



CABINET

7.30 pm	Wednesday 6 July 2022	Council Chamber - Town Hall
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Members 9: Quorum 3

(Leader of the Council), Chairman

	Cabinet Member responsibility:
Councillor Keith Darvill	Lead Member for Climate Change
Councillor Gillian Ford	Lead Member for Adults and Health
Councillor Oscar Ford	Lead Member for Children's Services
Councillor Paul McGeary	Lead Member for Housing
Councillor Paul Middleton	Lead Member for Corporate, Culture and Leisure Services
Councillor Ray Morgon	Leader of the Council
Councillor Barry Mugglestone	Lead Member for Environment
Councillor Christopher Wilkins	Lead Member for Finance and Transformation
Councillor Graham Williamson	Lead Member for Development and Regeneration

Zena Smith
Democratic and Election Services Manager

For information about the meeting please contact:
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Webcast

Please note that this meeting will be webcast.
Members of the public who do not wish to appear
in the webcast will be able to sit in the balcony,
which is not in camera range.

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Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

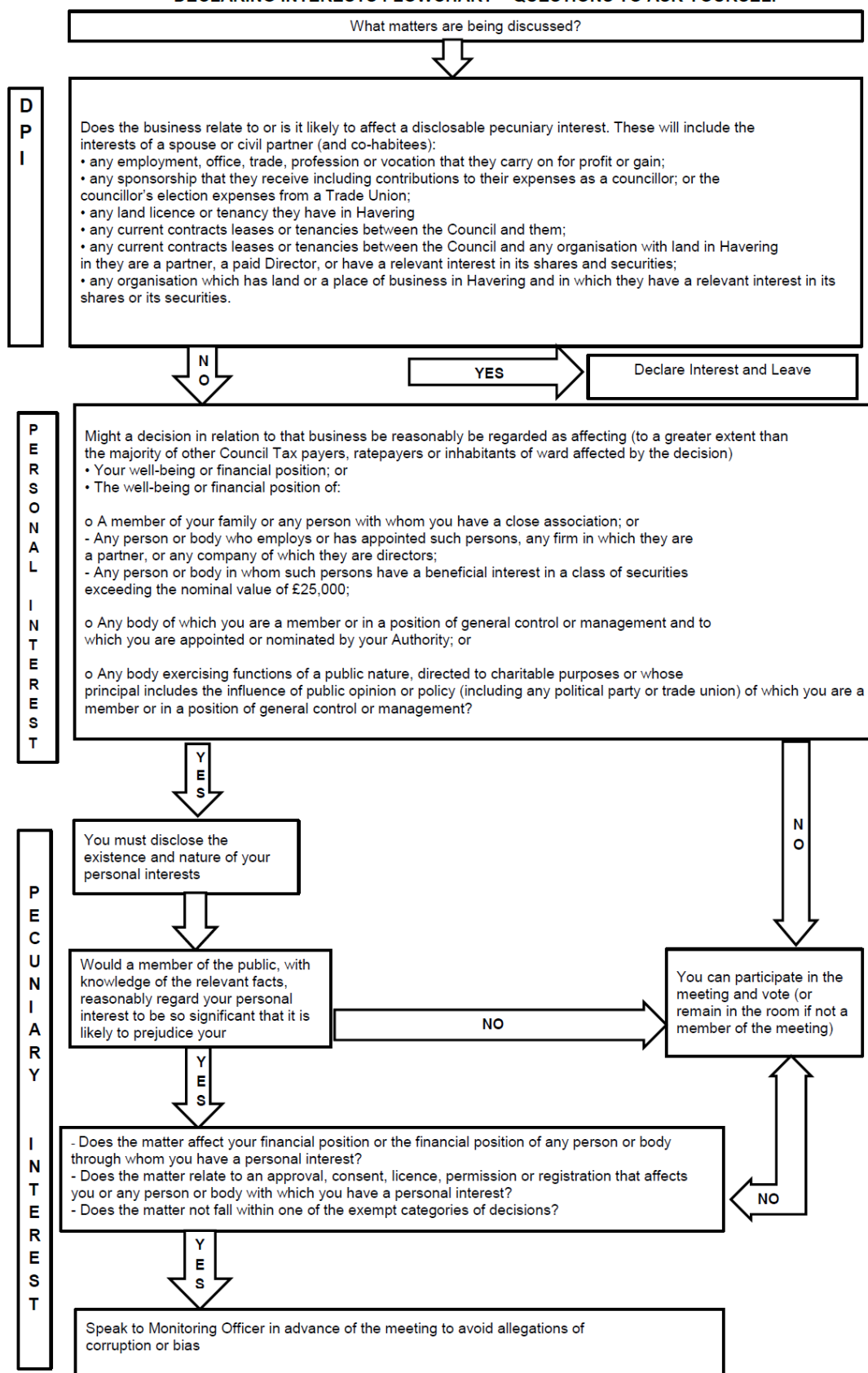
- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA

1 ANNOUNCEMENTS

On behalf of the Chairman, there will be an announcement about the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(if any) - receive

3 DISCLOSURES OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 12)

To approve as a correct record the minutes of the meeting held on 16th February 2022, and to authorise the Chairman to sign them.

5 ESTABLISHING THE HAVERING BOROUGH PARTNERSHIP AND INTEGRATED CARE BOARD (Pages 13 - 24)

Report attached

6 CONTRACT AWARD - HOMECARE LIGHT TOUCH FRAMEWORK (Pages 25 - 36)

Report and exempt appendix attached



MINUTES OF A CABINET MEETING
Council Chamber - Town Hall
Wednesday, 16 February 2022
(7.30 - 9.50 pm)

Present:

Councillor Damian White (Leader of the Council), Chairman

Cabinet Member responsibility:

Councillor Dilip Patel

Deputy Cabinet Member for
Business Recovery

Councillor Robert Benham

Cabinet Member for Education,
Children & Families

Councillor Osman Dervish

Cabinet Member for Environment

Councillor Joshua Chapman

Cabinet Member for Housing

Councillor Jason Frost

Cabinet Member for Health & Adult
Care Services

Councillor Roger Ramsey

Cabinet Member for Finance &
Property

Councillor Viddy Persaud

Cabinet Member for Public
Protection and Safety

Councillor John Crowder

Councillor Ciaran White

1 ANNOUNCEMENTS

2 APOLOGIES FOR ABSENCE

There were no apologies for absence.

3 DISCLOSURES OF INTEREST

There were no disclosures of interest.

