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**Decision Maker:**      **Executive**

**Date:**

**Decision Type:**      Non-Urgent                      Executive                      Key

**Title:**                      **OPTIONS APPRAISAL FOR THE CONTINUED MEMBERSHIP OF THE LONDON COMMUNITY EQUIPMENT CONSORTIUM AND ONE YEAR EXTENSION TO CONTRACT**

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**Chief Officer:**              Kim Carey, Interim Director of Adult Social Care, ECHS

**Ward:**                      Boroughwide

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## 1. REASON FOR REPORT

- 1.1 This report outlines the current arrangements for the provision of Bromley's Integrated Community Equipment Service and sets out the options for future procurement. The contract, which is commissioned through the London Community Equipment Consortium (London Consortium) as a call-off contract, ends on 31 March 2021. Officers are seeking authorisation from members for Bromley to re-procure the Service through continued membership of the London Consortium, which may include extending the current contract for up to one year.
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## 2. RECOMMENDATION(S)

- 2.1 The Adult Care and Health Services PDS Committee are asked to note and comment on the contents of this report.
- 2.2 The Executive are requested to agree to the following:
- i. The Council participates in a joint re-tendering exercise through the London Consortium
  - ii. An extension to the value of £2m, should it be required, to the current contract with Medequip under the London Consortium framework for up to one year commencing 1 April 2021, to enable the tendering process to be undertaken.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Continued membership of London Consortium and contract extension to deliver the necessary equipment to enable people to live safely in their own home.

## Corporate Policy

1. Policy Status: Existing policy
  2. BBB Priority: Supporting independence
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## Financial

1. Cost of proposal: Estimated cost £2.0m
  2. Ongoing costs: Recurrent annual cost for duration of Consortium membership £20k
  3. Budget head/performance centre: 838001
  4. Total current budget for this head: £1,645k
  5. Source of funding: Care Services, CCG + Better Care Fund
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## Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: n/a
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## Legal

1. Legal Requirement: Statutory requirement. Care Act 2014. (Children's equipment is covered by the Children Act 1989 and the Chronically Sick and disabled Persons Act 1970), NHS Act 2006
  2. Call-in: <please select>
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A. Boroughwide
2. Summary of Ward Councillors comments: N/A

### 3. COMMENTARY

- 3.1 Local authorities in England have a statutory duty to plan for the provision of certain home-based services, including disability aids and community equipment, to meet the assessed eligible needs of those individuals who are ordinarily resident in their area. It is an important element in supporting independence, one of the key objectives of both Bromley Council and the NHS.
- 3.2 As with most other local authorities, Bromley purchased equipment to set up a combined Integrated Community Equipment Services (ICES) with the local NHS organisation (Bromley PCT). The agreement, made under Section 256 of the NHS Act 2006, highlighted that “an important objective for both health and social care is to support the independence of vulnerable people in the community and to be able to manage whole system costs. The community equipment contract is an important element in delivering on that objective allowing both health and social care professionals to quickly order items for loan such as hoists, beds, commodes etc. which can support early discharge from hospital or prevent the need for a hospital admission in the first instance. This equipment is specially designed to assist older people and those with longer term conditions to be able to continue to perform core tasks such as washing, getting out of bed, getting up stairs etc. which otherwise might mean that they had to leave their home or rely further on increased care packages.”
- 3.3 Most in-house services across the country are now outsourced to a private provider, with the contract held by the Council. It is typical for a local authority to hold the contract, even though most of the expenditure is health-led and funded by the health authority (now CCG), because it enables savings that can be gained through reclaiming VAT, which is not permissible for NHS organisations. It is therefore vital that a community equipment service continues to be led by local authorities for economic and strategic reasons as well as to discharge statutory obligations.
- 3.4 In October 2011, the Executive agreed that Bromley should join the London Community Equipment Consortium (the Consortium), hosted by the London Borough of Hammersmith and Fulham. The Consortium operates a framework contract with Medequip Assistive Technology Ltd, held by Hammersmith and Fulham Council, with whom Bromley and each member local authority has a call-off contract. The four-year contract with the current provider, Medequip, ends on 31 March 2021, with an optional ‘one plus one year’ extension.
- 3.5 Since the tri-borough arrangements have ceased, Westminster City Council has taken over the hosting of the Consortium. It is planning to re-tender the framework to have a new contract in place by 1st April 2021. A short-term extension of up to one year is also being requested to enable the procurement process and mobilisation to be completed in time for the new contract award. Twenty-one London boroughs now belong to the Consortium, and a further borough has committed to join later in 2019. Each borough contributes an annual fee (Bromley pays £9,450pa) towards the Consortium’s running costs.
- 3.6 Bromley must therefore decide whether:
- a) To remain as a member of the Consortium and therefore participate in the procurement process; **or**,
  - b) Leave the Consortium at the end of the current contract period, and re-tender the service as an individual local authority.

