Nottingham City Council
Commissioning and Procurement Executive Committee

Date: Tuesday, 11 January 2022

Time: 10.00 am

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

Please see information on page 2 of this agenda front sheet about requirements 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

1	**Apologies for Absence**	
2	**Declarations of Interests**	
3	**Minutes** Last meeting held on 14 December 2021 (for confirmation)	3 - 14
4	**Voluntary and Community Sector Update** Head of Operations, NCVS, to report	
5	**Arrangements for the joint commissioning of CAMHS (2022/23-2024/25) - Key decision** Report of Corporate Director for People	15 - 22
6	**Workforce Recruitment and Retention Fund for Adult Social Care - Key decision** Report of Corporate Director for People	23 - 28
7	**Changing Futures: Procurement of main service - Key decision** Report of Director of Public Health	29 - 68

continued over

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

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Nottingham City Council

Commissioning and Procurement Executive Committee

Minutes of the meeting held at Loxley House, Station Street, NG2 3NG, on 14 December 2021 from 10.15 am - 11.00 am

Membership

Present	**Absent**
Councillor Sam Webster (Chair)	Councillor Cheryl Barnard (Vice Chair)
Councillor Eunice Campbell-Clark	
Councillor Sally Longford	
Councillor Adele Williams	

Colleagues, partners and others in attendance:

Uzmah Bhatti	-	Senior Public Health Insight Manager
Lucy Hubber	-	Director of Public Health
Peter Ireson	-	Venue Director, Theatre Royal / Royal Concert Hall
Mark Leavesley	-	Governance Officer
Bobby Lowen	-	Commissioning Lead
Steve Oakley	-	Head of Contracting and Procurement
Andrew Smith	-	Assistant Fleet Manager

Call-in
Unless stated otherwise, all decisions are subject to call-in. The last date for call-in is 23/12/2021. Decisions cannot be implemented until the working day after this date.

27 Apologies for Absence

Councillor Barnard - personal

Shaun Miles
Ceri Walters

28 Declarations of Interests

None.

29 Minutes

The Committee confirmed the minutes of the meeting held on 09 November 2021 as a correct record and they were signed by the Chair.

30 Public Health Commissioning Framework

This item does not contain any decisions that are eligible for call-in.

Councillor Williams, Portfolio Holder for Adults and Health, and Lucy Hubber, Director of Public Health, presented the report, which detailed the Public Health Commissioning Strategy and Framework 2022/23, setting out the approach and key

priorities (intentions) for the expenditure of the ring-fenced public health grant in 2022/23. The Framework outlines how the Council, under its statutory duty to improve the health and wellbeing of the local population, will assure that the grant is spent in support of strategic priority areas, maximising the positive impact on health and wellbeing outcomes for the Nottingham population and reducing inequalities.

In response to a question regarding how needs are prioritised, Ms Hubber stated that joint health and wellbeing strategies and the Council Plan would feed into the framework, and that the Joint Health Committee and her (as Director of Public Health) would ensure value for money etc.

Resolved to adopt the Public Health Commissioning Strategy and Framework 2022/23, which sets out the approach and key priorities (intentions) for spend from the ring-fenced public health grant in 2022/23.

Reason for recommendation

The Public Health Commissioning Strategy and Framework (Appendix A) sets out the approach and key priorities (intentions) for the expenditure of the public health grant in 2022/23. Approval and application of the principles and processes set out within the Framework will ensure that the public health grant is spent in support of strategic priority areas, in such a way that maximises the positive impact on health and wellbeing outcomes for Nottingham residents. It will also provide a process for demonstrating that expenditure is subject to proper governance in line with the Councils constitution and public health grant determination requirements.

Other options considered

Do nothing – this option has been rejected as a result of the risks associated with investing the public health grant without an overarching strategy and framework, and the governance processes set out within it. The Commissioning Strategy and Framework sets out the principles, strategic and legislative drivers and governance and monitoring arrangements for public health commissioning. This provides a demonstrable way of assuring that legislative and grant determination requirements are being met, whilst also support Nottingham residents to live longer and healthier lives.

31 Rough Sleeping Drug and Alcohol Treatment Grant - Key Decision

Councillor Williams, Portfolio Holder for Adults and Health, and Bobby Lowen, Commissioning Lead, presented the report, which detailed a successful bid for funding from Public Health England under the Rough Sleeping Drug and Alcohol Treatment Grant scheme and the delivery of a range of additional activity designed to help improve engagement in, and outcomes from, drug and alcohol treatment services for people sleeping rough and those who are at risk of sleeping rough.

In response to a question regarding whether local contractors would be engaged, Mr Lowen stated that they would where possible, but it would depend on the outcome of tenders.

Resolved to approve the:

(1) receipt of funding up to a total of £1,016,042 from Public Health England for the delivery of a range of additional drug and alcohol treatment activity for people sleeping rough and those at risk of sleeping rough;

(2) expenditure of up to £370,056 for the delivery of this activity in 2021/22 and a further £645,986 for activity in 2022/23 (up to a maximum total expenditure of £1,016,042), subject to the receipt of funding allocated by Public Health England;

(3) variation to the existing contract for the provision of the Substance Misuse Treatment service, as detailed in table 1 of appendix 1 to the report, in accordance with Article 18.99 of the Contract Procedure Rules;

(4) expenditure to establish an internal post to contract manage the delivery of activity commissioned through the Rough Sleeping Drug and Alcohol Treatment Grant, as detailed in table 2 of appendix 1 to the report.

Reasons for recommendations

1. Approval to take receipt of and utilise funding awarded to Nottingham by Public Health England (PHE) through the Rough Sleeping Drug and Alcohol Grant is sought to allow for a range of new interventions to be delivered to people sleeping rough in Nottingham (and those who are at risk).

2. Rough sleepers often face additional barriers to access to engagement in drug and alcohol treatment (due to a combination of factors including poor mental health, their ability to attend appointments, etc). In addition, people sleeping rough are often less able to engage with other forms of support in order to help them to move back into accommodation while they are experiencing substance misuse. The delivery of the activity funded through the Rough Sleeping Drug and Alcohol Treatment Grant will provide additional measures integrated within existing drug and alcohol treatment services (e.g. to support access and sustainment) in order to address these barriers.

3. Approval to vary the main contract for the existing drug and alcohol treatment system in Nottingham has been sought in order to ensure that the new measures are fully integrated into the main treatment options in order to serve as effective interventions. The delivery of this activity will also build on the infrastructure provided through the existing service, avoiding costs incurred through duplication of this activity in order to secure value for money. The existing service is contract managed and has been assessed as performing well. The variation of existing contracts will also allow for the immediate mobilisation of the programme in order to maximise the use of funds awarded by PHE.

Other options considered

1. Not to take receipt of the funding awarded by PHE through the Rough Sleeping Drug and Alcohol Grant. This option is not recommended on the basis that to not take receipt of the funding will lose the opportunity to assist more people to recover from drug and alcohol use and to move towards settled accommodation.

2. To procure activity for delivery through a competitive tender. This option is not recommended on the basis that activity to be funded is to be integrated within existing provision in order to improve outcomes for rough sleepers. The existing service has been assessed as performing well, and delivery of the additional activity funded through the RSDATG under the infrastructure of the existing service will offer value for money by avoiding duplication of these arrangements (e.g. management). The variation of existing contracts will also allow for the immediate mobilisation of the programme in order to maximise the use of funds awarded by PHE.

32 Locally Commissioned Public Health Services: Sexual Health - Key decision

Councillor Williams, Portfolio Holder for Adults and Health, and Uzmah Bhatti, Senior Public Health Insight Manager, presented the report, which detailed Nottingham City Council's statutory responsibility to provide, or secure the provision of, under the provisions of the Health and Social Care Act (2012), open access sexual health services in its area, including:

- preventing the spread of sexually transmitted infections (STIs);
- treating, testing and caring for people with STIs and their partners;
- contraceptive services including advice on preventing unintended pregnancy and sexual health promotion.

They stated that the current Locally Commissioned Public Health Services (LCPHS) contracts, usually awarded to GPs and community pharmacy providers based on an accreditation type procurement process, were due to expire in March 2022, with no option to extend. In light of this, and due to the administration based complexities in establishing these multiple contracts with individual GP practices and pharmacy providers, it was deemed to be more efficient and better for continuity in services for citizens to adopt a cycle of 9-year flexible contracts (3+3+3 years) where NCC would retain a contract severance clause. The current contract allows for new providers to apply through an open accreditation process, and it is anticipated that this arrangement will be replicated in the new contract in order to ensure that this reflects the changing ownership and staffing seen within community pharmacies.

In response to a question regarding the current difficulty in accessing GP services, and how provision will be monitored under any new contract, Ms Bhatti stated that, as services are invoiced / paid for after provision, use of individual GPs / pharmacies can easily be monitored and providers assessed where necessary.

In response to a question as to whether the Voluntary Sector would be able to apply to be part of the scheme, Ms Bhatti stated that this was not permitted under the funding criteria as it had to be an established GP or pharmacy.

Resolved

(1) to approve:

(a) the expenditure of £2,933.505 of Public Health Grant monies over 9 years (£325,945 per year) for the procurement of locally based GP

and pharmacy sexual health services, on an initial 3-year contract, with an option to extend for two further 3-year periods at the sole discretion of Nottingham City Council;

(b) an open accreditation process for the selection of providers to deliver GP and pharmacy based sexual health services;

(2) to delegate authority to the Director of Public Health to approve the outcomes of the accreditation process and award the contracts to the successful applicants.

Reasons for recommendations

1. The current contracts for LCPHS sexual health services in the community are due to expire in March 2022 with no option to extend, therefore a new arrangement needs to be implemented by 1 April 2022.

2. The award of further nine-year contacts (in three year intervals) will enable ongoing opportunistic provision of sexual health services in the community for citizens at high risk of poor sexual health outcomes and those who face barriers in accessing sexual health clinics.

3. Nottingham City Council (NCC) has a statutory responsibility to provide, or secure the provision of, open access sexual health services in its area.

