Report No.

London Borough of Bromley

Part One - Public

Decision Maker:	**Executive**
Date:	**Adult Care & Health PDS Committee - 25 June 2019** **Executive - 10 July 2019**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Bromley's Discharge to Assess Scheme – Outcome of the Pilot**
Contact Officer:	Kim Carey, Interim Director of Adult Social Care Tel: 020 8313 4004 E-mail: kim.carey@bromley.gov.uk
Chief Officer:	Kim Carey, Interim Director of Adult Social Care
Ward:	All

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1. REASON FOR REPORT

1.1 To provide an update on the Bromley Discharge to Assess (D2A) scheme that has been operating in pilot form and make recommendations for the future shape and funding of the service

1.2 To seek permission to tender for a D2A Service to run from August 2020 to August 2021.

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2. RECOMMENDATIONS

2.1 That Executive note the progress on the D2A pilot and the positive outcomes achieved for individuals.

2.2a That Executive agree a one-year continuation of the D2A service, revised in light of learning from the pilot, pending an evaluation of the revised service and longer term recommendations being made to Executive in July 2020.

2.2b Subject to the approval of recommendation 2.2a above, that Executive agree to meet the cost of the overspend on the D2A service with a contribution from the Better Care Fund, currently estimated at £850k.

2.3. That Executive agree a tender for the D2A service which will result in the council commissioning a 1 year contract to run from August 2020 to August 2021. However a tender award will be subject to further approval by Executive (March 2020). Additionally the recommendation for award will only be presented if it is also recommended (following the service review in January 2020) that the model should be endorsed.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Positive Impact

Corporate Policy

1. Policy Status Existing Policy.
2. BBB Priority: Excellent Council.

Financial

1. Cost of proposal: <please select> £
2. Ongoing costs: <please select>.
3. Budget head/performance centre: BCF Budget Code
4. Total current budget for this head: £304k in 2018/19
5. Source of funding: BCF

Staff

1. Number of staff (current and additional):
2. If from existing staff resources, number of staff hours:

Legal

1. Legal Requirement: Non Statutory
2. Call-in: <please select>

Customer Impact

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

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No Portfolio Holder Consulted
2. Summary of Ward Councillors comments: NA

3. COMMENTARY

Summary

3.1 The Care Act requires local authorities and partners to ensure that people do not remain in hospital when they no longer require hospital based care. While avoiding Delayed Transfers of Care (DTOC) is an increasingly familiar priority for local authorities working with health partners, the negative impact upon service users is at the heart of the issue. As noted in the 2014 National Audit of Intermediary Care "a wait of more than two days negates the additional benefit of intermediate care and seven days is associated with a 10% decline in muscle strength". For the frail and elderly leaving hospital, this can have a significant reduction in ongoing independence and levels of care required from families and carers as well as services provided by local authorities.

3.2 Reducing DToC is a national priority and as a result a number of High Impact Change Model Measures were introduced as part of the Better Care Fund (BCF). Discharge to Assess was a key measure which local authorities and health partners are required to explore.

3.3 In Bromley, the Discharge to Assess (D2A) pilot was established in order to transform out of hospital assessment and support processes for people with on-going care and support needs. Discharge to Assess enables a person to leave hospital with immediate wrap around care and support in the community, reducing their length of hospital stay. The assessment of their long term care and support needs is undertaken at home or in a community setting rather than in hospital, as can often be the case. Evidence suggests that assessing people in hospital results in an over prescribing of on-going care and support needs. Assessing at home, can result in significant reductions in levels of on-going care and support and improved independence.

3.4 The pilot also sought to reduce delayed transfers of care (DToC) and the impact prolonged hospital stay has on frail and elderly individuals including reduction in muscle mass and physical ability as well as mental and emotional decline.

3.5 The D2A service has had a number of positive impacts on individuals and has been shown to make a marked improvement on the Delayed Transfer of Care (DToC) figures for Bromley. In terms of total delays across health and social care, Bromley now has the lowest number of DTOC – and therefore the highest performance – amongst comparator local authorities, significantly outstripping the average performance across London and England as a whole.

3.6 The pilot has been helpful in identifying areas to improve efficiency further and these are already being implemented by management.