4 MINUTES

There were no minutes to approve.

5 REFERENCE TO CABINET FROM THE OVERVIEW AND SCRUTINY BOARD

A reference to Cabinet in respect of the Budget reports was received from the Overview and Scrutiny Board by way of a supplementary agenda. This document was considered by Cabinet, and in relation to those matters was considered later on the agenda.

6 APPROVAL OF THE HRA BUDGET 2022/23 & CAPITAL PROGRAMME 2022/23–2026/27

Cabinet considered the Approval of the HRA Budget 2022/23 & Capital Programme 2022/23-2026/27 report presented by Councillor Joshua Chapman.

It was explained that a budget for the Council's Housing Revenue Account (HRA) and HRA Major Works and Capital Programme was set out in the report. Cabinet had approved the Housing Asset Management Plan 2021-2051 in October 2021.

Furthermore, the budgets and projections of expenditure required maintenance of the stock to a good standard and was used in the preparation of the capital programme contained in the report. A summary of the HRA Business Plan 2022-52 was provided in the report.

The HRA was a ring-fenced account that was used to manage and maintain the Council's own housing stock. The proposed budget would enable the Council to manage and maintain the housing to a good standard and provide funding for a significant acquisition, new build and estate regeneration programme. It further set the rents, service charges and other charges for Council tenants and leaseholders for the year 2022/23.

It was explained that as part of the new regulatory framework for local government housing services, councils were now subject to the Regulator of Social Housing's (RSH) Rent Standard. This ended the annual 1% reduction and re-established the CPI + 1% increase.

In order to change any HRA rent liability, the local authority was required to notify tenants and give 28 days' notice of any change after the authority had made a properly constituted decision of that change. Therefore, any Cabinet decision on rent levels to be charged in any year, required the local authority to write to all tenants and advise them of the new rent liability for the following 12 months.

Should the Cabinet adopt the recommendations, a notification would be sent to tenants in the first week of March 2022, to make the new charge effective from the first week of April 2022.

Councillor Chapman explained that the increase on council rents was based on inflation and that half of the cost was passed on to help residents. There

was a further provision in the budget for health and safety and recovery from the government. Match funding was available for investment in decarbonisation of council homes and an increased buy back scheme for local families was in place. There was also an increase in affordable homes through joint venture schemes with the HRA and a welcome association centre for the homeless had recently opened.

Concern was raised by Members about tenants being refunded for services they were not receiving. It was noted that service charges were auditing by officers and that any complaints around this were investigated thoroughly. Furthermore, there was an openness and transparency with resident's charges and this was set out in the resident engagement strategy.

It was also explained that a £5m upgrade on CTTV technology would be undertaken and that a report would be provided at the next cabinet meeting.

In terms of the decarbonisation program, there was a requirement to ensure investment was done correctly and building control were already implementing the 2025 changes around no gas boilers.

The Leader summarised the discussion and commented around the new welcome centre. He said he had received comments around the quality of the environment of the centre and the service and support that residents there had received. Havering Council was championing on this and had the numbers to support people. The buyback scheme and wider regeneration synergies created meant that funding was secured to ensure that sites could be acquired and he was confident that a framework would be created across the authority within the next 10 years.

Cabinet:

AGREED the following:

1. To approve the Housing Revenue Account Budget as detailed in paragraph 3.4.
2. To agree that the rents chargeable for tenants in general needs Council properties owned by the London Borough of Havering be increased by 4.1% from the week commencing 5th April 2022.
3. To agree that the rents chargeable for tenants in supported housing Council properties, such as sheltered housing and hostels, owned by the London Borough of Havering, are increased by 4.1% from the week commencing 4th April 2022.
4. To agree the four rent-free weeks for 2021/22 are: week commencing 22nd August 2022, the two weeks commencing 19th and 26th December 2022, and the week commencing 27th March 2022.
5. To agree that service charges and heating and hot water charges for 2022/23 are as detailed in paragraph 2.10 of this report.
6. To agree that charges for Houses in Multiple Occupation (HMO) leased and managed by the Council (General Fund) are set at the LHA applicable on the 4th April 2022.
7. To agree that charges for garages should be increased by 4.1% in 2022/23 as detailed in paragraph 2.7 of this report.

8. To agree that the service charge for the provision of intensive housing management support in sheltered housing for 2022/23 shall be as detailed in paragraph 2.17 of this report.
9. To agree the Supported Housing Charge for HRA Hostels as detailed in paragraph 2.22.
10. To agree that the Careline and Telecare support charge should be increased by 4.1% for 2022/23 as detailed in paragraph 2.19 of this report.
11. To approve the HRA Major Works Capital Programme, detailed in Appendix 1a of this report and refer it to full Council for final ratification.
12. To approve the HRA Capital expenditure and financing for the 12 Sites Joint Venture and other acquisition and regeneration opportunities detailed in section 4 and Appendix 1b of this report and refer it to full Council for final ratification.

7 2022/23 BUDGET AND 2022-2026 MEDIUM TERM FINANCIAL STRATEGY

Cabinet considered the 2022/23 Budget and 2022-2026 Medium Term Financial Strategy report presented by Chief Financial Officer Jane West.

It was explained in the report that the Council's current financial situation and its approach to achieving financial balance over the period 2022/23 to 2025/26.

The Council continued to deliver key services to residents during the pandemic and it remained on track to deliver the four year £40 million capital spend on roads (2019/20- 2022/23).

The 2022/23 budget and four year medium also recognised the additional demand and cost pressures the Council was facing following the pandemic. It assumed there would be no further lockdowns and that services would be able to operate without further restrictions. As this was a national issue, if further restrictions were put in place, the Government would provide funding to cover additional pressures.

It was to be noted that the Council had experienced high increases in demand for Social Care in the period following lockdown. The numbers of discharges from hospitals continued to be at very high levels and placed extreme pressures on the Adult Social Care budget to meet the needs of these clients. Demand was also rising in Children's services as the number of referrals post lockdown increases at a fast rate.

The medium term financial strategy modelled the impact of this demand and also modelled the extent to which the pressure will change in future years. There would be risk associated with those assumptions and they would be monitored closely.

The Council's medium term financial strategy presented to Council in March 2021 identified a financial gap for 2022/23 to be closed. The increased demand on social care together with rising inflation had increased this gap over the last year and required the Council to find significant savings and efficiencies to close the gap and set the balanced budget proposed in the report.