Other options considered

1. To not recommission LCPHS sexual health services - Not recommended as this will leave a significant gap in provision and reduce access for those at high risk of poor sexual health outcomes.

2. To award shorter term contracts – Not recommended as this will create uncertainty for providers and resources required to constantly recommission these services is counterproductive for provider and commissioners.

33 Refugee Resettlement schemes grants - Key decision

Due to apologies being received from the author of the report, Steve Oakley, Head of Contracting and Procurement, presented the report, detailing refugee resettlement work being carried out in partnership with registered charities Nottingham and Nottinghamshire Refugee Forum and Enable, on the basis of grant awards and Service Level Agreements.

Mr Oakley stated that, as of 2020, previous resettlement schemes (the ‘Vulnerable Persons Resettlement Scheme’ and the ‘Vulnerable Children’s Resettlement Scheme’) had wound down, and new schemes, including the ‘United Kingdom Resettlement Scheme’, ‘Afghan Citizens Resettlement Scheme’, and ‘Afghan Relocations and Assistance Policy’ had been established.

Furthermore, following the emergency evacuation of Afghanistan during summer 2021, the Home Office had established several hotels nationally as temporary ‘bridging’ accommodation for Afghan evacuees, including the Nottingham Sherwood

Mercure, with associated funding of £28 per person per day available to claim in arrears. This funding already amounted to over £100,000, and the value may reach £1,000,000 should the contingency remain in place for a year (as suggested by Home Office estimates). It should be further noted that this arrangement was imposed on a no-choice basis. Therefore, the report sought approval for the continued participation in grant-funded refugee resettlement schemes operated by the Home Office, to the end of the financial year 2026-27, and acceptance and spend of the money associated with the schemes, as detailed in the report.

The Committee stated that, in light of the author not being present, therefore members being unable to receive answers to the questions they had, they were of the opinion that deferral of the item to a future meeting should be considered. However, in light of the timescale involved, and to enable the refugee resettlement work to continue, the following resolutions would be made.

Resolved

(1) to approve extension of participation in refugee resettlement schemes to the end of the financial year 2026-27, and authorise acceptance and drawdown of relevant grant monies;

(2) to approve continuation of Accountable Body duties in support of neighbouring first-tier authorities to deliver resettlement;

(3) to delegate authority to the Head of Service, Community Partnerships, to award a contract worth up to:

(a) £284,000 to Nottingham and Nottinghamshire Refugee Forum to deliver casework, orientation and integration services to qualifying residents until September 2022, and to approve the associated spend;

(b) £112,000 from existing grant reserves to Enable to deliver English language tuition services to qualifying residents until September 2022;

(4) to approve commencement of a tender process for services contracts beyond September 2022, for a period to be determined, and grant delegated authority to the Corporate Director for Resident Services to award the contracts to the successful bidder;

(5) that the Committee did not approve recommendations 6 and 8 of the report and:

(a) the Corporate Director for Resident Services be requested to submit a further report to a future meeting, detailing the reasons for those recommendations;

(b) that should there be operational difficulties prior to submission of the report, the Corporate Director should consult with the Chair, who has been delegated authority in the interim to make decisions in respect of those recommendations.

Reasons for recommendations

1. NNRF is a key partner of Nottingham City Council in provision of services to vulnerable migrants, including refugees and asylum seekers, and are the lead organisation in a successful consortium bid for NCC Communities of Identity funding. As a large charitable body operating County-wide in the migration sphere, ad hoc integration support for vulnerable migrants (including the Afghan Relocations and Assistance Policy (ARAP), Afghan Citizens' Resettlement Scheme (ACRS), and ARAP Bridging Accommodation) is likely to default to NNRF irrespective.

2. Enable is also a key partner of Nottingham City Council in development and provision of bespoke English for Speakers of Other Languages (ESOL) training for resettled refugees.

3. Provision of these services is a Home Office requirement stipulated in the Funding Instruction for local authorities (see Appendix B).

4. It is anticipated that current pledges (58 individuals) would attract £1.19m over the five year funded period.

5. Income for Nottingham City Council in FY21-22 would total approximately £240,000 (against a pledge of 28), while income drawn down and held on behalf of partner first-tier authorities (Gedling, Broxtowe, and Newark & Sherwood) would total approximately £250,000.

6. Nottingham City Council retains 8% of partner authority grant monies as management fees, which ensures resettlement is self-funded – staff time and redundancy costs are factored into this.

7. Nottingham City Council is also engaged in coordinating activity to support use of a local hotel for approximately 50 residents currently in ARAP bridging accommodation, funded at a per capita rate of £28 per day. This arrangement has been imposed on a no-choice basis by the Home Office (see Appendix C) – so far, essential services have been provided at cost by Nottingham City Council and partners, or on a voluntary basis.

8. Approaches taken to date have enabled rapid re-tailoring of services, and update and articulation of requirements in SLAs. These will provide the baseline specification for future procurement.

9. It is now necessary to invite tenders to establish the best provider to meet these specifications, and to shift provision to services contracts, requiring additional time to implement this.

10. It is therefore the intention of Community Partnerships to work with Procurement, Commissioning, and Legal colleagues to carry out a full procurement process for continuation of these services, including UKRS, ARAP, and any future commitments to cost-neutral grant-funded resettlement.

11. This report requests permission to extend the current contract award with NNRF to end of September 2022 while this process is completed, including interim exemption from procurement procedures, and permission to commence a procurement process to tender service contract(s) beyond September 2022, with delegations of authority as per recommendations above.

12. It should also be noted that central Government funding instructions are frequently changing in parameters and timescales, and are often issued after implementation has begun. UKRS funding instructions were issued in April 2021, while ARAP and ACRS funding instructions were substantially altered and reissued in August 2021. Bridging Accommodation funding instructions were not issued until 12th November 2021.

Other options considered

1. Development of a direct delivery service to meet these objectives – however, it is evident that within the current budgetary constraints, plus unpredictability around suspension of arrivals owing to COVID-19, means this is unfeasible within the current context.

2. Decline to participate in schemes – this may result in capacity reduction or closure of key voluntary services, which would displace support needs back to Nottingham City Council, without additional resources.

34 Vehicle and Machinery Tyre supply and services to NCC Fleet Services - Key decision

Andrew Smith, Assistant Fleet Manager, presented the report, which detailed the provision of vehicle and machinery tyres and associated services used by Nottingham City Council and the other members of the Nottinghamshire Transport Group Consortium, the current contract for which is due to expire on 8 February 2022.

Mr Smith stated that to comply with the Council's Contract Procedure Rules, a compliant tender process would be undertaken to ensure that a new contract was in place prior to expiry of the current one, therefore allowing all member authorities within the Consortium access to the same contracted supplier.

Further, a contract was required with a tyre supplier who would be able to provide a competitively priced solution at the level of quality Nottingham City Council expects and a specialist tyre supply and service provider/supplier would help ensure value for money was achieved by any council activity that involves the use of vehicles.

In response to a question regarding the disposal of waste tyres, Mr Smith stated that part of the tender requirements was that waste tyres were recycled, such as being used for play-area surfaces.

Resolved to approve

(1) expenditure from the Fleet Services budget for the supply of tyres and associated services by a contracted specialist provider;

(2) a maximum 4-year contract, on a 2+1+1-year basis, up to the approximate value as per the exempt appendix;

(3) procurement of the goods and services via a tender process and delegate authority to the Director of Neighbourhood Services to award the contract(s) and extension(s) to the successful bidder.

Reasons for recommendations

1. A tyre supply and services contract ensures that the Councils vehicles and plant tyres are maintained in a safe, legal and compliant condition within the road traffic act and enable us to comply with our Operator Licence compliance undertakings.

2. A dedicated specialist provider can maintain and fit replacement tyres and provide specialist repair services that will keep the fleet safe, legal, compliant and on the road. The specialist provider has access to tyre manufacturers and can deliver the correct specification of tyre, which is imperative as the fleet ranges from cars to tractors to commercial vehicles over 3.5 tons, within contracted time scales and at competitive prices.

3. The services will cover all areas of tyre management, ranging from the supply and fitment of tyres, puncture repairs, wheel balancing, turning tyres on rims to maximize life, disposing of old tyres (including fly-tipped tyres collected by the Council), completing regular fleet inspections and supplying various reports to the relevant Local authority managers/officers. The service will be provided 24/7 to ensure attendance at any time as required such as, for example, to deal with a punctured or damaged tyres, outside of normal operating hours.

4. The contracting company will be sourced by undertaking a tender process on behalf of the Council and the local authorities who are members of the Nottinghamshire Transport Group Consortium.

Other options considered

Consideration was made to bring the service in house but this is not viable or cost effective for the following reasons:

- we would incur costs and reduce the level of service currently provided;
- the expertise required is not available within Fleet Services team, and there are no resources within Fleet Services to absorb and carry out this specialist work, additional staff would therefore have to be recruited and trained;
- further cost in terms of additional overheads would be incurred, such as creating storage facilities and stock ordering/management processes, along with requiring staff to be on call 24/7, and for actual attendance at an incident outside of normal operating hours;
- the Council would need to purchase and equip a tyre service vehicle at an estimated cost of £50,000 to £60,000;
- the spend on purchasing the tyres would increase as Nottingham City Council would not have access to the same prices, discounts and rebates that being part of a larger Consortium affords and that a specialist supplier can command.

35 Procurement of TRCH Ticketing and CRM Software - Key decision

Councillor Campbell-Clark, Portfolio Holder for Leisure, Culture and Schools, and Peter Ireson, Venue Director, Theatre Royal / Royal Concert Hall, presented the report, informing the Committee that the current contract for hosting a ticketing and customer relationship management (CRM) software system at the venues was due to expire on 31 January 2023, therefore there was a requirement for the Council to procure a new provider to be in place from 1 February 2023.

In response to a question regarding whether this would involve a complete new system, Mr Ireson stated that it would depend on whether the current provider was the successful bidder following the tender process.

