

Report for: Cabinet

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| Date of Meeting: | 18 th July 2022 |
| Subject: | Adult Social Care Bedded Care Strategy |
| Key Decision: | Yes - the decision sought will affect more than two wards and the value of both the bedded care and Extra Care contracts will exceed £500,000 |
| Responsible Officer: | Peter Tolley - Interim Corporate Director People Services |
| Portfolio Holder: | Councillor Pritesh Patel - Portfolio Holder for Adult Services and Public Health |
| Exempt: | No |
| Decision subject to Call-in: | Yes |
| Wards affected: | All wards |
| Enclosures: | None |

Section 1 – Summary and Recommendations

This report provides Cabinet with information on two aspects of the emerging Adult Social Care bedded care strategy – to increase the use of block provision for bedded care and the commissioning of a Care and Wellbeing Service for the new extra care provision at Kodak East.

Recommendations:

Cabinet is requested to:

1. Delegate authority to the Corporate Director of People following consultation with the Section 151 Officer and the Portfolio Holder for Adults and Public Health and the Portfolio Holder for Finance and Human Resources to compliantly award contracts to providers to secure a block contract model for bedded care.
2. Approve the commencement of the procurement of a provider for the Care and Wellbeing Service for the new Extra Care scheme at Harrow View East (Kodak East).
3. Delegate authority to the Corporate Director of People following consultation with the Section 151 Officer the Portfolio Holder for Adults and Public Health and the Portfolio Holder for Finance and Human Resources to award the contract for the new Extra Care scheme at Harrow View East (Kodak East).

Reason (for the recommendations): To increase the use of block provision for bedded care and increase Extra Care housing provision in Harrow.

Section 2 – Report

Introductory paragraph

1. Harrow has an ageing population and is experiencing an increase in demand for adult social care including older people and citizens with dementia. To ensure that there are alternative options to residential placements for older people the Council has agreed an Extra Care Strategy and is developing its approach to commissioning placements for people with dementia to secure quality care at an affordable price through the evolving Bedded Care Strategy.
2. Together the Extra Care strategy and emerging Bedded Care Strategy will contribute to the Council's priorities of Putting Residents First by providing choice for extra care and securing quality provision for dementia.
3. The Adult Social Reforms White Paper, People at the Heart of Care, published in March 2022, sets out an ambitious 10-year vision for how the Government will transform support and care in England. There are a

range of policies to implement over the first three years including support for local authorities to ensure that their local care market is sustainable where providers are paid a fair rate for care, which encourages diversity of provider models, prioritises outcomes, and enables people to have a wide range of high-quality care and support options to choose from that provide personalised support to live a fulfilling life. The Council has started its Cost of Care Review of the local market, along with all local authorities. Harrow will publish its Market Sustainability Plan in February 2023 as part of the White Paper reforms. The proposals in this report are in line with the vision set out in the White Paper.

4. This report provides Cabinet with details on the opportunity to increase the use of block provision for older people and dementia bedded care and the next phase of the Extra Care Strategy.
5. These two elements contribute to the creation of a future bedded care strategy. In the strategy will include other elements which are in development such as a supported living accreditation scheme, the possible future development of block provision for other client groups including but not exclusively learning disability and mental health, and the consideration of any appropriate frameworks or Dynamic Purchase vehicles.

Options considered

6. The following options have been considered:

Option 1:

Do Nothing – this will not enable the Council to meet the demands of an ageing population, secure financial efficiencies and improve outcomes for older citizens within the current challenging financial context. Therefore, a new approach is required to be considered.

Option 2:

Procure a Care and Wellbeing provider to contribute to the availability of extra care provision in Harrow. Extra care housing offers an alternative to costly residential care and is more appropriate and cost effective in meeting needs and maintaining health and wellbeing. Offering secure quality and cost-effective places for older people with dementia.

7. Option 2 is the preferred option and is underpinned by the Extra Care and emerging Bedded Care Strategy.

Current situation

Bedded Care

8. The bedded care market (residential and nursing care) in London is changing, exacerbated by the Covid-19 pandemic, workforce and funding challenges. Harrow currently relies on spot purchase placements and is proposing to reduce its reliance on this approach through a move towards a Bedded Care Strategy that works in partnership with providers

and focuses on putting in place block contracts which are aligned to a clear understanding of the Council's anticipated needs in the future.

