation 3.29 (operational issues) is supported in order for the direct awards of contracts for a maximum period of 2 years, to Framework Housing association, Nottingham City GP Alliance and Nottingham Probation Service as at points 8 – 13 and 14 – 15 of Appendix 1 respectively, for the reasons stated at point 1.6 of the report. The procurement of the specialist and non-specialist Navigator posts proposed in this report at rows 3 - 7 of Appendix 1 will be quotation processes undertaken by the Procurement Team in compliance with the requirements of EU and UK Procurement Regulations (Light Touch Regime). Some of the funding will involve Section 75 agreements being put in place with CCG, details as referred to in Appendix 1 at rows 1 and 17. The use of funding should comply with any specified grant conditions and suitable agreements should be in place with external providers to ensure compliance and satisfactory performance.

- 5.2 This report seeks approval to accept money from MHCLG for the delivery of the Nottingham's Changing Futures programme, seeking to help improve the lives of those in the City with severe and multiple disadvantage.

The City Council must ensure it complies with any terms and conditions specified by MHCLG in the funding agreement otherwise it will be at risk of MHCLG invoking clawback. All contracts with the providers identified within the report must include provisions which flow down any relevant provisions from MHCLG such as monitoring and reporting outputs.

It is understood that this programme is currently being delivered under the Opportunity Nottingham programme as funded by the Big Lottery Funding, which is due to come to an end next year.

This funding will enable the initial mobilisation of the programme with further scoping to follow and additional approvals to determine the appropriate spend and procurement processes as required for the future delivery.

The spend associated with the initial mobilisation is detailed within Appendix 1:

- Items 1 and 17 of the table seek to transfer money to the Nottinghamshire Healthcare NHS Foundation Trust. A s.75 Agreement will be entered into to capture the transfer and detail the requirements of spend.
- Items 2 and 16 seek to approve part of the money for internal spend to support the programme and such spend shall need to be in accordance with the council's contract procedure rules and HR procedures.
- Items 3-7 seek authority to procure delivery partners by way of a quotation process which will ensure compliance with the Council's Contract Procedure Rules for the establishment of new contracts with standalone bespoke requirements, which support the need for separate delivery providers rather than a larger tender process with individual lots.
- Items 8-13 and 14-15 seek authority to dispense with Contract Procedure Rule 4.1.1 and 4.1.2, from the requirement to seek quotations and tenders respectively, in accordance with Financial Regulation 3.29 (operational issues). The report details the various reasons for seeking the relevant dispensations, to ensure the continued deliverance of the programme within the city without a gap in service provision. The use of the current providers will support a streamlined approach to service delivery working towards improved outcomes.

It should be noted that recommendations 2-6 of the report only detail the spend associated with part of the funding that it due to be received from MHCLG. Associated allocations of the remaining funding will be subject to

further approvals and procurement considerations will be required in accordance with the Council's Contract Procedure Rules in due course.

Appropriate contractual arrangements should be put in place with the providers as identified within the report.

Dionne Screation
Senior Solicitor, Commercial, Employment and Education
1st September 2021

6 Social value considerations

- 6.1 The delivery of the Changing Futures programme is expected to achieve significant social value through the delivery of assistance intended to improve circumstances and outcomes for vulnerable people. Further consideration of the opportunity to create additional social value will be considered as part of the procurement of services.

7 Regard to the NHS Constitution

- 7.1 The development of Nottingham's Changing Futures programme and proposals set out in this report have been prepared in collaboration with NHS Nottingham and Nottinghamshire Clinical Commissioning Group.

8 Equality Impact Assessment (EIA)

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

No
An EIA is not required because:

Equalities considerations have been taken on board in the preparation of the development of proposals submitted to MHCLG for participation in the Changing Futures programme (see Appendix 2).

Yes

9 List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

- 9.1 None.

10 Published documents referred to in this report

- 10.1 None.

Appendix 1: Use of Changing Futures Award for Initial Mobilisation

#	Category	Requirement / CF budget line	Cost pa (£)	Start date	End date	Cost for period (£)	Approach	Approvals required
1	Strategy & Influence	Programme Director	76,913	1 st Oct 2021	31 st Mar 2024	192,283	Transfer funding to Nottinghamshire Healthcare NHS Foundation Trust via Section 75 agreement	Approval for spend and for transfer of funding through Section 75 agreement
2		System Change Commissioner	61,923	1 st Oct 2021	31 st Mar 2024	154,808	NCC recruitment	Spend only
3	Frontline Delivery - Navigators	Specialist Navigator	35,903	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	35,903 to max of 89,758	Select provider through open quotation process	Approval for spend, to select providers via a quotation process and to delegate authority to the Head of Contracting and Procurement to establish a contract with the successful provider
4		Specialist Navigator	35,903	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	35,903 to max of 89,758	As previous	Approval for spend, to select providers via a quotation process and to delegate authority to the Head of Contracting and Procurement to establish a contract with the successful provider
5		Specialist Navigator	35,903	1 st Oct	30 th Sept 2022; option to	35,903 to max of	As previous	Approval for spend, to select providers via a quotation process and to

#	Category	Requirement / CF budget line	Cost pa (£)	Start date	End date	Cost for period (£)	Approach	Approvals required
				2021	extend to 31 st Mar 2024	89,758		delegate authority to the Head of Contracting and Procurement to establish a contract with the successful provider
6		Specialist Navigator	35,903	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	35,903 to max of 89,758	As previous	Approval for spend, to select providers via a quotation process and to delegate authority to the Head of Contracting and Procurement to establish a contract with the successful provider
7		Non-Specialist Navigator	35,903	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	35,903 to max of 89,758	As previous	Approval for spend, to select providers via a quotation process and to delegate authority to the Head of Contracting and Procurement to establish a contract with the successful provider
8	Project Coordination and Support	Operational Team Admin Support (2 FTE)	53,703	1 st Apr 2022	30 th Jun 2022	13,468	Direct award (total value £82,384) of contract to Framework as only viable provider (for continuity of activity previously funded under Opportunity Nottingham) until full procurement of programme from July	Approval for spend and for dispensation from Contract Procedure Rule 4.1.1 in accordance with Financial Regulation 3.29 for the direct award of contract
9	Lived Experience Team	Lived Experience Lead	36,732	1 st Apr 2022	30 th Jun 2022	9,979		
10		Ambassadors	98,456	1 st Apr	30 th Jun 2022	24,691		

#	Category	Requirement / CF budget line	Cost pa (£)	Start date	End date	Cost for period (£)	Approach	Approvals required
				2022			2022.	
11		Activities Coordinator	22,376	1 st Apr 2022	30 th Jun 2022	5,612		
12	Frontline Delivery Team	Team Leader 1	38,232	1 st Jan 2022	30 th Jun 2022	19,093		
13		Team Leader 2	38,232	1 st Apr	30 th Jun 2022	9,541		
14	Embedded / Hosted Posts	Primary Care Development Officer	45,468	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	45,468 to max 113,670	Direct award to Nottingham City GP Alliance (as only viable provider)	Approval for spend and for dispensation from Contract Procedure Rule 4.1.2 in accordance with Financial Regulation 3.29 for the direct award of contract
15		Offender Management Officer	45,468	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	45,468 to max 113,670	Direct award to National Probation Service Nottinghamshire (as only viable provider)	Approval for spend and for dispensation from Contract Procedure Rule 4.1.2 in accordance with Financial Regulation 3.29 for the direct award of contract
16		Housing Officer	42,600	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	42,600 to max 106,500	Internal recruitment within NCC Housing Aid and internal MoU	Spend only

#	Category	Requirement / CF budget line	Cost pa (£)	Start date	End date	Cost for period (£)	Approach	Approvals required
17		Mental Health SMD Specialist	61,200	1 st Oct 2021	30 th Sept 2022; option to extend to 31 st Mar 2024	61,200 to max 153,000	Transfer funding to Nottinghamshire Healthcare NHS Foundation Trust via Section 75 agreement	Approval for spend and for transfer of funding through Section 75 agreement
				TOTAL (MAX)		1,365,105		

Changing Futures Programme: Delivery Plan Template

1.1 Area	Nottingham City	
1.2 Named contact (a) name (b) main role	(a) Rich Brady	(b) Programme Director
1.3 Address	1 Standard Court, Park Row, Nottingham NG1 6GN	
1.4 Telephone number (a) organisation (b) contact	(a) Nottingham City Integrated Care Partnership	(b) 07920 751 309
1.5 Email address of named contact	rich.brady@nhs.net	

Guidance notes

- The purpose of this delivery plan is to build on your initial expression of interest, and to set out a theory of change and costed proposals for how you intend to improve outcomes for adults experiencing multiple disadvantage in your area through the Changing Futures programme.
- This delivery plan will be a live document, with flexibility to develop over the course of the three-year delivery period and designated review points. However, we want to have a clear sense of your proposals for involvement in the programme at this stage to inform a robust assurance and final selection process, while acknowledging that implementation and delivery will be an iterative and evolving process.
- Please refer to the Changing Futures [prospectus](#) when completing this delivery plan form, including section 2.1 on the aims of the programme; 2.2 on defining the cohort; 2.3. on core delivery principles; and 2.4 on core partnership requirements. Further guidance on each section is also available in the attached guidance document.
- We may share information in your delivery plan, including contact details, with other government colleagues and The National Lottery Community Fund for assessment and for the purpose of developing our understanding and informing wider policy development and best practice.
- Please use black type, Arial font 11. Where additional supporting materials such as the theory of change template are requested, further information is provided in the questions and guidance below.
The deadline for submission is 23:55, **Thursday 6 May.**

1. Cohort identification: Who will the programme support?

Please provide information on the cohort you intend to work with over the course of the programme.

Max: 600 words

The Nottingham City Joint Strategic Needs Assessment (JSNA) chapter: [Severe and Multiple Disadvantage](#) brings together a range of insight to provide a foundation for our understanding of local need of SMD.

Nottingham has the 8th highest prevalence of SMD in England, with estimates in 2019 suggesting over 5,300 people experience SMD. JSNA analysis categorises the number of people experiencing SMD according to experience of homelessness, mental ill-health, substance misuse and offending:

- 4 disadvantages: 294
- 3 disadvantages: 1,620
- 2 disadvantages: 3,428

This does not include the fifth source of disadvantage identified in the CF criteria (domestic abuse). Using the criteria for CF, we estimate in excess of 6,600 people face at least three sources of disadvantage – approximately 50% are female.¹ Women and BAME communities are known to be underrepresented in access to services, we therefore used the development grant to engage local experts to undertake research to better understand prevalence and issues impacting on women and BAME communities experiencing SMD. Not only has this provided additional insight into the nature and occurrence of disadvantage faced by women and BAME communities, it has helped to reappraise the overall population experiencing SMD, as well as aiding our understanding of the additional barriers (e.g. fear or lack of trust of services, stigma, and failure to recognise different forms of disadvantage) that we need to overcome to ensure more equitable access.

We have reviewed our referral and assessment processes with representation from across our partnership (including people with lived experience and organisations working with women and BAME communities), to support appropriate access to the programme.

In our experience from Opportunity Nottingham (ON), some organisations can be discouraged from referring into the programme when extensive details are required for an initial referral. The partnership has redesigned the processes and forms to simplify information required to make referrals and establish eligibility for the programme². This will improve access for those not currently connected with support services.

The group has developed and amended the New Directions Team tool (NDT)³ used to complete assessments. Adaptations to the NDT take better account of the ways in which multiple disadvantage might be expressed in populations we understand are currently

¹ Bramley, G, Johnsen, S, Sosenko, F. (2020) [Gender Matters: Gendered patterns of severe and multiple disadvantage in England](#). London: Lankelly Chase Foundation

² See *Nottingham City SD Q1 DRAFT CF Referral Form*

³ See *Nottingham City SD Q1 DRAFT Amended NDT Assessment Tool*

underserved, including women, BAME communities and other groups with protected characteristics. Additional questions and adjusted weightings will help properly factor in, for example, areas of risk related to:

- Cultural / gender related reluctance to engage with services
- Non-aggressive difficulties in social effectiveness
- DA/DV as a specific aspect of “risk from others”
- Absence of social, family and other networks

We will evaluate the impact of changes to referral and assessment to revisit and refine arrangements based on evidence and feedback to inform further delivery.

We expect to provide direct support to a total of 388 beneficiaries over the course of the programme (64 in year 1 (in addition to ON), 144 in year 2, and 180 in year 3). This accords with learning from ON demonstrating that successful outcomes often take two years and are achieved through caseloads that allow for intensive support.