Resolved

(1) to approve undertaking a tender process for procurement of a ticketing and CRM software system for use at the Theatre Royal and Royal Concert Hall for an initial 3-year term, with an option to extend for a further two 2-year periods;

(2) to note the approximate total value of the contract, as per the exempt appendix;

(3) to delegate authority to the Corporate Director for Resident Services to award a contract to the successful bidder.

Reasons for recommendations

1. The contract that the Council currently has at TRCH to host a ticketing and CRM software is due to expire on 31 January 2023. There is therefore the requirement for the Council to undertake a tender exercise to procure a new ticketing and CRM software provider to be in place from 1 February 2023.

2. The approvals requested in this report will allow the Council to initiate the tender process enabling the new system to be implemented at TRCH without any interruption to its ticketing and marketing activity. This will allow the Council to meet its contractual obligations to venue hirers, event promoters and producers and to ensure that income targets continue to be met and the business remains sustainable.

Other options considered

1. The option of outsourcing the ticketing and CRM system to an external ticketing agency was considered and discounted due to the loss of control of the data and the loss of functionality and flexibility required by the diverse programme at TRCH, including classical concert subscriptions.

2. The do nothing option was considered, but discounted as the current contract will expire and the Council would be in breach of contract procedure rules if it did not procure via a compliant route.

3. A ticketing and CRM system is critical to the function of TRCH and there are no further options which can be identified.

36 Exclusion of the public

The Committee agreed to exclude the public from the meeting during consideration of the remaining items in accordance with Section 100(A) of the Local Government Act 1972 on the basis that having regard to all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information, as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act, as the nature of the information could, if made public, prejudice ongoing negotiations between the authority and suppliers.

37 Vehicle and machinery tyre supply and services to NCC Fleet Services - exempt appendix

Resolved to note without discussion the exempt information.

38 Procurement of Theatre Royal / Royal Concert Hall ticketing and CRM software - exempt appendix

Resolved to note without discussion the exempt information.

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Subject:	Arrangements for the joint commissioning of Child and Adolescent Mental Health Services (2022/23 – 2024/25)
Corporate Director/ Director:	Catherine Underwood, Corporate Director for People Lucy Hubber, Director of Public Health
Portfolio Holders:	Cllr Adele Williams (Adults and Health) Cllr Cheryl Barnard (Children and Young People)
Report author and contact details:	Helen Johnston, Consultant in Public Health helen.johnston@nottinghamcity.gov.uk
Other colleagues who have provided input:	Nancy Cordy, Executive Officer – Public Health Steve Oakley, Head of Contracting and Procurement

Key Decision	☒ Yes ☐ No	**Subject to call-in**	☒ Yes ☐ No
Reasons: ☒ Expenditure ☐ Income ☐ Savings of £750,000 or more taking account of the overall impact of the decision		☒ Revenue ☐ Capital	
Significant impact on communities living or working in two or more wards in the City		☐ Yes ☒ No	

Type of expenditure: ☒ Revenue ☐ Capital

Total value of the decision: £1,345,074

Wards affected: City wide

Date of consultation with Portfolio Holders: 20 December 2021

Relevant Council Plan Key Outcome:

Clean and Connected Communities	☐
Keeping Nottingham Working	☐
Carbon Neutral by 2028	☐
Safer Nottingham	☐
Child-Friendly Nottingham	☒
Healthy and Inclusive	☒
Keeping Nottingham Moving	☐
Improve the City Centre	☐
Better Housing	☐
Financial Stability	☐
Serving People Well	☒

Summary of issues (including benefits to citizens/service users):

Across the health and education sector, services in Nottingham have reported seeing an increasing number of children and young people who are experiencing emotional and mental health problems. The impact of COVID-19 on children and young people's mental health is still emerging and is known to have exacerbated existing inequalities.

Nottingham Targeted Children and Adolescent Mental Health Service (CAMHS) is a well established and high quality service, delivered by Nottingham City Council (NCC). The service has been jointly funded by mainstream NCC funding and Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) for a number of years. Due to increased pressures and the challenging financial position for NCC, the Targeted CAMHS service has been placed in scope for NCC savings 2022/23 onwards, placing the service at risk.

This reports sets out the proposed arrangements for maintaining the current Targeted CAMHS provision until March 2025. The service would be jointly funded by Public Health Grant contributions tapering with increased CCG contributions over a three-year period. The

establishment of a Section 75 agreement between NCC and the CCG is proposed as a robust mechanism for funding and managing the service.
Exempt information: None
Recommendations:
1 Approve the use of the Public Health Grant for a funding contribution to Targeted CAMHS 2022/23-2024/25.
2 Approve the development of a Section 75 Agreement between NCC Public Health and the CCG for the commissioning of Targeted CAMHS from 1st April 2022 to 31st March 2025.
3 Delegate authority to the Director of Public Health to agree the final value and scope of the service, and sign the Section 75 Agreement for Targeted CAMHS.
4 Approve the oversight and management of the Targeted CAMHS Section 75 Agreement to be held by Nottingham Health and Wellbeing Board Commissioning Sub-committee.

1. Reasons for recommendations

1.1 The time-limited use of the Public Health Grant will enable ongoing provision of Targeted CAMHS in Nottingham through to 2024/25 to ensure continued access and support for children and young people to mental health support. Over the period of the agreement, there will be an increasing proportion of CCG funding for the service consistent with the CCG role in coordinating a system-wide transformation programme.

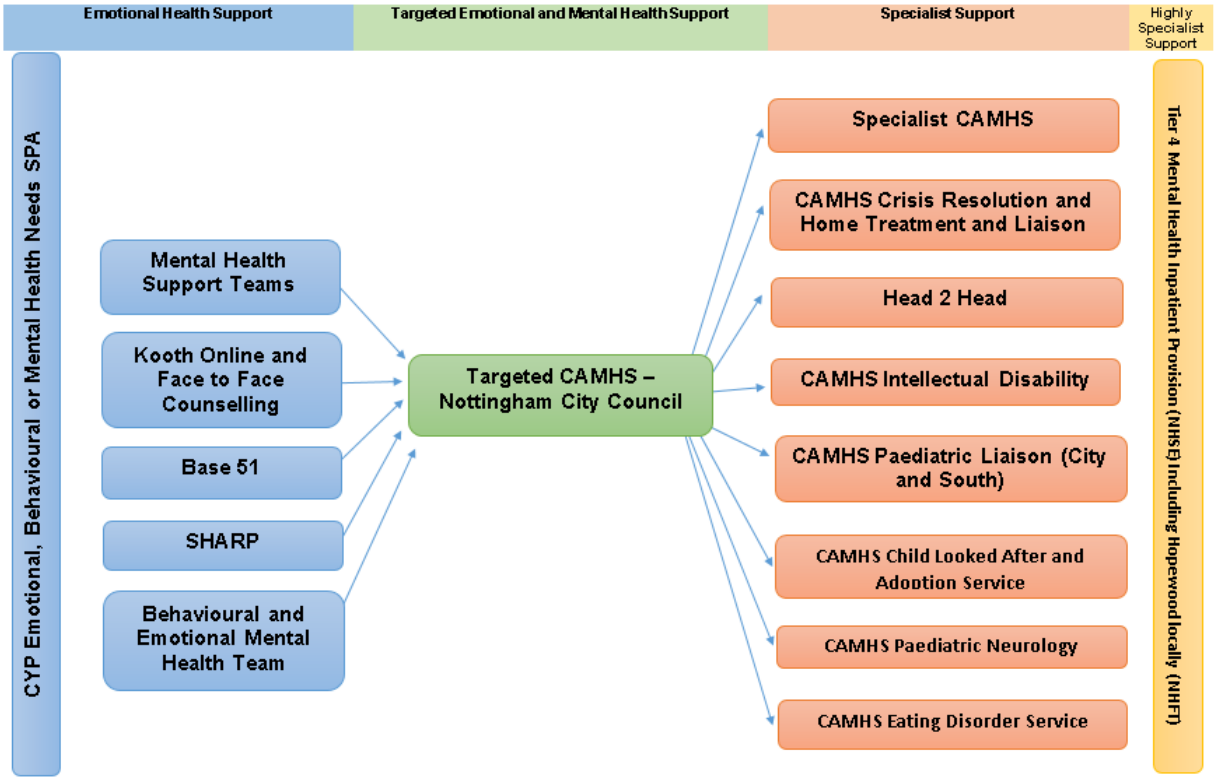
1.2 A Section 75 agreement between NCC and CCG for Targeted CAMHS will provide a robust foundation for commissioning the service.

2. Background

2.1 Based on the national Mental Health of Children and Young People survey in 2017 and ONS population data, 8,067 (12.7%) of the 64,419 five to nineteen year olds in Nottingham City are thought to be dealing with a mental disorder.

2.2 The Nottingham City Targeted Children and Adolescent Mental Health Service (CAMHS) works with children and young people aged 0-18 who are experiencing emotional and mental health problems, and their families and carers. Specialist Targeted CAMHS staff use evidence-based interventions to support children and young people and to treat mild to severe mental health and emotional health needs. These needs include problems such as depression, anxiety, anger, trauma, self-harm and low mood. This provision is a key part of the pathway for Emotional Health and Mental Health provision in Nottingham (see Figure 1). The provider of Targeted CAMHS in Nottingham is a well-established and fully integrated specialist team within Nottingham City Council.

Figure 1: Emotional Health and Mental Health Provision



2.3 Between 2017 and 2021, Targeted CAMHS (previously described as Tier 2 CAMHS) has been funded by the Clinical Commissioning Group (CCG) for Nottingham (originally Nottingham City CCG, now Nottingham and Nottinghamshire CCG) and Nottingham City Council mainstream funding. Nottingham City Council commissioned the service on behalf of NCC and the CCG.

2.4 Nottingham City Council has been developing a Medium Term Financial Plan for 2022/23 to 2025/26 which has identified opportunities and options to deliver savings in the context of increased demand for services and a challenging financial position. The savings proposals 2022/23 onwards include the CAMHS City Wide Service in their scope and therefore place the service at risk, with the intention stated in the narrative: 'working with Clinical Commissioning Group and Public Health to transform Child and Adolescent Mental Health Services'.