3.7 If approved, the revised service will be evaluated with longer term recommendations being made to members in March 2020. The alternative is to terminate the service which will not only impact negatively upon Bromley's DTOC performance but will potentially have a considerable impact upon residents leaving hospital. In addition to this following Executive approval the service will be exposed to competition via a tender, resulting in an interim contract that will run from August 2020 to August 2021. A parallel domiciliary care tender will ensure that any longer term arrangements are facilitated via the new domiciliary care model.

Background

3.8 Bromley's D2A service was initially approved in 2017 for 6 months with an extended pilot agreed in 2018 funded from the Better Care Fund. This report draws on data from the extended pilot which ran fully from September 2018 to April 2019.

3.9 The D2A service offers four pathways that can be used as appropriate to help people reduce unnecessary stays in hospital and be assessed in a community setting. The pathways are:

Pathway 1

Returning Home with Package of Domiciliary Care for a) new clients and b) existing LBB clients

Pathway 2a/b

Temporary residential or nursing placement

Pathway 2c

Temporary step down to Extra Care Housing (ECH)

Pathway 3

More complex cases where a nursing home is the outcome and health funded Continuing Health Care is likely

Pathway 4

Approved for Reablement and either a) straight home from hospital with Reablement service or b) initial "bridging" is required with D2A/dom care until Reablement is available

3.10 The previous report to Executive requesting an extension of the pilot made a number of specific recommendations as next steps:

- ***Governance***

    a. Recruit a Project Manager to support the extension of the pilot

    b. Set up a D2A Programme Board chaired by the Director of Commissioning and Director of Adult Social Care to scope and undertake a robust options appraisal

- ***Evaluation***

    a. Allow the D2A Programme Board to evaluate the pilot and to understand the options associated with mainstreaming D2A activity within the council

    b. To validate the savings assumptions that D2A would result in a £419k saving from 2019/20

3.11 The extended pilot also sought to test out a ***trusted assessor model***, where assessments are carried out by one borough on behalf of another borough and passed for agreement to the home borough for funding. This model is well tested across the country and has been found to save on extensive travel time as staff no longer need to travel to see clients placed away from the local base.

Outcomes delivery 1 - Governance

3.12 A project manager was appointed in September 2018 and the D2A Programme Board was established, reviewing all aspects of the D2A service from September 18 to April 19.

3.13 In the latter part of the review, the Programme Board has been co-chaired by the Managing Director of the BCCG and the Interim Director of Adult Social Care. Specific workstreams were established to review elements of the D2A programme including the service specification, finance, commissioning and HR.

Outcomes delivery 2 – Evaluation and Options Appraisal

3.14 There were 754 D2A episodes of care relating to 621 service users with 58.7% of service users being over the age of 85.

3.15 The majority of service provision was domiciliary care as the service user returned home. The domiciliary care agency utilised was required to respond to requests for service provision within 4 hours; this requirement ensuring that the cost of the service was higher than standard dom care.

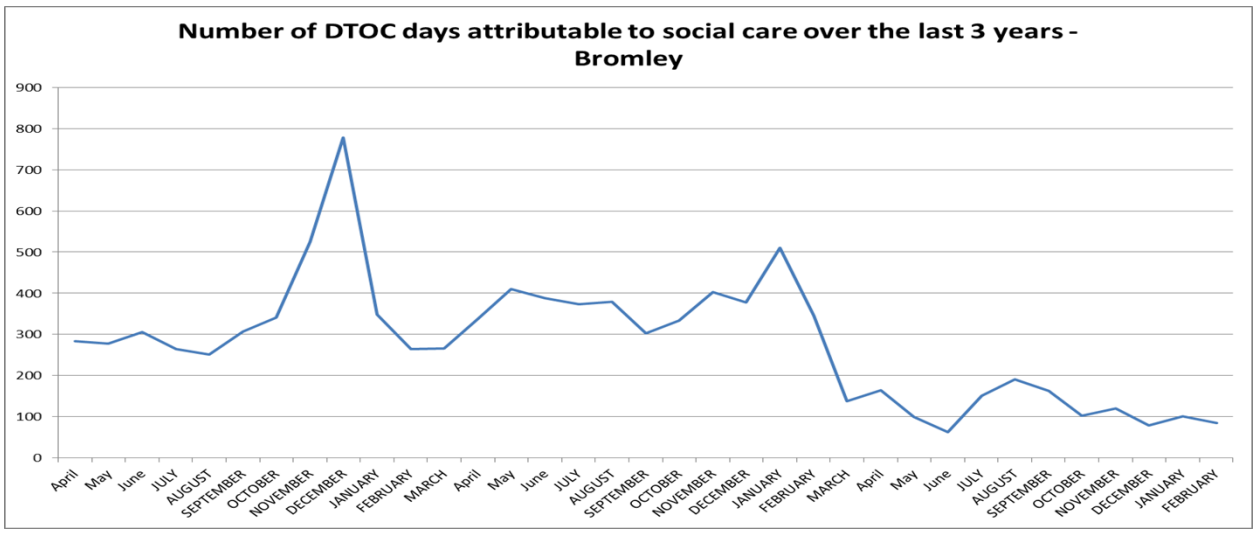
Reducing Delayed Transfers of Care - DToC