Table 1: Caseload Predictions				
		Year 1	Year 2	Year 3
Navigator Caseload per FTE	8			
Navigator FTE number *		7	17	17
Navigator Cases		56	132	132
Peer Mentor Hrs Per Case	3			
Peer Mentor Hours		75	146	146
Peer Mentor Cases		25	49	49
Case Capacity		81	181	181
Average days on service **		455	455	365
Beneficiaries per year		64	144	180
Total Beneficiaries				388
* Includes 1 FTE social worker in Yr 1				
** Assumes cases closed before end of programme in Yr 3				

We anticipate achieving shorter successful engagements through CF due to improved coordination between wider services. A larger number of people are expected to be supported through affiliated programmes and services (e.g. RSI navigators) benefiting from some coordination with CF. We do not anticipate using a waiting list for the programme as our delivery approach will enable greater access to wider support services. In addition to the 388 beneficiaries, we estimate that a further 310 to benefit from capacity improvements within mainstream services through embedded posts and access to operational support from CF (e.g. via the MDT – see delivery plan).

(599 – not including footnotes)

2. Outline theory of change: How will the programme achieve improved outcomes at individual, service and system level?

Please set out your outline theory of change at system, service and individual level using the templates provided (annex A). Use the section below to provide a brief overall narrative explaining how you developed the theory of change and how the different levels connect.

Max 2,500 words (templates & summary)

Developing the Theories of Change

Our Theories of Change (TOCs) will help us ensure people experiencing SMD live longer, healthier lives. For this we need system change, more integrated working, with services having a better understanding of SMD and their role in helping people to achieve positive, sustained change.

Our TOCs have been co-produced with beneficiaries and system partners.⁴ Building on work of the ICP SMD programme, we initially developed draft TOC. These were informed by workshops with beneficiaries and services, focussing on what works well and where there is more to be done. We used the development grant to fund specific work to improve our understanding, led by partners with specialist knowledge of women and BAME communities.⁵ Peer-researchers led on beneficiary engagement, interviewing 26 people, supported by a range of services in Nottingham.

We ran externally facilitated workshops to test our TOCs. A similar approach was taken with beneficiaries from a range of organisations, led by ON's lived experience team and Service for Empowerment and Advocacy. We also held one-to-one discussion sessions with beneficiaries and services.

Finally, we asked for feedback from MEAM around our approach to co-production and to critically challenge our TOCs.

How the levels interact:

Our TOCs clearly align from system to individual level. Guided by people with lived experience, frontline workers and services, we developed an over-arching 'problem statement' that cuts across all three levels:

In Nottingham City, people experiencing SMD experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.

Therefore our objective is:

To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.

⁴ See *Nottingham City SD Q2 Summary of engagement and co-production activity*

⁵ See *Nottingham City SD Q2 CF SMD Womens report* and *Nottingham City SD Q1 CF BAME report*

This means that at **system level** we need:

- To maintain momentum, with Nottingham City ICP as the lever for sustained system change.
- A system that supports joint working (underpinned by shared governance / decision making and budgets) to plan/deliver the right support.
- Strategic decision making guided by lived experience, with explicit governance structures.
- An ambitious approach to commissioning, developing/trialling integrated and personalised approaches.
- Workforce development, supporting services/organisations to participate in opportunities and plan for future need.
- The right evidence to secure long-term, sustainable resource.

This means at **service level** we need:

- Beneficiaries co-producing services and guiding improvement.
- Flexible services that are actively inclusive, engaging and not excluding people by rigidly adhering to thresholds/eligibility criteria.
- Services where staff understand experiences of all people that experience SMD, responding to needs in a positive way, with SMD clearly included in strategic priorities.
- Services where staff know what to do if they are worried about someone or need additional support.
- Person-centred services that are culturally and gender responsive.
- Services working well together, learning supporting continual improvement.

Therefore, at **individual level** we need:

- An ambitious offer that is strengths-based and developed through lived experience.
- An offer that is not stigmatising or complex to navigate.
- Services that are accessible, trauma informed, not asking beneficiaries to tell their story repeatedly. This is frustrating at best and re-traumatising for many.
- More choice, an offer that understands and is responsive to the needs of **all** people that experience SMD, including women and beneficiaries from BAME communities.
- Services that are here to stay, valued by the system and sustainably funded.

(2,491 – not including footnotes)

3. Delivery plan: What will you deliver as part of the programme?

Please set out your plan to deliver the activity in your outline theory of change over the three-year delivery phase.

Max 1,250 words

Our delivery approach is rooted in the outcomes that people who experience SMD have told us they want to see achieved in our **individual** TOC. Our model responds to the need in our **service** TOC for a more closely integrated system of support with collective 'ownership' of the needs of beneficiaries in place of restrictive outcomes defined by individual services. Crucially, the model sets out not just to meet the needs of beneficiaries over the course of the programme but also to achieve the **system** change needed.

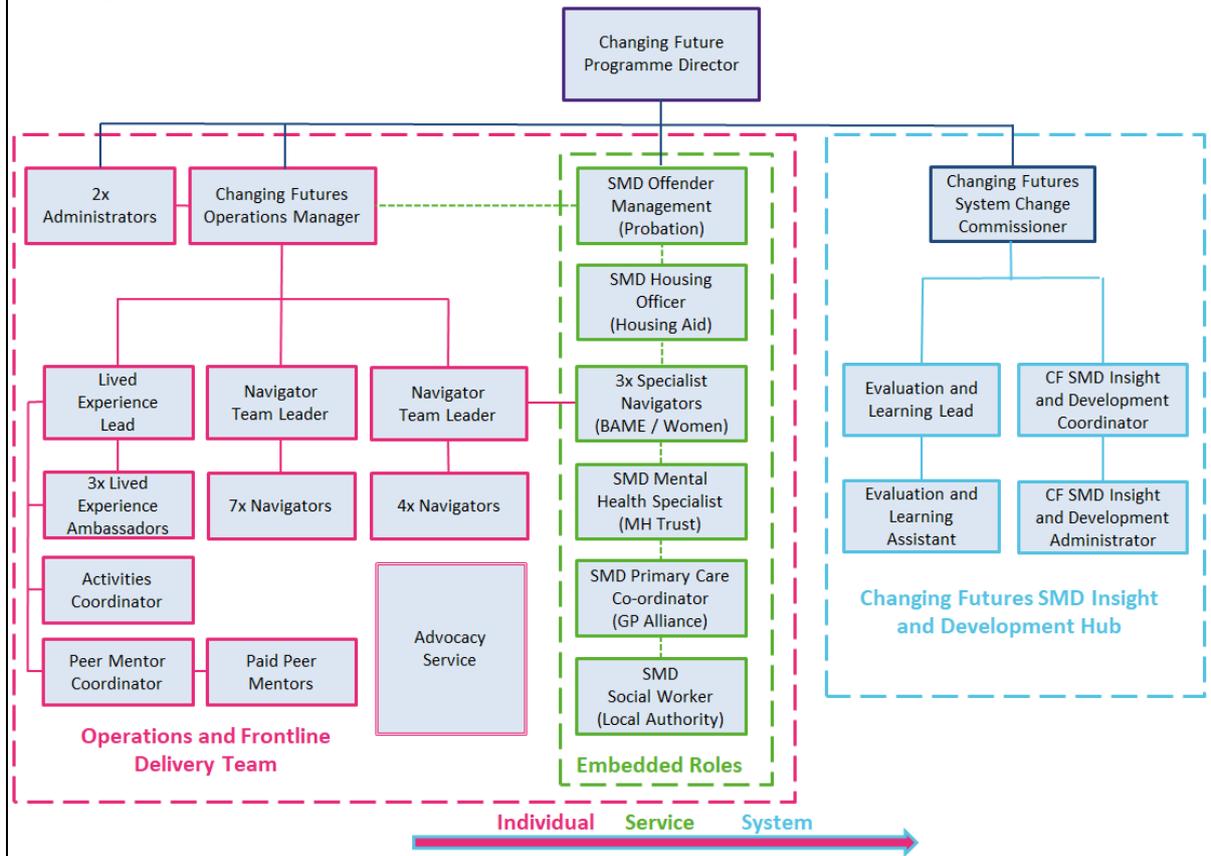


Figure 1: Proposed Changing Futures Delivery Approach

Our proposed delivery approach sees three significant strands:

1. An operations and frontline delivery team will provide the key functions for beneficiaries based around the **individual** TOC.
2. Posts embedded within statutory partners will deliver the activities in the **service** level TOC and ensure a genuine partnership response to SMD.
3. An SMD Insight and Development Hub will influence local commissioning and embed learning and best practice across statutory partners to meet the objectives of the **system** TOC.

Operations and frontline delivery team

The frontline team will be responsible for assessing referrals for suitability against the

eligibility criteria and providing support and coordination.

Navigators will guide beneficiaries to access and engage with assistance they need, as well as helping agencies to meet their needs. Navigators will collectively work as a network / virtual team (including those funded through related programmes e.g. RSI) to coordinate support across the system. Navigators will work in a trauma and psychologically informed way to build trusting relationships with beneficiaries, listening to their needs and supporting engagement at a pace that suits them. Specialist navigators will offer appropriate support to people with cultural/gender specific needs, as well as meeting preferences to be supported by someone with lived experience.

A **Multi-Disciplinary Team (MDT)** will bring agencies together to develop joint plans to meet holistic needs of beneficiaries. The MDT will create flexibility in how local services respond, providing a route for escalation by Navigators, enabling agencies to share ideas, solutions and plan delivery of coordinated treatment/support. Beneficiaries can also request an MDT is called on their behalf.

Independent advocacy will support beneficiaries where they wish to challenge or complain about the way they are being supported, within the wider system or by CF itself. This will ensure their voice is heard, views are taken into account and concerns dealt with properly.

A **Lived Experience Team** will ensure lived experience is at the heart of frontline delivery. CF will employ **paid ambassadors** (including women and BAME specialists) to ensure the “voice of lived experience” is in all aspects of project design and delivery, including at the Changing Futures Development Board.

We know that people with SMD often prefer to be supported by someone with direct experience who they believe will understand how they are feeling and be less judgemental. **Peer mentors** will also provide opportunities for beneficiaries, improving life chances through access to ETE, meaningful occupation and paid work. It will also ensure that the system is constantly shaped by those that have used services and who know what works.

People experiencing SMD told us they wanted to see services that deliver a range of diverse treatments and therapeutic interventions, including access to meaningful occupations and support towards employment. The **Activities Coordinator** will have a budget to facilitate this.

Personalised approaches to commissioning will create flexibility in the system to respond to individual needs. This will enable beneficiaries to choose support from a provider they feel will best serve their needs (e.g. specialist support, including BAME led).

Embedded posts in partner organisations (**see figure 1**) will ensure delivery of dedicated and specialised support to CF, including membership of the MDT. These posts are critical to our system change plans to establish stronger links with key agencies, resolve barriers and jointly plan support. They will champion SMD within mainstream services, improving responsiveness and contributing to improving data sharing / systems, to improve service delivery, inform policy and commissioning.

The **SMD Insight and Development Hub (IDH)** will coordinate learning across the partnership. It will have responsibility for improving capture and use of data across **services**, to understand the outcomes achieved for **individuals** and impact on the **system**. The IDH

will support the MDT, capturing insights from operational delivery, informing commissioning and system change. The IDH will be responsible for improving practices (e.g. facilitating training and development) within core CF services, as well as across the system (including non-specialist services).

Driving lasting system change

Strategic posts will secure the legacy of the partnership beyond the end of CF. This is crucial to prospects for the development of an effective and sustainable system.

A Programme Director will oversee the delivery of CF, driving system change, securing the sustained strategic and financial commitment from partners, establishing the governance, structures and forums needed to jointly resource, plan and deliver an effective system for people experiencing SMD.

People experiencing SMD tell us our current arrangements do not always provide a joined-up, flexible, whole person approach. Individual service-led outcomes do not incentivise services to collectively 'own' a person's overall outcomes. A specialist commissioning role will provide commissioning stewardship to the technical activities needed to enable joint planning and use of resources currently held across the system, and to create more opportunity for partners to work together to develop effective solutions and support beneficiary choice. Oversight of the IDH will ensure learning from local delivery will feed into commissioning practices.