Jane West explained that although there was a balance of the budget there would be challenges in later years. There are savings of £28.4m set over four years but there was lots of uncertainty around future of central government funding and therefore reserves needed to be kept as high as possible. Risks included in the report were those around adult social care, levels of inflation, debt charges and overspend driven by capital programme would need to be monitored closely and carefully.

Other comments were made on how the main focus was on delivery and that £54m of contract value had been awarded with £18.5 of that gone to local businesses. The increase of growth and economic development led to local people getting jobs and upskilling and helped the high street to continue trading.

The Leader and other Members discussed and commented on how the pandemic had brought about many wider far reaching issues and demand specifically within health and social care but that the community had come together and staff within the Council, NHS and wider community had a spirit of dedication and service.

The concept of levelling up was also discussed and the Leader and Andrew Blake Herbert confirmed that they were taking every opportunity to lobby central government on this matter, rather than waiting on an outcome.

In terms of further reduction of the budget, voluntary redundancies for Council staff had been underway and further redundancies were being proposed. However the focus was on a culture change of gaining efficiency and looking at specific jobs and tasks and not individuals. There was a focus on training and finding creative and innovative ways to cut costs and using apprenticeship levies were possible.

Cabinet:

AGREED the following:

1. The Council Tax requirement for 2022/23 to be set at £140.823m as set out in section 6 and Appendix G of the report.
2. The Delegated Schools' draft budget set out in section 5.13 of this report.
3. A 1.99% increase in core Council Tax for 2022/23 as set out in paragraph 6.8.

4. An additional 1% Council tax increase for the Adult Social Care Precept.
5. To note the Medium Term Financial Strategy position as set out in Section 8.
6. To agree the fees and charges schedule as set out in Section 9 and Appendix C.
7. To note the risks to the 2022/23 budget as set out in Section 12.
8. To note the requirements of S106 of the LGA 1992 Act as set out in Section 1.
9. To agree that to facilitate the usage of un-ringfenced resources, the Chief Financial Officer in consultation with Service Directors will review any such new funds allocated to Havering; make proposals for their use; and obtain approval by the Leader and the Cabinet Member for Finance and Property.
10. To delegate to the Chief Financial Officer in consultation with Service Directors the authority to make any necessary changes to service and the associated budgets relating to any subsequent specific grant funding announcements, where delays may otherwise adversely impact on service delivery and/or budgetary control, subject to consultation with Cabinet Members as appropriate.
11. To delegate authority to the Cabinet Member for Adult Social Services and Health and the Leader to approve an annual spend plan for the Public Health grant.
12. To delegate to the Directors of Children's and Adults authority to agree inflation rates with social care providers for 2022/23.
13. To read the Equalities Impact Assessment in respect of the CTS Scheme as set out in Appendix E to this report.
14. To read the summary version of the Council Tax Support Scheme for 2022/23 as set out in Appendix F to this report (unchanged from 2021/22).
15. To delegate authority to the Chief Executive, in consultation with the Leader and with the Council's recognised trade unions, to devise and implement a voluntary release scheme for staff as part of the Medium Term Financial Strategy position set out in Section 8.2.

Recommendations for consideration and agreement at Council Meeting:

1. To agree the Council Tax requirement for 2022/23 to be set at £140.823m as set out in section 6 and Appendix G of the report.
2. The Delegated Schools' draft budget set out in section 5.9 of this report; Page 57.
3. A 1.99% increase in core Council Tax for 2022/23 as set out in paragraph 6.8;
4. An additional 1% Adult Social Care Precept ;

5. That it pass a resolution as set out in section 14 of this report to enable Council Tax discounts for early payment to be given at the 2021/22 level of 1.5%.
6. Recommend to Full Council that the Council Tax Support Scheme for 2022/23 is adopted as set out in Section 15 of this report (unchanged from 2021/22).

8 5 YEAR CAPITAL PROGRAMME AND STRATEGY - 2022/23 TO 2026/27

Cabinet considered the Year Capital Programme and Strategy – 2022/23 to 2026/27 report presented by Chief Financial Officer Jane West.

It was explained in the report that the Council was required by statute (the Prudential Code for Capital Finance in Local Authorities, 2017 Edition) to agree the capital programme and associated capital strategy. Local authorities were required to have regard to the current editions of the code by regulations 2 and 24 of the Local Authorities (Capital Finance and Accounting) Regulations 2003 [SI 3146]. The report set out the Authority's Capital Strategy and presented the Council's proposed capital budget for 2022/23 and five year Capital Programme to 2026/27.

Jane West explained that the report was a rollover capital programme and that it was the 4th year of investment in the road's programme and investment in ICT. Work had also started on the swimming pool and that the paper set out the capital spend requirements and indicators, affordability, and risks (both regulation and reputational).

Cabinet:

AGREED the following:

1. To recommend to Council for consideration and approval the 2022/23 and 5 year Capital Programme noting the changes in accessing new borrowing set out in section 1.3
2. That the Chief Financial Officer be authorised to allocate funding from the Capital Contingency included within the draft Capital Programme.
3. That externally funded schemes can be added to the capital programme up to £500k as and when funding is confirmed. Any external funding over £500k will be subject to approval by the Chief Financial Officer.
4. To approve the capital strategy contained within this report noting its impact on both the capital programme and the financial implications for setting the revenue budget for 2022/23 and beyond.
5. To note the capital prudential indicators included within the capital strategy when approving the capital programme to ensure affordability.

6. To approve the Minimum Revenue Provision Policy Statement which determines the amount of money set aside each year for the repayment of debt.
7. That the Chief Financial Officer be authorised to re-profile capital budgets mid-year based on the updated forecasts provided by services and reported to the Senior Leadership Team as part of the capital monitoring process. This will assist in producing more accurate information for treasury management purposes.

9 TREASURY MANAGEMENT STRATEGY STATEMENT

Cabinet considered the Treasury Management Strategy Statement 2022/23 and Annual Investment Strategy 2022/23 ("TMSS") report presented by Chief Financial Officer Jane West.

It was explained in the report that The TMSS was part of the authority's reporting procedures as recommended by the Chartered Institute of Public Finance and Accountancy (CIPFA) TM Code and its Prudential code ("The CIPFA Prudential Code") for capital finance in local authorities. The Local Government Act 2003 required authorities to comply with both codes. The TMSS also set out recently introduced changes to the legislative framework, which were generally designed to place restrictions on authorities' commercial activity.