9. There are 30 residential care and nursing providers in the borough of Harrow with the capacity of 1,064 beds in total. Harrow has approximately 424 residential and nursing care placements, of which 215 are for dementia and 209 for non-dementia both in and out of borough. Other than a block of placements at Sancroft Hall, placements are spot purchased.
10. The West London Alliance (WLA) supports Local Authorities within West London in commissioning services for their most vulnerable residents across social care, education and housing. The WLA produce annual older people residential and nursing care home price bands for LAs in West London. Harrow aims to secure placements at the WLA rate wherever possible.
11. Each spot purchased placement is negotiated separately which means that there is access to a wide market and the risk of a void is with the provider. However, costs and support vary based on providers and bed availability.
12. Block contracts promote stronger strategic relationships with commissioned providers, support greater stability, collaboration and creativity with providers. Block contracts can also enable greater certainty and visibility of beds, allowing commissioners to find options that best meet citizen needs, rather than relying solely on availability.
13. Through the evolving bedded care strategy, it is proposed to reduce the number of spot purchased placements and consolidate existing multiple spot placements in particular homes to a block contracting arrangement. The approach will be on a provider-by-provider basis, and over time the number of block contracts will increase.
14. This gradual approach will reduce risks of voids and ensure block provision increases are targeted with the most appropriate providers.
15. The opportunities and risks of this approach are presented in the comparison table as follows:

| | Opportunity | Challenge and Mitigations |
|--|--|--|
| | Strategic block contracts secure efficiencies from disparate spot purchased spend and will help to reduce total expenditure. | Void management as void periods reduce associated cost savings. To mitigate this: i) the move from spot to block provision would ensure that each block would be full on day 1 of the contract and only future vacant beds would need to be filled. ii) There are sufficient new care placements to ensure that any void periods will be filled quickly – there were 130 new older people bedded care placements during 2021/22, |

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| | | <p>which equates to 2.5 placements per week. There were 75 new bedded care dementia placements during 2021/22, which equates to just under 1.5 placements per week. iii) the increase of block provision will take time as part of on-going market management. iv) the Brokerage Team will dedicate officer time to monitor each block and work with care management to fill beds. A register will be kept to facilitate this and new referrals sent to block providers to fill any void beds as quickly as possible.</p> |
| | <p>Builds relationships with local providers as key partners in strategic planning. Planning reduces the risk of void beds and increased local employment.</p> | <p>To ensure that the provider does not chose referral packages with the lowest needs, regular provider meetings will be used to challenge this position, if this is the case with examples and data from the Brokerage Team. The contract will outline the council's requirements on referral expectations.</p> |
| | <p>Implementation of specialist commissioning provision for example, culturally specific provision, dementia and similar age-related complex conditions</p> | <p>A change in CQC ratings will mean that if a provider moves from 'good' to 'requires improvement' will alter, more greatly, the proportion of placements amongst providers that are not 'good' or 'outstanding'. However, the Quality Assurance team will continue to work with providers in developing a detailed action plan with timescales so that they are able to improve its ratings as soon as possible.</p> |
| | <p>Beneficial for citizens families and carers as this will lead to increased local provision.</p> | |
| | <p>Block provision will reduce the total number of providers commissioned and the associated out of borough visits from Social work, Quality Assurance, Contract Monitoring and Commissioning teams. It will reduce back officer functions.</p> | |

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| Well-defined specifications focusing on person-centred support and progression, as well as a clear expectation of a reduction in support hours over time. | |
| Offer opportunities to develop joint arrangements with Health to support residential options for older people with more complex health and care needs. | |

16. Initial discussions with providers have identified several opportunities to consolidate spot purchases to block arrangements including:
- A dementia care home that currently provides 7 spot beds
 - 14 spot beds in two Harrow homes from a medium sized care home provider for dementia and non-dementia placements
17. Both homes have a good CQC rating, will accept the West London Alliance (WLA) rates and have the potential to increase the number of block beds over time if this aligns with the council's needs.

