

COMMISSIONING & PROCUREMENT SUB-COMMITTEE 11TH MARCH 2015

Subject:	Early Intervention Directorate Commissioning Priorities 2015/16		
Corporate Director(s)/ Director(s):	Candida Brudenell Strategic Director Early Intervention		
Portfolio Holder(s):	Cllr Alex Norris – Portfolio Holder for Adults, Commissioning and Health		
Report author and contact details:	Colin Monckton – colin.monckton@nottinghamcity.gov.uk		
Key Decision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Subject to call-in
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No
Reasons:	<input type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input type="checkbox"/> Revenue
			<input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Total value of the decision:£0.00			
Wards affected: All	Date of consultation with Portfolio Holder(s): 18th February 2015		
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter			<input type="checkbox"/>
Cut crime and anti-social behaviour			<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City			<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre			<input type="checkbox"/>
Help keep your energy bills down			<input type="checkbox"/>
Good access to public transport			<input type="checkbox"/>
Nottingham has a good mix of housing			<input checked="" type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs			<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events			<input type="checkbox"/>
Support early intervention activities			<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens			<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
This paper sets out strategic commissioning priorities for the Early Intervention Directorate for 2015/16. These priorities will form the work programme for the Directorate, will inform the allocation of resources within the Directorate and will inform the work programme for Commissioning & Procurement Sub-committee.			
The Strategic commissioning priorities will provide an important catalyst for:			
<ul style="list-style-type: none"> • improving outcomes and choice for citizens in key areas; • reducing costs; • increasing focus on early intervention and prevention; 			
Delivery of these benefits will enable the Council and its partners to take a more strategic, outcome focussed approach to undertaking commissioning through application of the city's approved Corporate Commissioning Framework.			
The set of Strategic Commissioning Reviews proposed will also have the advantage of delivering key priorities contained within the Health & Well-being Strategy, Public Health, Adult Social Care and Children's Big ticket programmes			

Exempt information: 'None'
Recommendation(s):
1. Committee approves the Early Intervention Directorate commissioning priorities for 2015/16 as detailed in 2.7

1 REASONS FOR RECOMMENDATIONS

Agreement of strategic commissioning priorities for 2015/16 will establish the work programme for the year for the Early Intervention Directorate

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Corporate Commissioning Framework was approved in 2009 to provide a clear and consistent approach to commissioning, improve outcomes for citizens and make the most effective use of the city's resources.
- 2.2 In 2010, the Council brought together its previously separate Adults and Children's commissioning functions into one Directorate in order to drive forward improved commissioning in the Council and the City through the application and embedding of the Corporate Commissioning Framework. In 2014 this process was continued through the inclusion of Public Health and Crime and Disorder Partnership commissioning functions in the formation of the Early Intervention Directorate. The Strategic Commissioning Intentions (SCI's) outlined in this report represent a continuation of this improvement journey and will be the main focus of work for the Directorate during 2015/16.
- 2.3 Delivery of the SCI's has been the mechanism by which one of the strategic risks facing the Council i.e. "*The failure to deliver improved outcomes through the implementation and embedding of the Commissioning Framework within the directorate, the Council and with partners*" has been mitigated. As a result of implementation of the Commissioning Framework and the Strategic Commissioning Review process this risk has now been significantly reduced in the strategic risk register.
- 2.4 There is increasing demand in the city for a range of services for children and adults. These demand implications are set out in the Children and Young People Plan (CYPP) and the Vulnerable Adults Plan (VAP). The requirement to drive efficiencies in costs whilst meeting this demand necessitates a different more transformational approach to commissioning, namely:
- taking a radically changed approach - underpinned by greater investment in prevention and early intervention, particularly where needs and costs are already increasing significantly;
 - focusing on building community capacity, personalisation and citizen choice;
 - joint working to drive collaboration, integration and efficiencies between providers, citizens and partners.

- 2.5 The background of successful partnership working will be built on and developed further through the way the reviews are led and delivered. More involvement of all stakeholders (Councillors, partners, citizens, providers and service users) will be sought as appropriate. .
- 2.6 The Health & Well-being Board Commissioning Executive Group were consulted on 15/16 Strategic Commissioning Review priorities at their January and February meetings and the product of that consultation has informed these priorities. The proposed priorities reflect the imperative for furthering an integrated commissioning approach with Health across both adults and children's agenda's in order to maximise citizen outcomes and ensure most effective use of resources. In addition mapping has been undertaken with Adult Assessment Directorate business plan priorities to ensure fit
- 2.7 Proposed commissioning priorities for 2015/16 are as follows:

Major work programmes to develop system wide change

Priority Activity	Description	Benefits	Milestones	Sponsor
Disability – design an integrated whole life system around disability Take an integrated approach to meeting needs of children and adults with a disability	LD/Autism accommodation and support SEND reforms integrated planning between adults and children transition	Improvements in lifelong support planning Reduction in lifelong costs increased independence. Improved online information and advice	Establish employment group April 2015 Develop transition strategy March – September 2015 Planning stage for FEL and accommodation May – July Implementation Plan July Onward	Colin Monckton/Katy Ball Alison Michalska CPSC
Child Development Core Offer (Pregnancy-19)	Two strands 0-5 and 5-19 0-5 Review of existing service provision to inform new offer. Relates to Commissioning of Health Visitors Oct'15 Integrated workforce Childrens Centres 5-19 Social / emotional development Youth provision	Child Development Pathway defined. Evidence-based programmes recommendation and clarity over resource. Integrated specification for 0-5 area teams approved. Refreshed Workforce Core Standard. Social/emotional development packages for schools developed.	Analysis complete March15 April – October15 Transfer of Health Visitor and Family Nurse Partnership (FNP) commissioning Child Development Pathway fully developed and agreed. Integrated specification for 0-5 area teams developed. Social/emotional development packages for schools completed.	Candida Brudenell Katy Ball
Evidence-based menu of interventions for children and families.	Review of all widely used interventions and assessment of effectiveness to develop a deliberate menu of evidence based interventions	Clarity across workforce of priority interventions Value for money Early Intervention shift Reduction of high cost individuals	Analysis complete March15 April 15 – March 16 Recommendations for interventions and any associated funding agreed Timelines for implementation and associated training requirements agreed Interventions implemented in a phased approach depending on funding and training requirements	Candida Brudenell Katy Ball

Integrated Adults Social Care and Community healthcare	Specification for Care Delivery Groups (CDG's) Better Care Fund Reablement specification Assistive technology Care Act requirements Integrated IT with Connected Nottinghamshire	Reduction in A&E admissions Reduction in Delayed Transfer of Care (DTC) Improved citizen experience Reduction in care packages	<ul style="list-style-type: none"> • 7 day working plan agreed – May 15 • Integrated Reablement & Urgent Care service commence – June 15 • Health and Care Point (HCP) full implementation – July 15 • AT Evaluation Report complete – March 16 • Review of effectiveness of Multi-disciplinary Team (MDT) working within CDG – Sept 15 • CDG Specification agreed - March 16 	Colin Monckton Alison Michalska /Dawn Smith HWBB CPSC HWBB
Outcome based commissioning at local level	Business case for Multi Systemic Community Provider (MSCP) Better Care Fund Integration of Children and Adults work Joint Venture realisation South Notts Transformation Board (SNTB) integration	Collaboration with the CCG on a single joint model for the City will enable greater citizen outcomes. Providers will work towards outcomes rather than outputs enabling greater levels of inter-dependency between providers within the same overall system	Review of arrangements against commissioning for better outcomes Agree model for outcomes based commissioning – June 15 Develop business case for MsCP – Oct 15 Plan for integration of Childrens and MH functions within CDG's agreed – March 16	Colin Monckton Alison Michalska HWBB CPSC Clinical Council
Commissioning plan for appropriate placements for children in care	Develop new models and identify where capacity is needed in a range of placement types at local and regional levels, including fostering (enhanced and complex), remand placements, residential care block contract, semi-independent capacity, identifying best practice and support for victims / perpetrators of sexual abuse, high level self-harm, mental health, violence and ASD. Input into Regional Framework development. Continuing Health Care.	New Regional Framework in place Regional challenges scoped and work undertaken Residential care block arrangements implemented. £500k+ savings. New foster care models implemented. New models identified and plans in place / implemented for other core areas of need.	Sufficiency analysis May15 Phased work plan to be agreed with PH and Head of Children in care.	Candida Brudenell, Helen Blackman, Katy Ball

Reviews based on cost and contract requirements

Priority Activity	Description	Benefits	Milestones	Sponsor
Reducing the harm caused by substance misuse	Review of whole system Consultation Agree specifications Procurement	Higher levels of recovery following treatment Associated positive impact on crime reduction	Feb 15 needs assessment Mar 15 Project Initiation Document (PID) June 15 service spec Sept 15 ITT Mar 16 award	Christine Oliver Candida Brudenell CDP Board HWBB CPSC

Reducing Domestic and Sexual Abuse	Align all partner contracts to one service Review elements in regard to early intervention/prevention Review work review with perpetrators	A more coordinated approach and easier to manage set of contracts Identification of gaps in needs	Apr/May Alignment of contracts Dec '15 procurement underway	Tim Spink Candida Brudenell
Ending Gang and Youth Violence	Delivery of a set of projects Establish the problem profile Review effectiveness of current provision and commissioning implications	Reduction in crime associated with gangs Diverting youth participation Reduction in crime with an identified cohort	Apr'15 problem profile completed Aug'15 provision reviewed vs profile Subsequent commissioning tbc	Christine Oliver Candida Brudenell
PH Influencing partners - older people work	E.g. -Falls prevention -Age Friendly Nottingham -Loneliness prevention -Care homes JSNA	Reduction in A and E admissions Early intervention shift Reduction / delayed escalation of care packages		Alison Challenger
PH Improved model for patients referred to exercise provision via a GP	Review current exercise on referral delivery including consideration of new model including delivery of this service via NCC Leisure Services	Reduced costs Provision in localities Better integration of PH into NCC provision Reduced health inequalities related to lack of exercise		Alison Challenger
PH Review sexual health service provision	Review way CASH, GUM services delivered and analyse whether current contract currency delivers best value	Reduced costs		Alison Challenger
PH Children and families work	Influencing: -Tobacco -Alcohol and drugs -Dental Commissioning: -Nutrition -School nursing -Weight measurement	EI shift Improved outcomes for families		Alison Challenger
Implementing the Care Act	Commissioning in relation to information and advice provision and advocacy. Carers provision	Prevention of escalation of needs Reduction in long-term costs	Integrated Information and Advice portal in place – Oct 15 • Review of provision for Carers complete – commissioning intentions agreed – Oct 15 • New advocacy contract in place – March 16	Colin Monckton Helen Jones