Key milestones

Year	Key milestones for delivering activity
2021/22	<ul style="list-style-type: none"> • Alignment of ON activity to CF delivery approach • Existing infrastructure of ON used to support establishment and development of CF team • Appoint key CF posts: Programme Director, Commissioner, Operations Manager and embedded roles • Establish CF governance (section 5) incl. CFDB, ECF and WF to embed within system governance and accountability structures • Develop system change plan, building on existing transformation work (incl. ICP/ICS) • Information sharing agreements across partners, exploring potential for shared data systems • Intensive support to a minimum of 64 beneficiaries (in addition to ON)
2022/23	<ul style="list-style-type: none"> • Conclusion of ON, ensuring continuity for beneficiaries receiving support • Review of year 1 delivery activity (incl. specialist posts) to inform years 2, 3 and system change plan • Test integrated delivery model with providers and commissioners for beyond 2024 • Commitment to match funding from statutory partners • Intensive support to a minimum of 144 beneficiaries
2023/24	<ul style="list-style-type: none"> • Transition plan agreed by statutory partners to ensure continuity of support to SMD beyond 2024

	<ul style="list-style-type: none"> Establish integrated delivery model for beyond 2024, agreed by partners Secure match funding agreements from partners for beyond 2024 through illustrating impact and efficiency of CF delivery model Intensive support to a minimum of 180 beneficiaries
2024/25	<ul style="list-style-type: none"> Provision to support people experiencing SMD embedded within the system

Key risks / mitigations

Risk	Mitigation
Delay in appointing Programme Director (PD) and System Change Commissioner	ICP Programme Director to maintain oversight until recruitment is complete
Insufficient capacity in community and voluntary organisations to receive referrals	Personalisation of commissioning creates capacity
Unequal access to support for people with protected characteristics	Specialist support recruited and evaluated as part of programme
Embedded roles not responsive to programme	Accountability assured by PD and MoU
PD unable to access system discussions with key partners	SMD is ICP priority; ICP PD to ensure access
Embedded roles assumed by partners to be sole SMD requirement	Clarification through MoU and accountability to CFDB / ICP
Partners unwilling to fund provision beyond conclusion of CFP	PD influence with system leaders Learning and evaluation programme designed to evidence impact and efficiency

(1243)

4. Funding requirement

Please set out costed proposals for how you intend to use Changing Futures grant funding to support the activity set out in your theory of change and delivery plan, using the spreadsheet attached at annex B.

Total grant request: £4,044,873

5. Partnership and governance arrangements

Please set out your partnership and governance arrangements for the programme.

Max: 750 words, not including table and any supporting diagrams

Role	Named Lead	Organisation	Email address
Political lead	Councillor David Mellen, Leader	Nottingham City Council	david.mellen@nottinghamcity.gov.uk
Senior Responsible Officer	Mel Barrett, Chief Executive	Nottingham City Council	mel.barrett@nottinghamcity.gov.uk
Partnership lead	Rich Brady, Programme Director	Nottingham City Integrated Care Partnership	rich.brady@nhs.net
System change lead	Jane Bethea, Consultant in Public Health and ICP SMD Programme Lead	Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council	jane.bethea@nottshc.nhs.uk jane.bethea@nottinghamcity.gov.uk
Data and digital lead	Grant Everett, Evaluation and Learning Lead	Opportunity Nottingham	grant.everitt@FrameworkHA.org
Lived experience lead	Mark Garner, Project Manager	Opportunity Nottingham	mark.garner@FrameworkHA.org

The ambition of the CFP is to ensure that by the end of the programme, evidence-based approaches to supporting people who experience SMD are embedded into service provision and commissioning. To achieve this, CF must be knitted into the fabric of governance structures in Nottingham, with a clear line of sight to the leaders of statutory and non-statutory organisations through the [Nottingham City Integrated Care Partnership](#) (ICP).

Relevant strategic priorities

The ICP already has an established partnership programme with a shared strategic priority to, “[support people who face SMD to live longer, healthier lives](#)” representing a clear commitment from senior leaders to work in partnership to improve outcomes for adults experiencing SMD. The ICP SMD programme was established in July 2020 and has six workstreams led by different partners, representing organisations required in the prospectus. Through the SMD IDH, we will ensure that the learning from the CF programme is embedded across the ICP to establish lasting system change.

Strategic arrangements for governance and oversight of delivery

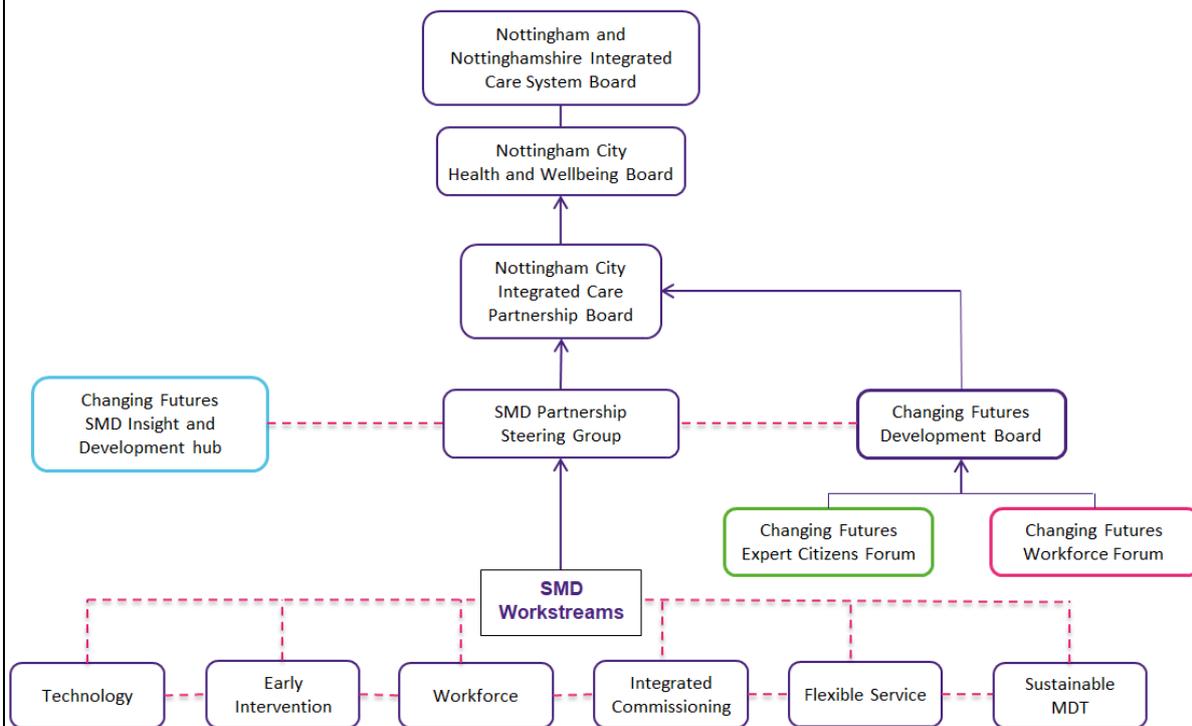


Figure 2. Proposed Changing Futures Governance

The CFP will run in parallel to the ICP SMD programme, but with its own established governance to ensure clear lines of accountability for delivery in its own right. The CF Team will work alongside the operational delivery partners of the ICP SMD group (and wider partnership) but also report into the ICP Board that brings together chief executives and executive directors from across the partnership. This will ensure that the work regularly reports into the City’s Health and Wellbeing Board and the Integrated Care System, which from April 2022 will be established as statutory NHS body with responsibilities for commissioning services that impact on people experiencing SMD.

The Changing Futures Delivery Board (CFDB) will be responsible for operational management, performance and service development, consistent with the MEAM approach and current practice. CFDB will be run by the Programme Director and have an independent Chair with a broad membership from across the partnership (see figure 3). Membership includes senior representation from statutory and voluntary sector partners across the key areas of health (both mental and physical), policing, housing and homelessness, offending, substance misuse treatment, and domestic abuse. Local commissioning leads will also be represented on the Board.

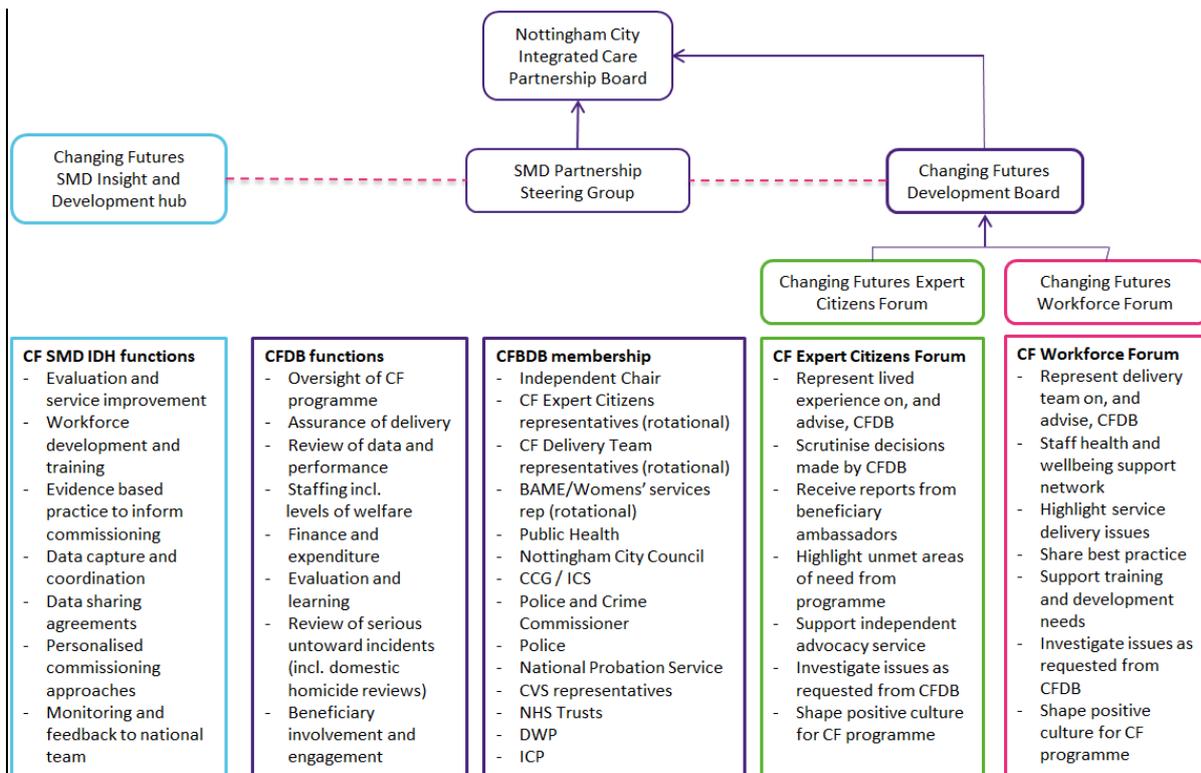


Figure 3. Proposed Changing Futures Governance Functions

Crucially, the CFDB will be advised by an Expert Citizen Forum (ECF) led by people with lived experience, with members of this group also sitting on the CFDB. In our experience, a separate citizen engagement forum is not enough; people with lived experience must have an equal seat at the table, and those represented on the CFDB will.

Equally, as a partnership, we know that the people working directly with beneficiaries are our biggest assets and operationally they have the greatest understanding of what works and what doesn't. We will establish a Changing Futures Workforce Forum (WF) to bring together the CF Operations and Frontline Delivery Team. As with the ECF, members of the WF will attend the CFDB on a rotational basis so that the voices of the frontline team are always represented in strategic discussions.

Operational partnership arrangements that will support delivery of the programme

The team will work alongside statutory and non-statutory services in Nottingham including the Homeless Health Team, Police, substance misuse treatment, general practice, Probation, homeless and housing support and wider partners. The CF team will be embedded within wider operational partnership arrangements, with the aim of increasing overall effectiveness and efficiency across related programmes through integration in the delivery model for CF.

Members of the CF Operations and Frontline Delivery Team will play a crucial role in the already established ICP SMD MDT which provides wraparound support to people experiencing SMD. Posts embedded within statutory organisations will ensure that decisions taken about **individuals** in MDT meetings are fed back into **services** collectively strengthening the **system** response to SMD.

At an operational level, the CFP represents a clear opportunity to:

- Better co-ordinate activities and prevent duplication
- Strengthen joint decision making
- Integrate data and information sharing across partners
- Maximise the benefit from collective resource in the City
- Share good practice and learn from one another
- Embed ways of monitoring how partners collectively meet the needs of people who face SMD

The opportunities presented will enable partners to transform care coordination and planning so that services work around people who face SMD, not the other way around.

(714)

6. Interaction with other projects and programmes

Please set out how the planned activity in your delivery plan will complement and enhance other programmes and interventions underway or planned that impact on adults experiencing multiple disadvantage, while avoiding duplication.

Max: 750 words, not including any supporting diagrams

Opportunity Nottingham has successfully supported hundreds of people experiencing SMD in Nottingham, proving that navigators working alongside beneficiaries can unlock support and treatment pathways the general public take for granted. It has also evidenced that through this approach, people who may have experienced SMD for decades can begin realising their full potential. Alongside demonstrating a support model that works, ON has advanced the local system's understanding of SMD. While there is commitment through the ICP, further support from CF is needed to root the partnership response to SMD within core structures.