The report fulfilled the authority's legal obligation under the Local Government Act 2003 to have regard to both the CIPFA TM Code and Government Guidance, and it covered the following:

- The Borrowing and Investment Strategies.
- Treasury Management and Prudential Indicators - there was a change to them from the revised CIPFA TM published in December 2021 and was discussed later in the report and would be reported upon in the 2023-24 TMSS.

Jane West explained that the report contained information around the governance of treasury spending and borrowing, the surplus cash that was held and set out the Council's appetite for risk which she assured was low and therefore money was kept very safe.

The Cabinet Members took an opportunity to thank Jane for all her hard work and balanced budgets over the years and wished her best of luck in the future as she was leaving her post at the Council.

Cabinet:

AGREED the following:

1. To approve the TMSS 2022/23.
2. To approve the Prudential and Treasury Indicators set out in Appendices 2 and 3 of the report.

3. To recommend the annual TMSS 2022/23 to Council for approval.
4. To delegate future changes required to the Strategy to the Chief Financial Officer in the consultation with the Cabinet Member for Finance and Property. This would provide the additional flexibility to swiftly respond to changing circumstances.

10 **FORMAL ADOPTION OF EAST LONDON JOINT RESOURCES AND WASTE STRATEGY**

Cabinet considered the Formal Adoption of the East London Joint Resources and Waste Strategy report presented by Barry Francis, Director of Neighbourhoods.

It was explained in the report that as Waste Collection Authorities (WCAs) the London Borough of Havering and the other 3 constituent Boroughs of the East London Waste Authority (ELWA) (Barking and Dagenham, Newham, and Redbridge – the ‘Constituent Councils’) collect household and other waste that was subsequently treated and/or disposed of by ELWA as the Joint Waste Disposal Authority (JWDA).

ELWA and its Constituent Councils were statutorily required to produce a Joint Strategy for East London’s Resources and Waste (“Joint Strategy”) to replace the existing strategy which was expiring.

The new Joint Strategy was developed in close cooperation between officers and Members of the Constituent Councils (Appendix 1).

The context around the Constituent Councils delivering waste management services was subject to considerable change over coming years, with changes to national waste policy, obligations through the London Environment Strategy (LES), and the ending of ELWA’s current treatment contract in 2027 with the need to develop successor arrangements.

The Preliminary Draft of the Joint Strategy was agreed by Cabinet in July 2021, and was then subject to public consultation for eight weeks to September 2021 to understand the public opinion on its priorities and actions. The results of this were provided in Appendix 2. Future service changes would be subject to consultation as appropriate in line with statutory obligations.

Barry Francis explained that the strategy that was developed for 30 year ends in 2027. The report further outlined targets, priorities and actions. However, financial implications and funding were not proposed at this stage.

Members commented that this was a timely report due to the work on-going within the internal management of public realm and contract renewal. Concerns of costs were raised and Barry Francis confirmed that regular review points within contracts would be considered.

The Leader also suggested that an incoming training program would be required for incoming Councillors after the election.

Cabinet:

AGREED to approve the adoption of the East London Joint Resources and Waste Strategy (Joint Strategy).

11 THE REQUIREMENTS OF THE BUILDING SAFETY BILL AND REGULATORY REFORM (FIRE SAFETY) ORDER 2005 FOR THE COUNCIL AS A LANDLORD.

Cabinet considered the requirements of the Building Safety Bill and Regulatory Reform (Fire Safety) Order 2005 for the council as a landlord presented by Councillor Joshua Chapman.

It was explained in the report that the implications arising for the Council as a landlord were as a result of the Building Safety Bill. The report set out the requirement of the bill, the progress the council had made to prepare for the bill and made recommendations for what additional actions would be required.

Councillor Chapman further explained that there were implications for the Council and it was a holistic review of building safety of a new bill that had been debated in parliament. The report also set out management plans and best practice.

Concerns were raised by Members regarding compliance and Officers confirmed that there were extensive case files for each property that the Council held and a certification system in place.

Cabinet:

AGREED the following:

1. That Cabinet note the requirements of the Building Safety Bill and Regulatory Reform (Fire Safety) Order 2005 for the council as a landlord.
2. That Cabinet notes the progress that has been made to prepare for the implementation of the bill.
3. That Cabinet recommends to Council that the post of Assistant Director of Property Services is designated as the Accountable Person within the Council's constitution and scheme of delegation and the Monitoring Officer is given delegated authority to make any consequential amendments to the Council's Scheme of Delegation.

4. That the Towns and Communities Scrutiny Committee should be provided with a quarterly report on performance relating to fire, electrical, gas, lifts, asbestos and legionella safety.

12 **SUPPORTED HOUSING STRATEGY**

Cabinet considered The Supported Housing Strategy 2022-2025 report presented by Councillor Joshua Chapman.

It was explained in the report that supported housing was key to providing the right accommodation and support to enable Havering's vulnerable residents' to live fulfilled lives.

The Supported Housing Strategy (*appendix 1*) set out the key commitments and objectives under each aim and the actions that would seek to drive the service delivery in Supported Housing over the coming years.

Councillor Chapman explained that housing solutions for the most vulnerable were being developed to increase provision for adults and young people which aimed to increase and maintain their independence. The private and independent sector could not seem to provide and place people locally and lacked the links to family and support networks. The report contained clear recommendations to meet future demands with a reduction in costs.

Officers pointed out that demand had been researched and for the next five years and to 2030 the report summarised what could be delivered. Sourcing options in various places were being examined and there were people on site and trained to support residents to improve their skills and become independent in the most cost effective manner. The timescale was set at three years and would need to be reviewed due to the dynamic needs of residents.

The Leader suggested that regeneration schemes transformed lives of those who needed it most and that a Member induction and All Member Briefing would be set for the this topic.

Members discussed and made comments on area supply and demand and having a joint commission with other boroughs. It was explained that the consideration was to seek supply within Havering and there was a confidence that could be met but specialist services may be required. Furthermore, it was suggested that there were two to this. There was the procurement required to ensure ownership of the building and then that overhead costs with larger providers so investment was primarily focused on the care. Joint commissioning work with providers would encourage delivery of service at good standing.

Cabinet:

AGREED the proposed Supported Housing Strategy attached to the report.
(*Appendix 1*).