An agreement in principle is acceptable at this stage by the Consortium but a decision from Council Members from the respective boroughs is required before the summer break.

This report sets out the options available to Bromley and an appraisal of each Consortium membership.

## **4. SUMMARY OF THE BUSINESS CASE**

- 4.1 Bromley has a statutory duty under the Care Act 2014 to meet the assessed eligible needs of individuals who are resident in the borough, such as through the provision of items of community equipment and disability aids. Equipment can also be provided for preventative reasons, following an assessment by an occupational therapist. The timely provision of equipment can assist in meeting strategic objectives and achieving efficiency and cost-effectiveness across the wider health and social care continuum, through:
- Reducing unplanned hospital admissions and A&E attendances;
  - Shortening the length of hospital stays and reducing delayed discharges;
  - Reducing expenditure on long-term care by delaying the need for care home admission or domiciliary care packages;
  - Playing a key role in the delivery of early intervention strategies and avoiding crisis admissions to high cost services;
  - Promoting independence, safety, social inclusion, quality of life and improving end of life care;
  - Enabling individuals to retain control over their lives;
  - Improving early years development;
  - Assisting with the delivery of quality outcomes;
  - Supporting carers and parents.
- 4.2 Contract management is provided by the Consortium Team (previously LB Hammersmith and Fulham but now Westminster CC) which consists of two full-time equivalent members of staff - a lead officer, catalogue officer and part-time Consortium team manager. Regular monitoring of the contract locally in Bromley has been carried out by the Occupational Therapy Service lead, Procurement Officer and Senior Commissioning Officer, and the CCG Deputy Head of Contracts. They are also active members of the Consortium Board, working with the contract managers to drive service improvements.
- 4.3 Consortium members expressed a desire for the Consortium Team to develop a more centralised high quality contract management function to support the boroughs, and to capitalise on the collective bargaining power of its members in order to deliver best value. Two additional posts are therefore being recruited (business analyst and project support officer) at no additional cost to Bromley. Building on and learning from the current contract, the Consortium will be using the collective knowledge and experience to maximise opportunities to develop a more forward-thinking approach to the service specification and outcomes delivery, and to future-proof the service for the next contract period, such as through incorporating emerging technologies and digital developments.

### **4.4 SERVICE PROFILE/DATA ANALYSIS**

- 4.4.1 Loan equipment is ordered online from the directory of items by named 'prescribers' via the Medequip IT system. The directory contains 'global' stock items i.e. those provided within the Consortium contract, plus 'local' stock items which the Bromley Equipment Operational Group has agreed. Bespoke or specialist items can also be purchased from Medequip.
- 4.4.2 Medequip will deliver the equipment and fit it in the person's home as required. When it is no longer needed, Medequip will collect, clean and store it, ready to be recycled if possible for further use, thereby ensuring that the cost of equipment is kept to a minimum. Medequip receives a credit payment for recycling equipment. The contractor also carries out repairs and a planned programme of maintenance. Speed of delivery will depend on equipment type and urgency of need and will be in accordance with an agreed matrix. Under the current Medequip contract, equipment for Bromley is sourced from its Woolwich depot. There are three other depots across London and a further 15 across the country. Within the borough there are 13 peripheral equipment stores, mainly at community health clinics and the Princess Royal University Hospital, holding smaller items of equipment which can be ordered and collected by designated health or social care prescribers.

4.4.3 Bromley CCG has a joint arrangement via a Section 75 agreement with the Council to use the call-off contract with Medequip to meet its community equipment requirements. This enables named health professionals from Bromley Healthcare, King's NHS Trust (PRUH) and Oxleas, plus St Christopher's to order equipment directly from Medequip. Items above a certain value must be authorised by a designated manager.