3.16 A key objective of D2A from a Health and Social Care systems perspective is to drive down delays in discharge from hospital.

3.17 The total number of DToC for 2018/19 is 1425. For all delays the figure has reduced drastically by 4,358 days when comparing the 2018/19 figure with that from 16/17.

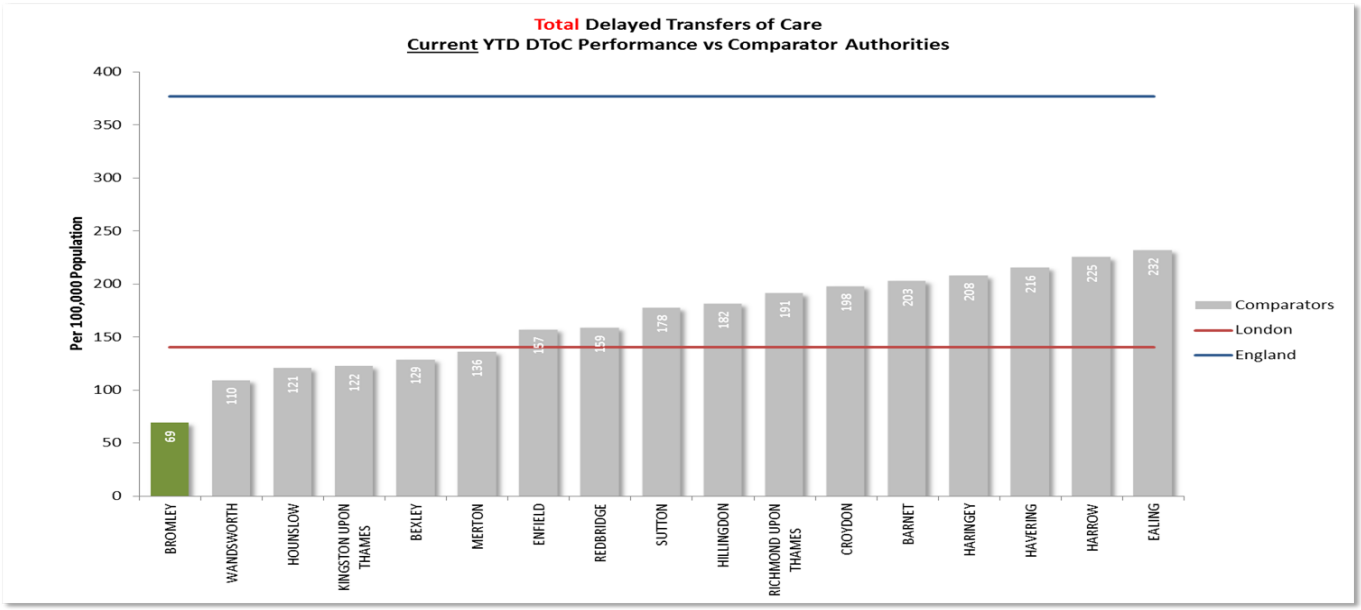
3.18 The chart below presents DToCs where the delay is attributable to social care over the last 3 years. Overall there has been a reduction since a spike in December 2016. The rate has dropped substantially over the period of the extended pilot.

Chart 1. Number of DToC days attributable to Social Care



3.19 The following chart looks at the total DToC by comparator group and those attributable to social care by comparator group for 2018/19. In order to make the data directly comparable the information is presented as a rate per 100,000 of the populations. Bromley has the lowest level of total DToCs, and is mid-range when looking at those attributable to social care but still remaining below the London average.