Implementing the increase in block provision

18. Officers will assess the scale and viability of each opportunity and progress to targeted commercial negotiation with the aim to ensuring weekly prices are aligned to the WLA rates for older people's block contracts. There is no target number of beds to be secured through block contracting arrangements. The Council expects to continue a combination of block and spot purchase commissioning arrangements.
19. The following criteria will be applied to potential providers for block contracts:
- a CQC rating of at least Good
 - aligned to WLA rates for new dementia and non-dementia placements
 - existing Harrow Council spot placements
 - trained staff able to meet the needs of culturally specific groups that reflect Harrow's diverse population
 - committed to work with Harrow's Quality Assurance, Contract Monitoring, Brokerage and Commissioning Officers throughout the lifetime of the contract

Extra Care Strategy Up-date and Next Steps

20. Cabinet agreed the Extra Care Strategy in November 2018. The aim of extra care housing is to meet the housing, care and support needs of older people as an alternative to residential care which are not the most appropriate or cost-effective approaches to meet needs and maintain health and wellbeing. This is particularly important in the context of an

ageing population, increasing demand for services and budget challenges in local government.

21. An up-date report was presented in November 2020 and Cabinet agreed the delegation of authority for the procurement and award of a contract for the care and well-being service for Ewart House. This procurement has been completed and Metropolitan Thames Valley Housing have been appointed with effect from July 2022.
22. The build of the Extra Care scheme on Harrow View East is nearing completion with a current timeline of November 2022 and the owners of the land, Harrow LLP, have leased the building to the Registered Housing Provider, Octavia Housing. There are 60 units in the provision and this will be the second extra care facility in Harrow. The Council now need to undertake a procurement exercise to appoint a provider for the care and wellbeing service.
23. It is estimated that the service will have an expenditure in excess of £1M per annum however, this will not all be additional expenditure as citizens will be identified by Adult Social Care (ASC) and will already be in receipt of a care package. An exercise is currently being undertaken to identify suitable citizens for the extra care scheme.
24. It is proposed that the contract will be for 3 years with the option to extend for a further 2 years in 1-year increments. This will bring the provision in line with that of the existing Extra Care scheme, Ewart House, to provide the future opportunity to go out to tender for both schemes at the same time, with the intention that the economies of scale will generate reduced costs from any providers tendering.
25. A Prior Information Notice (PIN) notice has been issued to inform the market that the Council will be tendering for the service. The tender will be launched on 22 July 2022 and the successful provider following the tender will be appointed by the end of October 2022.

Ward Councillors' comments

26. None. The proposals in this report affect all wards in Harrow.

Performance Issues

27. Together the proposals for the ASC Bedded Care Strategy and Extra Care will help the council in meeting some of the Adult Social Care Outcomes Framework (ASCOF).
28. The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

Measures include:

- reducing out of borough placements (local indicator)
- additional extra care capacity may reduce the reliance on long term residential care provision and lead to more appropriate placements (ASCOF indicator 2a2 and more relevant for additional extra care unit)
- in time the Council will also be able to see if there are improvements in the proportion of people who are reporting back that they have control over their daily life (ASCOF indicator 1b and more relevant for additional extra care unit because it offers an alternative to residential care)
- improvements in the level of satisfaction with their care and support (ASCOF indicator 3a)
- a reduction in the percentage (%) of current residential and nursing care packages with CQC rating 'required improvement' or 'inadequate' (local measure)
- in time the Council will also be able to see if there are improvements in the proportion of people who are reporting back that they have control over their daily life (ASCOF indicator 1b and more relevant for additional extra care unit as they have choice as an alternative to residential care)

Environmental Implications

29. Under Policy 5.2 of the current London Plan, all development is expected to achieve at least a 35% reduction in carbon emission through on-site measures. Any remaining residential carbon emissions are to be offset by way of monetary contribution to ensure that the residential element of the development is zero carbon.
30. The Harrow View East scheme will achieve at least a 35% reduction through on-site measures. The energy strategies for the scheme implement the three-step energy hierarchy outlined in the London Plan, namely to:
 - a. 'Be Lean' by reducing energy demand – achieved by way of enhanced building fabric performance for walls, floors, roofs, windows and air permeability;
 - b. 'Be Clean' by supplying energy efficiently – achieved by connection to a heat network currently under construction and/or by use of a Combined Heat and Power (CHP) engine, which produces both heat and electricity locally;
 - c. 'Be Green' by using zero carbon technologies (i.e. renewable energy) – achieved by measures such as solar PV panels.
31. Further active measures are proposed including lower energy light fittings, enhanced lighting controls, high efficiency boilers and control systems and a number of broader sustainability measures, including water efficiency.
32. The scheme also provides a payment to offset any carbon reduction that is not achieved on-site.