- 13 **EXCLUSION OF THE PUBLIC**
- 14 **HAVERING WATES REGENERATION LLP - UPDATE TO BUSINESS
PLAN FOR 2022/2023**
- 15 **BRIDGE CLOSE REGENERATION LLP BUSINESS PLAN REFRESH
2021-22**

Chairman



CABINET

Subject Heading:

Establishing the Havering Borough Partnership and Integrated Care Board – Governance Arrangements

Cabinet Member:

Cllr Gillian Ford, Lead Member for Adults and Health

SLT Lead:

Barbara Nicholls, Director of Adult Social Care & Health

Report Author and contact details:

Rebecca Smith, Commissioning Programme Manager,
Rebecca.smith2@havering.gov.uk

Policy context:

Supports the Council to meet its Together and Communities Theme priorities outlined in the Corporate Plan. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.

Financial summary:

There are no financial implications attached to this report.

Is this a Key Decision?

Yes – it affects more than two wards

When should this matter be reviewed?

September 2022

Reviewing OSC:

People Sub-Committee of the Overview and Scrutiny Board

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[x]
[x]
[]
[]

SUMMARY

- 1.1** Integrated Care Systems (ICSs) are now in place across the country. Havering forms part of the North East London (NEL) ICS. A key element of ICSs are Place Based Partnerships, which have been formed in each borough in NEL. The Havering Borough Partnership (HBP) brings together partners from across the health and social care system to plan and deliver services for local residents.
- 1.2** Following the passage of the Health and Social Care Act 2022, from 1st July 2022, the NEL Clinical Commissioning Group (CCG) ceased to exist, and has created a statutory Integrated Care Board (ICB), bringing the NHS together to improve population health and care, which will delegate functions that are best addressed locally to Place Based Partnerships. A Place Based Committee of the ICB has been established in each Place in NEL, with associated governance processes put in place.

RECOMMENDATIONS

2.1 It is proposed that Cabinet agrees to

- **Note** the formal establishment of NHS North East London Integrated Care Board (ICB) and associated Committees of the ICB on 1st July 2022.
- **Note** that the appointment of NEL representative councillors and officers to the ICB and its associated Committees, has not yet been agreed, and Cabinet will be updated in due course. Should a Havering Council officer be nominated, such an appointment will be made under existing officer delegations within part 3 of the council's constitution.
- **Note** the appointment by the Leader of the following political representative from Havering to the Integrated Care Partnership Board as a political appointment to an outside body: Councillor Gillian Ford, Cabinet Member for Adults and Health
- **Endorse** the appointment of the Chief Executive of the council, as the Havering Placed Based Committee's (a committee of the ICB, not the council) Lead Accountable Officer, and that this appointment has been made under existing officer delegations within part 3 of the council's constitution.
- **Note** the intention to review the relationship of the Havering Health & Wellbeing Board and the Place Based Partnership Committee, as well as the council's health scrutiny functions
- **Note** the establishment of the ICS Executive Committee to support the ICB, which will have representative senior officers from NEL constituent

authorities, although these are yet to be determined. Cabinet will be updated in due course.

- **Note** that an update will be provided to Cabinet no later than October 2022.

REPORT DETAIL

Background

3.1 Formation of integrated care systems (ICSs), and formalising these as statutory bodies is set out in the Health & Social Care Act 2022, which received royal assent on 28th April 2022. The Act is part of a suite of reforms planned by the government to improve outcomes for residents, with decision making devolved to a local level as far as possible.

3.2 Integrated care systems are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs. ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and setting out the NHS's role in supporting social and economic development.

3.3 Place Based Partnerships are a key element of ICSs bringing together delivery of health and care services around the needs of local people. This will include:

- Leading a local population health assessment and understanding the wider determinants of health, at a community/place based level.
- Supporting people to improve their physical and mental wellbeing before they deteriorate and require significant and/or long term, high costs interventions, supporting them to maintain a healthy life expectancy for as long as possible.
- Directing people to the right service and support that they need, first time, aiming to achieve the very best value for local people from every interaction that they have with health and care, local authority or community and voluntary sector staff across the system.

3.4 Place Based Partnerships are collaborative arrangements involving the organisations responsible for arranging and delivering health and care services in a locality or community.

3.5 The Havering Borough [Placed Based] Partnership (HBP) was established in shadow form in early 2021, with representation from the Local Authority (Public Health, Adult Social Care, Children's Social Care, Housing), the GP Federation, Primary Care Networks, BHRUT, NELFT, social care providers, Healthwatch and Havering Compact. It has met monthly to prepare for becoming a formal Committee of the new ICB from 1st July 2022.

From July 2022

3.6 On 1st July, the Integrated Care Board was established in the place of the NEL CCG, which ceased to exist. The ICB is called NHS North East London, and takes on the NHS commissioning responsibilities of the CCG. An Integrated Care Partnership (ICP) has been created as a formal alliance of partners with a role in improving the health and wellbeing of our residents, creating a joint plan for improving the health for our community, delivering services in a more joined up way.

3.7 In order for NHS commissioning responsibilities to be delegated to place, a decision making Sub-Committee of the ICB has been established. The Sub-Committee of the ICB is made up of representatives from the HBP, and the wider HBP group will continue to exist as a consultative forum, which helps inform decision making by the Committee.

3.8 Appendix 1 outlines all elements of the new ICS and Appendix 2 outlines the governance structure in place around the NEL ICS / ICB.

Implications and future considerations for the Council

3.9 Local Authorities (at both political and officer level) have nominated suitable representatives to the various committees and boards of the new Integrated Care System:

- Integrated Care Partnership Board – 1 elected member representative from each of the constituent local authorities across North East London. For Havering this is Councillor Gillian Ford, Cabinet Member for Adults and Health
- Integrated Care Board – two local authority representatives (at the time of writing this is to be one elected member and one chief executive) who will represent all 8 local authorities in their roles on the ICB, not just their own borough. There will be local authority representative from the inner London NEL boroughs, and one from the outer NEL boroughs (Barking & Dagenham, Havering and Redbridge councils). These political and/or officer representatives have not yet been agreed for NEL boroughs, and Cabinet will be updated in due course.