2.5 The proposed arrangements in this paper comprise a funding model to enable ongoing Targeted CAMHS provision for children and young people in Nottingham. The service will be unchanged, and the MTFP savings can still be delivered. As an interim arrangement, it is proposed that Targeted CAMHS will have joint funding from the Public Health Grant and the CCG through to March 2025. Approval for the proposal has already been sought and granted through the CCG Executive.

2.6 As per the proposed contributions set out in Table 1, the Public Health Grant contribution is tapered under this arrangement. The primary purpose of the Public Health Grant is for preventative services and interventions, as set out in the Grant conditions. The transitional use of funding outlined here is justified by the potential public health impact of loss of this targeted support for children and young people. The CCG are leading a system-wide transformation programme, to develop a longer term clinical and service

model for implementation. Public health colleagues will work as advisors with the CCG on the transformation of these services.

Table 1: Funding risk and proposed contribution

	2022/23	2023/24	2024/25	Totals
Recurrent financial risk	***£834,440***	***£834,440***	***£834,440***	***£2,503,320***
Public Health grant contribution	£677,522	£445,035	£222,517	£1,345,074
CCG contribution	£156,918	£389,405	£611,923	£1,158,246

2.7 A formal agreement is required to allow the pooling of this resource, which will be ring-fenced for the Nottingham City population for the lifetime of the agreement. The NHS and Local Authority can delegate responsibility for commissioning services through a Section 75 Agreement. The Section 75 Agreement will include appropriate risk sharing arrangements. As the CCG contribution will be increasing over the period, and consistent with the ambitions on transformation and responsibility for targeted support, the CCG will be the lead commissioner.

2.8 This proposal marks a substantial change in the commissioning arrangements for Targeted CAMHS. During the period from 2022/23 to 2024/25 NCC Public Health will be a joint commissioner and the CCG the lead commissioner of the service. The CCG will establish a formal contractual agreement with Nottingham City Council's Children's Services department for the provision of the Targeted CAMHS, with the commissioned resource fully utilised for the sole purpose of the delivery of the commissioned service.

3. Other options considered in making recommendations

3.1 Under a 'do nothing' option' there would be no agreed use of the Public Health Grant for co-funding this service. The savings against the NCC Mainstream funding for consultation in the Medium Term Financial Plan place the service at risk. A reduction or removal in the Targeted CAMHS offer would leave a substantial gap in the emotional wellbeing and mental health pathway for children and young people in Nottingham, which is why this option has been rejected, and an interim funding arrangement during the transformation programme has been proposed.

3.2 Not using a formal Section 75 Agreement between NCC and the CCG carries a risk of not having an appropriate and robust arrangement for pooling the budget and managing the service. Further, a lack of joint arrangements would risk that this key provision is not sufficiently visible and considered within the wider Mental Health Transformation Programme with governance through the Children and Young Peoples' Mental Health Executive, and the Nottingham and Nottinghamshire Integrated Care System Mental Health and Social Care Partnership Board.

4. Consideration of Risk

4.1 Under these arrangements the use of the Public Health Grant will guaranteed over 3 years from April 2022 to March 2025. The ringfenced Public Health Grant for Local Authorities is allocated by the Department of Health and Social Care on an annual basis. The highest contribution for Targeted CAMHS (£834,440 in 2022/23) has a value of less than 2% of the total most recent Public Health Grant value for 2021/22 (£34,170,850).

4.2 The CCG intend to formally contract with NCC Children's Services to deliver Targeted CAMHS through to the end of March 2025. It is anticipated that the CCG will be the sole commissioner from April 2025 onwards, with possible changes to services or providers.

5. Finance colleague comments

5.1 As outlined above, due to increasing number of children and young people who are experiencing emotional and mental health problems, one area of focus is joint commissioning of Child and Adolescent Mental Health Services. As such, utilisation of Public Health Grant funds, has been earmarked to replace the current funding model with a planned decreasing contribution to ensure the continuation of the service.

5.2 The total planned Public Health Grant to be provided for use across 2022/23 to 2024/25 is £1.345m, which is based upon a decreasing contribution each year, as outlined in the table above.

5.3 When considering the planned use of this grant in this way it is important to ensure that the ring-fenced grant is being used appropriately and to adhere to grant conditions. Additionally, as the Nottingham City Council contribution from Public Health Grant, is decreasing over time until the CCG becomes the sole commissioner in April 2025, consideration as to any potential shortfalls or delays to this process and the impact these would have to Public Health Grant in future years.

Graeme Black, Commercial Business Partner (Education and Public Health), 14th December 2021.

6. Legal colleague comments

6.1 The Public Health funding referred to in this report is provided to the Council from the Department of Health & Social Care by annual allocations. The money can only be used for public health functions and there are conditions imposed upon the use of the grant for these functions. The Council must ensure compliance with those conditions.

6.2 It is understood that using the money to support the CAMHS Services in the City as proposed in this report, will assist in addressing the impact that the loss of these services would have on public health.

6.3 The Council's contribution for these services is depleting and so the proposal is for a 3-year agreement only, whilst the services transition over to the CCG under a longer term model.

6.4 A section 75 agreement (under the National Health Service Act 2006, as amended) should be established place between the Council and the CCG to detail the partnership with respect to the funding and retrospective roles in accordance with the powers permitted to them.

6.5 Legal services will work with procurement colleagues to assist in implementing the appropriate partnership arrangements between the parties.

Dionne Screaton, Senior Solicitor, Commercial Education and Employment 13th December 2021.

7. **Other relevant comments**

Procurement Comments

7.1 A section 75 agreement needs to be put in place for Nottingham Council to jointly commission with the CCG the CAMH Services. The section 75 agreement should be only put in place for the three years with a clear exit strategy for Nottingham City Council included.

7.2 There are no procurement issues with this process provided the section 75 agreement is arranged.

Steve Oakley, Head of Contracting and Procurement, 13th December 2021

Human Resources Comments

7.3 The key recommendation in this report with Human Resources implications is the approval of the development of a Section 75 Agreement between NCC Public Health and the CCG for the commissioning of Targeted CAMHS from 1st April 2022 to 31st March 2025.

7.4 This recommendation of formally contracting Nottingham City Council's Children's Services to deliver Targeted CAMHS through to the end of March 2025 supports the ongoing tenure of employees working in CAMHS, providing workforce stability and ongoing stability to the children and young people the service works with.

7.5 Employees in some of the services and teams identified in this report are on Nottingham City Council Terms & Conditions but there are some employees on different Terms & Conditions due to the nature of the way these services have been previously contracted, via the Transfer of Undertakings (Protection of Employment) Regulations (TUPE).

7.6 The CCG intend to formally contract Nottingham City Council's Children's Services to deliver Targeted CAMHS through to the end of March 2025. It is anticipated beyond this point that the CCG will be the sole commissioner from April 2025 onwards, with possible changes to services or providers.

7.7 If the CCG were to re-commission or de-commission some services this will need to be undertaken in full consultation with Nottingham City Council, as early as possible.

7.8 A clear exit strategy would need to be considered as part of the Section 75 Agreement, and should services be re-commissioned by the CCG, the appropriate workforce change through the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) could apply.

7.9 If services were to be de-commissioned by the CCG, the appropriate Employee exit costs would need to be understood by the CCG and Nottingham City Council as part of the exit strategy.

Rachael Morris, HR Business Lead (People) – 15 December 2021

8. **Social value considerations**

8.1 This paper proposes three-year funding arrangements to protect the delivery of Targeted CAMHS in Nottingham, to improve the health and wellbeing of children and young people and their carers and families.

9. Regard to the NHS Constitution

9.1 The arrangements set out here have been developed in collaboration with NHS Nottingham and Nottinghamshire Clinical Commissioning Group.

10. Equality Impact Assessment (EIA)

10.1 An EIA is not required because this paper refers to the funding arrangements for Targeted CAMHS; there is no change for the service being delivered across Nottingham and therefore no change in the Equalities considerations.

11. Data Protection Impact Assessment (DPIA)

11.1 A DPIA is not required because under the proposed arrangements the CCG will be the lead commissioner, and will accordingly assess and advise on how data is managed.

12. Carbon Impact Assessment (CIA)

12.1 A CIA is not required because this paper refers to the funding arrangements for Targeted CAMHS; there is no change for the service being delivered across Nottingham and therefore no change in the Carbon considerations

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

13.1 None

14. Published documents referred to in this report

14.1 Executive Board 16 November 2021, Medium Term Financial Plan 2022/23 to 2025/26
https://committee.nottinghamcity.gov.uk/documents/s128499/Medium%20Term%20Financial%20Plan%20MTFP%20202223%20to%20202526.pdf

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Subject:	Workforce Recruitment and Retention Fund for Adult Social Care
Corporate Director:	Catherine Underwood, Corporate Director for People
Portfolio Holder:	Cllr Adele Williams (Adults and Health)
Report author and contact details:	Anna Coltman Anna.coltman@nottinghamcity.gov.uk
Other colleagues who have provided input:	Karla Banfield

Key Decision	☒ Yes ☐ No	**Subject to call-in**	☒ Yes ☐ No

Reasons: ☐ Expenditure ☒ Income ☐ Savings of £750,000 or more taking account of the overall impact of the decision	☒ Revenue ☐ Capital
Significant impact on communities living or working in two or more wards in the City	☒ Yes ☐ No

Type of expenditure: ☒ Revenue ☐ Capital

Total value of the decision: £1,049,498

Wards affected: All

Date of consultation with Portfolio Holder: 9 December 2021

Relevant Council Plan Key Outcome:

Clean and Connected Communities	☐
Keeping Nottingham Working	☐
Carbon Neutral by 2028	☐
Safer Nottingham	☐
Child-Friendly Nottingham	☐
Healthy and Inclusive	☐
Keeping Nottingham Moving	☐
Improve the City Centre	☐
Better Housing	☐
Financial Stability	☐
Serving People Well	☒

Summary of issues (including benefits to citizens/service users):

On 14 September 2021 the government made a commitment in the COVID-19 Response: Autumn and Winter Plan 2021 to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services.