Chart 2. Total DToC days per 100,000 by comparator group



Service User Satisfaction

3.20 While successful from a health and social care systems perspective, the evaluation of D2A also explored the success or otherwise from a service user perspective. Two user satisfaction surveys were completed with people who received support through the D2A process.

- One survey was aimed at those who had just left hospital and was designed to pick up on the discharge process and the package of care they were receiving under D2A.

- The second survey took place after the social care assessment, looking at the package of care supplied under D2A but also the assessment process and service user involvement in the process.

3.21 The age range was mostly people in their 80's with the youngest respondent being 63 and the oldest 95. All respondents were chosen from Pathway 1 – those who had returned home - as the pilot survey was conducted as a telephone interview. The focus of both surveys was to ask open ended questions in order to understand the experience of the D2A service from a service user's point of view.

- Many respondents shared the sentiment that they were glad to be home and settling back into a routine. Many said they had wanted to leave the hospital after being there for some time.

- When asked about the discharge process only a few participants faced delays (involving hospital transport. 88% of respondents left hospital with medication, none of them however reported a delayed discharge due to medication. 88% also said that they were given a discharge letter when they left.

- Respondents were asked to rate their care package out of 10. The majority (75%) scored 7 and above. No one scored their care lower than 5.

- Service users were satisfied with the level of involvement in their care. Most of the participants said that they have felt involved with their care, both directly themselves and indirectly through their family members.

Outcomes delivery 3 - Trusted Assessor model

3.22 The trusted assessor work within Bromley's Transfer of Care Bureau (TOC) was not successful. The plan was that the Trust employ discharge coordinators who would take on the hospital assessment. This was not achieved to a good standard and resulted in increased amounts of complaints to social care before being ceased.

3.23 Negotiations took place in January 2019 to begin a D2A Trusted Assessor programme across two boroughs with residents of Croydon at PRUH being assessed by Bromley LA and vice versa for Bromley Residents at Croydon Hospital. The pilot for this was due to begin in February but was put on hold by Croydon. Discussions are now progressing to set up the pilot. A memorandum of understanding has been drafted and this is in the process of being finalised.

3.24 A similar programme is in the process of being established with Lewisham due to the high numbers of Bromley Residents conveyed to Lewisham Hospital.

3.25 The trusted assessor aspect of D2A will therefore require further evaluation once these pilots have had time to become established.

Overall Evaluation of D2A Pilot

3.26 The impact upon DTOC performance has been significant as detailed above. The impact upon service users has been positive with hundreds of Bromley's most vulnerable residents being able to leave hospital without delay and return to a community setting. While it is still too early to understand the longer term impact upon service users and their required use of statutory care services, it is clear that a D2A service should be recommended for continuation.

3.27 As previously identified in their report, the pilot has been able to idenfity areas for improvement moving forwards. The anticipated turnaround time for someone leaving hospital with a D2A package and having an assessment for an on-going service should have been 72 hours. Subject to the arrangements for setting up an on-going service (if required), this should have meant that no one utilised a D2A service for more than 2 weeks. In reality, the average time a service user was longer than this due to the increased demand put on an already busy hospital team. Should Executive agree the recommendations of this report, officers will be looking to refocus the work of the hospital based team, including looking at the potential to increase staffing on a short term basis to keep pace with the increased demand. The cost of this will be offset in part by the savings made and any additional funding will be drawn from the Better Care Fund in the short term.

3.28 The envisaged D2A model was for service users to be assisted in leaving hospital via a variety of pathways as outlined earlier in the report. In reality, the vast majority of D2A interventions were for service users to return to their home with D2A domiciliary care immediately in place. 93% of D2A interventions were of this nature. The remaining pathways were not fully utilised within the pilot due to capacity issues within the D2A team and within the council's reablement function. Should Executive approve the continuation of a discharge to assess model, officers will address these capacity issues as highlighted above as well as seek to establish formal arrangements with care home providers. Early discussion with providers has proven positive with a number now prepared to discuss how they could offer support that can be delivered quickly and focus on reablement. This was not the case when the service was originally set up. Procurement of both these elements will enable the council to continue a discharge to assess service for the next 12 months, subject to Executive evaluation in July 2020. There is

also the potential for the council's and health's reablement teams (Pathway 4) to be considered to a much greater extent.

