Report to:	**EXECUTIVE CABINET**
Date:	27 October 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Ashwin Ramachandra (Living Well, Finance and Governance)
Reporting Officer:	Stephanie Butterworth, Director of Adult Services Debbie Watson, Director of Population Health
Subject:	**ADULT SERVICES AND POPULATION HEALTH COMMISSIONING INTENTIONS 2022 -2023**
Report Summary:	The report details Adult Services commissioning intentions for 2022 – 2023. The report sets out specific details on service agreements namely: *Adult Services* • Support at Home/Home Care Service • Through the Night Service • Extra Care Support Service • Specialist Day Services For People With Dementia • Direct Payment Support Services • DoLS Assessors • Action Together • Pre Placement Contract for Care Homes • Specialist Dementia Care Home Beds • Framework for Equipment - CRS • Framework for Interpreting service *Population Health* • Clinical Lead - Primary Care Sexual Health • Formula Milk for Women Living With HIV The Council are working with STAR procurement on all areas.
Recommendations:	That the Strategic Commissioning Board be recommended to approve the overall commissioning intentions noting that each individual recommissioning exercises will be subject to their own due diligence including legal and financial, governance and decision-making in line with the council's Contract Procedure Rules and Financial Standing Orders approved by Council on the 5 October 2021: *Adult Services* (i) Tender the provision of Support at Home/Homecare Service for a new contract to commence 1 November 2022 (ii) Tender for the provision of a "Through the Night" Service for a new contract to commence 1 November 2022 (iii) Tender the provision of Extra Care Support Services for a new contract to commence 1 November 2022 (iv) Tender the provision of a Specialist Day Service for People With Dementia for a new contract to commence 3 December 2022 (v) Provision of a Direct Payment Support Service for a new service to commence 1 November 2022

(vi) Tender for a Framework of DoLS Assessors to commence no later than 31 March 2023

(vii) Extend the core funding with Action Together to act as the local infrastructure organisation to the voluntary, community, faith and social enterprise sector (VCFSE) to commence 1 April 2022

(viii) Re-contracting the Pre-Placement Agreement for Care Homes Contract in Tameside

(ix) Provision of Specialist Dementia Care Home beds within the current Framework of Care Home Providers

(x) Enter into a Framework Agreement in order to access the delivery of effective telecare and assistive technology equipment to commence no later than 1 April 2022

(xi) Enter into a Framework Agreement in order to access Interpreting Services to commence no later than 1 April 2022

Population Health

(xii) Tender the provision of a Clinical Lead for Primary Care Sexual Health

(xiii) Tender for the provision of Formula Milk for Women Living With HIV

Financial Implications:
(Authorised by the statutory S
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Budget Allocation (if Investment Decision)	Funding for these services is currently within Budget allocation
CCG or TMBC Budget Allocation	TMBC and CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	
All of these services / contracts are due to expire in 2022 with the current extension in place. By reviewing the market and working with STAR through the procurement process should lead to improved value for money. Any potential future savings will only be realised during that process.	

Additional Comments

Support at Home/Homecare Services. There is currently a workforce market suppression on the ability to recruit social care support workers, and it may be that additional pay is required to attract staff. If, for example, a £2 per hour increase was implemented (for context in line with fast food delivery drivers) alongside the increase in National Insurance from April 2022 (see below), the Framework Homecare rate would increase from £18.45 in 21/22 to £22.55 in 22/23. This represents a 22% increase, all other things being equal, and implies approximately £2m in additional Support at Home costs each year, before increased client fees. It is also likely that similar uplifts would

have to be made in residential and nursing, and other care streams.

Specialist Dementia Care Home Beds - It has been agreed, as a short-term measure with HC-One, that the Council supports this provider with additional funding as they have a facility with the right environment, staffing levels and additional training to support the requirements over and above the enhancements to care home rates for those with challenging behaviour. An exercise to review the cost of care model identified an additional rate of £30.66 per week to deliver this further specialist provision. This is in addition to the standard care home weekly rate for challenging behaviour placements at £602.00 and enhanced rate at £644.14. Enhanced rates require providers to meet a set of standards over core contract requirements, such as levels of registered manager and staff qualifications, completion of gold standard framework for end of life, CQC rating of good or outstanding and enhanced service user plans.

This report will also need to consider the financial implications that the increase in costs in National Insurance for both employers and employees will have on future contracts from 2022/23. The Levy will be effectively introduced from April 2022, when NICs for working age employees, self-employed and employers will increase by 1.25%. The effective increases will be a least 2.5% given that we'll be covering both sides plus a basis pay uplift.

Other impacts to consider will follow the announcement of the Spending Review (SR21) that is due on the 27th Oct 21 for the next three years from 22/23 to 24/25.

Following the announcement of the latest changes proposed for the Health and Social Care reform, and additional £5.4bn in additional national funding for Adult Social care is expected over the next three years. If it were assumed to be £1.8bn of additional funding per annum, then based on similar national formulas like with the current Improved Better Care Fund, the Council would expect to receive around £7.8m annually.

From October 2023, anyone with assets of less than £20,000 will not have to make any contribution for their care from their savings or the value of their home. Further, anyone with assets of between £20,000 and £100,000 will be eligible for some means-tested support. If a person's total assets are between £20,000 and £100,000, their local authority is likely to fund some of their care. People will be expected to contribute towards the cost of their care from their income, but if that is not sufficient, they will contribute no more than 20% of their chargeable assets per year. This change in threshold and the introduction of a CAP of £86k will result in the Council having to pick up more of the costs for care for which this funding is intended.

Current Lower Capital Limit is £14,250 compared to £20,000.

Current Upper Capital Limit is £23,250 compared to £100,000.

(I.e. we stop charging for care earlier, and we also start tapering their charges away at a much earlier stage.)