The adult social care winter plan published on 3 November 2021 sets out the support the government will be providing to the adult social care sector to meet the challenges it faces this winter. The plan includes a commitment to providing workforce recruitment and retention funding, originally announced on 21 October 2021, to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity.

Exempt information: None

Recommendations:

1 To seek authority to accept and spend the grant funding to Nottingham City Council from the Department of Health and Social Care as per the terms and conditions of the grant.

2 To delegate authority to the Director for Adult Health and Social Care in consultation with the Portfolio Holder for Adults and Health to award grants to social care providers to support recruitment and retention of staff during winter months.

1. Reasons for recommendations

1.1 Nottingham City Council has been allocated £1,049,498 from the Government's Workforce Recruitment and retention fund (WR&R fund), to be spent by 31 March 2022. The primary purpose of the WR&R fund is to deliver additional staffing capacity in adult social care through recruitment and retention activity during the 21 October 2021 to 31 March 2022 period.

1.2 This is a ring-fenced grant and will be paid in two instalments to Nottingham City Council:

- the first instalment 60% will be processed as soon as possible
- the second instalment 40% will be paid in January 2022 and will be conditional on local authorities having completed a return to the Department of Health and Social Care by 14 January 2022.

1.3 The expectation is that the grant will be fully spent on addressing local workforce capacity pressures through recruitment and retention activity by 31 March 2022. The grant conditions are clear that 'spent' means that expenditure has been incurred between 21 October 2021 and 31 March 2022.

This means the activity leading to the expense must have happened by 31 March 2022, so that the local authority is accruing the expense and it appears in the local authority's 2021 to 2022 accounts.

1.4 We anticipate that up to 20% will be retained by NCC for internal initiatives including communications, marketing, supporting internal assessment capacity and activities to support the independent sector.

Communications and marketing activities:

- a local recruitment campaign aiming increase interest in a job in adult social care among target audiences, increase the number of applications into social care jobs and to raise awareness of the sector.

Adult Assessment support:

- Increase capacity within homecare to support with hospital discharge, manage candidate selection and increase training and development opportunities.

Activities to support the independent sector:

- Planned activities to support the independent sector with recruitment include Jobs Hub Pathways to Health and Social Care events in neighbourhoods and events in partnership with Nottinghamshire County Council.

1.5 Up to 80% of the WR&R grant will be passported to homecare providers across the City with the expectation that the grant will be fully spent on addressing their local workforce capacity pressures through recruitment and retention activities.

2. Background (including outcomes of consultation)

2.1 The main purpose of the WR&R fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to:

- support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care;
- support timely and safe discharge from hospital to where ongoing care and support is needed;
- support providers to prevent admission to hospital;
- enable timely new care provision in the community;
- support and boost retention of staff within social care.

2.2 This allocation of the grant can only be used to deliver measures that address local workforce capacity pressures in adult social care between 21 October 2021 and 31 March 2022 through recruitment and retention activity.

2.3 Nottingham City Council has worked closely with the provider/external market to agree the measures to be put in place either individually and collectively, including passporting funding directly to the external market. It will be important to retain existing staff capacity as well as encourage new and returning entrants. Examples under consideration are, but are not limited to:

- supporting payments to boost the hours provided by the existing workforce – including childcare costs and overtime payments;
- investment in measures to support staff and boost retention of staff within social care – including incentive and retention payments;
- boosting the current recruitment of carers campaign;
- a proposal to recruit temporary Nottingham City Council employed social care staff to enhance the capacity to support discharge to assess pathways.

2.4 It is suggested that this fund is allocated to the home care market, given the current workforce challenges and risks within this market, which is a national challenge.

- There are 25 homecare providers contracted to work across the City the level of support they provide ranges from 1 citizen with 31.5 hours delivered per week to support for 260 citizens with 2,123.8 hours delivered per week.
- Over 1700 citizens receive homecare across the City.
- Across the independent sector providers in Nottingham, the turnover rate for direct care roles (non-residential) in 2021/22 was 26.7% (1,300 leavers). 28% of leavers remained within the sector.
- In 2020/21, there are 5,000 direct care jobs (non-residential) in the independent sector in Nottingham. The vacancy rate was 2.1% (100 jobs).

2.5 This is a new grant, separate to the third Infection Control and Testing Fund.

3. Other options considered in making recommendations

3.1 Given the short-time scales we are unable to fully outline the expenditure in this report, as February's committee does not allow enough time to spend and allocate the grant funding as per the terms and conditions of the grant.

4. Consideration of Risk

RISK	MITIGATION
Onus is placed on Providers to allocate and report on their funding appropriately and previous similar	Offer support to those smaller providers who don't receive a proportion of funding by joining up with the Jobs Hub and Skills

funding has not been fully spent and has been clawed back. City will decide which Providers receive funding so it will not be equally distributed across all Providers. Potential for some providers to challenge this. This is less prescriptive and we can't control what initiatives Providers will choose to fund or how effective these will be.	for Care to run a recruitment webinar or event. Use a proportion of the funding on a role to support providers to choose and implement effective ways to spend the funding to reduce the likelihood of funds not spent and clawing back. Jobs Hub may be able to match fund. Providers have put forward suggestions to use the funding if passported including: • Paying for a pool car • Paying for driving lessons • Admin to arrange student visas • Paying a driver to transport carers to and from care visits • Providing incentives to existing staff who have worked through the pandemic.
We are not able to accurately measure conversion rates or there is a high cost per contact meaning our internal activities would not represent value for money.	Consider passporting funding across the wider ASC sector including to voluntary sector providers who are supporting ASC and freeing up workforce capacity in ASC.

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

5.1 This report seeks approval to accept and spend the Department for Health and Social Care's (DoHSC) Workforce Recruitment and Retention Fund grant, and to delegate authority to the Director for Adult Health and Social Care in consultation with the Portfolio Holder for Adults and Health.

5.2 The value of the grant is £1.050m and has been made available to local authorities to address adult social care workforce capacity pressures in their geographical area, for the winter period 21/22.

5.3 This grant allocation must only be used to deliver measures that address local workforce capacity pressures in adult social care from 21 October 2021 through to 31 March 2022, through recruitment and retention activity.

5.4 Further work is required to identify how the grant will be spent and allocated, however it is expected 80% will be allocated to providers and 20% will be retained by the service to spend on internal activities that support the grants objectives.

5.5 The grant terms advise the main purpose of the grant is to support local authorities to address adult social care workforce capacity pressures in their geographical area, in order to:

- Support providers to maintain the provision of safe care and bolster capacity within providers to deliver more hours of care;
- Support timely and safe discharge from hospital to where ongoing care and support is needed;

- Support providers to prevent admission to hospital;
- Enable timely new care provision in the community;
- Support and boost the retention of staff within social care.

5.6 Once the cohort of beneficiary providers has been identified, established processes will be used to communicate to the providers and direct the funding.

5.7 It is important to be aware of the short timescales associated with this grant. To be able to maximise the grant effectively, it is recommended the service utilise already established communications and reporting processes. However, there will still be a risk that due to the short timescales involved responses may not be received in time, therefore allowing for a potential underspend on the grant.

5.8 Any unspent grant will need to be returned to the DoHSC.

5.9 There is an established reporting process that will be used to review provider expenditure to ensure funding is allocated for qualifying spends only**.**

5.10 A clawback process will be used to retrieve surplus grant from providers**.**

5.11 The grants terms and conditions advise local authorities may use a small amount of the funding (capped at 1% of their total Workforce Recruitment and Retention Fund allocation) for reasonable administrative costs associated with distributing and reporting on this funding.

5.12 Any subsequent decisions linked to this report will be robustly reviewed by Finance in line with Financial Regulations, ensuring that funding has been identified to support the initiative without resulting in an adverse movement in the Councils financial position, both for 2021-22 and ongoing.

Chanelle Poyser
Strategic Finance Business Partner (Adults Social Care)
23 December 2021

6. Legal colleague comments

6.1 The proposals in this report seek to accept funding from the Department of Health and Social Care (DHSC) to support recruitment and retention of staff by providers in the city.

6.2 The Council must ensure that it complies with any terms and conditions imposed upon it in receipt of the funding from DHSC.

6.3 Any contracts including grants must be awarded in accordance with the City Council's Contract Procedure Rules and Financial Regulations and should include provisions which flow down any relevant provisions from DHSC such as monitoring and reporting outputs.

6.4 Grants are not governed by the Public Contracts Regulations 2015 PCR and so a tender process is not required. However, appropriate grant agreement terms should be put in place between the Council and the recipient providers in order to reflect this.

6.5 The grant recipients will be required to undertake their own assessment of the grants received in terms of compliance with the new Subsidy Control Regime.

7. **Other relevant comments**

7.1 **Procurement colleague comments**

This decision relates to the receipt and expenditure of Department of Health and Social Care (DHSC) Workforce Recruitment and Retention Fund grant which has been awarded to the Council to address adult social care workforce capacity pressures through recruitment and retention activity this winter. This is a ring fenced grant only available for use on eligible recruitment and retention activities between 21 October 2021 and 31 March 2022.

The funding must be used in accordance with the DHSC conditions of grant funding, which include timescales for expenditure and reporting to DHSC. As this is a grant funding arrangement there are no procurement implications, however should any allocations be made to providers which are not grants, the Council's Contract Procedure Rules should be complied with and the Procurement Team will support this as needed.