- An ICS Executive Committee is in place to support the ICB, onto which local authorities have five officer representatives, consisting of two chief executives, one Director of Adult Services (DASS), one Director of Children Services (DCS) and one Director of Public Health. It has yet to be determined which (if any) Havering Council officers will sit on the ICS Executive Committee and Cabinet will be updated in due course. Each of these representatives are there for their professional expertise, and will be the voice for all 8 local authorities in NEL. They will not be representing their single borough interests.
 - To support the professional representatives of the ICS Executive Committee, NEL CE's, DASS's, DCS's and DPH's will use pre-existing meeting arrangements to ensure the professional representative is able to present a collective view of their colleagues across NEL.
- 3.10** As the Havering Place Based Committee and wider Borough Partnership develops, consideration will need to be given as to how decision making at Place will work. For example, consideration may be given to forming Committees in Common over time, to facilitate more collaborative decision making at the local level.
- 3.11** The ICB has now appointed Havering's Chief Executive as the Havering Place Based Committee's Lead Accountable Officer with the authority to delegate as yet to be determined functions to other Place Based Committee members to lead on.
- 3.12** The relationship of the Place Based Committee and wider Borough Partnership and the Havering Health & Wellbeing Board will need to be considered carefully between July 2022 and April 2023, having due regard to the HWB's statutory responsibilities. This is also the case in respect of the council's health scrutiny powers to ensure effective scrutiny can take place.
- 3.13** NHS functions will be delegated into the Place Based Committee of the ICB, however this is unlikely to happen until 1st April 2023, to allow time for the newly formed committee to mature.

REASONS AND OPTIONS

Reasons for the decision:

- 4.1** In order to comply with the legislative framework for ICS's as set out in the Health and Care Act 2022, the council must enter into integrated arrangements with the newly formed NHS North East London care system. In practical terms this means councillor and officer representation in the Integrated Care Partnership statutory Integrated Care Board and its committees at a NEL level and the Havering Place Based Committee from 1st July 2022.

Other options considered:

4.2 The Integrated Care Board and Place Based Committee are statutory functions, and a fundamental part of Integrated Care Systems. As such, there are no alternative options to consider.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications to this report, as the agreed financial commitments remain the same despite the transfer of commissioning duties from CCG to ICB.

Legal implications and risks:

Section 19 of The Health and Care Act 2022 (which amends the NHS Act 2006) mandates the setting up of the Integrated Care Board and the abolition of the relevant CCG. This is already in force.

Section 26 of the Health and Care Act 2022 will amend the Local Government and Public Involvement in Health Act 2007 and require the setting up of an Integrated Care Partnership. That provision is not yet in force.

There are requirements around the setting up of the ICB including the constitution of the ICB and consultation on that .

The duty to create the ICP will fall jointly to the ICB and the Local Authority Under s 26 (4) The integrated care partnership for an area is to consist of—
(a) one member appointed by the integrated care board,
(b) one member appointed by each of the responsible local authorities, and
(c) any members appointed by the integrated care partnership.

The key function of the ICP will be to devise an integrated care strategy for its area based on a needs assessment.

Human Resources implications and risks:

There are no HR implications to this report, as the report is for information only and no decision is being sought regarding staffing or employment.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Monitoring takes place to assess how the service meets the needs of all users, including those from ethnic minority communities and the disabled.

Any recruitment or commissioning activity undertaken by the HBP will adhere to these requirements.

Health and Wellbeing implications and Risks

The vision of the Havering Partnership is to pool collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:

1. Developing joined up support and services that prevent people becoming ill – this covers a whole range of activities aimed at building more resilient communities and better 'health literacy' which are largely undertaken by non-health partners, including school readiness, employment, housing etc
2. Ensuring that when people do need advice it is easy to access and seamless between different agencies – joining up services between the NHS and voluntary sector to enable a swift and comprehensive response
3. Ensuring that services for people who are ill are high quality and can be accessed without delay

The formation of the HBP and the Committee of the ICB will improve health outcomes for Havering residents through understanding and working with communities, joining up and coordinating services around people's needs, addressing social and economic factors that influence health and wellbeing, and supporting quality and sustainability of local services.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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The HBP will minimise impact on the environment by:

- Holding virtual meetings to reduce the environmental impact of multiple stakeholders travelling to in person meetings
- Operating in a non-paper based way, with all documentation being stored in online filing systems, and papers for meetings being circulated online, as opposed to being printed
- Organisations involved in the HBP operate flexible working policies, which mean staff can complete the majority of their work remotely and do not need to travel daily into office bases
- Providers of services commissioned by the HBP on behalf of the ICB will be asked to ensure that they include information about how they will minimise impact on the environment when they bid for contracts, and will need to demonstrate what they are doing to protect the environment for the duration of contracts

BACKGROUND PAPERS

The Kings Fund: How does the NHS in England work and how is it changing?
<https://www.youtube.com/watch?v=blapgFKXv0I>



Appendix 1: Key Elements of Integrated Care Systems

Integrated care systems (ICSs)

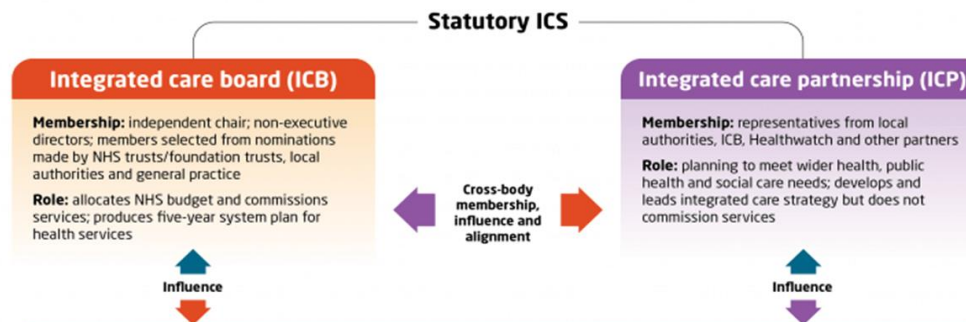
Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