#### 4.4.4 Expenditure

The system enables monitoring of prescribing by organisations, teams or by individual prescribers. Orders from OTs working within Social Care represent a small proportion of the contract spend, and are kept within budget. As is the case across the country, the bulk of equipment is ordered by healthcare professionals. The quantity of community equipment loans has been steadily rising, responding to a greater focus on supporting timely hospital discharges and demand from home-based care. The resulting increase in expenditure is shown in the table below.

<b>Medequip Contract Expenditure</b>	<b>2017/18</b>	<b>2018/19</b>
Equipment (from catalogue)	£2,478,279	£2,634,584
Special equipment	£194,256	£248,032
Less equipment collected	-£1,604,691	-£1,839,236
<b>Net equipment costs</b>	<b>£1,067,844</b>	<b>£1,043,380</b>
Joint visits	£3,900	£2,860
Servicing & repairs	£176,135	£194,441
Storage charge for specials	£20,477	£25,755
Recycling charges	£153,892	£171,812
Delivery/collection charges	£459,280	£463,989
Minor adaptations*, equipment sales/other adjust.	£60	£844
<b>Total invoiced costs</b>	<b>£1,881,588</b>	<b>£1,903,081</b>
<b>Budget</b>	<b>£1,518,000</b>	<b>£1,545,360</b>
<b>Variance</b>	<b>£363,588</b>	<b>£357,721</b>

4.4.5 When the contract was awarded in 2017 the community equipment budget was set at £1.2m to which Bromley Council and the Health Authority each contributed £600,000. Due to the fact that it is difficult to determine whether equipment has been provided due to a health or social need, the basis for contributing to this has always been on a 50/50 basis with any cost pressures over and above the initial LBB & CCG budgets coming out of the Better Care Fund.

#### 4.4.6 Performance

In 2018/19, approximately 70,000 items of equipment were delivered and over 24,500 pieces were collected via the Medequip Depot at Woolwich. Performance is generally satisfactory and Medequip is either meeting or just below key targets for most delivery and collection indicators. The contractor has been working with the Consortium to improve quality in specific areas such as customer service, planned preventative maintenance, streamlining processes and IT system upgrades. Performance is monitored locally, and review meetings are held regularly between the contractor and Bromley equipment leads.

### 4.5 OPTIONS APPRAISAL FOR CONSORTIUM MEMBERSHIP

#### 4.5.1 Option1: Continue with the London Consortium membership and participate in the next procurement exercise

By procuring through the London Consortium, an extension of up to one year may be required in order to complete the procurement process.

## Benefits

- i. This is a tried and tested model, which has been operating for over 10 years. It is the largest consortium of its kind in the UK and Europe.
- ii. The collective bargaining and purchasing power of more than 20 Councils and CCGs should enable economies of scale. For instance, in response to the increasing cost of paediatric seating, the Consortium was able to agree with the provider to move a particular item from the Special' designation to 'Catalogue stock', reducing the unit cost from £2,600 to £1,300.
- iii. It offers increased opportunity to shape and influence the market.
- iv. Service disruption is minimised by having a larger operational network from which to draw.
- v. The annual management and support fee charged to the Council includes contract management, business analysis function and equipment review, and is relatively low compared with resourcing in-house.
- vi. By remaining as a member of the Consortium, Bromley will be continue to be at the heart of the re-procurement process and lead on the development of the new service specification. Each member authority has already participated in a procurement prioritisation exercise and have suggested improvements which will be used by the working groups developing the new service model and specification. As a member Bromley will benefit from the development of a more centralised, high-quality contract management model.
- vii. Governance is provided through the Consortium Management Board and Committee of which Bromley officers are active members.
- viii. Collective knowledge, experience and peer support, e.g. through working group participation and best practice days.
- ix. There are no additional tendering costs as these are built into the Consortium fees.
- x. Positive action planning and continuous service improvement.

## Disadvantages

- i. There is a perceived loss of flexibility than procuring separately, with less control over the contract, e.g. if Bromley's views or needs differ to other Consortium members.
- ii. It could potentially take longer to make contractual decisions if consensus from members is required.
- iii. There is a risk that no suitable bids will be received for the consortium contract, which would cause delays and additional work for individual members.
- iv. Other Borough might decide to leave the Consortium, thereby weakening its position.

### 4.5.2 Option 2: Leave the Consortium at the end of the contract period and enter into a different shared service agreement e.g. Croydon or Redbridge

Croydon Community Equipment Solutions (CCES) is an in-house service (previously set up as a local authority trading company in 1996) which provides a fully managed service to Croydon, Merton and Sutton and a procurement-only service to Bexley and some other local authorities outside London. CCES has received financial investment from Croydon Council and is planning to move to a new depot in Croydon in autumn 2019. Although CCES is reluctant to bid for the London Consortium contract, it is interested in growing its business model to neighbouring south London boroughs.