33. The move towards more block contracts from spot placements will facilitate a reduction in travel time for family visits as placements are more likely to be in borough and will allow a greater collaboration working with commissioning and the provider on providers actions and environmental ambitions.
34. In conducting the procurement process, prospective providers will be evaluated on their ability to deliver greenhouse gas emissions reductions during the delivery of the contract in accordance with the Council's Low Carbon Procurement Policy which was adopted in March 2022.

Data Protection Implications

35. There are no data protection implications with these proposals.

Risk Management Implications

Risks included on corporate or directorate risk register? No

36. Separate risk register in place? No, there will be a risk register for each block contract proposal and business case.
37. The following key risks should be taken into account when agreeing the recommendations in this report:

| Risk Description | Mitigations | RAG Status |
|--|--|------------|
| <i>Block provision from spot contracts</i> | | |
| The recommendation to move from spot to block provision is not accepted leading to bed shortages as providers accept placements at a higher rate from health, other local authorities or private funders | The acceptance of the recommendation in this report | Amber |
| Extended periods of voids resulting in financial inefficiencies. | i) the move from spot to block provision would ensure that each block would be full on day 1 of the contract and only future vacant beds would need to be filled. ii) There are sufficient new care placements to ensure that any void periods will be filled quickly – there were 130 new older people bedded care placements during 2021/22, which | Amber |

| Risk Description | Mitigations | RAG Status |
|--|---|------------|
| | <p>equates to 2.5 placements per week. There were 75 new bedded care dementia placements during 2021/22, which equates to just under 1.5 placements per week. iii) the increase of block provision will take time as part of on-going market management. iv) the Brokerage Team will dedicate officer time to monitor each block and work with care management to fill beds. A register will be kept to facilitate this and new referrals sent to block providers to fill any void beds as quickly as possible.</p> | |
| <p>The provider choses referral packages with the lowest needs.</p> | <p>Regular provider meetings will be used to challenge this position, if this is the case with examples and data from the Brokerage Team. The contract will outline the council's requirements on referral expectations.</p> | Green |
| <p>A change in CQC ratings will mean that if a provider moves from 'good' to 'requires improvement' will alter, more greatly, the proportion of placements amongst providers that are not 'good' or 'outstanding'.</p> | <p>The Quality Assurance team will continue to work with providers in developing a detailed action plan with timescales so that they are able to improve its ratings as soon as possible.</p> | Amber |
| <p><i>Commissioning of a Care and Wellbeing Service for the new extra care provision</i></p> | | |
| <p>A lack of interest by providers to provide Extra Care, care and wellbeing services</p> | <p>A recent tender for the Care and Wellbeing Service at the existing Extra Care scheme, Ewart House, produced a very good response.</p> <p>A two-stage procurement process was carried out. The first stage was the Selection Questionnaire with</p> | Green |

| Risk Description | Mitigations | RAG Status |
|--|--|--------------|
| | <p>11 responses received, 2 of whom did not meet the compliance requirement. The remaining 9 were evaluated with the top 6 being invited to Tender with an award being made.</p> <p>It is anticipated that this tender may generate even more interest as the number of units are 60 compared to the existing scheme (Ewart House) of 37 units requiring support.</p> | |
| <p>Unaffordable specification for Extra Care, care and wellbeing services</p> | <p>Extra Care provision provides a more cost-effective means of providing care provision than residential care as the costs are only related to Care and does not include accommodation as with residential care.</p> | <p>Amber</p> |
| <p>Prolonged period of voids having a detrimental impact on Extra Care financial modelling</p> | <p>Through the ASC Panel, officers are identifying potential citizens and developing transition processes and planning for the citizens to take up placements.</p> <p>An Extra Care waiting list has been developed.</p> <p>Officers have liaised with the Registered Housing provider and agreed an occupancy plan of 6 – 9 months to fill the new Extra Care scheme.</p> <p>Staff training is being planned to ensure that there is knowledge and understanding of the provision available.</p> <p>A communications strategy is being implemented to</p> | <p>Amber</p> |