Geographical footprint

System

Usually covers a population of 1-2 million

Place

Usually covers a population of 250-500,000

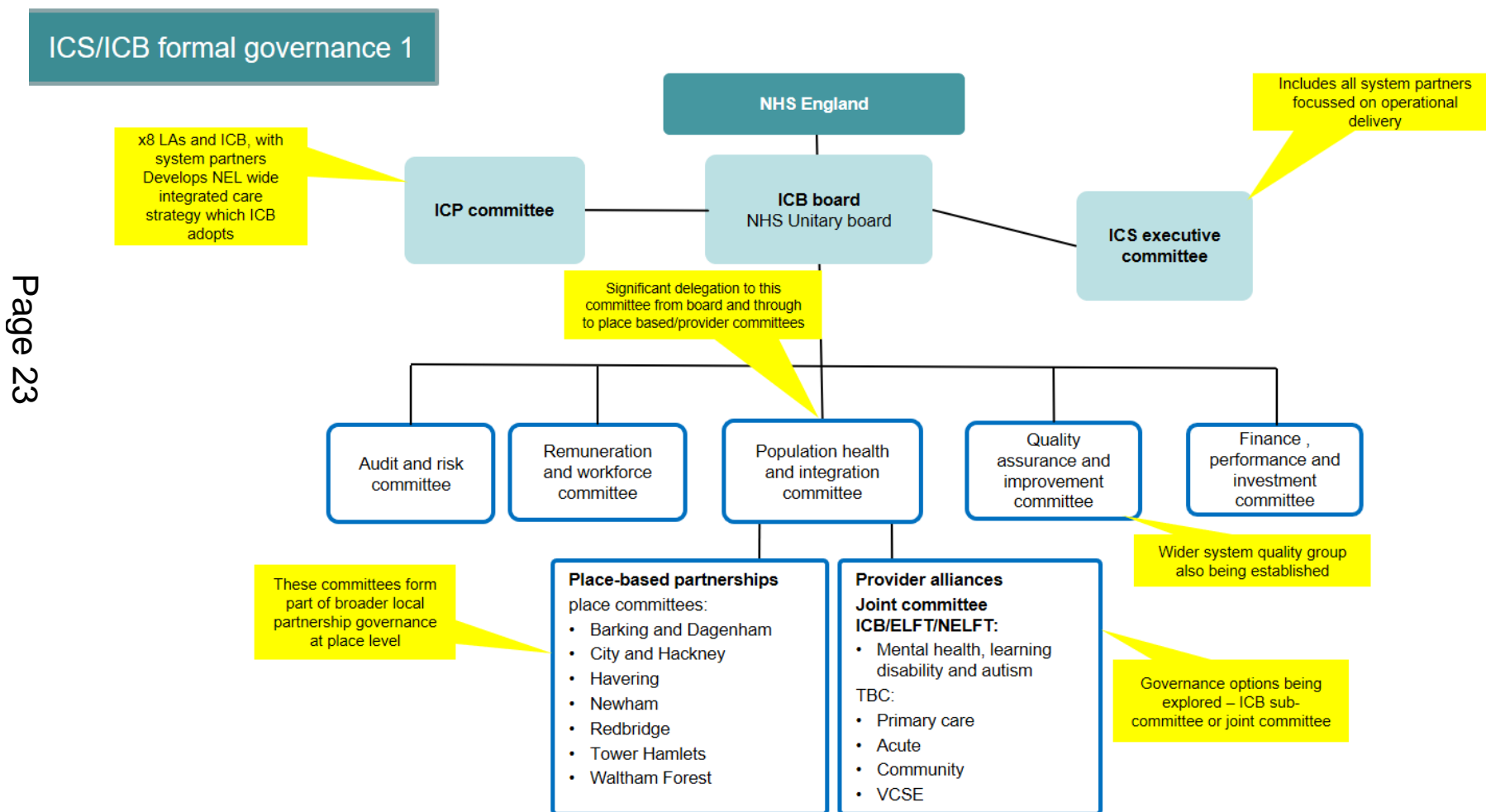
Neighbourhood

Usually covers a population of 30-50,000

Partnership and delivery structures

Name	Participating organisations
Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Health and wellbeing boards	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Primary care networks	General practice, community pharmacy, dentistry, opticians

Appendix 2: ICS / ICB Governance Structure



Governance element	High level role and purpose <i>NB draft terms of reference available and/or being finalised for below and connectivity between each group to be clarified within these and handbook</i>
Integrated Care Partnership ‘committee’ of ICB and LAs <i>Coordinated by a smaller ‘steering committee’</i>	<ul style="list-style-type: none"> • Develops system integrated health and care strategy addressing broad health and social care needs of population, including wider determinants such as employment, environment, and housing issues • Focus on NEL purpose, four priorities and commitment to participation • Facilitates mutual accountability of all ICS partners in delivery of overall strategy
Integrated Care Board (ICB) unitary board	<ul style="list-style-type: none"> • Statutory oversight of ICB functions (quality, finance, performance) and delivery of integrated care strategy (as above). Focus: <ul style="list-style-type: none"> ○ to improve access, experience and outcomes, reducing variation ○ to tackle health inequalities and ensure population health management ○ to ensure value, sustainability and productivity
ICS executive committee	<ul style="list-style-type: none"> • ICB and ICS executives (with delegated authority from their orgs) oversight of operational delivery • Review of strategy, performance etc prior to recommendation to board
Audit and risk committee	<ul style="list-style-type: none"> • Provides independent and objective assurance on system of internal control, governance and risk management.
Remuneration committee <i>Smaller remcom for NEM remuneration to meet as required</i>	<ul style="list-style-type: none"> • Agreeing remuneration and terms of service for ICB VSMs and board, and people oversight for ICB staff
Population health and integration committee	<ul style="list-style-type: none"> • Takes on delegation of commissioning functions from ICB board • Delegates to place/provider committees – ensures appropriate division and no duplication in decision making • Ensures integration happening and health inequalities for whole population addressed
Place committees	<ul style="list-style-type: none"> • Responsible for ICB delegated functions at place • Meets alongside/within a broader partnership responsible for broader health and care of population • Potential for joint committee with ICB plus other functions (e.g. LA, NHS trust)
Alliance committees	<ul style="list-style-type: none"> • Responsible for ICB delegated functions to groups of providers (and ICB)
Quality safety and improvement committee	<ul style="list-style-type: none"> • Reducing clinical variation, developing appropriate clinical pathways, continuously improving access, experience and outcomes
Finance performance and investment	<ul style="list-style-type: none"> • Finance and performance oversight for system (financial allocation comes to ICB), including investment decisions



CABINET

Subject Heading:

Contract Award – Homecare Light Touch Framework

Cabinet Member:

Councillor Ford, Cabinet member for Health and Adult Care Services

SLT Lead:

Barbara Nicholls, Director of Adult Social Care

Report Author and contact details:

Ben Campbell, Commissioning Programme Manager

Policy context:

At a local level, this contract supports the Council to meet its Communities Theme priorities in its Corporate Plan 2019/20. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families. In summary, this service ensures the Council fulfils its aim of ensuring that the needs of the most vulnerable are met and that people are supported to be healthy and active.

Financial summary:

The projected value of the new framework contract over four years is estimated at £64,972,944 this is excluding any future inflationary increases.