However, the government indicates that it will ensure local authorities have access to sustainable funding for core budgets

	at SR21. But it expects demographic and unit cost pressures will be met through council tax, the social care precept, and long-term efficiencies. Not sure how realistic this might be given the current pressures on demand and unit costs following COVID. There is also a potentially that in the first two years this additional funding is directed to the NHS to support the recovery of elective procedures and that local authorities have two years without any additional direct funding. This report is not requesting for any additional funding over and above the existing contracts / services that are already in place and funded within the recurrent 21/22 budgets. However, this does request that budgets are to be committed again from 2022/23 when most of these contracts expire. As this is seeking approval to progress the tender process, it should ensure that future contracts reflect current market prices and ensures the Council continues to support vulnerable people in the borough who are eligible and supports their needs within the financial affordability. It should also agree on value for money duty and obligations around care act; and also the Council's duty/ interest in maintaining market viability across different types of care
Legal Implications: **(Authorised by the Borough Solicitor)**	This report provides a helpful overview for the Board in relation to the services commissioning intentions for 2022-2023. As set out in the report, there is a comprehensive commissioning programme that will require robust management particularly in light of the challenges being faced in a number of the markets together with changes in demand. In addition, as set out in the report on going support and advice will be required from STaR in relation to the most appropriate procurement route for each commission together with the identification and mitigation of any potential risks. Each of the recommissioning exercises will be subject to their own due diligence including legal and financial, governance and decision-making in line with the council's Contract Procedure Rules.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Living Well and Working Well and Aging Well programmes for action
How do proposals align with Locality Plan?	The service links into the Council's priorities :- • Help people to live independent lifestyles supported by responsible communities. • Improve Health and wellbeing of residents • Protect the most vulnerable
How do proposals align with the Commissioning Strategy?	The proposals follow the Commissioning Strategy principles to: • Empower citizens and communities • Commission for the 'whole person' • Take a 'place-based' commissioning approach to improving health, wealth and wellbeing • Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:	This is a contracting decision so has not been discussed at HCAG
Public and Patient Implications:	Those accessing the service have been identified as having eligible needs under the Care Act 2014 or are assessed as requiring preventative services to delay eligibility and entrance to eligible services.
Quality Implications:	These services support quality outcomes for people to be able to continue living well in their own homes and local communities.
How do the proposals help to reduce health inequalities?	The service delivers whole life support to vulnerable people including ensuring individuals have access to healthy lifestyles.
What are the Equality and Diversity implications?	There are no negative equality and diversity implications associated with this report. Equality Impact Assessments have been produced and are available from the report author.
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider. Privacy Impact Assessments have not been carried out.
Risk Management:	Risks will be identified and managed by the appropriate officers.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Trevor Tench and Denise Buckley Telephone: 0161 342 3649 e-mail: trevor.tench@tameside.gov.uk Telephone: 0161 342 3145 e-mail: denise.buckley@tameside.gov.uk

1. INTRODUCTION

1.1 The report details Adult Services commissioning intentions for 2022 – 2023. The report seeks authorisation to:

Adult Services

(i) Tender the provision of Support at Home/Homecare Service for a new contract to commence 1 November 2022
(ii) Tender for the provision of a "Through the Night" Service for a new contract to commence 1 November 2022
(iii) Tender the provision of Extra Care Support Services for a new contract to commence 1 November 2022
(iv) Tender the provision of a Specialist Day Service for People With Dementia for a new contract to commence 3 December 2022
(v) Provision of a Direct Payment Support Service for a new service to commence 1 November 2022
(vi) Tender for a Framework of DoLS Assessors to commence no later than 31 March 2023
(vii) Extend the core funding with Action Together to act as the local infrastructure organisation to the voluntary, community, faith and social enterprise sector (VCFSE) to commence 1 April 2022
(viii) Re-contracting the Pre-Placement Agreement for Care Homes Contract in Tameside
(ix) Provision of Specialist Dementia Care Home beds within the current Framework of Care Home Providers
(x) Enter into a Framework Agreement in order to access the delivery of effective telecare and assistive technology equipment to commence no later than 1 April 2022
(xi) Enter into a Framework Agreement in order to access Interpreting Services to commence no later than 1 April 2022

Population Health

(xii) Tender the provision of a Clinical Lead for Primary Care Sexual Health
(xiii) Tender for the provision of Formula Milk for Women Living With HIV

2. SUPPORT AT HOME/HOMECARE SERVICE

2.1 The current contracts commenced 31 October 2016 for a period of 3 years with the option to extend for a further 3 years which has been invoked.

2.2 Following a tendering exercise in 2016, services were remodelled based, in part, on a wider GM transformation programme to help ensure a more sustainable homecare market. The contracts were awarded to six zoned providers delivering to designated areas covering twenty nine postcodes across the Borough. In addition, a standing list of providers was also developed as part of the wider tender exercise with eighteen currently approved to deliver standard homecare to pick up the work the six zoned providers are not able to cover.

2.3 Using a developmental contract, the new model was designed to facilitate more person centred approaches with a strong outcomes focus, but also recognised that the previous approach – essentially time and task - was unsustainable, not least with regard to the recruitment and retention of staff. Commissioning on the basis of outcomes has worked to develop the following:

- A strong on-going reablement emphasis
- Providers as integral partners in an integrated approach to care and support
- Staff to have blended health and social care roles
- Providers and service users to co-produce care and support plans

2.4 The six successful providers have been working in partnership with each other, with commissioners and with other key stakeholders towards the new model since the award of

contracts. The partnership work has included the open sharing of ideas, experiences, good practice, offers of shared resources and co-producing a suite of person centred documentation.

2.5 Key developments over the last few years include the introduction of moving with dignity manual handling practice, an award winning blended roles pilot and provider-led reviews that have moved the support role ever closer to a "trusted assessor" role.

2.6 Up until the pandemic, demand, in terms of hours, was well managed with providers working closely with their neighbourhood colleagues to flex and review support. The demands of the pandemic however, have meant that commissioned hours have hours have increased by approximately 24% over the 16 month period.

	May 2016	**March 2020**	**August 2021**
No of Commissioned Hrs	9,912	10,080	12,524
No of People Accessing the Service	952	965	1088

2.7 In 2016, as part of the re modelling and annual fee setting process, a cost of care framework was agreed and this methodology has been in place ever since and is used to establish the rates each year for the "support at home" rate paid to the zoned providers and the "standard" home care rate for all other providers. The rates approved for 2021-22 were £18.45 per hour for the "support at home" service, and £16.65 per hour for the "standard" home care service. Rates for additional services such as Sleep In (£ 110.63) and Waking Night (£147.48) are also identified as part of the fee setting and are the same across the support at home service and standard service.