Figure 4 demonstrates how the CFP is part of a wider local strategy on SMD. CF will create stability in the short-term, by ensuring beneficiaries receive continuity of support beyond the conclusion of the ON programme, while ensuring SMD is cemented into joint planning, coordination and use of resources for the benefit of all people experiencing SMD through the ICP.

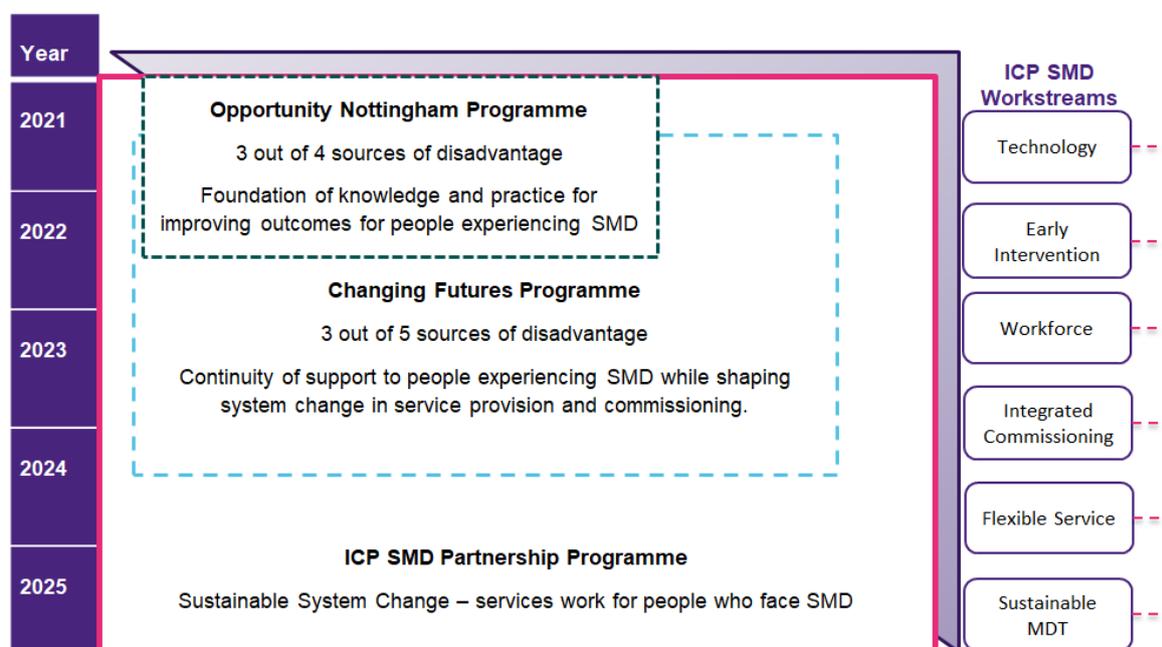


Figure 4: Legacy for System Change in Nottingham City

The ICP SMD programme has already had significant influence on operational delivery, establishing an MDT approach to those at risk of rough sleeping and supporting in the development of a [Primary Care SMD Local Enhanced Service](#). The ICP provides a strong platform for development of CF, maximising the legacy of learning from ON and the opportunity to establish a sustainable partnership supporting people experiencing SMD.

Our ambition is that through CF, we will accelerate system change in Nottingham,

evidencing how resources held across the system can be maximised to get better outcomes for **individuals** experiencing SMD, as well as reducing pressures on **services** across the **system**. This will be realised through sustainable structures and a commitment to contributions from core budgets to continue activity beyond the end of the CF programme. If accepted onto the CF programme, we have a starting commitment from our partners to match fund 5WTE peer mentors and 1WTE administrator to support the MDT.

The ICP brings together partners delivering a number of funding strands being used to respond the needs and challenges of our SMD population. These programmes exist both within 'core' budgets and through targeted government programmes. These funds are aligned to serve related but separate agendas (e.g. health or housing) in a way that creates gaps and tensions between services, meaning partners are not incentivised to collectively 'own' outcomes of people experiencing SMD. CF will support partners to bridge these gaps and enable joined up delivery and wraparound support. For example:

- To ensure coordinated responses to reduce rough sleeping, the CF team will be integrated with roles funded through the **RSI** and the **Rough Sleeping Accommodation Programme** with regular interface at, and outside, the MDT. To reduce pressures on A&E and facilitate hospital discharge, the CF team will work with specialist rough sleeper health roles including the Homeless Health Team, **NHSE/I funded Rough Sleeper Mental Health Practitioners**, and the roles anticipated through the **DHSC Shared Outcomes Out of Hospital Care Fund**.
- **Figure 5** illustrates how the CF funded roles will bridge the gaps between statutory and other funded programmes. For example, we have a number of services for women who experience DSWA. We will use learning from the **MHCLG R2C** programme to interface and complement these services to meet the needs of women who experience SMD.

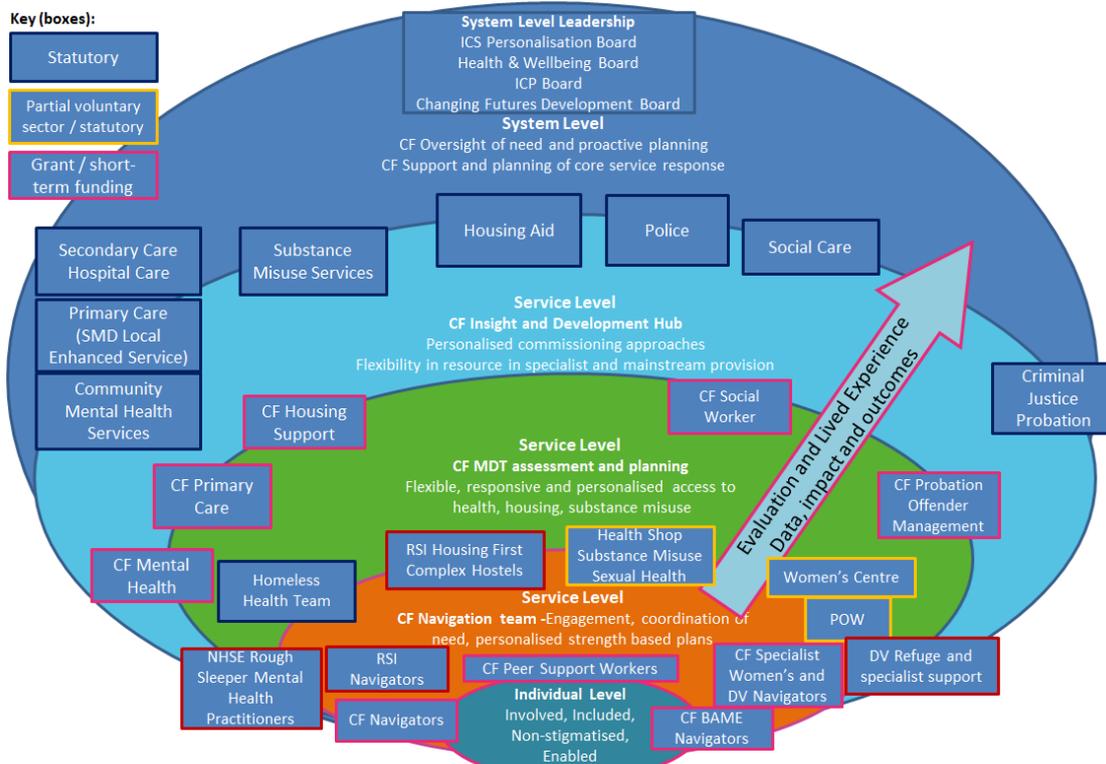


Figure 5: CF complementing wider system activity

In addition to improving operational coordination for people experiencing SMD, partnership delivery coordinated under CF will inform opportunities to strengthen the system (underpinned by learning from our IDH). Examples include identification of opportunities for improving pathways, information sharing / shared assessments, service gaps to be addressed through 'system' investments, and opportunities for progressive integration through commissioning.

While ON has opened the eyes of leaders across the city and ICP partners are keen to realise meaningful change across the systems they represent, the structures required to allow the system "to work as one" are not yet mature enough to provide a system response for people experiencing SMD.

Nottingham City has the right ingredients to maximise the opportunity presented through CF. Strong operational partnerships formed through the life of ON have significant potential to grow to include more elements of the system encountered by people experiencing SMD. Citizens experiencing SMD are working alongside services and systems to ensure that they are understood, and approaches wrap around to support them as a whole. Most significantly; at every level, **individual**, **service** and **system**, partners want to embrace change and learn how to make that change count.

The ICP's commitment to the SMD programme is not dependent on CF, its capacity to realise transformational sustained change to the whole system is.

(750)

7. Data

Please set out how you intend to develop the collection, sharing, analysis and use of data to drive service improvement and measure outcomes set out in your theory of change.

Max: 600 words

Current monitoring and evaluation through ON provides us with an approach to build on, with existing data sharing agreements we can adapt and expand. We will collect data as required by the national team and will build in reporting metrics and processes to allow continual monitoring of progress.

Data available:

- A total of 113 measures are reported quarterly as part of Fulfilling Lives reporting requirements. Data on beneficiary outcomes are collected through a range of tools and includes demographics, services use and economic impact (visits to ED, arrests, etc).
- Data collected through the MDT on beneficiary needs, engagement with services and outcomes.
- Data on beneficiary experience through on-going ON evaluation and through ICP SMD programme development.

Data accessible through ICP partners and developing work:

- *Physical and mental health:* Primary care data facilitated by the CCG and proposed embedded posts, mental health data facilitated by Nottinghamshire Healthcare NHS Foundation Trust and proposed embedded post, ED and secondary care data through partnership with Nottingham University Hospitals NHS Trust.
- *Housing:* Data on housing related outcomes facilitated by Housing Aid and proposed embedded post.
- *Probation and criminal justice:* Data on outcomes for offenders facilitated by probation and by proposed embedded post, outcomes associated with engagement with criminal justice substance misuse pathway.
- *Substance misuse:* National Drug Treatment Monitoring System data can identify uptake of treatment in people with SMD and report on treatment outcomes for individuals.

Data gaps we need to address:

Work and employment: We have links with DWP and need to identify data needs, and how data can be accessed and used to demonstrate change.

Data on need: Our research into the needs of women and BAME communities identified a need to improve data recording across the system. We need to better understand the impact/demand on specialist services (e.g. BAME communities, women) to inform future commissioning approaches.

Data sharing:

Data Sharing Agreements exist between all organisations engaged in the MDT, including ON, health, social care, substance misuse treatment, housing and probation.

Data sharing will be a requirement of partners' engagement in the programme. Data will be required on outcomes from all navigators and staff embedded in organisations. Qualitative

data on experience of beneficiaries and frontline staff will also be collected.

We have access to Information Governance expertise across the system and have benefitted from that in the development of the MDT. We will use the ICP to address known gaps including frequent attendees at A&E and other high volume service users.

Our longer-term goal is to have shared care plans/records. Through the ICP, we are being supported by NHS partners to pilot the use of the platform technology 'Patients Know Best'. This is beneficiary-led and allows information to be shared with the beneficiary and with the people supporting them. The trial starts in 2021 and if successful will be rolled out more widely in 2022/2023.

Data provided by partners and beneficiaries will be stored and analysed securely by the SMD IDH. Reporting on outcomes will be a standing item on the CFDB agenda and shared at system level through the ICP.

Other work needed:

Through the amended NDT and Outcomes Star, we will better capture and monitor beneficiary progress and outcomes. We will review and develop our approach throughout the delivery of the programme, committing time and resource coproducing with people with lived experience.

We will bring together data held by partners at a **service** level in order to demonstrate total use of the **system** by individuals experiencing SMD. This information will be used to inform support for individuals, as well as the whole system response (and our collective use of resources).