Reducing Financial Vulnerability	Implementing a new model of financial advice provision Trial of preventative approaches Targeted communications	One number for all advice routes clients to right place Shared information enhances quality of advice Citizen awareness increases Financial vulnerability reduced	<ul style="list-style-type: none"> • Tender concluded – May 15 • TCA funding Plan approved – May 15 • New model operational – Oct 15 • Approval of preventative pilot proposals for 16/17 – Jan 16 	Colin Monckton Candida Brudenell Glen O'Connell
Improved Accommodation Offer for Homeless Families	Remodelling Homeless family and teenage parent supported accommodation	Improved accommodation options	<ul style="list-style-type: none"> • Review of service provision complete – commissioning recommendations agreed – Aug15 • PRS leased stock sourced – Dec 15 • New model of provision in place – March 16 	Colin Monckton David Bishop
Delivering Consistent Person Focused Care at Home	Dementia/specialist homecare, children's homecare, homecare incentives	Reduced waits for care Reduced costs	<ul style="list-style-type: none"> • Approval of model for specialist homecare provision – July 15 • Contingency provision for winter pressures in place – Nov 15 • Transition to Care @ Home Framework complete – March 16 	Colin Monckton Helen Jones
Appropriate support in place for the Voluntary and Community Sector (VCS)	Review of current VCS grant programme impact. New model for infrastructure support. Area based needs and targets Communities of Identity support model Volunteering and Communications Strategy	New model for infrastructure support in place and tested Area Needs Analysis and clearer impact information. Communities of Identity models agreed. Volunteering Strategy and Communications Strategy in place.	New model for infrastructure support in place May15 Area Needs Analysis and refreshed targets agreed July 15 Recommendations for future of Communities of Identity models September 15	Cllr Collins Cllr Liversidge Candida Brudenell

2.8 Work is ongoing to determine and agree the resource commitments required to deliver the proposed priorities. It is estimated that the resource requirements are 20% above that available within the Directorate.

2.9 The proposed priorities are not intended to be a fully inclusive reflection of the Directorate's work programme. Lower scale contractually driven activity and contribution to wider partnership objectives will still need to be delivered and resourced.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Other options for commissioning priorities have been considered as part of the development process by the Early Intervention Directorate and the Commissioning Executive Group of the Health and Well-being Board. These have been rejected on the basis of application of the following considerations:

- Citizen outcomes
- Financial factors

- Policy framework
- Contractual issues
- Time since last review
- Outcome of last review
- Partnership Priorities
- Deliverability

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

- 4.1 Further analysis of spend contained within each proposed Strategic Commissioning Review and major Work Programme area will be undertaken and, where appropriate financial efficiency targets will be proposed and agreed at a future Committee meeting

5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

- 5.1 This report does not raise any significant legal issues. To ensure the effective delivery of the services which are subject to the strategic reviews it will be necessary to ensure appropriate consultation is undertaken with stakeholders. The impact of the new EU procurement directives on commissioning of the services (in particular the abolition of Part B) will need to be assessed and Legal Services can help with this.

CRIME AND DISORDER ACT IMPLICATIONS

- 5.2 It is considered that any Crime and Disorder Act implications arising from the recommendations in this report are positive.

6 SOCIAL VALUE CONSIDERATIONS

- 6.1 As part of the co-productive engagement process integral to each SCR consideration will be given to how the services being commissioned could improve the economic social and environmental well-being in Nottingham. By virtue of the type of services being commissioned, social improvements are expected to be delivered, particularly for those receiving services, but also economic improvements are expected with regard to the terms under which service providers employ their staff. Such considerations will support compliance with the Public Services (Social Value) Act 2012 and this will be embedded in any procurement process.

7 REGARD TO THE NHS CONSTITUTION

8 EQUALITY IMPACT ASSESSMENT (EIA)

Has the equality impact been assessed?

- (a) not needed (report does not contain proposals for new or changing policies, services or functions, financial decisions or



decisions about implementation of policies development outside the Council)

(b) No

(c) Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in any attached EIA.

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

None

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

None

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

Antony Dixon – Strategic Commissioning Manager