Joining the Redbridge Framework is not seen as a reliable option because it is ending soon and it is not clear at this stage what will be replacing it.

## Benefits

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service would mean potentially shorter delivery distances resulting in more responsive delivery times.

### **Disadvantages**

- i. Collective bargaining power would be smaller, which may impact negatively on contract prices.
- ii. Feedback from market engagement events suggests that Croydon may struggle to mobilise and service multiple Boroughs without further investment.
- iii. Evidence from the visit indicated that some of their processes and developments lagged behind the Consortium, which could hinder future developments.
- iv. Bromley would need to ensure it had the appropriate commissioning and procurement resources and expertise to work alongside Croydon.

#### **4.5.3 Option 3: Leave the Consortium and bring the service back in house**

This could be either as an internal department or by setting up a local authority trading company.

### **Benefits**

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service would mean potentially shorter delivery distances resulting in more responsive delivery times.

### **Disadvantages**

- i. The Council would have to negotiate, tender and procure an individual contract. Minimum tendering costs are estimated to be at least £20,000 and would need to be factored in to the costs.
- ii. Bromley would need to ensure it had the sufficient appropriate commissioning and procurement resources, plus expertise to develop and manage the contract individually.
- iii. Resources would be required to train and develop staff locally.
- iv. Managing legacy equipment would fall on the Council, with potential proportionately higher repair costs (due to loss of economies of scale) and collection and storage costs.
- v. Access to buying/selling recycled 'specials' would be lost (i.e. items which have been purchased for an individual but is no longer required and therefore made available for other local authorities).
- vi. Peer support and knowledge base would be reduced.
- vii. Bringing community equipment service back in-house could be a risk while there is ongoing pressure on budgets and uncertainty about the impact on the supply chain of withdrawal from the EU.
- viii. TUPE implications for transferring staff back into the Council.

#### **4.5.4 Preferred Option**

The recommendation is Option 1 i.e. for Bromley to remain with the Consortium, primarily on the basis that it would experience diseconomies of scale and consequential loss of buying power under options 2 or 3.

## **4.6 MARKET CONSIDERATIONS**

4.6.1 The Consortium has looked at the market for alternative service providers. Nationally the commercial sector market is dominated by three providers – Medequip, Millbrook Healthcare and NRS Healthcare, who together have the market share of outsourced local authority and NHS community equipment contracts. Medequip is the dominant provider of the outsourced market in London due to the size of the contract with the Consortium. Smaller outsourced providers include British Red Cross, Croydon Community Equipment Solutions, Pluss and Ross Care.

4.6.2 Medequip, Millbrook and NRS have been winning contracts nationally and are all diversifying into other health and social care services such as wheelchairs, assistive technology (telecare and telehealth), occupational therapy services and retail equipment services.

- 4.6.3 Other providers, such as Ross Care and British Red Cross are either focussing on specific geographical areas or are reducing their service offer. The latter has already indicated to the Consortium that they would not be bidding in the next procurement round.
- 4.6.4 Nationally, those authorities who still have in-house services are considering their options as to whether to outsource part of their service or move to a fully managed service. For example, Manchester is establishing its own regional consortium based on the London model.
- 4.6.5 Of the 33 boroughs in London, over sixty per cent have an outsourced contract with Medequip via the London Consortium. The market is segmented as follows:

Supplier	No. of LAs	%	Note
Medequip via London Consortium	20	64	
Medequip (outside London Consortium)	1		Waltham Forest is moving to Consortium in Jun 19
Millbrook - Redbridge Framework	7	21	City of London moved from Millbrook to Consortium in Apr 19
Croydon Community Equipment Service	3	9	Croydon, Merton & Sutton use Croydon IPH shared service arrangement
Inspire Community Trust	1	3	Bexley
In-house Service	1	3	Enfield. Tower Hamlets moved from in-house to Consortium in Apr 19

- 4.6.6 Feedback from the last procurement and the market engagement event suggests that the specification of the current contract and financial model deterred providers from bidding, and gave advantage to the incumbent (Medequip). These issues will be addressed in the next procurement round.

## 5. STAKEHOLDER ENGAGEMENT

- 5.1 Stakeholder engagement will form part of the procurement plan.