(599)

Table 1: short-term outcomes

Level	Short-term Outcomes	Proposed measurement metric	Current availability (data held/data collected but not held/new data required)
System	<i>Increased uptake of SMD focussed training and support offer across the system starts to upskill the system around trauma informed approaches and responsive person-centred care</i>	Uptake by organisations and services Number and % of workforce attending (by service / organisation and by job role)	New data required. To be collected and managed by the proposed SMD Insight and Development Hub.
	<i>ICP and partners have clear inclusion of SMD in organisational plans and strategies</i>	Number / % of partners with clear strategic plan for responding to and preventing SMD.	New data required. To be collected and managed by the proposed SMD Insight and Development Hub.
	<i>Lived experience has greater influence on</i>	<i>TBC through co-production. Likely to include:</i>	New data required. To be collected and managed

	<i>system decision making at all levels</i>	<p>Number of Lived Experience Forums organised</p> <p>Number of requests for support from forum by partner organisations</p> <p>Number of ICP Board and other strategic decisions co-produced or guided by forum</p> <p>Any change in perception of the benefit of co-production in partner organisations</p>	by the proposed SMD Insight and Development Hub.
Service	<i>Increase in joint working through enhanced role of the MDT, the integrated SMD function and embedded roles in key services</i>	<p>Number of beneficiaries provided with MDT support</p> <p>Number/% of successful MDT outcomes</p> <p>Number/% of beneficiaries that are survivors, from BAME groups, have protected characteristics</p> <p>Change in joint working as reported by services and beneficiaries</p>	<p>MDT monitoring data (held)</p> <p>Measure through regular engagement work with services and beneficiaries (New data required)</p> <p>Above to be collected and managed by the proposed SMD Insight and Development Hub</p>
	<i>Flexible approaches to commissioning are developed, including integrated and personalised approaches</i>	<p>Number/% of beneficiaries receiving a personal budget</p> <p>Number/% of beneficiaries offered choice through a personalised commissioning approach</p> <p>Outcomes for beneficiaries taking up personal budget, personalised approach and supported by integrated function</p>	<p>Collected as part of routine data collection to inform outcome monitoring (new data required)</p> <p>Routine beneficiary outcome monitoring data (to include Outcomes Star, NDT)</p> <p>Data to be collected and managed by the proposed SMD Insight and Development Hub</p>
	<i>More effective recording, sharing and use of data and learning</i>	<p>Number of services participating in data and information sharing</p> <p>Number of data sharing agreements in place</p>	Collected as part of routine service level data collection to monitor on-going strength of partnership working (new data required)

		Change in quality / consistency of routine recording of protected characteristics and use of flags to identify people at risk of or experiencing SMD	Collected as part of routine service level data collection (new data required)
		Impact of data sharing on joint working	Collected as part of regular engagement work with beneficiaries and services (new data required)
Individual	<i>Improvement in experience of care and support leads to stabilisation</i>	Beneficiary outcomes: <ul style="list-style-type: none"> • Outcomes Star • Revised NDT • Experiential data and information 	Part of routine beneficiary outcomes monitoring (new data required)
	<i>People with lived experience/beneficiaries know that their experiences are important and have an impact on services and planning.</i>	Change in positive testimony by beneficiaries against baseline, collected by survey/interviews led by peer researchers	Collected through regular and on-going service user led beneficiary engagement (new data required)
	<i>Beneficiaries have greater choice and control in their care, can get specialist support if they want it and can use a personal budget to help them meet their goals and are offered access to technology to aid person centred joint care planning</i>	Number/% of beneficiaries receiving support from navigator Number/% of beneficiaries receiving support from specialist navigator Outcomes for beneficiaries supported by navigator/specialist navigator Number/% of beneficiaries receiving a personal budget Number/% of beneficiaries offered choice through a personalised commissioning approach Outcomes for beneficiaries taking up personal budget, personalised approach and supported by integrated function Number of beneficiaries using IT platform to facilitate person-centred joint care	Collected through routine beneficiary outcomes monitoring, including: Outcomes Star Revised NDT Experiential data and information Collected as part of evaluation of IT programme development

		planning Experiential data and information	and implementation Collected as part of regular engagement work with beneficiaries and services Above: New data required
--	--	---	--

Table 2: long-term outcomes

Level	Longer-term Outcomes	Proposed measurement metric	Current availability (data held/data collected not held/new data required)
System	<i>SMD is well understood by the system, trauma informed approaches are part of usual business.</i>	Number/% of system partners adopting trauma informed approaches	“Annual stocktake” – using MEAM toolkit and TIC measurement such as the PIZAZZ (psychologically informed environments measuring tool) Above: New data required
	<i>Benefits of the programme are well understood and tangible</i>	Number/% of/change in number of system partners demonstrating positive understanding of reflecting this in delivery	Annual stocktake” – using MEAM toolkit Above: New data required
	<i>Partners commit to long term sustainable resource to develop and expand the work of the programme to the wider ICS footprint</i>	Resources (money or in kind to add value) provided to sustain the work of the programme Number/% of partners with clear strategic plan for responding to and preventing SMD.	Measured financially and re or organisations relevant reports/literature Above: New data required
Service	<i>Services can share information easily and lawfully, supported by technology and robust information sharing agreements</i>	Number of services participating in data and information sharing Number of data sharing agreements in place Number of	Collected as part of routine service level data collection (new data required)

		beneficiaries using IT platform approach to support joined up care planning Sustained change in quality/consistency of routine recording on protected characteristics and use of flags to identify people at risk of or experiencing SMD		
	<i>Staff across the services are more knowledgeable and understand how to refer clients to the MDT and how to get specialist advice and support</i>	Increase in staff knowledge Number, source and appropriateness of referrals to the MDT Number source and appropriateness of referrals to SMD function	Collected via evaluation survey (new data required) Collected as part of routine service level data collection (new data required)	
	<i>Services can be flexible to meet the needs of people experiencing SMD, not sticking rigidly to thresholds or eligibility criteria</i>	Number and nature of services adopting a flexible approach Beneficiary experience and outcomes associated with change	Collected as part of routine service level data collection Surveys interviews with peer researchers Above: New data required	
Individual	<i>People experiencing SMD report receiving joined-up care that works around them and doesn't require them to tell their story repeatedly</i>	Increase in positive testimony against base line Beneficiary outcomes	Surveys interviews with peer researchers Collected through routine beneficiary outcomes monitoring, including: Outcomes Star Revised NDT Above: New data required	
	<i>Beneficiaries meet their goals and aspirations</i>	Increase in positive testimony against base line	Surveys interviews with peer researchers	

		Beneficiary outcomes	Collected through routine beneficiary outcomes monitoring, including: Outcomes Star Revised NDT Above: New data required	
	<i>Beneficiaries have less need to use emergency or crisis services to meet their needs as care plans and support is well planned and co-produced</i>	N/% beneficiaries that use emergency hospital care N/% beneficiaries in contact with criminal justice system N/% beneficiaries in planned health service- long term condition management N/% beneficiaries experiencing rough sleeping or eviction	Collected through routine beneficiary data and through partners in secondary care, housing and criminal justice. Above: New data required	

Annex A: Theory of Change Templates

To aid the read across between our Theories of Change we have colour coded areas of development and intervention:

	Lived experience and co-production
	Innovation in joint commissioning and provision of care and support
	ICP support and governance
	Workforce development (including training, navigator support and peer-mentors)
	Research, evaluation and service improvement
	Information sharing to improve care and outcomes

	System level
Context/problem	<ul style="list-style-type: none"> <i>We do not collectively 'own' a person's overall outcomes. Resources are managed in a siloed way, and decisions are not made as a system.</i> <i>Building on work of ON and Nottingham City ICP, now is the right time for sustained change to happen at pace</i>
Inputs	<ul style="list-style-type: none"> Leadership of CF programme working with Nottingham City ICP Permission to trial innovative commissioning approaches CF and system commitment to co-production, recognising beneficiaries/ VCS partners as integral Support from ICP to allow CF to develop system wide workforce development, including VCS organisations (incl. those that are BAME led and working with survivors) CF resources support research/evaluation/service improvement Leadership and resource so information sharing drives improvement
Activities	<ul style="list-style-type: none"> Strategic support from Nottingham City ICP; SMD continues as a priority Changing Futures Development Board (CFDB) oversees work of CF programme, reporting to ICP Board and Health and Wellbeing Board (HWB) CFDB advised by Expert Citizen Forum (ECF), led by people with lived experience, with members sitting on CFDB CFDB uses ICP/HWB structures to raise issues/barriers, requiring partners to give clear commitment to solutions CFDB works with ICP/HWB partners, preventing/responding to SMD is part of strategic plans, including workforce planning Innovative commissioning – including integrated/personalised approaches Commissioning role within CF programme leads implementation Insights from beneficiaries and frontline workers ensure models have right focus Build on existing work, integrating services for wider SMD population

	<ul style="list-style-type: none"> • Commitment to co-production, lived experience at the heart of everything we do • Build on existing models to develop ECF, reporting into CFDB • People with lived experience employed as peer-mentors/peer-researchers
	<ul style="list-style-type: none"> • System workforce development offer: training, support, communities of practice, workplace champions • Workforce Forum (WF) developed • Develop workforce knowledge around needs of BAME communities and women, support from specialist roles • ICP/HWB supports implementation of training/support • Co-produced training package, including gender and cultural responsiveness
	<ul style="list-style-type: none"> • Peer-researchers guide/deliver evaluation • Evidence guides service/system improvement, developing robust business cases for investment • Build on work by partners around needs of women/BAME communities, specific work done to understand individual/service/system needs
	<ul style="list-style-type: none"> • Build on the work of the ICP around information sharing, develop shared approach to co-produced care plans • Trial feasibility of using platform technology to develop a single care record
Outputs	<ul style="list-style-type: none"> • Terms of Reference (ToR) for CFDB/ECF/WF • Outcomes agreed/co-produced with partners/beneficiaries • Reporting and governance structure agreed to influence at strategic level, addressing service issues • CFDB membership reflects the partnership and Nottingham's diverse population • Evidence of collective decision making re use of resources
	<ul style="list-style-type: none"> • Commissioning strategy • Integrated function supports beneficiaries and upskills staff/system • Personalised commissioning approaches
	<ul style="list-style-type: none"> • ECF functioning, ToR and formal link to CFDB • Peer researchers trained/embedded in the Insight and Development Hub (IDH)
	<ul style="list-style-type: none"> • Workforce development strategy • Development of WF • Communities of Practice and network of workplace champions • Work to understand needs of BAME communities and women, specialist roles implemented • Co-produced/co-delivered training package including gender and cultural responsiveness

	<ul style="list-style-type: none"> • Peer researchers support the function, developing skills to lead/design/deliver evaluation • Evidence based business cases sustain progress/funding
	<ul style="list-style-type: none"> • Trial project of IT solution supports joint care planning
Short-term outcomes	<ul style="list-style-type: none"> • Increased uptake of SMD focussed training/support offer upskills system around trauma informed approaches and responsive person-centred care • ICP and partners include SMD in organisational plans/strategies • Lived experience has greater influence on system decision making
Longer-term outcomes	<ul style="list-style-type: none"> • SMD and TIC/PIE are well understood by the system • Benefits of the programme are understood and tangible • Partners commit to long term sustainable resource to develop/expand the work of the programme to wider ICS footprint
Impacts	<ul style="list-style-type: none"> • <i>System understands SMD as ‘everyone’s business’, recognises that support is needed to improve outcomes, including culturally/gender specific support</i> • <i>System understands/values lived experience</i> • <i>System sees the value of work done through the programme, continuing to provide support</i> • <i>Flexible approaches to commissioning support, integrated services that wrap around the individual</i> • <i>Resources used more effectively, unified approach to the outcomes we want/need to achieve</i> • <i>Improved access to data/information</i>
Key assumptions	<ul style="list-style-type: none"> • We can sustain and develop the partnership, relationships continue to develop and support a joint approach • We can evidence change and progress to secure long-term investment from system partners
External factors	<ul style="list-style-type: none"> • Anticipated structural changes as the ICS takes on greater responsibility • Funding for partner agencies supporting this work outside of CF funding • Service pressures linked to Covid-19 response/recovery
Unintended consequences	<ul style="list-style-type: none"> • We rely upon the CF programme as the specialist programme supporting people experiencing SMD, leading to lack of accountability as a system

	Service level
Context/problem	<ul style="list-style-type: none"> • <i>Services aren't always 'joined up', beneficiaries need to navigate services and have to re-tell their story</i> • <i>Lack of flexibility excludes people</i> • <i>Services don't always focus on beneficiary strengths/goals</i> • <i>Services/staff/beneficiaries don't always have a clear understanding of support available</i> • <i>Choice is needed, e.g. around cultural or gender specific support</i> • <i>Information/data are not always shared to support care/improve outcomes</i>
Inputs	• <i>System understands/values lived experience</i>
	• <i>Flexible approaches to commissioning and support, integrated services that wrap around the individual</i>
	• <i>System understands SMD as 'everyone's business', recognises that support is needed to improve outcomes, including culturally/gender specific support</i>
	• <i>System sees the value of work done through the programme, continuing to provide support</i>
	• <i>Improved access to data/information</i>
Activities	• <i>ECF works directly with services, advising on service/organisational level strategy/policy</i>
	• SMD IDH and ECF identify requirements re greater flexibility (e.g. thresholds, eligibility, length of support)
	• CF and ICP gain commitment from partners to work differently
	• SMD function draws together staff/resources from a range of partners
	• Function 'houses' Multi-Disciplinary Team (MDT), supporting navigators/staff embedded in services
	• Investment develops/expands MDT, ToR widen scope, including BAME community partners, partners working with women/survivors
	• IDH works with beneficiaries & workforce leads to develop/deliver/embed programme of training/support
	• Posts embedded in key services: probation, primary care, social care, mental health services, housing
• Navigator capacity improved, additional posts (including specialist posts) supported as a network	
• Specialist navigators embedded into services working primarily with women/survivors and BAME communities	
• Access to services less reliant on signposting, more active referral	
• Peer-mentors employed, including some aligned with specialist navigators	
• SMD champions network across services, supported through Community of Practice	
• IDH undertakes on-going evaluation/improvement	
• Information/data needs reviewed	
• Embedded posts facilitate access to information/data and development of information sharing agreements	
• Existing platform used by NHS partners trialled for joint approaches to care planning	
Outputs	• <i>Lived experience informs service planning/development</i>

