



A partner of the
**Integrated
Care System**
Nottingham & Nottinghamshire



**Nottingham City
Integrated Care
Partnership**

Joint Health and Wellbeing Strategy

Severe and Multiple Disadvantage

Initial Delivery Plan
November 2022



Severe and Multiple Disadvantage (SMD)

This delivery plan includes:

- *Context to the programme*
- *What we want to achieve*
- *How we will we achieve it*
- *Who our key stakeholders are*
- *How we will know we have made progress*



Context for the programme

- The term SMD recognises that it is not unusual for people to experience multiple complex issues such as homelessness, substance misuse, mental ill-health, offending and experience of domestic or sexual violence.
- Experiencing multiple and complex issues means people can face real challenges in accessing the right services at the right time, and they are likely to have poorer outcomes compared to people not experiencing multiple complex issues.
- This programme aims to bring organisations together to provide better, joined up care that understands complexity. It is guided by the Nottingham City SMD partnership. This is a large network of service users, partners in the voluntary and community sector and the statutory sector.
- Some of the work described in this plan is funded and delivered through 'Changing Futures'. A national funding stream through which the partnership were awarded £4m of funding over three years.
- The work described in this plan is underpinned by our partnership's three fundamental principles of:
 - ***Co-production***
 - ***Equity, with a particular emphasis on equity for diverse communities and women***
 - ***Learning, and sharing that learning***



Our aims and objectives

As a partnership we have identified what we think are the key barriers for people experiencing SMD in Nottingham. The 'problem' we need to address is: ***In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.***

Through this plan, we aim to address this problem by working together and using our resources in the most effective way. The key objectives are to:

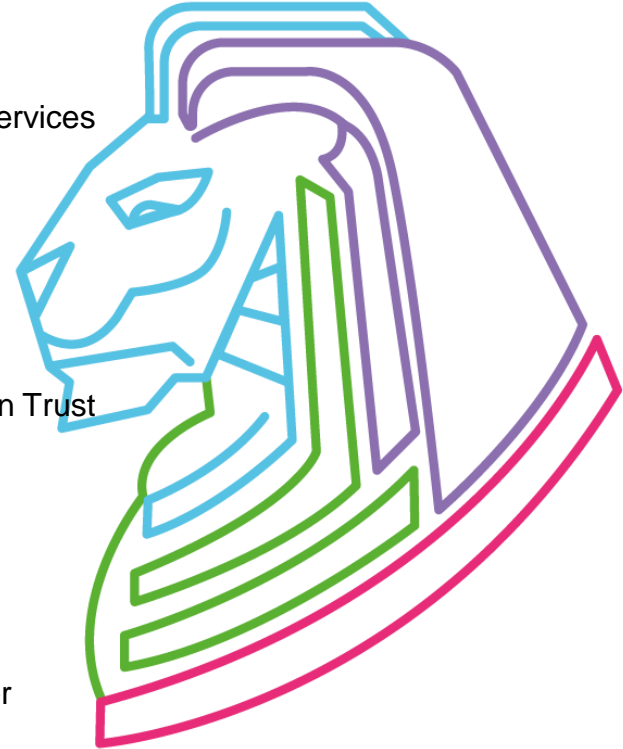
- Listen to the voices of experts by experience, be guided by them and co-produce everything we do.
- Ensure services across Nottingham work in a flexible and joined up way to provide less fragmented and more person-centred care and support.
- Develop and sustain a Multi-Disciplinary Team that helps solve problems for individuals through effective integrated working.
- Support and help develop the Changing Futures programme, that is helping to provide essential one to one support and joining the system offer together.
- Make sure our workforce across organisations and sectors, understands the needs of people experiencing SMD and can respond appropriately. Understanding the role that experience of trauma plays in how people access and receive support.
- Use our data and information to make sure we are getting the best possible outcomes for people and that we can intervene earlier.
- To make sure everything we do is done through that lens of equity, ensuring that the needs of our diverse communities in Nottingham, and the needs of women are well understood and responded to.