2.8 For the proposed new contract, the intention is to move from six zoned providers to four - each neighbourhood would have one dedicated homecare provider (West and East currently have two). This should further cement the close partnership working fostered over the last five years whilst embedding a more sustainable business model for providers based on, for most, more hours.

2.9 Adult Services will be working closely with the STAR Procurement team to undertake an appraisal of the different procurement options available and permission is therefore sought to tender the service with a view to awarding a new contract for 6 years 5 months to end in line with the financial year 31 March 2029 years.

3. THROUGH THE NIGHT SERVICE

3.1 The Council also has in place an in house service that delivers through the night support. The service offers domiciliary support outside of the core delivery hours of the support at home/homecare service. The levels of support cover areas such as positional turns, toileting, fluid intake, medication, and carer break.

3.2 The in house service currently delivers 322 hours of support to 37 people across the borough each week. The service operates from 21.15 to 07.00 delivering four rounds per night each covered by 2 workers – each round delivering 19 calls.

3.3 The demand for through the night support has continued to increase with the aim of the services to enable individuals to remain living in their homes and supported within their communities. Due to capacity within the in house service being exhausted additional support has been commissioned from a provider on the support at home/homecare approved list – this additional service currently delivers 115 hrs per week to 10 individuals but is at capacity and there are currently four people waiting for support through the night.

3.4 Further work is required to understand current and unmet need demand in this area and the

comparative costs between in house and external service provision. This will determine future commissioning requirements and confirmation of either increasing through the night service provision through expansion of the in house service or procurement through an independent provider.

3.5 Adult Services will be working closely with STAR to undertake an appraisal of the different procurement options available and permission is therefore sought to tender the service if this is required in line with the support at home/homecare service with a view to awarding a new contract for 6 years 5 months to end in line with the financial year 31 March 2029 years.

4. EXTRA CARE SUPPORT SERVICES

4.1 The Council currently has 4 extra care schemes delivering housing and support to individuals aged 55 and over. The extra care buildings themselves are provided by different housing associations, and the care and support is delivered by four providers and sit within the zones as described in the homecare service above.

4.2 Extra Care Sheltered housing schemes are larger schemes of individual self –contained flats with an on-site staff team providing support 24 hours per day to meet the assessed needs of all tenants. The philosophy behind extra care sheltered is that people, can with the right support, be supported in their own flats without the need to move into costly residential care.

4.3 In 2016, at the time of the re -procurement of the homecare model described above, the extra care schemes were aligned with the zoned areas across the borough. In addition the funding model was also reviewed in line with the cost of care modelling.

Schemes	Core Hours per week	Core Overnight Arrangements per week	Number of Tenancies
Melbourne Court (Stalybridge), Hurst Meadow (Ashton), Fairfield Court (Droylsden), Beatrix House (Dukinfield)	1,100	14 Sleep Ins, 14 Waking Nights	136

The review moved the contract away from payment against commissioned hours to a core contract rate for both a number of day hours and overnight support which was broken down as highlighted in the table above.

4.4 In addition to the core hours which are designed to ensure a 24 hour presence within the schemes and are a key element of this type of service, a number of individual hours are also delivered, but these alter dependant on the assessed needs of people living in the schemes. As of the end of August 2021, the weekly delivery across the services is 1100 core hours and 122 additional individual hours.

4.5 The delivery of care and support across the schemes has changed over the course of the contract with services users' needs becoming more complex not only in terms of care and health needs but also increasing numbers of people with dementia. This has meant increasing pressure on the levels of core hours which are increasingly tied into continuous assessed care and support tasks which has the effect of little flexibly to respond to the ad hoc calls associated with extra care. There is a need to recast the levels of core hours across the schemes in line with best practice. Models of service describe a core base line of between 11 and 14 hours per service user per week to deliver an effective extra care service; Based on current occupancy the current delivery in Tameside equate to just under 12 hours per person per week. The Council is seeking to review the levels of core hours and the financial envelope to support best practice.

4.6 Performance monitoring meetings with the provider sector delivering care and support to these

schemes has indicated a preference to move to one overall provider. Financial sustainability in terms of volumes of service delivery that support this are a key factor for providers.

4.7 The Council has concluded that a move to a single provider will support the best use of the overall resource available to deliver this service whilst meeting the principles of the extra care model. It is believed that a single provider controlling the single resource will enable an improved and more flexible delivery. It will also provide an opportunity to develop a wider base of support that will include those with more complex health and social care needs that will support the whole system in terms of hospital discharge and a reduced need for care home placements.

4.8 In addition, the Council is currently through its Adult Services Accommodation Plan developing its portfolio of extra care schemes with a further 4 schemes planned which will deliver a further 320 tenancies across the borough. The proposal is to align the care and support within the schemes to the contract as outlined above to enable maximum benefits in the Council managing the demands for care and support going forward.

4.9 Adult Services will be working closely with STAR to undertake an appraisal of the different procurement options available. This will include the tender for the initial four schemes and consideration to work within procurement Standing Orders for the care and support requirements as further schemes come on board. Permission is therefore sought to tender the service with a view to awarding a new contract for 6 years 5 months to end in line with the financial year 31 March 2029.

5. SPECIALIST DAY SERVICE FOR PEOPLE WITH DEMENTIA

5.1 The contract commenced on the 3 December 2017 for a period of 5 years with the contract due to end on 2 December 2022.

5.2 The service is aimed at providing daytime support and activities to those people with a diagnosis of dementia whose needs are such that they are best met by a service able to provide a level of specialist support not readily available in mainstream or other social care settings.

5.3 The service is based around both a building and community based service, offering flexibility to meet individual's needs. The contract requires the service to provide up to 140 building-based places per week, and 56 places in the community day service element (eight places per day), giving a combined total of 196 places per week.

5.4 Inclusive in service delivery is also the arrangement of safe and reliable transport for Service Users to be supported to and from the Service, where this is required. In addition, meals provision inclusive of drinks and snacks are in place that help make a major contribution to Service Users' participation in and enjoyment of daily living routines and recognise this as an important social occasion.

5.5 The service currently utilises Wilshaw House, Ashton-under-Lyne, in delivering the building based element of the service. The building is provided by the Council who have responsibility for the maintenance and up-keep of Wilshaw House. There are discussions to source an alternative building to deliver the service as part of the Council's wider Accommodation Strategy.