	<ul style="list-style-type: none"> • Revised MDT ToR • Team leaders support expansion/co-ordination of the MDT and more people supported • 3WTE specialist navigator roles • Year 3: At least 18 navigator posts working across the system, networked for peer learning/sharing of issues/good practice • Case for flexibility formally agreed/implemented fewer beneficiaries are excluded • 5WTE embedded posts (not including specialist navigators) • SMD integrated service launched • At least 5 peer mentors embedded in mental health services, 5 available to beneficiaries through CF programme • SMD IDH launched, building on current Practice Development Unit • Data/information needs mapped out • More information sharing agreements in place • ICP pilot use of technology with beneficiaries
Short-term outcomes	<ul style="list-style-type: none"> • Increase in joint working through enhanced role of MDT, integrated SMD function and embedded roles • Flexible approaches to commissioning developed, including integrated and personalised approaches • More effective recording/sharing/use of data and learning
Longer-term outcomes	<ul style="list-style-type: none"> • Services share information easily and lawfully, supported by technology and robust information sharing agreements • Staff are more knowledgeable, understand how to refer clients to the MDT and how to get specialist advice and support • Services can be flexible to meet the needs of people experiencing SMD, not sticking rigidly to thresholds or eligibility criteria
Impacts	<ul style="list-style-type: none"> • <i>More skilled, responsive workforce</i> • <i>Service development is guided by lived experience</i> • <i>Visible function within the system that can provide support to beneficiaries and staff/services, including access to a MDT approach for those in greatest need</i> • <i>Greater flexibility and choice in the system, thresholds and eligibility flexed to meet needs</i> • <i>More people with lived experience working in services</i> • <i>Services/care is more joined up, more integrated working</i> • <i>Information sharing leads to better care/decision making</i>
Key assumptions	<ul style="list-style-type: none"> • Beneficiaries support use of technology for joined up care/care planning • Joint service delivery/commissioning is not hindered by organisational culture
External factors	<ul style="list-style-type: none"> • Anticipated structural changes as ICS takes on greater responsibility • Funding for partner agencies that support this work outside of CF funding • Service pressures linked to Covid-19 response/recovery
Unintended consequences	<ul style="list-style-type: none"> • Embedded roles are drawn into business as usual • SMD function seen as 'solution' when wider service change is needed

	Individual level
Context/problem	<ul style="list-style-type: none"> • <i>I find services difficult to navigate, they sometimes exclude me because I don't meet their criteria</i> • <i>Services can make me feel stigmatised, like they don't understand me or what I have experienced</i> • <i>Information about me isn't always shared well, I have to keep re-telling my story</i>
Inputs	• <i>Service development is guided by lived experience</i>
	• <i>Services/care is more joined up and person-centred, more integrated working and a visible function is available that includes access to a MDT for those in greatest need</i>
	• <i>Greater flexibility/choice in the system, thresholds and eligibility flexed to meet needs</i>
	• <i>More skilled, responsive workforce, more people with lived experience working in services</i>
Activities	• <i>Information sharing leads to better care/decision making</i>
	• <i>I can guide how the CF programme develops</i>
	• <i>Roles such as Beneficiary Ambassadors, peer-researchers and peer-mentors are funded to support me</i>
	• <i>Navigators can provide me with one-to-one support, specialist navigators are available</i>
	• <i>I can ask for a MDT if I think it would help me</i>
	• <i>An integrated function brings expertise together, focusing on improving my life and outcomes</i>
	• <i>I am closely involved in care planning, focussing on my strengths</i>
	• <i>Organisations work together to support me</i>
	• <i>I am not only signposted to services, I am supported into them through referral</i>
	• <i>I have choice around the support I want/need</i>
• <i>I can access a personal budget</i>	
• <i>The person I am most closely supported by understands and/or has similar lived experience or expertise in terms of their ethnic and cultural background, faith/belief sexual orientation, gender and gender identity</i>	
• <i>Services flex around me – thresholds/eligibility criteria won't automatically exclude me</i>	
• <i>Services that support me access training that helps us work better together, including PIE, TIC and person-centred approaches</i>	
• <i>Peer-mentors help services engage with me and to understand SMD and how my experiences impact on me</i>	
• <i>Agreements are in place to share my information (with my consent) in a way that makes my care more joined up</i>	
• <i>New ways of sharing information and being involved in my care are offered to me</i>	

Outputs	<ul style="list-style-type: none"> • ECF in place, affecting change • All beneficiaries have opportunity to be involved • Training/learning opportunities to develop beneficiaries' skills
	<ul style="list-style-type: none"> • Navigators provide one-to-one ongoing support • Match funding from partners increases peer mentoring/navigator capacity • MDT has wider remit, supporting more people • Personal budgets available/utilised • Jointly commissioned/provided function expanded/launched beyond current rough sleeping focus • Personalised commissioning supports beneficiary choice
	<ul style="list-style-type: none"> • Co-produced training and support taken up across the system • Peer-mentors available to beneficiaries
	<ul style="list-style-type: none"> • Information sharing agreements in place • Beneficiaries can use IT platform to facilitate joined up care
Short-term outcomes	<ul style="list-style-type: none"> • Improvement in care/support leads to stabilisation • People with lived experience/beneficiaries know their experiences shape services/planning • Beneficiaries have greater choice, can get specialist support, can use a personal budget to help them meet their goals and are offered access to technology to aid person centred joint care planning
Longer-term outcomes	<ul style="list-style-type: none"> • Services share information easily and lawfully, supported by technology and robust information sharing agreements • Staff across services are more knowledgeable, understand how to refer clients to the MDT and how to get specialist advice and support • Services are flexible to meet needs of people experiencing SMD, not sticking rigidly to thresholds or eligibility criteria
Impacts	<ul style="list-style-type: none"> • <i>I am central to my own care/support with choice and control around the support I access</i> • <i>My life experiences, including my cultural experience, ethnicity and gender, are accepted and understood wherever I receive support</i> • <i>My support is consistent, with the same worker wherever possible</i> • <i>I don't have to repeat my story constantly</i> • <i>My strengths are known/acknowledged</i> • <i>I feel respected, not stigmatised</i> • <i>I am involved in how my support ends, it happens in a planned way</i> • <i>My voice is heard, my opinion valued at all levels</i>
Key assumptions	<ul style="list-style-type: none"> • Ongoing support from beneficiaries • Innovative approaches to joint/personalised commissioning supported by partners
External factors	<ul style="list-style-type: none"> • Increase in need/acuity linked to Covid-19

Unintended consequences	<ul style="list-style-type: none">• Beneficiaries/services/programme don't recognise sources of disadvantage, e.g. DSVA, leading to inappropriate exclusion from the programme
--------------------------------	--

This page is intentionally left blank

Subject:	Procurement of waste services		
Corporate Director(s)/ Director(s):	Wayne Bexton - Interim Corporate Director for Growth and City Development		
Portfolio Holder(s):	Councillor Sally Longford – Portfolio Holder for Energy, Environment & Democratic Services		
Report author and contact details:	Carl Pendleton – Waste Disposal Manager e: carl.pendleton@nottinghamcity.gov.uk		
Other colleagues who have provided input:	Paul Ritchie – Procurement 24/08/2021		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input checked="" type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total value of the decision: £725k p.a (£3.625 million over 5 years) estimated			
Wards affected: All	Date of consultation with Portfolio Holder(s):		
Relevant Council Plan Key Theme:			
Nottingham People			<input type="checkbox"/>
Living in Nottingham			<input type="checkbox"/>
Growing Nottingham			<input type="checkbox"/>
Respect for Nottingham			<input type="checkbox"/>
Serving Nottingham Better			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>The Council has a statutory duty under as a Waste Disposal Authority (Unitary Authority) under the Environment Protection Act (EPA) 1990 to arrange the dispose of waste collected on its behalf. The current contracts expire in March 2022 after running for the last five years are.</p> <ul style="list-style-type: none"> • Transfer/bulking and or disposal of various waste streams • Clinical waste treatment/disposal • Street Sweepings treatment/recycling/disposal. <p>As a result, a procurement exercise needs to take place to continue to provide an essential service in a compliant manner.</p>			
Exempt information: None			
Recommendation(s):			
1 To approve the undertaking of a compliant procurement for this service. This option allows the authority to fulfil both statutory obligations and secure the continued operation of the facility.			
2 To further delegate authority to the Director of Carbon Reduction, Energy and Sustainability, to award the contract to the successful bidder, in conjunction with legal and procurement colleagues advice.			

1 Reasons for recommendations

- 1.1 To allow the council to discharge its statutory duty through a tendering exercise for the procurement of waste disposal services.
- 1.2 To procure via a competitive tendering exercise, enabling value for money and seek improving environmental performance through increased recycling, recover and diversion from landfill.

2 Background (including outcomes of consultation)

2.1 Procurement project

The requirements can be broken down into three distinct areas for tender:

1. **Transfer/bulking and or disposal of various waste streams.** This contractual requirement is intended to provide a local outlet for Public Realm services to deliver waste when operating in the western/northern parts of the city. The improved logistics of delivery offer operational savings by comparison to delivery to other contracted outlets located in the southern/ eastern areas of the city. The successful bidder will also provide a contingency/ secondary outlet arrangement for general residual wastes when the incinerator is unavailable, and green waste when the need arises from time to time.
2. **Clinical waste treatment/disposal.** The city collects a small but significant volume of clinical waste from residents being treated for health conditions in their own homes, the waste products of which require specialist treatment / disposal.
3. **Street Sweepings treatment/recycling/disposal.** There is a current contract in place to treat this and other waste streams, but as part of the council's ambition to reduce landfill and carbon impact, it is proposed to explore further initiatives in the treatment of niche waste stream with an option to access a better performing solution through separate contract award to Veolia through a compliant Framework contract in the immediate term. Should this prove successful a further procurement exercise may be required.

3 Other options considered in making recommendations

- 3.1 The current contracts expire in March 2022 and no suitable framework currently exists, as a result the only compliant measure is to seek new contract/tenders.

4 Finance colleague comments (including implications and value for money/VAT)

- 4.1 In undertaking a compliant procurement process for these contract renewals, consideration and adherence to Financial Regulations will be required and the renewal must ensure value for money is achieved by the Council.
- 4.2 The 3 contracts currently listed in paragraph 2 of this report, have sufficient budget to cover their current costs within the service. Contract costs are increased annually by RPI. An allowance for this inflationary increase is contained within the MTFs budget pressure funding for the service ensuring inflation is covered.

- 4.3 As part of the procurement process, the value of the contracts and the available budgets must be a key consideration. Currently the costs of the contracts listed is £785k. Should the revised contracts exceed this amount this will result in a budget pressure which will need to be managed by the CRES service. There has been an increase in waste collection due to Covid and the ongoing impact of this is uncertain as is the impact of this on the contract costs. Should it not be possible to contain costs within the current available budget or by the service, the Corporate Director of Growth and City Development will need to be consulted on options and if a pressure arises the Section 151 Officer will need to be consulted before the contracts can be agreed.

Susan Tytherleigh
Strategic Finance Business Partner
27 August 2021

5 Legal and Procurement colleague comments (including risk management issues, and including legal, Crime and Disorder Act and procurement implications)

- 5.1 Procurement colleagues will assist with the tendering process to ensure that a fully compliant, value for money contract is entered into.

Paul Ritchie - Procurement Manager - Strategy & Resources Directorate 24/8/21

- 5.2 The Council is under a statutory duty as a Waste Disposal Authority under the Environmental Protection Act 1990 to arrange for the disposal of waste collection within its area (as a unitary authority Nottingham City is both a Waste Collection and Waste Disposal Authority for the purposes of legislation).