Stakeholders*

This programme is supported by a network that includes the following membership/stakeholders:

- Al-Hurraya
- BAC-IN
- Emmanuel House
- Framework
- Improving Lives
- Juno Women's Aid
- Nottingham Counselling Service
- Nottingham CVS
- POW
- R2C project
- The Bridges Community Trust
- The Big Issue
- The Friary
- Nottinghamshire Sexual Violence Support Services
- Nottingham City Care Partnership
- Nottingham City Council
- Nottingham City Place Based Partnership
- Nottingham City GP Alliance
- Nottinghamshire Healthcare NHS Foundation Trust
- NHS Nottingham and Nottinghamshire ICB
- Nottingham University Hospitals Trust
- Nottingham DWP
- Nottinghamshire Probation Services
- Office of the Police and Crime Commissioner



*The above is based on regular attendees of the SMD Partnership and is not a complete list.

Overview of the plan: Page 1

Purpose	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p><i>Therefore, our objective is:</i></p> <p><i>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.</i></p>	<p>Listen to the voices of experts by experience, be guided by them and co-produce everything we do.</p>	<p>Support and develop Changing Futures Expert By Experience Board to further develop and guide the programme.</p> <p>Drawing on experience of the well established ABBA group and the work of Opportunity Nottingham as well as wider partners.</p> <p>Support experts by experience to support all aspects of the programme, including individual work streams.</p>	<p>Expert by Experience Board is operational with clear Terms of Reference. Membership of the board is representative.</p> <p>Experts by Experience guide and inform all partnership SMD workstreams.</p>	<p>Expert by Experience Board is fully operational and is guiding the programme. Evaluation of the impact of the board is ongoing.</p> <p>Workstreams have good representation in terms of lived experience and that work is guided by and supported by experts by experience.</p>	<p>Lived experience has greater and demonstrable impact on service delivery at all levels.</p>
	<p>Develop and sustain a Multi-Disciplinary Team</p>	<p>Ensure clear referral routes and clear information for partner organisations.</p> <p>Monitor ongoing engagement by key partners required to sustain the MDT.</p> <p>Monitor referrals.</p> <p>Monitor outcomes for individuals.</p>	<p>Paperwork updated and shared as appropriate.</p> <p>Mapping identifies any areas where referrals would be expected but are not being seen.</p> <p>Information is shared with partners and links are made with networks and meetings as appropriate.</p> <p>Attendance is routinely monitored and shared with partners.</p>	<p>Paperwork updated and shared as appropriate.</p> <p>Mapping identifies any areas where referrals would be expected but are not being seen.</p> <p>Information is shared with partners and links are made with networks and meetings as appropriate.</p> <p>Attendance is routinely monitored and shared with partners.</p>	<p>Paperwork updated on an ongoing basis.</p> <p>Purpose of the MDT is well understood by a range of partners.</p> <p>Referrals represent a broader range of sectors and organisations.</p> <p>Reasons why an organisation might choose not to refer are understood.</p>

Overview of the plan: Page 2

Purpose	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p><i>Therefore, our objective is:</i></p> <p><i>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.</i></p>	<p>Ensure services across Nottingham work in a flexible and joined up way , including continuity of care.</p>	<p>New approaches to commissioning trialed to support a more flexible and integrated support offer.</p> <p>Ensure that information is shared appropriately between agencies, avoiding people having to tell their story repeatedly.</p> <p>Support joint working and person-centred approaches through he MDT and Changing Futures embedded roles.</p> <p>Look at possible approaches to integration, to include: -sharing of assets across organisations -IT options for shared processes and sharing of information -flexible working approaches such as co-location -use of pooled budgets</p> <p>Adopt the race health inequalities maturity matrix.</p> <p>Develop a specific work stream around continuity of care for prison leavers.</p>	<p>Develop a programme to test out more personalised approaches to commissioning through the Changing Futures Programme.</p> <p>Current data sharing mapped and opportunities for further sharing identified.</p> <p>Key issues/areas for change relating to need for greater flexibility are identified and agreed</p> <p>Approaches for greater integration are identified and priorities identified.</p> <p>Pilot of the maturity matrix informs areas for priority.</p> <p>Prison leavers work plan is agreed.</p>	<p>Trial of personalised approaches begins and is monitored and evaluated on an ongoing basis.</p> <p>Maturity matrix is embedded into work of he partnership, with progress monitored.</p> <p>Options for a provider alliance approach are developed with partners.</p> <p>Prison leaver work plan is embedded .</p>	<p>Innovative approaches to support personalised and integrated commissioning leads to greater choice and better outcomes.</p> <p>Information sharing protocols are in place, utilising technology where appropriate.</p> <p>Continuity of care for prison leavers improves and outcomes are monitored and reported to the partnership.</p>
	<p>Use our data and information to make sure we are getting the best possible outcomes for people and that we can intervene earlier.</p>	<p>Develop the Learning and Insight Hub, funded through Changing Futures to support evaluation of all initiatives and support training.</p> <p>Commission research to better understand the experience of SMD for diverse communities.</p> <p>Ensure that all data analysis across Changing Futures and includes equity of access and outcome for women and diverse communities.</p> <p>Learn how we can share information appropriately to improve outcomes.</p>	<p>Evaluation plan developed.</p> <p>Research commissioned to better develop our understanding of SMD for our diverse communities in Nottingham.</p> <p>Current data sharing mapped and opportunities for further sharing identified.</p>	<p>Evaluation is ongoing and feeds into the programme.</p> <p>Research is completed and findings/ recommendations are considered for areas of development.</p> <p>Specific gaps in information sharing are identified and proposals developed.</p>	<p>SMD and the experience of women and of people from ethnic minority communities is better understood and this reflected in service design, delivery and commissioning.</p> <p>Information is shared appropriately to support integrated working and care.</p>