5.6 The current contract is for £417,301.00 per annum for the financial year 2021-22. In order to access the service, individuals need to have a diagnosis of dementia, may present with behavioural difficulties and have needs that can no longer be met without a level of specialist support. The service is key in supporting carers to continue their role in enabling the person to live within their own home in the community and avoid more costly 24 hour care. The overall

demand for the service is high with a waiting list in operation.

5.7 Adult Services will be working closely with the STAR Procurement team to undertake an appraisal of the different procurement options available and permission is therefore sought to tender the service with a view to awarding a new contract for 7 years.

6. DIRECT PAYMENT SUPPORT SERVICE

6.1 The current agreement for the provision of a Direct Payment Support Services commenced 1 November 2017 for a period of 5 years.

6.2 Direct Payments are an alternative to traditional care and support services. The Council provides cash payments for individual service users to purchase services that meet their assessed care needs. This gives the person receiving services more choice and control over how their care needs are met. Recipients of Direct Payments can choose to employ their own care workers known as Personal Assistants (PAs) or to buy services from a provider or a mixture of the two.

6.3 In providing Direct Payments local authorities are required to have in place a service to support those who need assistance in managing their Direct Payments. The Direct Payment Support Service provides an advisory and practical support service to service users and carers so they can manage their Direct Payment and continue to live in their own homes in safety and comfort whilst maintaining their independence and dignity.

6.4 The delivery of the service offers 3 functions as follows:

a. Standard Payroll service - to assist people to manage their payroll and tax functions which includes:
   - Calculate gross to net pay to include making national insurance and tax deductions and calculating statutory sick pay and statutory maternity/paternity pay.
   - Complete a declaration of compliance and set up a workplace pension provider on behalf of the Service User.
   - Provide HMRC approved security sealed payslips
   - Produce P60 forms at the tax-year end
   - Send the Service User relevant pay slips, copies of payroll runs and paperwork detailing payments to be made to employees and HMRC
   - Provide professional unlimited payroll advice to Service Users with regards to people they employ via their Direct Payment

b. Managed Accounts service with Payroll – this element of service is provided to service users who are vulnerable to financial abuse or who lack capacity to manage using just the payroll service or are unable to open and manage a bank account which includes:
   - The services specified in the Standard Payroll Service (as outlined above)
   - Direct Payment funds paid to the Provider to be held in a client account on the individuals behalf
   - Make relevant payments to HMRC, Personal Assistants and Service Providers using the Service Users funds.
   - The settlement of invoices

c. Managed Accounts service without Payroll - provided for people who are vulnerable to financial abuse or who lack capacity to manage using just the payroll service or are unable to open and manage a bank account:
   - Provided for Service Users who purchase all of their services from provider organisations and do not employ Personal Assistants
   - Payment of Service Users' authorised invoices to the provider

6.5 In 2017, the service moved from an individual commission based on each individual service user's requirement, i.e. a spot purchase arrangement, to a block arrangement within a defined contract price. The current contract has operated within this parameter with the remit to manage fluctuations across the different tasks and demands as detailed in 6.4. The block arrangement at the time of contract commencement was based on provision to 255 Service Users, 114 with a standard payroll service, 102 a managed account with payroll and 39 managed account without payroll

6.6 Over the duration of the contract the demand for the service has grown and changed, particularly in relation to those who require managed accounts with or without payroll. This overall has given less flexibility for the provider to manage the block price as fewer service users accessing the service require only the standard payroll service.

6.7 A review of the service, as part of the re tender process will consider the following options:

- Retender the service;
- In house management via payment cards;
- Cease delivery of the service

6.8 Adult Services will work closely with STAR to undertake an appraisal of the different procurement options available. Permission is therefore sought to tender the service with a view to awarding a new contract for 5 years if this is considered the best value option.

7. DEPRIVATION OF LIBERTY SAFEGUARDS ASSESSORS FRAMEWORK

7.1 A DoLS Services is required to meet statutory guidelines by assessing whether a person's care or treatment amounts to a Deprivation of Liberty and is in that person's Best Interest. At present the DoLS Assessments are performed by a number of qualified assessors through a spot purchasing mechanism operated by the Council. However, this is not a formal procurement route.

7.2 In July 2018, the government published a Mental Capacity (Amendment) Bill which will see DoLS replaced by the Liberty Protection Safeguards (LPS). This passed into law in May 2019. Under LPS, there will be a streamlined process to authorise deprivations of liberty. This legislative change was due to be implemented in October 2020. However, further guidance has not yet been received with local authorities and other agencies awaiting the release of the draft code of practice which will form the basis of consultation.

7.3 The Council currently has 34 approved providers and for the period 1 April 2019 to 31 March 2020, 721 best interest assessments (BIAs) were carried out. The cost of service delivery for BIA assessments service is for £275 for full form assessment, £175 for a short form assessment, and £173 for a Mental Health Assessment. This is in line with payments made by other authorities across Greater Manchester. The current spend is approximately £202,000 per annum. In order to meet with the assessment criteria for DoLS the Council recruits Best Interest Assessors (BIA) and S12 Doctors (Mental Health Assessors).

7.4 In order to ascertain the capacity of the market, particularly with the uncertainty of future legislation, a soft market test was launched in March 2021. The soft market test was undertaken to identify the capacity of providers to complete a procurement exercise to enter into a formal framework agreement under current legislative arrangements and again once further changes to this would be known. In total, 12 organisations, this represents 34% of the volume of providers, responded to the soft market test and these were a mix of current and new suppliers. However only 3 of these were current providers, all 3 were Best Interest Assessors and none were Mental Health Assessors (Doctors), this represents 8% of the current volume of providers).

7.5 A risk analysis was undertaken with STaR procurement which identified that if all 12 applicants applied and the 9 new applicants met the required standard, then this would still be well below the number required to deliver the volume of work. Many authorities have long waiting lists and Tameside have a high standard of providers and no waiting lists. DoLS assessments are time critical and not meeting need by having a long waiting list could result in legal challenges.