| Risk Description | Mitigations | RAG Status |
|--|---|------------|
| | promote the new Extra Care Scheme. This is being supported by the Registered Housing Provider through development of a leaflet and open days in the future. | |
| The transition from spot to block contracting arrangements breach procurement regulations and Contract Procedures. | Commissioners will work with the procurement and legal teams to ensure that the transition of existing spot provision to block contracts is compliant with the Public Contract Regulations 2015 (PCR) and any future procurement legislation that supersedes the PCR. Contract Procedure Rules will be followed including obtaining waivers where necessary. | Green |

Procurement Implications

Bedded Care Strategy

38. The proposed procurement strategy will be to, where appropriate and where value for money is being created, make a transition from a spot contracting model with care providers to a block contracting model.
39. This will be compliantly undertaken using provisions in the Public Contract Regulations 2015 (as amended). Specifically, the following regulations:

Regulation 72 Modification of Contracts During their Term

- (1) Contracts and frameworks agreements may be modified without a new procurement procedure in accordance with this Part in any of the following cases: -

(b) for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—

(ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority

provided that any increase in price does not exceed 50% of the value of the original contract;

Regulation 76 Principles of Awarding Contracts

(8) In relation to the award of contracts subject to this Section, contracting authorities may take into account any relevant considerations, including: -

- (a) The need to ensure quality, continuity, accessibility, affordability, availability, and comprehensiveness of the services;
- (b) The specific needs of different categories of users, including disadvantaged and vulnerable groups;

Extra Care Procurement

- 40. There are two components to the delivery of the extra care schemes: the building and the care and wellbeing support service. These can be provided by separate providers or a single organisation with separate housing and care support services. The registered housing provider for the Harrow View East Scheme appointed by the owners, Harrow LLP, is Octavia Housing.
- 41. Under the S106, it is the responsibility of Harrow Council to appoint a care and wellbeing provider. To that end officers will undertake a compliant procurement exercise to appoint a care provider for the Extra Care facility at Harrow View East. This will include the London Living Wage (LLW) being paid on this contract, any changes will be referred back to the Corporate Director as per the delegations.
- 42. An outline timeline for procurement is as follows:

| Extra Care Procurement Key Milestones | Timeline |
|--|--------------------|
| Issue UK notice and Selection Questionnaire (SQ) on London Tenders Portal/Expression of Interests and Registration | 22/7/22 |
| SQ Evaluation and Moderation | 9/8/22 – 18/8/22 |
| Invitation to Tender (ITT) | 19/8/22 – 20/9/22 |
| ITT Evaluation and Moderation | 22/9/22 – 6/10/22 |
| Award Report | 7/10/22 – 15/10/22 |
| Notification of Intention to Award | 17/10/22 |
| Award of Contract | 31/10/22 |

- 43. The award of a tender through a procurement exercise is expected to deliver a cost-effective quality care and wellbeing service.

Legal Implications

- 44. Under the Care Act 2014, local authorities are under a duty to carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those services provided by the NHS and other health-related services (for example, housing or leisure services). This general requirement applies to all of the local authority's care and support functions for adults with needs for care and

support and for carers. The duty applies where the local authority considers that the integration of services will:

- promote the wellbeing of adults with care and support needs or of carers in its area
- contribute to the prevention or delay of the development of needs of citizens
- improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local citizens.

Public Sector Equality Duty

45. The public sector equality duty is set out in s149 of the Equality Act 2010. A public authority must, in the exercise of its functions, have due regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
46. Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
 - Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
47. Any procurement exercise to be undertaken will be subject to and conducted in accordance with the Public Contracts Regulations 2015 (PCR) and the Council's Contract Procedure Rules. The procurement exercise will also be subject to the EU Treaty principles of equal treatment, fairness and non-discrimination.
48. The Council's Legal Services, HB Public Law will be instructed to advise on the tendering process and completion of the contracts for the services to be procured and awarded under this report.