Overview of the plan: Page 3

Aim	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p><i>Therefore, our objective is:</i></p> <p><i>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.</i></p>	<p>Support and help develop the Changing Futures programme that is helping to provide essential one to one support and is helping to bring the system offer together.</p>	<p>Provide intensive one to one support to individuals through the Changing Futures Programme. Ensuring this support is culturally and gender responsive and meets the needs of the population.</p> <p>Support joint working and person-centred approaches through enhanced role of the MDT and Changing Futures embedded roles in key services.</p>	<p>Transition from Opportunity Nottingham to Changing Futures.</p> <p>Beneficiaries identified through referral from partner agencies and embedded posts.</p> <p>Ongoing analysis of referral and outcome data is led by the learning and development lead. This includes analysis of referrals and outcomes by gender and ethnicity.</p> <p>Joint working through embedded roles and MDT is established.</p>	<p>Changing Futures caseload develops and is representative.²</p> <p>Outcomes for beneficiaries are monitored and barriers to progress identified and resolved through system and joint working.</p> <p>Ongoing analysis of referral data enhances programme.</p> <p>Impact of joint working is monitored and benefits identified.</p>	<p>People with greatest need are able to access specialist support and have greater choice and control in their care. This model is supported by system partners beyond the life of Changing Futures.</p> <p>Partners commit to long term sustainable resource to develop and potentially expand the work of the programme to the wider ICS footprint.</p>
	<p>Make sure our workforce across organisations and sectors, understand the needs of people experiencing SMD and can respond appropriately.</p>	<p>Complete a training needs analysis.</p> <p>Revisit existing SMD training package.</p> <p>Roll out of training and monitoring of uptake as well as ongoing evaluation.</p>	<p>Training needs analysis identifies areas of provision and current good practice in the system and areas for greater focus.</p> <p>Roll out of existing training programme starts and is supported through the hub.</p>	<p>Roll out of training is fully underway with all partners supporting staff to attend.</p>	<p>Staff feel more knowledgeable and able to work more effectively with people experiencing SMD.</p> <p>SMD is well understood by the system, trauma informed approaches are part of usual business.</p>

How will we measure progress at *population* level?

SMD is a multi-faceted issue and no single population level indicator has the ability to demonstrate change. Ideally we would like to measure life-expectancy but this is not possible. Instead we will use the following population level outcomes:

PHOF Indicator	England value	East Midlands	Nottingham	Ambition
Adults in contact with secondary mental health services that are in stable accommodation	58%	53%	44%	Increase to be in line with regional value
Re-offending levels, % of offenders that re-offend	27.9%	28.6%	35.7%	Decrease to be in line with regional value
Homelessness: Households in temporary accommodation (crude rate per 1000)	4.0	0.9	2.9	Decrease to be more in line with regional value
Adults with substance misuse need who successfully engage in community bases structured treatment on release from prison	38.1%	40.0%	31.4%	Increase to be more in line with regional value
Deaths from drug misuse (DSR per 100,000)	5.0	4.0	5.2	Decrease to be more in line with regional value

How will we measure progress at service level?