3.29 Issues of sustainability will also need to be addressed, particularly Pathway 1 involving service users returning home with a short period of service from a D2A dom care provider. Although essentially a standard domiciliary care service, a D2A dom care provider is expected to have a much faster response and mobilisation (4 hours) for clients leaving hospital. This tends to make the service more demanding for providers and thereby reduces interest as well as increase costs. To date, these services have been provided by a single provider contracted by the BCCG in 2017. Engagement with the providers on the Council's domiciliary care framework had previously led to little interest being expressed due to the responsiveness required. However, other providers are now showing greater interest in delivering to this requirement. This is being actively addressed in the planning discussions with providers around the future tendering of domiciliary care provision. The current contractual arrangements pose a risk – there needs to be a wider number of providers involved in order to help ensure the ongoing sustainability of the service. In addition, the current provider is commissioned by the CCG and is not compliant with LBB's quality standards as it has been rated Requires Improvement by the CQC. In order to reduce risk, the council's contract compliance team has been actively working with the provider to improve the areas of service identified by the CQC.

3.30 Lessons learned during the bedding in period of the pilot scheme are being enacted. Should Executive approve the recommendations of this report, officers will undertake a formal procurement exercise in order to ensure that a sustainable and cost effective set of providers are in place to deliver the service.

4. SUMMARY OF THE BUSINESS CASE

i) The D2A service has had a number of positive impacts on individuals and has been shown to make a marked improvement on the Delayed Transfer of Care (DToC) figures for Bromley. In terms of total delays across health and social care, Bromley now has the lowest number of DTOC – and therefore the highest performance – amongst comparator local authorities, significantly outstripping the average performance across London and England as a whole.

ii) The pilot has been helpful in identifying areas to improve service delivery further and these are already being implemented by management

iii) If approved, the revised service will be evaluated with longer term recommendations being made to members in March 2020. The alternative is to terminate the service which will not only impact negatively upon Bromley's DTOC performance but will potentially have a considerable impact upon residents leaving hospital. In addition to this following Executive approval the service will be exposed to competition via a tender, resulting in an interim contract that will run from August 2020 to August 2021. A parallel domiciliary care tender will ensure that any longer term arrangements are facilitated via the new domiciliary care model

4.1 SERVICE PROFILE/DATA ANALYSIS

4.1.1 Detailed in section 3 above.

4.2 OPTIONS APPRAISAL

4.2.1 **Option 1 - Discontinue the service.**
While the council will no longer bear the cost of the D2A service, there is the strong likelihood of the reduction in Bromley's DTOC performance and the potential for the council to be

charged for any social care delayed discharges. More importantly, service users will face the potential for unnecessary stays in hospital with the outcome of reduced independence and wellbeing.

4.2.2 **Option 2 - Continue the service as is.**
This will incur additional costs and is not recommended for the reasons outlined in this report.

4.2.3 **Option 3 - Continue with a revised service**
Continue to provide the service but with a revised model, using the learning from the pilot – particularly by reducing delays in conducting the longer term assessment; identifying longer term providers via a competitive tender to support people discharged home in need of a package of support and extending the in-house reablement offer for service users leaving hospital.

4.3 PREFERRED OPTION

4.3.1 The preferred option is Option 3, which is to continue with the revised service. Additionally this option will enable us to consider the longer term options and evolve the preferred model.

4.3.2 It is intended that the Domiciliary Care service is tendered due the current contracts expiring in August 2021. The proposed new model will incorporate D2A and which will be delivered by several providers, who will be specifically commissioned to deliver services to meet the needs of service users in allocated geographic zones. It is not feasible to extend the current D2A commissioned provider up until August 2021, due to the interim CCG contract being time limited (linked to the duration of the pilot). Additionally, the provider has not provided a service which would justify a waiver to the procurement regulations. Consequently, the council is required to expose the service to competition.