- 5.3 This report seeks authority to conduct procurement processes to secure services to enable to Council to discharge its duty. By conducting a procurement process the Council also complies with its duties under procurement legislation and also its Best Value duty under the Local Government Act 1999.

- 5.4 The proposal is supported by Legal Services and appropriate advice and support will be provided during the procurement and contract award process.

Naomi Vass – Team Leader – Contracts, Employment and Education 28/8/21

6 Social value considerations

- 6.1 By securing best value the service provision to authority and its citizens, helps toward meeting its budget obligations and allow the service to continue. We are seeking operators in or within 6 miles of the city, contributing to local employment.

The Nottingham Business Charter will be included in the tender pack which will set employment targets into the contract, focusing on local jobs for local people.

By seeking operators in or within 6 miles of the city will reduce the volume of Carbon Dioxide being generated by transporting the waste further afield.

Recycling of the waste collected will be encouraged via the procurement exercise to help avoid land fill and incineration where possible.

7 Regard to the NHS Constitution

7.1 N/A

8 Equality Impact Assessment (EIA)

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

No

An EIA is not required because: The report does not contain any proposals for new or changing policies, services or functions. The service is to support front line services and not directly to any residents or other groups.

Yes

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

9 List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

9.1 None

10 Published documents referred to in this report

10.1 None

Subject:	Semi-Independent Accommodation block contract (Children in Care)		
Directors:	Helen Watson, Interim Director for Children's Integrated Services Katy Ball, Director for Commissioning and Procurement		
Portfolio Holder:	Councillor Cheryl Barnard, Children and Young People		
Report author and contact details:	Lisa Lopez, Lead Commissioning Officer Email: lisa.lopez@nottinghamcity.gov.uk Tel: 0115 87 62746		
Other colleagues who have provided input:	Christine Green, Strategic Business Partner, (Childrens, Education & Schools) Nicola Harrison, Lead Procurement Officer – People Dionne Screaton, Senior Solicitor, Commercial, Employment and Education		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision		<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total value of the decision: £2,730,000 (£390,000 per year over up to 7 years)			
Wards affected:		Date of consultation with Portfolio Holder: 05/08/21	
Relevant Council Plan Key Theme:			
Nottingham People			<input checked="" type="checkbox"/>
Living in Nottingham			<input type="checkbox"/>
Growing Nottingham			<input type="checkbox"/>
Respect for Nottingham			<input type="checkbox"/>
Serving Nottingham Better			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>There are insufficient placements available for Children in Care, both locally and nationally. Local authorities compete for placements, leading to shortages of local placements, young people being placed outside the area and escalating costs.</p> <p>This report seeks approval to secure a small block contract to provide semi-independent accommodation for up to ten older young people, to enable them to move towards living more independently, but with support available when required. Through this contract we will provide high quality accommodation for the young people whilst supporting them towards greater independence in a managed way, potentially improving their longer term outcomes around sustaining tenancies, managing budgets and understanding where to go for support.</p> <p>This block contract model offers improved value for money for Nottingham City Council, and is expected to offer savings of approximately £216,944 per year once the contract is in place. This links to Nottingham City Council's approved budget for 2022/23 onwards.</p>			
Exempt information: None.			
Recommendations:			
<p>1 Approve the expenditure of £2,730,000 over the entirety of the contract term (up to 7years) for the provision of a block contract for Semi-Independent Accommodation for Children in Care, as detailed in appendix 1.</p>			
<p>2 Approve the procurement of the block contract for Semi-Independent Accommodation for Children in Care, as detailed in appendix 1, through an appropriate procurement process, and to award the contract(s) for the services based on the outcomes of the procurement process. The approved contract(s) would commence on 1 April 2022, for a 3–year period with an option to extend on a two-yearly basis for a further four years (3+2+2), to a maximum of 7 years in total.</p>			

- | |
|---|
| 3 Delegate authority to the Director for Commissioning and Procurement to approve the outcome of the procurement processes and award the contract(s) to provider that is deemed most suitable to provide these services. |
| 4 Delegate authority to the Head of Contracting and Procurement to sign the final contract(s) and agree annual extensions on the basis of performance and budget availability. |

1 Reasons for recommendations

- 1.1 To provide high quality, local accommodation for older children in care, aged 16 years and over. Commissioning a block contract for up to 10 placements within Nottingham City, in addition to the existing provision, will ensure the young people who are moving towards living independently will have access to high quality accommodation and support locally. This service will form part of a range of accommodation and support options to meet the differing needs of children in care.
- 1.2 To ensure sufficiency of local placements for the young people who require them. There is a national shortage of available placements, which can result in young people being placed outside the city, away from their support networks. Commissioning this service as a block contract will secure a fixed number of local placements exclusively for use by Nottingham City Council.
- 1.3 To improve efficiency and value for money. The proposed new service model will provide up to 10 beds at a fixed cost to Nottingham City Council. Most of the young people who will be moving into this accommodation will be moving from higher cost placements, at the appropriate time as they approach adulthood. The average cost of a placement for a young person who requires this type of support, and is currently in semi-independent accommodation, is approximately £1,459 per placement per week. The expected cost of the Semi-Independent Accommodation block contract will be approximately £750 per placement per week. Therefore, once variations have been considered, the proposed new service model offers expected savings of approximately £216,944 per year once the contract is in place (see appendix 1).
- 1.4 To manage the market. The shortage of placements has led to increased demand and high placement costs, with placements being taken by other local authorities. Commissioning this service will increase local placements available, and therefore reduces competition for other placements as well as costs. Should there be additional demand for the service, Nottingham City Council could seek to negotiate for additional placements with the provider, at additional costs and subject to approval.

2 Background (including outcomes of consultation)

2.1 Current position

Nottingham City Council currently has a range of placement types for children in care, including internal services provided by the local authority, and externally commissioned contracts. There are existing frameworks for foster care, residential care, and semi-independent accommodation. (Semi-independent accommodation is where an older young person, aged 16 or over, lives in a flat or shared housing with support available either on site or as floating support, when required.) There is insufficient capacity in both internal and external provision, and demand for placements is increasing, on average, by around 2.9% per year nationally. This average is reflected locally, however there was a much more significant increase of 4.5% in Nottingham City in 2020. This increased demand for placements nationally has led to high costs of external placements, particularly where the young people have to be placed out of area due to shortage of local placements. There is a high degree of competition with other local authorities for

placements, leading to further increasing costs. There have also been quality issues with external semi-independent accommodation which is purchased via the framework/spot purchasing.

In addition to the frameworks, Nottingham City Council has a small block contract for a fixed number of residential placements. This arrangement has been successful in controlling the costs and quality of these placements, to the extent that expansion of this contract is being negotiated.

A Strategic Commissioning Review carried out in 2020 identified that putting in place a similar model of block contract for semi-independent accommodation is likely to see equivalent benefits.

2.2 Consultations

As part of the Strategic Commissioning Review, consultation has taken place in July and August 2021, with a group of care-experienced young people, to identify what is important to them in terms of accommodation and support. Key emerging themes from the young people were:

- The right staff are incredibly important. It's really key that the staff are non-judgmental, empathic, great listeners, and can build relationships with the young people. Consistency and reliability are also very important to young people who have been often let down many times and can be reluctant to give their trust.
- Young people want to be treated appropriately to their age and approaching adulthood, with opportunities to learn and become increasingly independent, but with support available when needed.
- It's important that the accommodation is well-maintained, that the young people are managed to keep it clean, that it is an inviting space to live, and feels 'homely'. Whilst privacy and security were identified as important, so too were communal areas and times to share meals and activities if the young people want to, 'like a family'.
- Whatever the location, it's key that there is good access to facilities such as low cost food, banks, and health services; that transport is easily accessible, and that transport costs to town are minimal.

A small group of care leavers are helping to develop a question for providers as part of the proposed tender, and they are willing to score the providers' responses to that question should the procurement be approved. Early indications are that the question may be around what the provider would want/expect the young person to get out of their time in the placement.

Consultation has also taken place with providers, to look at the viability of having a block contracting arrangement for semi-independent accommodation. Key themes identified by providers were;

- Providers would value the financial security of having a block contract. They see the model as risk-sharing with the local authority, and an opportunity to work in partnership with NCC at a more strategic level.
- Providers want contracts to be of sufficient duration and numbers of beds to make them commercially viable – an initial term of at least 3-5 years, and at least 10-11 beds. Contracts should include reasonable timescales for implementation and for responding to referrals, robust quality assurance, clear moving on arrangements and a defined mechanism for reviewing the contract price.
- Providers were concerned about very small schemes and short contracts, lack of consideration of matching the young person being referred to any young people already living in the accommodation, unrealistic timescales, and overly specific location requirements for the accommodation.

Market testing to determine interest in the proposed service model have taken place in July 2021. A number of providers have expressed an interest in delivering this service at the proposed model and pricing.

Feedback from these consultations has been used to shape the service model.

2.3 Risks

- Due to the requirement for providers to set up new accommodation, there is a risk that placements may not be ready for the young people to move into by 1st April. Commissioning and Procurement officers are working to minimise this risk as much as possible. During the market testing, providers were asked what would constitute reasonable timeframes – responses varied widely, dependent on what buildings the individual provider has available locally. Risks to the timescale will be managed as part of the procurement process, which will include weighting and scoring around implementation time, as well as cost and quality. Expected savings for 2022/23 have been calculated based on the placements being available from June and July 2022, to allow time for the provider to ready the accommodation and avoid promising savings which may not be deliverable.
- There is some risk of not being able to match young people with other young people who are suitable to live in the same building. This would create vacancies and impact on value for money in the service. This is far less an issue with semi-independent accommodation than with residential or foster care, since the young people will have their own spaces and a greater degree of independence. The extent to which the young people will be sharing communal spaces depends on the exact model of accommodation proposed by potential providers – individual flats in the same building creates less matching issues than rooms in a house with communal facilities. The proposed accommodation model, and the impact on matching and value for money, will be considered as part of the procurement process.
- An amendment to the Care Planning Placement and Case Review (England) 2010 regulations is taking place by statutory instrument, and new National Standards are being developed. This is expected to come into force during the term of the contract, and is expected to impact on the costs of the service. Once the legislative requirements are known, it is expected that the contract price will need to be reviewed to take into account the additional burden this legislation will place on the provider.

2.4 Key local and national drivers

The Children Act 1989 (and associated guidance and Regulations) sets out the general duty of the local authority looking after a child to safeguard and promote the welfare of the child. The Act provides a framework within which decisions about the most appropriate way to accommodate and maintain the child must be considered. Where a placement with the child's parent is not possible, the responsible authority should place the child in 'the most appropriate placement available', i.e. the one that they consider will best promote and safeguard the child's welfare. This includes:

- placement 'in accordance with other arrangements made by the local authority', which may include, for example, supporting young people to live independently in rented accommodation, residential employment, or in supported lodgings/hostels.

Children and Social Work Act 2017 introduces corporate parenting principles, which include being safe and having stability - the need to maintain, as far as possible, consistency in the home environment. For some care leavers, this may mean wider

support to help navigate the challenges of moving to independence through securing housing options and maintaining relationships with those whose continued support they might want or need during their transition to adulthood.

The Nottingham City Council Plan 2021-23 includes the following strategic priorities for children and young people:

- Continue to provide the vital statutory services that support and protect vulnerable children, including safeguarding, children in care, those with Special Educational Needs and Disabilities (SEND) and other vulnerable groups.

Nottingham City Council's Children in Care Placements - Commissioning and Sufficiency Strategy 2021-23 identifies the need to:

- Support complex and challenging children to remain in family settings, through the development and implementation of interventions which focus on de-escalation from residential care, foster placement support, family re-unification, and edge of care preventative interventions.
- Develop Supported Lodgings (host families) model as a trial of this approach for specific cohorts 16 years plus as an alternative to Semi-Independent placements.
- Work with local partners – Authorities and providers – to ensure a flexible and responsive approach to meeting demand for all categories of placement.

3 Other options considered in making recommendations

- 3.1 Develop additional internal semi-independent accommodation. The existing internal provision for semi-independent accommodation takes the form of a centralised management 'hub' shared across the satellite properties. This management 'hub' is at capacity, and any new internal provision could not be developed as a satellite of the existing internal provision. Therefore a new 'hub' would be required to expand internal provision. This means the model would not be cost effective in the short-medium term, and would not realise the savings required.
- 3.2 Do nothing. Taking no action will mean outcomes for children in care are likely to be negatively impacted and costs will increase. Lack of sufficiency in both the internal and external markets mean that without action, Nottingham City Council will not be able to secure the best placements for each child. More children will be placed out of area, leading to more disruption for the child/young person, and lost connections to friends and loved ones.