7.6 Other considerations to a delay in procurement are:

- Providers are individual local specialist practitioners who may have to repeat procurement, in close succession, once the full extent of the new legislation requirements are known.
- The details of their role and the specification and terms and conditions required will change under the new legislation therefore time is needed to allow for the development of these to meet the Councils obligations in delivering these services going forward.
- The risk of challenge is low as providers can request to be added to the current list as long as they meet the required standards. Regular correspondence is sent to the provider list where they have the option to deliver the particular work dependent on their current capacity.

7.7 Taking the above into consideration, commissioners have continued to work with STaR and the advice is to monitor the current situation and undertake one procurement exercise when there is clarity on the changes to legislation. This will ensure any procurement exercise will meet the Council's obligations and ensure the sector has the right information and training available to meet any new requirements.

7.8 Approval is sought for Adult Services to work closely with STAR to undertake an appraisal of the procurement options and permission is therefore sought to tender the service with a view to awarding the contracts to commence no later than 1 April 2023 with a new contract for 5 years.

8. ACTION TOGETHER CORE FUNDING – VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR (VCFSE)

8.1 The Council has a longstanding and positive working relationship with the voluntary sector and Action Together. Historically, the Council has supported Action Together with core funding to support the delivery of their roles as the only infrastructure support agency for the VCFSE sector in Tameside.

8.2 The 'core infrastructure offer' is funded by both the Council, Clinical Commissioning Group and Population Health. The core aims of the offer are to provide a comprehensive range of services to engage, encourage, develop, support and sustain the Voluntary and Community Sector in Tameside.

8.3 Action Together have continued to develop the delivery of the overall aims throughout the life of the agreement that have supported the Council's Corporate Plan in relation to Starting Well, Living Well and Ageing Well. These aims are outlined as follows:

Support for the development of the Voluntary and Community Sector, including:

- To support the sustainable development of Voluntary and Community Sector organisations and initiatives which increase the ability of the sector to contribute to the achievement of the Council's Corporate Plan.
- To research existing local voluntary and statutory provision and identify any significant gaps in provision
- To be proactive in working with the local Voluntary and Community Sector, to build its capacity to develop local provision for unmet need
- To give direct support to new and emerging groups
- To be proactive in working with the local Voluntary and Community Sector, to increase

activity that encourages and supports more inclusive and cohesive communities
- To explore and where possible, develop provision for and with other linked commissioning agencies, for example Adult Social Care, Children and Young People, Population Health, Clinical Commissioning Group etc.

Support services which will improve the functioning and develop the capacity of local voluntary and community groups, including:
- To provide accessible, accurate, relevant information in various formats
- To provide or signpost advice and guidance on a range of relevant topics, including fundraising
- To provide or signpost on a range of practical resources for local groups
- To provide appropriate, accessible training and/or information on local training partner providers
- To maintain a Directory of local and relevant sub-regional, regional and national Voluntary and Community Sector infrastructure support organisations
- To promote local Voluntary and Community Sector activity
- To regularly monitor and evaluate information, advice and training services
- To support the links between regeneration and the VCFSE Sector

Liaison services that develop and maintain links across the Voluntary and Community Sector, statutory and private sectors, including:
- To support effective communication and liaison between the Council and the Voluntary and Community Sector to improve joint working towards the aims of the Corporate Plan.
- To establish communication channels between the Voluntary and Community Sector and statutory and private sectors
- To provide networking opportunities for Voluntary and Community Sector groups and organisations
- To provide spaces in newsletters for information and relevant policy items from local agencies
- To maintain regular contact and effective links with other local voluntary and community support agencies, especially around common areas of work
- To work in collaboration with public organisations to conduct and/or share the results of consultation

Representation services which will enable the diverse views of the local voluntary and community sector to be represented, including:
- To provide support for the Tameside Partnership Engagement Network as the recognised network of voluntary and community activity.
- To review and work with partners to improve the arrangements for the representation of all parts of the community of Tameside. To work with partners to increase the effectiveness of mechanisms for consultation with local groups and communities, especially those from the Tameside priority neighbourhoods
- To provide opportunities for response to consultations and to provide feedback to groups on the outcomes of consultations
- To arrange occasional meetings for the Voluntary and Community Sector with the local authority, NHS bodies and other statutory sector partners
- To ensure local networks and groups share information and create opportunities that contribute to and enable a better shared understanding and knowledge of diversity in Tameside.

Strategic partnership working services, including:
- To encourage and enable effective involvement of the local Voluntary and Community Sector in the Tameside Partnership Engagement Network and, where applicable, other local and sub-regional strategic partnerships.
- To ensure the accountability of Voluntary and Community Sector representatives to the sector on strategic bodies and partnerships

- To contribute to the consultation process for reviews of the Tameside Community Strategy
- To support the participation of the Voluntary and Community Sector in the development and delivery of the Local development Framework.
- To ensure that the local Voluntary and Community Sector needs are represented at sub regional, regional and national levels

Volunteering services, including:

- To provide support to prospective volunteers to increase the number of active Tameside Volunteers.
- To provide support for volunteer coordinators that helps develop and sustain experience for Tameside Volunteers.
- To provide support for organisations and projects (from the voluntary, community and statutory sectors) that involves volunteers to increase the number of opportunities available to Tameside Volunteers.
- To undertake strategic, developmental, policy and promotional work and to continually develop and review the Tameside Volunteering Strategy, enabling a flourishing Volunteer culture across Tameside.

8.4 The key aspects of the VCFSE sector's role in providing services in the local community are that they often involve service users in running the services; they are generally informal; they rarely deter members of the public because of any perceived official status; and can be flexible, innovative and respond to needs identified in the community.

8.5 In addition, the VCFSE sector is crucial in supporting the Council in meeting its responsibilities, particularly in relation to prevention and well-being, information and advice, market shaping and carers. This in turn supports the Council to meet its obligations as outlined in The Care Act 2014 in relation to information and advice (including advice on paying for care), prevention and well-being; market shaping; assessments (including carers' assessments); national minimum threshold for eligibility; personal budgets and care and support plans; safeguarding and universal deferred payment agreements.

8.6 The Council faces significant budgetary challenges over the coming years. The VCFSE sector is an important element in helping the Council deliver savings and looking at delivering support in different ways to ensure people are able to live well at home. The partnership between the Council and Action Together will support these challenges in driving significant sustainable growth of voluntary organisations operating in the borough, providing essential support to a wide variety of user groups both above and sub-threshold, as well as supporting the growth and support of volunteering opportunities.