4.3.3 The estimated annual value of the contract is £1m. Based on this the following procurement timeline would need to be applied:

Procurement/Tender Phase	July 19 - January 2020
Internal Approval and Clearance (up to Executive)	January 2020 – March 2020
Award, Mobilisation and Go Live	April 2020 – August 2020
New D2A Contract	August 2020 – August 2021

4.4 MARKET CONSIDERATIONS

4.4.1 Engagement with domiciliary care market providers took place in both 2017 and 2018 with the intention of identifying providers that could deliver a D2A service. Key points arising from the engagement were:

- Providers were generally reluctant to change from the tried and tested model of dom care support
- Due to the ongoing (and national) issues concerning the lack of available carers/staff to undertake additional work, providers had specific concerns about the requirement for an almost immediate response
- Providers stated they would require guaranteed hours in order to fund and sustain investment in staffing to support a D2A model

4.4.2 Based on benchmarking with other local authorities, there are a range of providers that could deliver a D2A model. Additionally, at least two of the current Framework providers have

stated that they will be able to deliver the D2A model as long as guaranteed hours are provided.

4.4.3 In the longer term, as part of the procurement of all domiciliary care services due to take place in 2020, the council will be able to include a D2A service within the overall requirements of Bromley's domiciliary care contract and ask for delivery from a range of providers across the borough. The tender will be informed by an Equalities Impact Assessment and will seek to promote social value and provider sustainability (incorporating models that promote SME's).

5. STAKEHOLDER ENGAGEMENT

5.1 Please refer to the evaluation section of this report which provides a summary of two user satisfaction surveys of people who received support through the D2A service.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1 **Estimated Contract Value** – £1m per annum

6.2 **Other Associated Costs** – Nil

6.3 **Proposed Contract Period** – 28 August 2020 to 31 August 2021

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

7.1 The current arrangement with the D2A dom care provider does pose a risk, not only with the contractual position but also that they are currently the only provider of D2A domiciliary care.

8. POLICY CONSIDERATIONS

8.1 The Care Act 2014 - The Act requires local authorities and partners to ensure that people do not remain in hospital when they no longer require hospital based care. While avoiding Delayed Transfers of Care (DTOC) is an increasingly familiar priority for local authorities working with health partners, the negative impact upon service users is at the heart of the issue.

9. IT AND GDPR CONSIDERATIONS

9.1 There are no IT considerations. GDPR ramifications will be included in any future contract.

10. PROCUREMENT RULES

10.1 This report recommends proceeding to procurement for the provision of a discharge to assess service for 1 year (between August 2020 and August 2021) at an estimated value of £1m.

10.2 A restricted process is proposed to be used.

10.3 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender would be subject to the application of the "Light Touch" regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:

i) The tender must be advertised in OJEU and on Contracts Finder.

ii) The relevant contract award notices must subsequently be published.

iii) The procurement must comply with EU Treaty principles of transparency and equal treatment.

iv) The procurement must conform with the information provided in the OJEU advert regarding any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.

v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.

10.4 The Council's specific requirements for authorising proceeding to procurement are covered in 1.3 of the Contract Procedure Rules with the need to obtain the formal Agreement of the Director of Commissioning, the Director of Corporate Services and the Director of Finance for a procurement of this value.

10.5 In compliance with the Council's Contract Procedure Rules (Rule 3.6.1), this procurement must be carried out using the Council's e-procurement system.

10.6 Further to this, it is proposed that the contract be extended for a duration of 1 year from August 2019 to August 2020. This is a contract held by the CCG, who will need to action the extension in line with the framework of public procurement legislation.

10.7 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 original report identified potential net costs of £314k in 2018/19 which was fully funded on a one year basis from BCF monies. The report identified potential ongoing savings of £419k.

The final costs for D2A are outlined in the table below:-

D2A - Overall Financial Summary - 2018/19

	Annual Budget	Costs/ Savings	Variance
	£'000	£'000	£'000
Costs		Actuals	
Discharge to Assess Team	300	179	-121
Infrastructure, tracking and evaluation	50	44	-6
Brokers Costs	0	29	29
Domiciliary Care	600	754	154
Long Term Placements	600	91	-509
	1,550	1,097	-453
Savings (based on Dec-18 data)			
Domi Care (Pathway 1)	-872	0	872
- Net savings from no ongoing service	0	-181	-181
- Net savings from ongoing service	0	-72	-72
Resi Care (Pathway 2 & 3)	-374	0	374
- Net savings from no ongoing service	0	-42	-42
- Net savings from ongoing service	0	-41	-41
	-1,246	-336	910
Net Cost / (Saving)	**304**	**761**	**457**

11.2 It can be seen that the actual costs were higher than those that were anticipated. Not costed into the original or the actual is the notional saving of £220k for the avoidance of DToC charges of £155 per bed day (figure is based on 1,425 DToC days attributable to Social Care). This is because the charge has never been levied by Health previously although this option could be taken if DToC's increase.