Financial Implications

49. During 2021-22 expenditure in relation to externally purchased care totalled just over £75.3m (this expenditure relates to all care types and includes costs for home care, supported accommodation, cash personal budgets and day care, as well as residential and nursing packages).
50. £36.4m of the total expenditure of £75.3m was spent on residential and nursing care (bedded care). Included within this expenditure was £1.7m (4.7%) for block beds at Sancroft and Birchwood Grange. The remainder of the expenditure (£34.7m) was spent on spot residential and nursing placements.
51. Over time, the increase of block provision and the new extra care unit will contribute to managing pressure on the ASC budget. The increase of block contracts at the WLA rates will secure financial certainty for the periods of the contracts and will avoid individual provider negotiations on a case by case basis which incur higher costs.
52. Block provision will reduce the total number of providers commissioned by the Council and the associated out of borough visits from Care Management, Quality Assurance, Contract Monitoring and Commissioning teams of the Council. It will reduce back office functions.
53. Extra Care provides a cost avoidance, as it provides a more cost effective way to support citizens who are already known to ASC, but who are no longer able to continue living independently in their own home, but who are able to live independently with additional support. Without Extra Care, these citizens would require a more costly residential placement.
54. Citizens will have a tenancy with the landlord and each citizen will be responsible for paying rent and service charges either through their own means or through Housing Benefit. The LA will only pay for the care delivered and does not incur accommodation charges as with Residential Care.
55. The tender of the Care and Wellbeing service will enable the award of a cost effective, quality service for the Extra Care service. The LLW will be paid for the Extra Care, Care and Wellbeing service.
56. The current MTFS does not include any growth for Adult Social Care and these proposals are expected to contribute towards managing service delivery within the existing budgetary provision.
57. The full extent of the financial implications will be monitored over time as the spot to block contracts increase and the extra care unit is occupied. It should be noted that the care market prices are currently susceptible to the following factors which will also be monitored:
 - The Cost of Care Review of the local market, Harrow has started the review and in line with the DHSC guidance will publish its Market Sustainability Plan in February 2023 as part of the White Paper reforms.

- The ASC charging reforms will impact on the level of client contributions (where applicable), which will increase the cost of care to all councils.
- The implementation of London Living Wage (LLW) over a period of time for bedded care, which is not a current requirement for providers.
- The impact of inflation over time.

Equalities implications / Public Sector Equality Duty

58. An initial review of equalities impact has been undertaken and the overall conclusion of these assessments is that the implications are either positive or neutral. In particular, an increase in suitable accommodation for an increasing population of over 65-year olds is positive for this age group. The commissioning of the wellbeing and care services will ensure that the provider is able to meet the needs of Harrow's ethnically diverse groups. Officers will complete an Equalities Impact Assessment (EQIA) as part of the procurement process

Council Priorities

59. Together the Extra Care strategy and emerging Bedded Care Strategy will contribute to the Council's priorities of Putting Residents First by providing choice for extra care and securing quality provision for those citizens requiring dementia care services.

Section 3 - Statutory Officer Clearance

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 04/07/2022

Statutory Officer: Michelle Martin

Signed on behalf of the Monitoring Officer

Date: 01/07/2022

Chief Officer: Peter Tolley

Signed by the Corporate Director

Date: 04/07/2022

Head of Procurement: Nimesh Mehta

Signed by the Head of Procurement

Date: 01/07/2022

Head of Internal Audit: Susan Dixon

Signed by the Head of Internal Audit

Date: 04/07/2022

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

EqIA carried out: NO

An initial review of equalities impact has been undertaken and the overall conclusion of these assessments is that the implications are either positive or neutral. The EQIA will be completed in preparation for procurement of block contracts on a case-by-case basis.

EqIA cleared by: N/A

Section 4 - Contact Details and Background Papers

Contact: Peter Singh, Head of Service Market Management & Commissioning, People Services, peter.singh@harrow.gov.uk

Background Papers: None

Call-in waived by the Chair of Overview and Scrutiny Committee

NO