Jo Pettifor, Category Manager – Strategy & People, 10th December 2021

8. **Crime and Disorder Implications (If Applicable)**

8.1 N/A

9. **Social value considerations (If Applicable)**

9.1 N/A

10. **Regard to the NHS Constitution (If Applicable)**

10.1 N/A

11. **Equality Impact Assessment (EIA)**

11.1 An EIA is not required because the recommendations do not relate to changes in services received by citizens.

12. **Data Protection Impact Assessment (DPIA)**

12.1 A DPIA is not required because the recommendations do not relate to processing personal or sensitive data

13. **Carbon Impact Assessment (CIA)**

13.1 A CIA is not required.

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

14.1 None.

15. **Published documents referred to in this report**

15.1 None.

Subject:	Changing Futures – Procurement of Main Service
Directors:	Katy Ball, Director of Commissioning and Procurement Lucy Hubber, Director of Public Health
Portfolio Holder:	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

Key Decision	☒ Yes ☐ No	**Subject to call-in**	☒ Yes ☐ No
Reasons: ☒ Expenditure ☐ Income ☐ Savings of £750,000 or more taking account of the overall impact of the decision		☒ Revenue ☐ Capital	
Significant impact on communities living or working in two or more wards in the City		☐ Yes ☐ No	

Type of expenditure: ☒ Revenue ☐ Capital

Total value of the decision: £2,170,868

Wards affected: All

Date of consultation with Portfolio Holder(s): 22 December 2021

Relevant Council Plan Key Outcome:

Clean and Connected Communities	☐
Keeping Nottingham Working	☐
Carbon Neutral by 2028	☐
Safer Nottingham	☒
Child-Friendly Nottingham	☐
Healthy and Inclusive	☒
Keeping Nottingham Moving	☐
Improve the City Centre	☐
Better Housing	☒
Financial Stability	☒
Serving People Well	☒

Summary of issues (including benefits to citizens/service users):
This report seeks approval to procure services to allow for the substantial delivery of activity to assist people experiencing severe and multiple disadvantage under Nottingham's Changing Futures programme.

The approval of the recommendations will allow for the wider delivery of operational activity under the programme from July 2022 (following Nottingham's successful bid for funding through the national Changing Futures programme) to build on the initial mobilisation approved in September 2021 and now being implemented.

Exempt information: None

Recommendations:

1 To approve the use of funding to a maximum value of £2,170,868 to allow for the procurement of a range of activity to assist people experiencing severe and multiple disadvantage as detailed in Appendix 1.

2 To approve to undertake a competitive tender to select provider(s) to deliver services detailed in Appendix 1.

3 To delegate approval to the Director of Commissioning and Procurement to award contract(s) for the delivery of services to successful organisations in line with the outcome of the competitive tender.

1. Reasons for recommendations

1.1 The approval of the recommendations will allow for the delivery of the substantial part of Nottingham's Changing Futures programme from July 2022 to the end of March 2024 in line with Nottingham's successful application for funding through the national Changing Futures programme.

1.2 A start date of the 1st July 2022 has been timed to allow for the transition to activity delivered under Changing Futures at the close of the existing Opportunity Nottingham programme on 30th June 2022.

1.3 The wider implementation of the programme will put in place a range of operational activity (see Appendix 1) designed to help improve the lives of people in the city who experience SMD in line with the delivery plan developed in partnership and approved by the National Changing Futures Team (see Appendix 2). SMD is defined under the Changing Futures programme as applying to people experiencing three or more of the following: homelessness, substance misuse, mental health issues, domestic violence, and interaction with the criminal justice system.

1.4 The operational delivery of the programme is expected to realise the significant benefit of improving the lives of vulnerable people, and the avoidance of serious negative outcomes (e.g. in relation to health, homelessness, offending, etc) and the associated demand and costs of reactive interventions (e.g. emergency homelessness responses, hospital attendances, etc) across the public sector.

1.5 The delivery of the programme is also expected to develop the foundations to enhance partnership efforts across the public and voluntary and community sector to improve the overall response to help people who experience SMD. The programme also aims to establish partnership planning in the longer term use of mainstream resources to help people experiencing SMD (e.g. through joined up planning, funding and delivery of services) on a sustainable basis beyond the end of the programme in March 2024.

1.6 Approval is sought to procure the main delivery service through a competitive tender to select the most suitable provider to meet the requirements of the service and to secure best value from resources available to deliver the programme.

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".

2.2 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.

2.3 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.

2.4 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.

2.5 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. Approval for the Council to take receipt of this funding was approved by Commissioning and Procurement Sub-Committee on 14th September 2021.

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.

2.8 The initial mobilisation of the programme is now underway in line with approvals granted by Commissioning and Procurement Sub-Committee in September 2021. This includes the implementation of a number of new services designed to work in conjunction with the existing activity delivered by Opportunity Nottingham, as well as the continuation of some legacy activity previously funded through Opportunity Nottingham to prevent closure in the run up to the conclusion of the programme at the end of June 2022.

2.9 The implementation of the recommendations in this report will report will allow for the substantial delivery of operational activity set out in the Changing Futures delivery plan to transition from the close of Opportunity Nottingham at the end of June 2022.

3. Other options considered in making recommendations

3.1 Not to continue with the roll out of the Changing Futures programme. This option is rejected on the basis that not to deliver the programme would lose the opportunity to deliver significant expected benefits through the direct operational delivery of activity as well as the platform for strengthening the overall system response to assist people who experience SMD.

3.2 To not procure services by means of a competitive tender. This option has been rejected on the basis that procurement through a competitive tender is necessary to identify the most suitable provider to deliver the service and to ensure compliance with procurement law.

4. Consideration of Risk

4.1 Risk of challenges associated with the transition from activity delivered through the current Opportunity Nottingham programme to Changing Futures. The procurement of the new Changing Futures main service will proceed as quickly as possible in order to appoint a provider in time to allow for the planned transition to the new service.

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

5.1 None.

6. Legal colleague comments

6.1 None.

7. Other relevant comments

7.1 Procurement colleague comments

This report proposes the commissioning and procurement of services for the substantial delivery of activity to assist people experiencing severe and multiple disadvantage under Nottingham's Changing Futures programme. The procurement will be undertaken by the Procurement Team through a compliant tender in accordance with UK procurement regulations and the Council's Contract Procedure Rules. Any potential TUPE implications arising should be considered as part of the procurement process.

Julie Herrod – Lead Procurement Officer - 23 December 2021

8. Crime and Disorder Implications (If Applicable)

8.1 The implementation of the recommendations and delivery of the Changing Futures Programme is expected to make a substantial contribution towards reducing crime and disorder.

9. Social value considerations (If Applicable)

9.1 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. The opportunity to create additional social value will be considered as part of the approach to the procurement of services.

10. **Regard to the NHS Constitution (If Applicable)**

10.1 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.

11. **Equality Impact Assessment (EIA)**

11.1 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)

12. **Data Protection Impact Assessment (DPIA)**

12.1 DPIAs are currently being completed in relation to the implementation of the Changing Futures programme (to include arrangements needed for the sharing of data between partner organisations working together to support people experiencing SMD) and will be completed as needed for services prior to the award of contracts.

13. **Carbon Impact Assessment (CIA)**

13.1 A CIA is not required.

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

14.1 Nottingham City Council Commissioning and Procurement Sub-Committee report "Changing Futures Programme for People Experiencing Severe and Multiple Disadvantage", 14th September 2021.

15. **Published documents referred to in this report**

15.1 None.

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Appendix 1: Procurement of Main Delivery Service for Changing Futures

Service	Areas for delivery	Value (£)	Period of award
Changing Futures Main Service	Insight and Learning Hub	250,398	1st July 2022 – 31st March 2024
	Project Coordination and Support	278,854.75	
	Lived Experience Team	281,223.75	
	Frontline Delivery Team	961,340.75	
	Peer Mentors	194,176	
	Housing First Team	264,183	
	Personal Budgets	43,750	
	Activities Budget	61,250	
	Lived Experience Budget	35,000	
	TOTAL	**2,370,176.25**	

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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 programme[2]. 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.

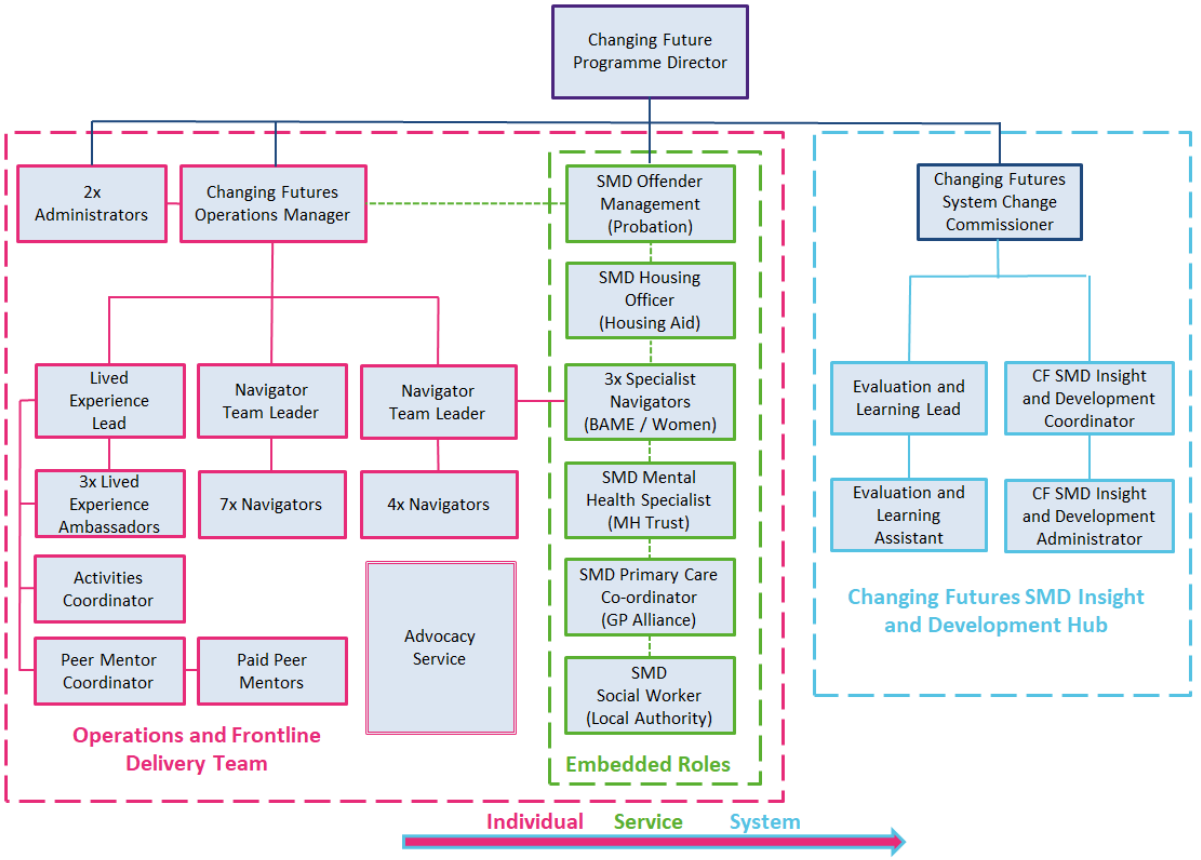


Figure 1: Proposed Changing Futures Delivery Approach

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	• 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	• 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	• Transition plan agreed by statutory partners to ensure continuity of support to SMD beyond 2024