8.7 Approval is sought to award a new agreement for 3 years to end 31 March 2025.

9 RE-CONTRACTING THE PRE-PLACEMENT AGREEMENT FOR THE CARE HOMES CONTRACT IN TAMESIDE

9.1 The Council has, under the Care Act 2014, a duty to meet the assessed needs of Service Users who have been assessed as requiring 24 hour support in a residential or nursing home setting.

9.2 The current contractual arrangement is due to cease on 31 March 2023 and, in order to continue to meet statutory requirements, a new contract will need to be negotiated with the sector. Current spend on residential and nursing care in Tameside is approximately £25 million a year.

9.3 The Council has a recognised cost of care template that has been agreed with the providers to identify the actual costs of providing the care and support, and this model will form the basis

of future care negotiations. As the Council agrees the rates it will pay providers, and care homes themselves are buildings within the Borough of Tameside, there will be no need to tender for services as this would be an abuse of power.

9.4 The current contract is based on the NHS Short Form contract terms and conditions which, because Tameside and Glossop Clinical Commissioning Group are signatories to the contract, we are mandated to use. It is anticipated that we would continue to use the NHS Short Form contract for future negotiations, but this would need to be agreed with the new Greater Manchester Integrated Care System (GMICS).

9.5 Approval is sought for Adults Services to work closely with the CCG/GMICS to renegotiate a new 5 year contract with the independent care home sector.

10 DEVELOPMENT OF MORE SPECIALIST DEMENTIA CARE HOME BEDS FOR OLDER PEOPLE WITHIN THE CURRENT FRAMEWORK PROVIDERS

10.1 The level of need for service users entering residential provision has over time increased considerably. The success of the living well at home service has meant individuals remain supported in the community for longer, only requiring residential care at a point when needs are more complex and there are increased risk of remaining at home.

10.2 Over a number of years one care home (Yew Trees operated by HC-One) has demonstrated they are able to provide the appropriate care and support for service users who exhibit more behaviours that challenge services, and this home has been the 'go to' care home with the Neighbourhood Team social workers for the more complex cases. The home has a maximum capacity of 43 beds, with the Council purchasing on average 32 beds per week.

10.3 This increased commissioning at Yew Trees has been a direct response to the changing needs of service users which in turn has supported the whole health and social care economy, and in particular ensuring hospital discharge for those who have complex needs.

10.4 It has been agreed, as a short term measure with HC-One, that the Council supports this provider with additional funding as they have a facility with the right environment, staffing levels and additional training to support the requirements over and above the enhancements to care home rates for those with challenging behaviour. An exercise to review the cost of care model identified an additional rate of £30.66 per week to deliver this further specialist provision. This is in addition to the standard care home weekly rate for challenging behaviour placements at £602.00 and enhanced rate at £644.14 (enhanced rates require providers to meet a set of standard over core contract requirements such as levels of registered manager and staff qualifications, completion of gold standard framework for end of life, CQC rating of good or outstanding and enhanced service user plans).

10.5 The intention is to open the offer of a more specialist dementia care home provision to the providers who have already agreed to the pre-placement agreement for the provision of Permanent, Temporary or Respite Care for Older People in a Care Home in Tameside. Offering the service to the wider market will ensure that the Council is seen to be acting in an open, fair and transparent manner with the providers and working in line with the Procurement Standing Orders. The offer will be seeking an establishment to deliver more specialist dementia beds on a place by place basis against the additional weekly payment of £30.66 on top of any standard rates. The provider will be required to demonstrate it can adapt to the needs of this increased challenging group of individuals, offer the right environment, have appropriate staff training and a staff ratio at a minimum of 1:5 (staff:resident).

10.6 Approval is sought for Adult Services to work closely with STaR to undertake an appraisal of the service requirements with a view to awarding a new contract which will initially end in March 2023 (the end of the current care home contract contract), with the potential to extend to in line

with the next care homes contract (current thinking is that this will be a 5 year agreement from 1 April 2023).

11 FRAMEWORK AGREEMENT IN ORDER TO ACCESS THE DELIVERY OF EFFECTIVE TELECARE AND ASSISTIVE TECHNOLOGY EQUIPMENT

11.1 Tameside Adult Services operates an in-house 24 hour 7 days a week telecare service. Staff are employed to provide an emergency response service 24 hours a day, 365 days a year to people of Tameside who are clients of the Community Response Service (CRS). As at the end of August 2021, there were 2,749 customers residing in 2,397 properties connected to the service. The CRS Call Handling System receives approximately 16,000 alerts every month.

11.2 CRS customers range in age from 18 years, with no upper age limit with 1,061 people aged 85 years and over living independently within the community with the help of telecare systems.

11.3 The service has 2 contractual elements, a call handling system which is delivered by Tunstall and a range of equipment currently purchased directly from suppliers with Tyntec (Legrand) one of those most utilised. STaR Procurement have advised that the purchase of equipment directly from suppliers is outside of Procurement Standing Orders regulation in relation to spend equating to over £25,000 and that this will now require consideration to the route to market.

11.4 The equipment element of the service provides a range of sensors and devices, dependent upon the needs and health of individuals. Some devices are activated by the user, by pressing their pendant alarm; others are automatically triggered by sensors installed in the home. When the button is pressed by the customer or activated by a telecare sensor, an alert is raised at the Control Centre. Appropriate action is taken by staff at the Control Centre; this may be to contact relatives or friends, to call emergency services or for a Community Response Worker to respond by attending the customer's home. The service aims to respond physically to calls that require a warden within 20 minutes.

The focus of the service is very much a community offer based on early intervention and prevention with, on average 68% of customers not receiving an assessed package of care and CRS is their only form of support and contact with services. CRS is also key in reducing risk to some very vulnerable and frail older people in the community, and on reducing GP and A&E attendance. Key to this is the partnership work across the CRS and the Digital Health Service in Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). This means that Digital Health is available to CRS customers should they feel unwell in their own homes and require an assessment via SKYPE to a clinician at the hospital. Community Response Workers carry handheld tablets which enable a visual assessment by a clinician at the Digital Health Hub, and equipment to enable them to carry out a set of observations. During the period April to September 2021, the service has contacted Digital Health 309 times, resulting in avoidance of 239 A&E attendances (avoiding unit costs of £200 per ambulance conveyance and £150 per A&E attendance) and 101 avoided GP appointments at £38 per attendance.