## 6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

### 6.1 Current Contract Value

2017-2021	Whole life (current):	£7.9m
2021-22	Optional 1-year extension:	£2.0m

- 6.2 **Other Associated Costs** – Consortium Membership of £9k pa, salary and pension TUPE charges of £55k pa., software licence of £11k pa.

- 6.3 **Proposed Contract Period** - to be determined.

- 6.4 The aim is to complete the retendering process for the new contract to start on 1 April 2021, but as timescales are tight, a contract extension of up to one year may be required, at a value of £2m, to enable the Consortium to secure approval of new service specification and the authorisation to proceed to procurement. This will largely depend on the support from Consortium members and their commitment to participate fully in the procurement process.

The following is an outline of the remaining tasks and deliverables within the project timetable, based on the current contract end of 31 Mar 2021.

<b>PROCUREMENT TIMETABLE</b>	<b>Timescale</b>
Working groups prepare service specification and procurement strategy	Apr 19 – Dec 19
Market and stakeholder engagement	Apr 19 – Dec 19
Service specification & procurement strategy completed for Consortium Board approval	Sep 19
Finalise boroughs to go through individual governance approval process	Oct 19 – Dec 19
Finalise tender timetable and evaluation panel arrangements	Oct 19 – Dec 19
Collate all borough governance approvals and finalise tender documentation	Jan 20
Tender plus evaluation	Feb 20 – Aug 20
Contract award and sign off	Sep 20
Mobilisation period for new contract (and possible transition to new provider)	Oct 20 – Mar 21
Contract start	Apr 21

- 6.5 New Consortium membership documents will be sent to boroughs for signature in due course. In October 2019 a further paper will be submitted to members with details of the service specification and procurement strategy. As part of the procurement process, the Consortium will be issuing new inter-authority access agreements, call off agreements etc. as part of the new framework and contract.

## **7. SUSTAINABILITY AND IMPACT ASSESSMENTS**

To be undertaken as part of the procurement process.

## **8. POLICY CONSIDERATIONS**

- 8.1 A key objective for both health and social care is to support the independence of vulnerable people in the community and is in line with Bromley's strategic priority to ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm. (Care Services Portfolio Plan 2018-22).
- 8.2 The ICES contract is an important element in delivering this objective, by allowing health and social care professionals to order equipment such as beds, hoists, commodes and walking frames, which can support timely discharge from hospital, prevent hospital admissions and avoid increased care packages.
- 8.3 The London Borough of Bromley and its local health partners are signed up to the Bromley Alliance, whose principles are to work towards a share vision of integrated service provision, to commit to delivery of systems outcomes regarding clinical matters, service user experience and financial matters, and to commit to common processes, protocols and other systems inputs.

## **9. IT AND GDPR CONSIDERATIONS**

- 9.1 The contract will reflect the Council's policy regarding data protection and comply with legal requirements.

## **10. PROCUREMENT RULES**

- 10.1 The reprocurement of the framework will be led by London Borough of Hammersmith and Fulham. Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender will be subject to the application of the "Light Touch" regime (LTR) under those regulations.

- 10.2 The Consortium is not a Professional Buying Organisation; a single provider framework is being utilised as it enables the Consortium's member boroughs, including Bromley, to access one provider in a compliant way.
- 10.3 In accordance with Clause 3.5 of the Contract Procedure Rules, the Head of Procurement has been consulted regarding access to any ongoing framework through the Consortium's re-procurement activity.
- 10.4 For the requirements set out above, the method of direct call off can be used under the terms of the single provider framework.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

## 11. FINANCIAL CONSIDERATIONS

- 11.1 The table overleaf outlines the budget and spend over the last two years and the current 2019/20 budget:

	2017/18		2018/19		2019/20
	Budget	Actual	Budget	Actual	Budget
	£'000	£'000	£'000	£'000	£'000
Equipment costs	1,518	1,889	1,545	1,897	1,564
IT licenses, consortium fees & TUPE costs	85	78	79	74	80
<b>Total Expenditure</b>	<b>1,603</b>	<b>1,967</b>	<b>1,624</b>	<b>1,971</b>	<b>1,644</b>
Health Contribution	-600	-964	-600	-717	-600
Better Care Fund	-400	-400	-422	-422	-430
<b>Total Income</b>	<b>-1,000</b>	<b>-1,364</b>	<b>-1,022</b>	<b>-1,139</b>	<b>-1,030</b>
<b>Net budget</b>	<b>603</b>	<b>603</b>	<b>602</b>	<b>832</b>	<b>614</b>
<b>Variation</b>		<b>0</b>		<b>230</b>	