11.3 The main reasons for the variance is:-

i) Costs of the D2A domiciliary care were higher than anticipated with levels of £15.40 for 30 minutes and £16.70 for an hour visit, being considerably higher than the ordinary domiciliary care rates.

ii) D2A Packages of care on Pathway 1 were on average kept for 20 days. The original assumption was that the packages would be for 3 to 5 days maximum. This has occurred as there was insufficient additional reviewing capacity to enable the hospital team to keep pace with additional demand; this is currently being addressed.

iii) Pathways 2 and 3 were not fully used.

iv) Original savings assumptions were taken from a small sample of client data that was available at the time of the initial pilot. More detailed analysis of clients in the pilot extension has revealed that clients were not as often as predicted leaving without any packages of care, or when leaving with packages of care, these were marginally lower than a traditional route of care.

v) Clients were not staying at the level of care for as long as predicted. The current predictions assume a year at these levels, not up to two as initially assumed.

11.4 Perhaps the largest reason was the time spent under a D2A package. Using the above analysis, if the packages were delivered differently, the overall cost would be much lower.

D2A - Overall Financial Summary - 2018/19 - if 3 days max D2A

	Annual Budget	Costs/ Savings	Variance
	£'000	£'000	£'000
Costs		2019/20 If max 3 day	
Discharge to Assess Team	300	179	-121
Infrastructure, tracking and evaluation	50	44	-6
Brokers Costs	0	29	29
Domiciliary Care	600	112	-488
Long Term Placements	600	91	-509
	1,550	455	-1,095
Savings (based on Dec-18 data)			
Domi Care (Pathway 1)	-872	0	872
- Net savings from no ongoing service	0	-181	-181
- Net savings from ongoing service	0	-72	-72
Resi Care (Pathway 2 & 3)	-374	0	374
- Net savings from no ongoing service	0	-42	-42
- Net savings from ongoing service	0	-41	-41
	-1,246	-336	910
Net Cost / (Saving)	**304**	**119**	**-185**

11.5 Further reductions in costs could be made if lower care rates were able to be negotiated.

11.6 The preferred option in the paper will continue to provide the service and look at ways it can be provided differently. Any additional costs incurred in year could be drawn from one off carried forward Better Care Fund (BCF) grant which could be made available to support this option. The service would need to be closely reviewed as BCF funding could not permanently support this without cutting other areas of BCF spend. The likely costs will be between £119k and £761k (taken from the models above) depending on the speed of the service change. The saving not generated but assumed in the budget of £419k would also need to be drawn from BCF underspends in order to balance the ASC budget. Therefore the potential use of BCF would be between £538k and £1,180k. this would then be reviewed and reported back to the Executive in July 2020.

11.7 The other two options would also not meet the £419k savings target in the 2019/20 budget. In addition discontinuing the service would mean the Council would no longer bear the cost of the D2A service but there will be service implications with the potential of DToC figures increasing. Continuing the service as is (the final option) will incur significant ongoing costs. Although BCF could support this in the short term, permanent funding would have to be found.

12. PERSONNEL CONSIDERATIONS

12.1 Originally staff voluntarily transferred into the D2A team, supplemented by some additional temporary resources. Staff were consulted in October 2018 to indicate their preference for remaining in the D2A team or returning to their original posts within the hospital team. New staffing arrangements were subsequently implemented from 26th November 2018. There has remained a pressure within the team as it has proved difficult to recruit to the OT position.

13. LEGAL CONSIDERATIONS

13.1 The CCG currently hold the contract for the pilot D2A service with the provider. The intenion with regards to recommendation 2.2 is that the CCG will aslo be responsible for the

contractual arrangement for the extension of this service as per the recommendation. Officers should ensure that the CCG contractual arrangements are in place with the provider and compliant with public procurement rules.

13.2 Recommendation 2.3 seeks approval for the Council to carry out a tender exercise for a new contract to run from August 2020 to August 2021. The service is a “light touch” services under the Public Contracts Regulations 2015 and as the contract value is in excess of the relevant threshold will need to be procured in compliance with the Regulations.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	(Appendices to be Included)