	• 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	• 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 characterises	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

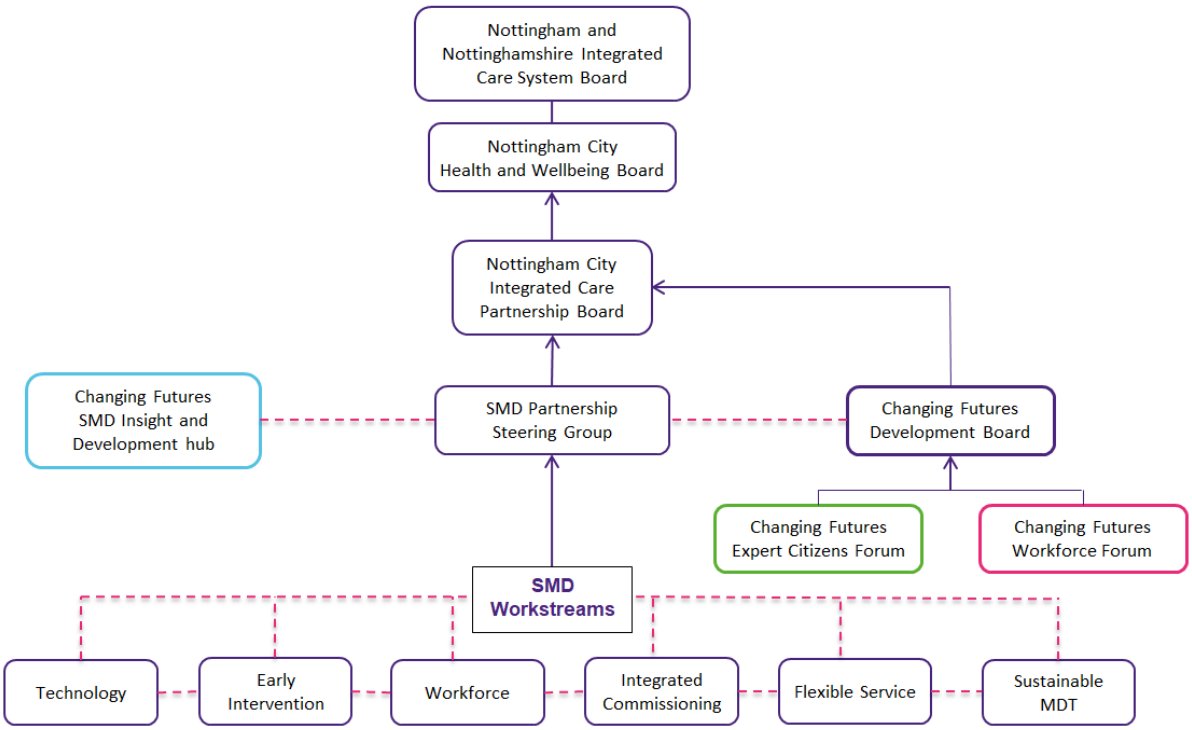


Figure 2. Proposed Changing Futures Governance

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.

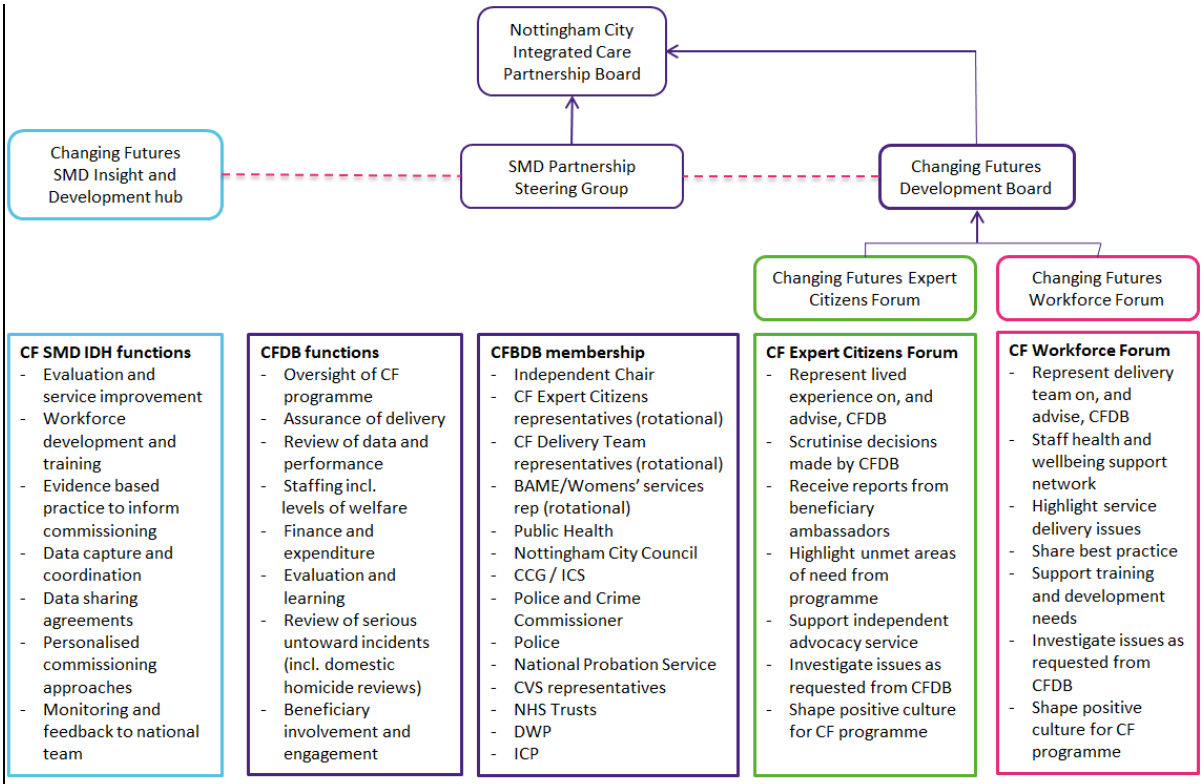


Figure 3. Proposed Changing Futures Governance Functions

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.

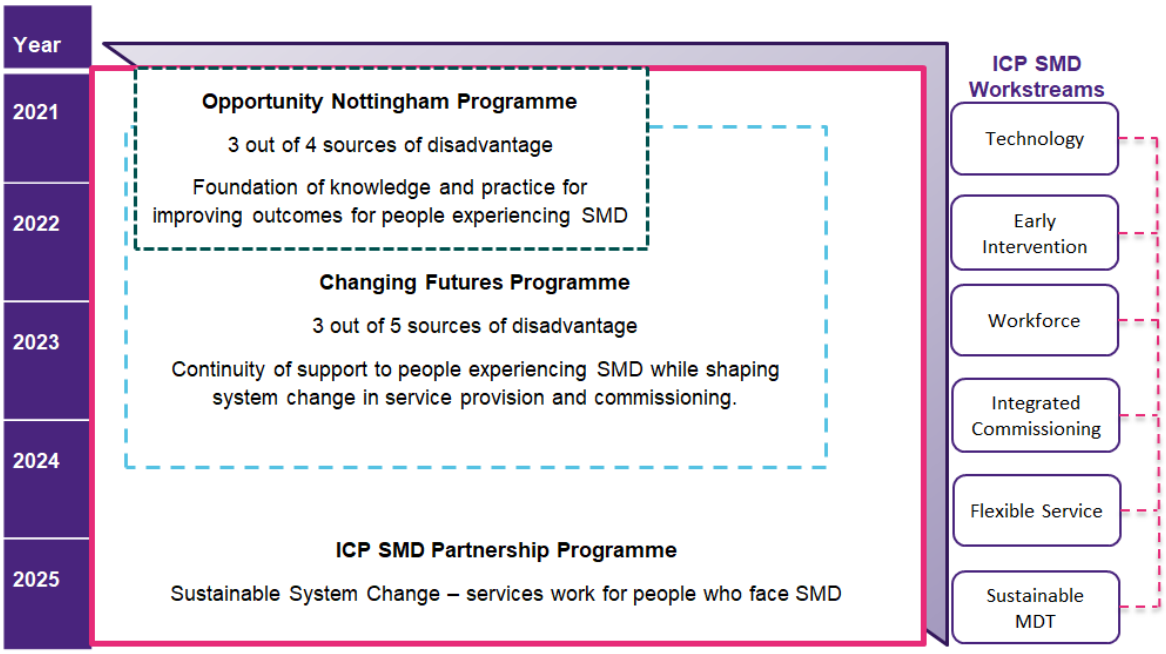
At an operational level, the CFP represents a clear opportunity to:

- 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 DSVA. We will use learning from the **MHCLG R2C** programme to interface and complement these services to meet the needs of women who experience SMD.