11.6 Having an equipment element to the overall delivery of the Community Response Service is paramount to supporting the prevention and early intervention element of health and social care services and cost avoidance of more costly services.

11.7 Adult Services have been working closely with STAR to undertake an appraisal of the different procurement options available and permission is therefore sought to enter into the Northern Housing Consortium Technology Enabled Care Services Framework for a period of 5 years.

12. FRAMEWORK AGREEMENT IN ORDER TO ACCESS INTERPRETING SERVICES

12.1 The Council has a responsibility under the Care Act 2014to carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care.

12.2 Adult Services, in line with the Care Act have four locality teams covering the neighbourhoods across the borough who are responsible for carrying out social care assessments for those directed to these teams.

12.3 In order for those teams to fully support individuals and their families to undertake an assessment and determine any eligibility, the need for an interpreting service may be required and this can often be in an emergency or crisis situation.

12.4 Current arrangements are made directly by the four locality teams to a variety of providers with spend per annum at approximately £6,000. It has been identified that there is a need to have in place access to interpreting services that are responsive and are delivered within procurement standing order requirements.

12.5 Adult Services have been working closely with STAR to undertake an appraisal of the different procurement options available and permission is therefore sought to enter into the ESPO Framework for Language Services for a period of 5 years.

13. PUBLIC HEALTH CLINICAL LEAD (PRIMARY CARE – SEXUAL HEALTH)

13.1 The Tameside Clinical Lead (Primary Care Sexual Health) role is one aspect of a wider programme around sexual health.

13.2 Sexual health is a general term used to describe sexual and reproductive health, and includes topics such as contraception; sexually transmitted infections; HIV; sexual health promotion and sexual health inequalities.

13.3 The Clinical lead role contributes to the two high level outcomes in the 'Public Health Outcomes Framework (PHOF)' 2019/20.

- Increased healthy life expectancy
- Reduced differences in life expectancy and health life expectancy between communities.

13.4 In addition, the role contributes towards the sexual health outcomes set out within the Sexual and Reproductive Health Profiles.

13.5 Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group have integrated resources to form the Tameside and Glossop Strategic Commission with a Corporate Plan 'Our People – Our Place – Our Plan' that reflects the priorities and guiding principles for joint work in the area. The plan is structured by life course – Starting Well, Living Well and Ageing Well, underpinned by the cross cutting aims that Tameside and Glossop is a Great Place, and has a Vibrant Economy. Within each life course there is an identified set of goals to achieve for people in the area throughout their life. Tameside Population Health has a key role in driving this agenda.

13.6 Sexual health outcomes are relevant across each life course and are a significant contributing factor to a range of the specific outcomes and objectives within the Tameside & Glossop Corporate Plan.

13.7 The Clinical Lead, Population Health team, Primary Care Networks (PCNs) and the local specialist sexual health service will work together to implement any revised policy and strategic outcomes relevant to the delivery of this service.

13.8 The overall ambition for the role is to support the vision for Tameside's sexual health - to support the Tameside Public Health vision: "All Tameside residents are able to express themselves, be confident, have choice and take control of decisions about their sexual and reproductive lives. This includes all residents having open access to services and reliable information, in a way that effectively meets their needs".

13.9 The Clinical Lead role will:

- Provide clinical governance, oversight and advice in relation to sexual health to the Public Health Commissioners
- Advise on the sexual health offer in Primary Care
- Lead, alongside Public Health commissioners, development of the PCN sexual and reproductive health offer across Tameside
- Support the creation of a long term strategic approach to sexual health both at a borough-wide level and focussed on primary care via the PCNs, and the development of new models of delivery.
- Understand the local Sexual Health provider offer across the range of sexual health services commissioned by the Council (and which the Council contributes to) and identify areas for service improvement or change.
- Contribute to discussion relating to investment and budget-setting in relation to Sexual Health
- Support work to increase the use of Long Acting Reversible Contraception across Tameside, with a specific focus on Primary Care
- Be aware of service access barriers with a particular focus on groups who are under-represented in services, and groups who present with increased levels of risk
- Work with GP practices, wider PCNs and other stakeholders across the system to reduce the late diagnosis of HIV
- Attend the Sexual Health Advisory Group quarterly meeting (or future equivalent) and task-specific group meetings as appropriate

13.10 Broader contributions this role will make include:

- The provision of professional advice and clinical expertise (where appropriate) to ensure that public health clinical commissioning has a strong client focus and improves quality, patient safety and performance so that appropriate outcome measures are included within all contracts.
- Support to commissioning leads in internal and external service review and benchmarking against best practice and to provide evidence for challenge of poor performance in service delivery in an effective, constructive and supportive manner.
- An increase in the number of people who receive patient centred care with respect to public health priorities in primary care, including support to access the full range of options to services available across Tameside
- A reduction in variation in quality of care for patients with long term conditions
- Development of strategic relationships through involvement in local strategy groups
- Development and delivery of training to support changes in practice
- Primary care representation in service reviews and the development of local service offers and pathways
- Clinical governance and oversight for services commissioned by Tameside Population Health which contribute to sexual and reproductive health outcomes. This role includes contributing to the development of service specifications, evaluation of tender submissions and representation on interview panels.
- Fostering of good relationships across the wider Tameside and Glossop Clinical Commissioning Group members and Primary Care Network Clinical Directors
- Provide leadership on the audit requirements of practices and providers
- Champion the rights of the patient in the NHS constitution.

13.11 The current contract is due to expire on 31 March 2022. A new role is required for a duration of five (5) years commencing on 1 April 2022. The plan is to procure 24 sessions per annum at a cost of £350 per session at a total cost of £8,400 per annum. Over a five (5) year period the cost of the service will be £42,000.

13.12 Adult Services, on behalf of Population Health, have been working closely with STAR to undertake an appraisal of the procurement options available. The procurement is below threshold therefore STAR have advised a risk based sourcing exercise by obtaining three (3) written quotations. The intention is to advertise the procurement across the Tameside GP network.