Matching options will be increasingly limited, making it ever more difficult and costly to secure placements, particularly for those with the most complex needs. Lack of suitable placements for children/young people with highly complex needs will mean these needs will not effectively be de-escalated, potentially leading to risk of CSE, criminal exploitation, offending behaviour, and long term poor outcomes. Choice and diversity of provision are required to meet the needs of each individual child/young person. Therefore this option is not recommended.

4 Finance colleague comments (including implications and value for money/VAT)

- 4.1 The proposal seeks approval to procure ten additional semi-independent placements to the young people of Nottingham City and reduce the reliance on more expensive provision.
- 4.2 The proposal links to an MTFs Saving that increases to £0.200m from 2022/23.
- 4.3 The contract is for a three-year period, effective from 01 April 2022, with an option to extend for a further four, until 31 March 2029.
- 4.4 The report highlights the proposed cost of the block contract is £0.390m per annum (Total Decision Value £2.730m) based on ten placements. This is equal to £750 per week, per placement and offers value for money compared to the current average rate of £1,439 per week.
- 4.5 The predicted savings, using the above averages for the total period of seven years is £1.393m. This assumes £0.091m in 2022/23 based on five placements commencing in June and July and £0.217m per annum in subsequent years. The financial analysis includes an adjustment to reflect price variations and occupancy changes.

The following points for consideration and risks are noted:

- a. The contract value assumes a 'Block' contract model that is paid to the provider despite occupancy levels. Commissioning colleagues should ensure sufficient contract measures and key performance indicators are in place to achieve value for money;
- b. There are several programmes aimed at reducing Childrens high cost placements. Is there sufficient placements to ensure the model is sustainable for the total proposed contract period of seven years;
- c. The financial analysis excludes inflation. Any increase may affect the achievement of savings and value for money analysis;
- d. Any changes to the commencement date, or placements is likely to affect financial assumptions and achievement of savings. Appendix 1, notes the importance of monitoring to ensure the average rate of the placements allocated to the programme is not less than the £1,459;
- e. The Children's Sustainability Board is responsible for monitoring the programme and risks are documented with robust mitigation plans to ensure it achieves the financial targets aligned to the Medium Term Financial Plan.

Christine Green

Strategic Business Partner, (Childrens, Education & Schools)

02 August 2021.

5 Legal and Procurement colleague comments

5.1 Procurement

The report seeking approval for the procurement of a new Semi-Independent Accommodation block contract (Children in Care) is supported by the Procurement Team, who will manage the procurement process to ensure best value for money and compliance with the Public Procurement Regulations.

Nicola Harrison
Lead Procurement Officer – People
27 July 2021

5.2 Legal

This report seeks authority to undertake a tender process to establish a new block contract offering Semi-Independent Accommodation for Children in care.

It is understood the contract will be a new arrangement to support the gap in provision that is affecting the City as well as nationwide.

The block model arrangement is deemed to not only offer value for money for the Council but more certainty in terms of commitment to the chosen Provider and as a consequence, a more stable environment for the children who will be placed within.

The outcome of the consultation should be properly evaluated and considered to help properly inform the chosen model.

A compliant procurement process will be undertaken to identify the chosen provider and appropriate contractual arrangements will be need to be established.

Dionne Screaton
Senior Solicitor, Commercial, Employment and Education
03 August 2021.

6 Social value considerations

6.1 Providing quality accommodation and support that improves outcomes for young people will increase social value. Further opportunities for adding social value could include:

- Improving local services which may provide increased job opportunities for local people;
- Working with the local communities in which the accommodation is based
 - Engaging with and seeking feedback and ideas from local communities;
 - Developing relationships to the benefit of both the young people and the local communities

7 Regard to the NHS Constitution

7.1 N/A

8 Equality Impact Assessment (EIA)

8.1 An EIA is attached as Appendix 2, and due regard will be given to any implications identified in it.

9 List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

9.1 Nottingham City Council's Children in Care Commissioning Review (Sept. 2020).

10 Published documents referred to in this report

10.1 Local documents:

- Nottingham City Council's Children in Care Placements - Commissioning and Sufficiency Strategy 2021-23.
- Nottingham City JSNA Children in Care (2017).

SEMI-INDEPENDENT ACCOMMODATION BLOCK CONTRACT - CHILDREN IN CARE

The table below sets out details of the current and proposed contract arrangements for the Semi-Independent block contract:

	Weekly cost per placement	Annual costs of 10 placements (Approx.)	Expected total value (Approx.)	Proposed Period of Award	Value for Money
Current Semi-Independent placements (average costs)	£1,459 per young person	£0.758m for 10 young people	£5.153m over whole life of contract	3 years with a +2 +2 year option to extend. Maximum 7 years 01/04/2022 to 31/03/2029	<p>It is envisaged that commissioning the new block contract for semi-independent accommodation will provide value for money as follows:</p> <ul style="list-style-type: none"> If the new service is ready to accept placements (x5 from June and x5 from July), efficiencies will be realised to an estimated cost of £0.091m against the 2022/23 budget for this activity, and £0.217m p.a. in subsequent years. It is anticipated that through a competitive tender process we will work with providers to ensure we maximise quality and value for money. Further efficiencies may be made as a result of the competitive tender process. The average costs of the ten young people prior to moving into the semi-independent block will be monitored and reported to the Childrens Sustainability Board, to ensure that the average costs of the previous placements <u>is not less than</u> £1,459 per week.
Proposed Semi-Independent block contract	Approx. £750 per young person	£0.390m for 10 young people	£2.730m over whole life of contract (NB: excluding inflation)		
Expected saving against current expenditure (including 20% variation in current costs = £1.030m)			<p>£0.091m in 2022/23</p> <p>£0.217m p.a. in subsequent years of the contract</p>		

This page is intentionally left blank

Equality Impact Assessment Form

[screentip-sectionA](#)

1. Document Control

Control Details:

Title:	Semi-Independent Accommodation block contract (Children in Care)
If this is a budget EIA please ensure the title is the same as the title used within the budget booklet	
Author:	Lisa Lopez
Directors:	Helen Watson, Interim Director for Children’s Integrated Services Katy Ball, Director for Commissioning and Procurement
Department:	Strategic Commissioning/Children’s
Service Area:	Looked After Children
Contact details:	lisa.lopez@nottinghamcity.gov.uk ☎ 0115 87 62746
Strategic Budget EIA: Y/N (Does this EIA have an impact on the budget) If yes, please include the reference number	N
Exempt from publication: Y/N (All EIA’s are published on Nottingham Insight for public viewing unless specified. Exemption criteria is available on the EIA section on the Intranet)	N

Page 77

2. Document Amendment Record:

Version	Author	Date	Approved
1	Lisa Lopez	20/07/2021	

3. Contributors/Reviewers (Anyone who has contributed to this document will need to be named):

Name	Position	Date
Rosey Donovan	Equality and Employability Consultant	22/07/2021

4. Glossary of Terms

Term	Description
Looked After Children	Children or young people (aged under 18 years old) in the care of a local authority or provided with accommodation by the authority for more than 24 hours. This includes unaccompanied asylum seeking children, children in friends and family placements, and those children placed for adoption but not yet adopted.
Care Leavers	Young people who are Looked After Children, who are aged 18 and leaving the care system.
Placement	The accommodation/setting where the Looked After Child is placed. This could be with a foster family, in a children’s home (residential home), or another type of placement.
Semi-independent accommodation	A type of placement which can be provided to older children in care or care leavers, who are making steps towards independence. In Semi-independent accommodation an older young person, aged 16 or over, lives in a flat or shared housing with support available either on site or as floating support, when required.) This type of accommodation and support is called Supported Accommodation in some other local authority areas.
CQC	Care Quality Commission, the independent regulator of health and social care in England. The CQC register care providers; monitor, inspect and rate services; take action to protect people who use services; and speak with an independent voice, publishing our views on major quality issues in health and social care.
JSNA	Joint Strategic Needs Assessment, a process by which local authorities and Clinical Commissioning Groups assess the current and future health, care and wellbeing needs of the local community to inform local decision making.

screeintip-sectionB

5. Summary

(Please provide a brief description of proposal / policy / service being assessed)

Nottingham City Council wish to secure a small block contract to provide semi-independent accommodation, for up to ten older young people to move towards living more independently, but with support available when required. This will provide high quality accommodation for the young people whilst supporting them towards greater independence in a managed way, potentially improving their longer term outcomes around sustaining tenancies, managing budgets and understanding where to go for further support.

Nottingham City Council currently has a range of placement types for children in care, including internal services provided by the local authority, and externally commissioned contracts. There are existing frameworks for foster care, residential care, and semi-independent accommodation. There is insufficient capacity in both internal and external provision, and demand for placements is increasing, on average, by around 2% per year. This increased demand for placements nationally has led to a high degree of competition with other local authorities for placements, and young people being placed out of area due to shortage of local placements. There have been quality issues with external semi-independent accommodation which is purchased via the framework/spot purchasing, as it is not currently regulated by Ofsted, CQC, or any other national body. There have also been escalating costs to the local authority.

screeintip-sectionC

6. Information used to analyse the effects on equality:

(Please include information about how you have consulted/ have data from the impacted groups)

The following information has been used to identify the above proposal:



Children in Care Placements Commissioning and Sufficiency Strategy 2018-20 (currently being updated)



JSNA_CiC_90157
2017.pdf

JSNA Looked After Children (2017)



CiC Options
presentation 2020 -

Children in Care Commissioning Review 2020

In addition to the framework contracts described in Section 5. of this document, Nottingham City Council has a small block contract for a fixed number of residential placements. This arrangement has been successful in controlling the quality and costs of these placements, to the extent that expansion of the residential contract is being negotiated. A Strategic Commissioning Review was carried out in 2020. Internal stakeholders have been consulted and have identified that putting in place a similar model of block contract for semi-independent accommodation is likely to see equivalent benefits.

7. Impacts and Actions:

screentip-sectionD	Could particularly benefit X	May adversely impact X
People from different ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>

Disabled people or carers.	<input 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 type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
<u>Younger</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, <u>looked after children</u> , cohesion/ good relations, vulnerable children/ adults).	<input checked="" 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 style="text-align: right;"><u>screeintip-sectionE</u></p>	<p>Details of actions to mitigate, remove or justify negative impact or increase positive impact (or why action isn't possible)</p> <p style="text-align: right;"><u>screeintip-sectionF</u></p>
<p><u>Looked After Children/Younger People</u> This service has the potential to benefit older looked after children aged 16 and older, and young people leaving care, by providing high quality, local accommodation for older children in care, aged 16 years and over. Commissioning a block contract for up to 10 placements within Nottingham City, in addition to existing provision, will ensure the young people who are moving towards</p>	<ol style="list-style-type: none"> 1. Indicators for measuring and monitoring impact of the service to be developed (Sept 2021). The EIA will be updated as necessary once measures have been developed. 2. Specification to include indicators for measuring and monitoring impact of pilot scheme. (To be completed by end September 2021.)

living independently will have access to high quality accommodation and support locally. This service will form part of a range of accommodation and support options to meet the differing needs of children in care. This is likely to lead to improved long term outcomes for young people as they leave care and live independently.

Page 82

3. A suitable provider will be sourced through a fair and transparent tender process, which will be advertised publicly and in accordance with procurement regulations and Nottingham City Council financial regulations.
4. Service to commence April 2022 (subject to implementation timescales – to be agreed with the successful provider.
5. Impact of service to be monitored quarterly during the term of the contract, against the indicators developed in point 1. above. Nottingham City Council will work with the providers to ensure the best outcomes possible are being achieved for the young people using the service. (April 2022 potentially up to March 2029).

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

The service will be managed via a contract, initially in place for 3 years but with options to extend up to 7 years in total. Monitoring requirements will be built into this contract to ensure it can be evaluated effectively. Monitoring will include outcomes for the young person. During the term of the contract, it will be monitored against agreed outcomes by Nottingham City Council’s Contracting team, on a regular basis, (likely to be quarterly but to be agreed). Towards the end of the contract the scheme will be evaluated to determine impact on outcomes for the

young person, and value for money.

9. Outcome(s) of equality impact assessment:

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

10. Approved by (manager signature) and Date sent to equality team for publishing:

<p>Approving Manager: Sharon Clarke 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.</p>	<p>Date sent for advice: 20/07/2021 Send document or Link to: equalities@nottinghamcity.gov.uk</p>
<p>Approving Manager Signature: Sharon Clarke</p>	<p>Date of final approval: 27/07/21</p>

Before you send your EIA to the Equality and Employability Team for advice, have you:

1. Read the guidance and good practice EIA's
<http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc>
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.

PLEASE NOTE: FINAL VERSION MUST BE SENT TO EQUALITIES OTHERWISE RECORDS WILL REMAIN INCOMPLETE.

This page is intentionally left blank