Service level indicator	How this is collected	Metric*
Increase in joint working through enhanced role of the MDT, the integrated SMD function and embedded roles in key services	Ongoing well developed data collection, with analysis support provided by the learning and insight hub.	<p>Number and source of referrals to MDT.</p> <p>Organisations supporting the MDT.</p> <p>Number of people provided with MDT support.</p> <p>Number/% of successful MDT outcomes.</p> <p>Number/% of people that are survivors, from minoritised groups, are women.</p> <p>Change in joint working and associated outcomes as reported by services and beneficiaries.</p>
Delivery of co-produced SMD training (to include Trauma Informed Care and cultural and gender responsiveness) across VCSE and statutory organisations	Ongoing evaluation and monitoring supported by the learning and insight hub.	<p>Number of training sessions provided.</p> <p>Uptake by organisations and services.</p> <p>Number and % of workforce attending (by service / organisation and by job role).</p> <p>Change in knowledge and understanding.</p>
More effective recording, sharing and use of data and learning	Ongoing evaluation and monitoring supported by the learning and insight hub.	<p>Number of services participating in data and information sharing</p> <p>Number of data sharing agreements in place</p> <p>Change in quality / consistency of routine recording of protected characteristics and use of flags to identify people at risk of or experiencing SMD.</p> <p>Impact of data sharing on joint working</p>

**Note that all service level outcome data will be analysed and reported to look specifically at referrals etc that are for people from ethnic minority communities and also for women. This relates to the programme's commitment to race and gender equity.*

How will we measure progress at *individual* level?

The Changing Futures programme gives us a unique opportunity to look at change for a group of individuals with perhaps the most complex needs. We will use that data to report the following:

Individual level indicator	How this is collected	Metric*
Improvement in experience of care and support leads to stabilisation	Data collected by CF programme as part of routine recording Experiential data and information	Change in NDT score Change in Recovering Quality of Life score
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	Data collected by CF programme as part of routine recording Experiential data and information	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
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	Data collected by CF programme as part of routine recording Experiential data and information	Number/% of beneficiaries receiving support from navigator Number/% of beneficiaries receiving support from specialist navigator Number/% of beneficiaries receiving a personal budget Number/% of beneficiaries offered choice through a personalised commissioning approach

**Note that all individual outcome data will be analysed and reported to look specifically at outcomes for beneficiaries that come from ethnic minority communities and also beneficiaries that are women. This relates to the programme's commitment to race and gender equity.*

Milestones and risks

Risks	Mitigation
<p>Current momentum in the partnership and associated support is not sustained.</p>	<p>Currently the partnership is very active and good progress is being made. We have completed a 'stock take' utilising external facilitators to identify how we can continue to develop and we take a solution focussed approach to all issues raised by members. We regularly celebrate success and progress as well as identify areas for greater focus.</p>
<p>Economic downturn increases need and impacts on outcomes</p>	<p>This is an issue we need to acknowledge but have limited ability to influence. This needs to be considered, particularly when interpreting any change in population level outcomes.</p>
<p>Longer term support required by the system is not provided to sustain key areas of work.</p>	<p>Some specific and important aspects of this plan are currently funded through time limited Changing Futures funding. We are already actively looking for opportunities around how this might be sustained going forward, but this is not currently guaranteed.</p>
<p>We lose the support of experts by experience and fail to deliver a co-produced programme and/or participants are not representative of the wider population.</p>	<p>Experts by experience have been pivotal to the success of the programme to date. We are using Changing Futures funds and links with existing expert groups to develop and sustain the level of support we have benefitted from to date. Some targeted work is being done now to try and engage new Changing Futures beneficiaries from minoritized backgrounds.</p>
<p>We lose the focus on equity and learning that are pivotal to the programme.</p>	<p>We have two specific workstreams of the SMD partnership that have been designed to hold the programme to account in terms of race and gender equity. These have agreed workplans. The Learning and Insight Hub has been funded through Changing Futures to provide ongoing evaluation and all workstreams have clear action plans and associated learning is fed back into the partnership.</p>