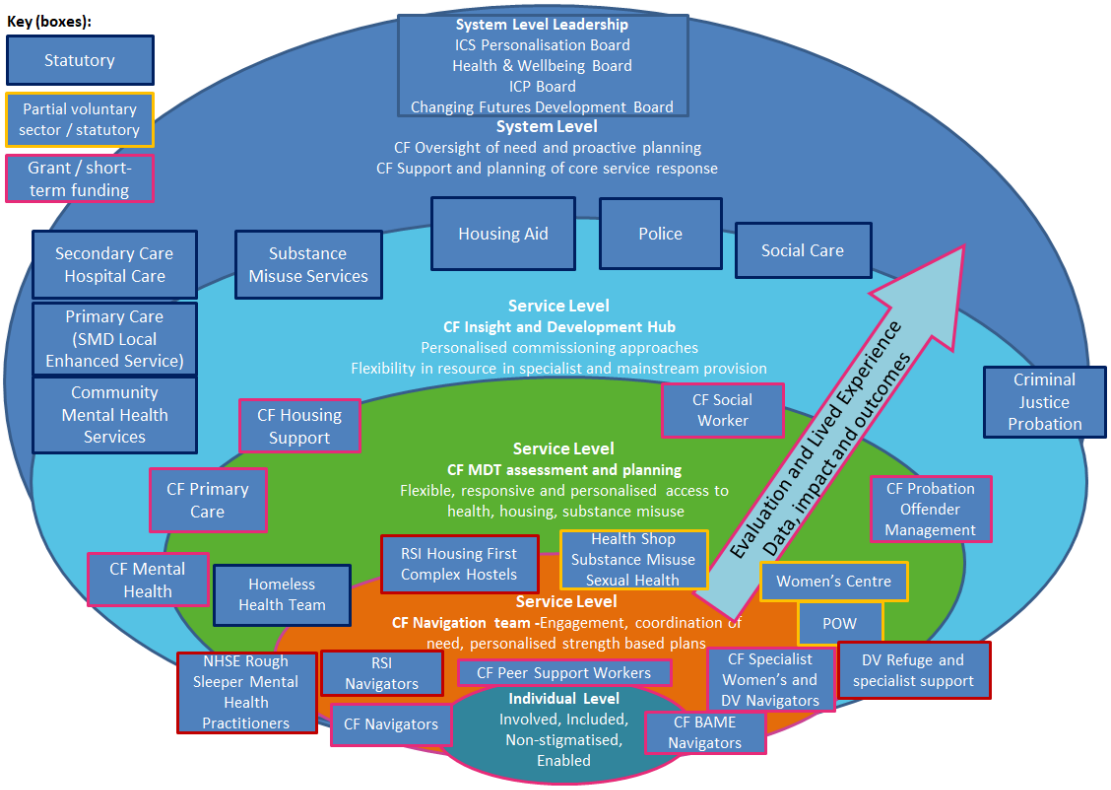


Figure 5: CF complementing wider system activity

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	*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*	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.
	ICP and partners have clear inclusion of SMD in organisational plans and strategies	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.
	Lived experience has greater influence on	*TBC through co-production. Likely to include:*	New data required. To be collected and managed

	system decision making at all levels	Number of Lived Experience Forums organised Number of requests for support from forum by partner organisations Number of ICP Board and other strategic decisions co-produced or guided by forum Any change in perception of the benefit of co-production in partner organisations	by the proposed SMD Insight and Development Hub.
Service	*Increase in joint working through enhanced role of the MDT, the integrated SMD function and embedded roles in key services*	Number of beneficiaries provided with MDT support Number/% of successful MDT outcomes Number/% of beneficiaries that are survivors, from BAME groups, have protected characteristics Change in joint working as reported by services and beneficiaries	MDT monitoring data (held) Measure through regular engagement work with services and beneficiaries (New data required) Above to be collected and managed by the proposed SMD Insight and Development Hub
	Flexible approaches to commissioning are developed, including integrated and personalised approaches	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	Collected as part of routine data collection to inform outcome monitoring (new data required) Routine beneficiary outcome monitoring data (to include Outcomes Star, NDT) Data to be collected and managed by the proposed SMD Insight and Development Hub
	More effective recording, sharing and use of data and learning	Number of services participating in data and information sharing Number of data sharing agreements in place	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 Impact of data sharing on joint working	Collected as part of routine service level data collection (new data required) Collected as part of regular engagement work with beneficiaries and services (new data required)
Individual	*Improvement in experience of care and support leads to stabilisation*	Beneficiary outcomes: • Outcomes Star • Revised NDT • Experiential data and information	Part of routine beneficiary outcomes monitoring (new data required)
	People with lived experience/beneficiaries know that their experiences are important and have an impact on services and planning.	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)
	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	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 require**
System	*SMD is well understood by the system, trauma informed approaches are part of usual business.*	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
	Benefits of the programme are well understood and tangible	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
	Partners commit to long term sustainable resource to develop and expand the work of the programme to the wider ICS footprint	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	*Services can share information easily and lawfully, supported by technology and robust information sharing agreements*	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 collectior (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		
	Staff across the services are more knowledgeable and understand how to refer clients to the MDT and how to get specialist advice and support	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)	
	Services can be flexible to meet the needs of people experiencing SMD, not sticking rigidly to thresholds or eligibility criteria	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	*People experiencing SMD report receiving joined-up care that works around them and doesn't require them to tell their story repeatedly*	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	
	Beneficiaries meet their goals and aspirations	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	
	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	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	• *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.* • *Building on work of ON and Nottingham City ICP, now is the right time for sustained change to happen at pace*
Inputs	• 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	• 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

	• 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
	• 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
	• 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
	• 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	• 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
	• Commissioning strategy • Integrated function supports beneficiaries and upskills staff/system • Personalised commissioning approaches
	• ECF functioning, ToR and formal link to CFDB • Peer researchers trained/embedded in the Insight and Development Hub (IDH)
	• 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

	• Peer researchers support the function, developing skills to lead/design/deliver evaluation • Evidence based business cases sustain progress/funding
	• Trial project of IT solution supports joint care planning
Short-term outcomes	• 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	• 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	• *System understands SMD as 'everyone's business', recognises that support is needed to improve outcomes, including culturally/gender specific support* • *System understands/values lived experience* • *System sees the value of work done through the programme, continuing to provide support* • *Flexible approaches to commissioning support, integrated services that wrap around the individual* • *Resources used more effectively, unified approach to the outcomes we want/need to achieve* • *Improved access to data/information*
Key assumptions	• 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	• 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	• 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	• *Services aren't always 'joined up', beneficiaries need to navigate services and have to re-tell their story* • *Lack of flexibility excludes people* • *Services don't always focus on beneficiary strengths/goals* • *Services/staff/beneficiaries don't always have a clear understanding of support available* • *Choice is needed, e.g. around cultural or gender specific support* • *Information/data are not always shared to support care/improve outcomes*
Inputs	• *System understands/values lived experience*
	• *Flexible approaches to commissioning and support, integrated services that wrap around the individual*
	• *System understands SMD as 'everyone's business', recognises that support is needed to improve outcomes, including culturally/gender specific support*
	• *System sees the value of work done through the programme, continuing to provide support*
	• *Improved access to data/information*
Activities	• ECF works directly with services, advising on service/organisational level strategy/policy
	• 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	• Lived experience informs service planning/development

	• 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	• 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	• 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	• *More skilled, responsive workforce* • *Service development is guided by lived experience* • *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* • *Greater flexibility and choice in the system, thresholds and eligibility flexed to meet needs* • *More people with lived experience working in services* • *Services/care is more joined up, more integrated working* • *Information sharing leads to better care/decision making*
Key assumptions	• Beneficiaries support use of technology for joined up care/care planning • Joint service delivery/commissioning is not hindered by organisational culture
External factors	• 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	• Embedded roles are drawn into business as usual • SMD function seen as ‘solution’ when wider service change is needed

	Individual level
Context/problem	• *I find services difficult to navigate, they sometimes exclude me because I don't meet their criteria* • *Services can make me feel stigmatised, like they don't understand me or what I have experienced* • *Information about me isn't always shared well, I have to keep re-telling my story*
Inputs	• *Service development is guided by lived experience*
	• *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* • *Greater flexibility/choice in the system, thresholds and eligibility flexed to meet needs*
	• *More skilled, responsive workforce, more people with lived experience working in services*
	• *Information sharing leads to better care/decision making*
Activities	• I can guide how the CF programme develops • Roles such as Beneficiary Ambassadors, peer-researchers and peer-mentors are funded to support me
	• Navigators can provide me with one-to-one support, specialist navigators are available • I can ask for a MDT if I think it would help me • An integrated function brings expertise together, focusing on improving my life and outcomes • I am closely involved in care planning, focussing on my strengths • Organisations work together to support me • I am not only signposted to services, I am supported into them through referral • I have choice around the support I want/need • I can access a personal budget • 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 • Services flex around me – thresholds/eligibility criteria won't automatically exclude me
	• Services that support me access training that helps us work better together, including PIE, TIC and person-centred approaches • Peer-mentors help services engage with me and to understand SMD and how my experiences impact on me
	• Agreements are in place to share my information (with my consent) in a way that makes my care more joined up • New ways of sharing information and being involved in my care are offered to me

Outputs	• ECF in place, affecting change • All beneficiaries have opportunity to be involved • Training/learning opportunities to develop beneficiaries' skills
	• 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
	• Co-produced training and support taken up across the system • Peer-mentors available to beneficiaries
	• Information sharing agreements in place • Beneficiaries can use IT platform to facilitate joined up care
Short-term outcomes	• 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	• 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	• *I am central to my own care/support with choice and control around the support I access* • *My life experiences, including my cultural experience, ethnicity and gender, are accepted and understood wherever I receive support* • *My support is consistent, with the same worker wherever possible* • *I don't have to repeat my story constantly* • *My strengths are known/acknowledged* • *I feel respected, not stigmatised* • *I am involved in how my support ends, it happens in a planned way* • *My voice is heard, my opinion valued at all levels*
Key assumptions	• Ongoing support from beneficiaries • Innovative approaches to joint/personalised commissioning supported by partners
External factors	• Increase in need/acuity linked to Covid-19

Unintended consequences	• Beneficiaries/services/programme don't recognise sources of disadvantage, e.g. DSVA, leading to inappropriate exclusion from the programme

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