13.13 Permission is sought to work with STAR to procure the service by obtaining three quotations for a five (5) year contract commencing on 1 April 2022.

14. PUBLIC HEALTH FORMULA MILK FOR WOMEN LIVING WITH HIV

14.1 Breastfeeding is an identified route of vertical transmission (VT) of HIV. The British HIV Association 2018 guideline recommendations are that in the UK and other resource rich settings the safest way to feed infants born to mothers with HIV is with formula milk, as this eliminates on-going risk of HIV exposure after birth. It is recommended that infants be fed breast or formula milk for the first 12 months.

14.2 There is no data on the risk of HIV transmission via breast milk in resource rich settings. In resource poor settings, the overall postnatal risk of HIV transmission via breast milk (when women are treated with combination antiretroviral therapy (cART) is reported as 1.08% at 6 months and 2.93% at 12 months however in most of the studies women only received cART for 6 months and breastfeed for longer. In a more recent trial when women received cART throughout the breastfeeding period transmission rates were 0.3% at 6 months and 0.6% at 12 months. *British HIV Association guidelines for the management of HIV in pregnancy and postpartum 2018 (2019 second interim update) (bhiva.org).*

14.3 When women living with HIV are advised not to breastfeed, this can have a significant financial impact. There is a risk that some women with insufficient finances will forgo their own nutritional needs in order to afford formula for their infant, thus compromising their own health and potentially compromising the effectiveness of their HIV treatment. Women with irregular immigration status and no recourse to public funds and women with a low income are particularly vulnerable to these barriers. The provision of free formula milk, and the appropriate equipment to use it, alleviates any financial burden attached to this key prevention tool. This ensures that women can make decisions on how to feed their infant without being influenced by cost. Free provision of formula milk also has the potential to improve women's retention in HIV care postpartum

14.4 It is also important to be aware that not breastfeeding can come at an emotional, financial and social cost to women living with HIV and the British HIV Association advises that in addition to financial support for formula feeding women also receive appropriate support from their HIV Multi-Disciplinary Team, which may include peer support, psychological and practical support.

14.5 The estimated lifetime treatment costs for an infant contracting HIV in the first months of life is £622,800.

14.6 Despite its ability to eliminate postnatal transmission risks to infants, the provision of free formula milk and feeding equipment is not routinely commissioned in the UK, with a patchwork of different schemes or none at all operating with different funding and provision models. Formula milk is not routinely funded for infants born to mothers with HIV in Tameside or anywhere in Greater Manchester (to the best of our knowledge).

14.7 According to National Aids Trust policy briefing;
This is a fundamental omission which can undermine the other initiatives by medical professionals and parents to prevent VT and represents a commissioning gap in meeting UK clinical guidance'

14.8 Consultation has been undertaken with Greater Manchester Sexual Health Commissioning Leads to try to agree a consistent approach for the city region. It has not been possible at this stage for all localities to commit to providing the offer, however a similar approach (in terms of protocols and pricing schemes) is being taken within each locality that are able to offer the scheme and learning is being shared.

14.9 The proposal is the establishment of a scheme for the provision of free formula milk for babies born to women living with HIV who are resident in Tameside. The scheme will be on a spot purchase basis and delivered by George House Trust the current commissioned provider of HIV support services across Greater Manchester as part of the Passionate about Sexual Health (PASH) Partnership. The scheme would include the supply of a steriliser starter kit, 12 months' supply of formula milk and appropriate and ongoing HIV and infant feeding support for women living with HIV who give birth and live in Tameside.

14.10 The Passionate about Sexual Health (PaSH) Partnership is a collaboration between BHA, George House Trust and the LGB association. The PaSH partnership is commissioned by Greater Manchester (GM) Local Authorities to deliver a comprehensive programme of interventions to meet the changing needs of people newly diagnosed with HIV, living longer term with HIV or at greater risk of HIV.

14.11 In some of the GM Authorities George House Trust, as part of the PaSH Partnership delivers a scheme whereby women living with HIV who give birth and are resident in an eligible locality are provided with a starter steriliser kit and a free supply of infant formula milk for the first 12 months of the baby's life. The offer also includes HIV and infant feeding support from a dedicated Formula Milk Scheme lead.

14.12 The scheme is open to all women regardless of income or immigration status and operates on an agreed 'spot purchase' basis. The cost per individual supported is £799.20, which includes the cost of a starter steriliser kit and formula milk for the first 12 months of the life of the baby, see breakdown of costs below.

Formula Milk = £10.85 x 52 weeks	£564.20
£5 delivery cost (from on-line supermarket) x 12	£60
Starter Steriliser Kit	£75
Management and Admin Cost	£100
TOTAL	**£799.20**

14.13 STAR have been consulted in relation to this procurement and have advised that spend below £4,999 only requires one written quote and no involvement is required from STAR as long as approval is obtained to sign off the agreement. STAR recommend that the council initially enter into an agreement for a period of two years, (with the option to extend for a further 12 months) or up to a maximum budget of £4,999. Spend will be monitored throughout the contract duration.

15. CONCLUSION

15.1 This report seeks approval to progress the tender exercises and contract extension as noted above.

15.2 Contract lengths proposed range from between 3 and 7 years and reflect discussions with providers in the various services on terms that would provide best value and attract the

greatest interest from potential bidders. The longer length suggested for some contract reflect how conscious the Council is to the challenging times providers are currently operating in with costs rising significantly and significant pressure in recruiting suitably qualified staff being particular issues currently – it is clear that longer commitments to providers make managing such issues more attractive.

15.3 To mitigate the award of longer contracts there will be ongoing robust performance management of providers and the contract's Key Performance Indicators. The monitoring will have a particular emphasis on the delivery of positive outcomes for all individuals being supported across the contracts. In addition there will be robust fiscal management and review to ensure that contracts are performing within the values agreed on contract award and continue to provide best value to the Council.

15.4 Where contracts are not performing to the quality and value required by the Council the contract terms include a "no fault" termination clause which allows the Council (or Provider) to end the contract with six months notice

15.5 In supporting progression of the tender exercises and contract extension, the Council is ensuring it continues to support vulnerable people in the borough who have eligible care and support needs in line with the Care Act 2014.

16. RECOMMENDATION

16.1 As set out at the front of the report.