- 11.2 In 2018/19 the Department of Health and Social Care provided the Winter Pressures Grant to support Adult Social Care services. This had to be used between November 2018 and March 2019, in addition to planned spending, to support the local health and social care system to manage demand pressures on the NHS and to help promote people's independence. £230k of this grant was allocated to cover the overspend on equipment.
- 11.3 As detailed in the report to Executive in July 2017, Bromley's contribution is capped at £600k, so any other overspend needs to be financed by the CCG directly, or through a request to draw funds from the Better Care Fund.
- 11.4 If the proposed extension is approved, and assuming that equipment costs remain at current levels then this will bring the estimated total contract value to £9.9m as set out in the table below:

	<b>£'000</b>
<u>Existing contract</u>	
2017/18	1,969
2018/19	1,971
2019/20 (estimated)	1,971
2020/21 (estimated)	1,971
	<b>7,882</b>
<u>Proposed extension</u>	
2021/22 (estimated)	1,971
	<b>9,853</b>

## **12. PERSONNEL CONSIDERATIONS**

- 12.1 There are no personnel considerations for any existing Bromley employees. Staff from the in-house Equipment Service employed by the Council were transferred to Medequip in 2011 pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006.
- 12.2 Should a new supplier be awarded the contract from 2021, TUPE regulations will apply to staff working for Medequip at the point of transfer, who are in scope and will transfer to the new provider. This would include any ex-LBB staff who transferred to them as part of this contract and who are still employed by them at the point of transfer.

## **13. LEGAL CONSIDERATIONS**

- 13.1 The Council has a statutory duty to plan for the provision of certain home-based services, including disability aids and community equipment, to meet the assessed eligible needs of those individuals who are ordinarily resident in their area under the Care Act 2014 including similar duties under the Children Act 1989, the Chronically Sick and Disabled Act 1970 and the National Health Service Act 2006. The Council has the legal power to procure and enter into contracts for the provision of equipment in order to meet its statutory duties.
- 13.2 The Procurement comments at section 10 of this report explains that the proposed procurement options will need to comply with Public Contracts Regulation 2015 under the light touch regime.
- 13.3 The recommendations are seeking two decisions which must be made in accordance with Contract Procedure Rules (CPR's). For contract values in excess of £1m CPR's require approval of the Executive to agree the commissioning strategy and proceeding to procurement through this Gateway Member report. For cumulative contract values in excess of £1m CPR's 27.7.3 and 13.1 allows a contract extension as provided for within the contract to be approved by the Executive by means of this Gateway Member report.
- 13.4 Officers should consult with the Legal Department as necessary in relation to entering into the extension and in relation to the terms of any new framework with the proposed newly constituted Consortium.

<b>Non-Applicable Sections:</b>	
Background Documents: (Access via Contact Officer)	None

**OFFICER SIGN OFF SHEET (NOT TO BE INCLUDED WITH PUBLISHED MEMBERS REPORT)**

**Title:**

**Decision:** Gateway Over £500k / Extension Over £100k / Exemption Over £100k / Variation over £100k

**Contact Officer:**

Name  
Title  
Department

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**AUTHORISATION**

**Agreed by (signature and date):**

\_\_\_\_\_ Date: \_\_\_\_\_  
Name  
Budget Holder / Contract Owner  
Title  
Department

\_\_\_\_\_ Date: \_\_\_\_\_  
Name  
Lead Commissioner  
Department

\_\_\_\_\_ Date: \_\_\_\_\_  
Director of Commissioning  
*Required for all proceeding to procurement £100k+ / Extension £50k+ / Exemption £50k+ / Variation £50k+*

\_\_\_\_\_ Date: \_\_\_\_\_  
Director of Corporate Services

\_\_\_\_\_ Date: \_\_\_\_\_  
Director of Finance

*Required for all proceeding to procurement £100k+ / Extension £50k+ / Exemption £50k+ / Variation £50k+*

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**Approved by (signature and date):**

\_\_\_\_\_ Date: \_\_\_\_\_  
Chief Officer  
Name  
Title  
Department  
*Required for all extension / exemptions / variations. Required for proceeding to procurement £200k+*