The above cost is based on total estimated homecare expenditure of £16,243,236 (including £570,400 for inflation uplift) for the year 2022/2023.

Is this a Key Decision?

This is key decision as it concerns expenditure over £500,000, it will have a significant effect on two or more wards and meets the community impact threshold

When should this matter be reviewed? February 2023

Reviewing OSC: Individuals

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

This report is seeking approval from Cabinet for successful homecare providers to join the Council's new Homecare Light Touch Framework following a competitive tendering exercise.

Fifteen (15) Providers described below are recommended to join the Framework from 1 August 2022.

The Homecare Light Touch Framework will commence from 1 August 2022 to 31 July 2026

RECOMMENDATIONS

That the Leader, after consultation with Cabinet:

1. **Authorise** the award of the new Homecare Light Touch framework for the placement of packages of homecare in Havering to the successful tenderers listed in the attached exempt appendix A.

REPORT DETAIL

1. Background

The current active homecare Dynamic Purchasing System (DPS) commenced on 27 January 2017 and expires on 31 July 2022. There are 14 homecare providers on the DPS that have been quality assessed to meet homecare demand. The DPS, which the Council entitled the 'Active Homecare Framework', transformed this way of operating. It introduced an automated system linking us up with quality-checked providers modernising the way that the flow from hospital into the community worked. It has paid significant dividends and created a strong market that Havering has positive relationships with. The DPS has been successful in reducing the number of care packages placed with care providers outside of the DPS on a 'spot' contract basis. Through this procurement exercise we wanted to build on this and procure a Light Touch framework which will reduce the administrative burden of continuously evaluating new applications to join the DPS. Having a stable framework of providers allows them to invest in their offer in Havering, meaning good quality and responsive services. The Homecare Light Touch framework will allow the Council, at its discretion, the option to open competition to the market at any time during the lifetime of the framework to appoint more providers. The Framework will open competition at least once during the 4 year lifetime.

The council want to continue making improvements through this procurement with a greater focus on outcomes and upskilling the workforce to support the increasingly complex needs of residents. The introduction of a light touch framework will resolve the issue of the resources required to continuously evaluate bids from new applicants.

Procurement Approach

This procurement was subject to and adhered to the Council's Contract Procedure Rules. The procurement was a light touch, open tender process followed in accordance with the Public Contracts Regulations 2015. This procurement proposal has been to Gateway 1, where the decision to proceed with a tender was endorsed. Following this the outcome of the procurement exercise has been to Gateway 2 where the decision to proceed to award contracts was endorsed.

Evaluation

The Council placed a call for competition on Find a Tender and Contracts Finder on 14 February 2022 to make known the intention to establish the new homecare light touch framework. Following this the Council issued a suite of documents setting out Havering's specified model for delivering homecare, the quality requirements, selection criteria, how the framework will operate, the value, requirements and approximate quantities. These documents will remain available as and when the tender opportunity is re-advertised.

In order to establish the framework interested Providers were invited to submit an application and were given five weeks to respond. Submitted applications were evaluated against a set quality criteria. This assessed Providers knowledge, experience and expertise in delivering homecare.

An Executive Decision seeking approval to waive the Council's Contract Procedure Rule 18.4, so that the tender can be evaluated against 100% quality weighting, was approved on 20 January 2022. The hourly rate for homecare will, at a minimum, be reviewed on an annual basis and be agreed through approved governance routes, providing regular checks and balances necessary on the cost of homecare provision. This will allow the Council to set a rate which supports the market and means providers will be able to deliver a better quality service for residents.

Suppliers submitted bids that were evaluated on the quality factors below:

- a) Staffing
- b) Service Delivery and Quality
- c) Service Outcomes
- d) Social Value Outcomes

101 suppliers expressed an interest in the tender. A total of 39 suppliers completed and submitted their tender documents by the closing date on 21 March 2022.

Tender Board members, including a range of stakeholders from across Adult Social Care and the Joint Commissioning Unit, evaluated the bids over a five week period that concluded on 22 April 2022 and moderation meetings held thereafter to conclude the evaluation of the technical bids.

Bidders who did not meet the required standard for their policies, in accordance with the ITT and tender documents, did not have their method statement responses evaluated. The evaluation panel were able to recommend awards set out in the attached exempt appendix A (winning bids are highlighted).

Following completion of the evaluation we recommend the Providers who passed all elements are approved to join the Light touch Framework commencing on 1 August 2022.

12 of the 14 incumbent providers and 3 new providers have been successful. Two incumbent providers did not meet standards required and have been removed from the framework. Detailed feedback will be provided in the outcome letters to support the scores. The providers who have been unsuccessful will have the opportunity to reapply when the framework is re-opened for bids.

Providers approved to join the framework will be issued with a contract (a framework agreement). Following this, those Providers on the new framework will be able to bid to deliver any individual package of homecare advertised. This is the call off from the framework.

Mini competitions will be based on 100% Quality. Successful bids will be determined if providers can meet each individual's care and support requirements and deliver the required level of care. If a provider can meet this essential criteria a contract will be offered to the provider who can commence delivery of care first.

5. Contract Award & Mobilisation

Following the end of the mandatory standstill period, the successful suppliers will be sent a copy of the contract for countersigning by first week of July 2022. On receipt of the signed contract it will be signed and sealed by the Council and a copy will be returned to the Supplier ahead of the contract commencement date. The Council will use a version of its standard terms and conditions for the provision of these Services with appropriate break and contract modification clauses. These terms and conditions were published with the tender. The contract includes service specification requirements including the need for the supplier to report on outcomes and service performance.

The majority of incumbent providers have been successful and will be ready and able to pick up new care packages from the first day the new contract commences.

For new providers, in the second week of July 2022, systems will be set up to allow them to bid for homecare packages. In the third week of July meetings will be arranged with all providers and key stakeholders in the Council to set out expectations, explain how the contract will operate and answer questions.

6. Contract Management

The Council regularly contacts residents who receive homecare to ask them a range of structured questions to understand the outcomes the service is delivering. This process will continue to measure the impact of the new service offer on service users.

Providers on the Light touch framework will be required to attend regular contract meetings and provider forums. The focus will be on building relationships with the providers so we can understand issues and work together to resolve them.

The Quality Outcomes team will regularly monitor provider's performance, by monitoring referral activity, complaints, safeguarding and CQC feedback. Also, a full LBH Quality Inspection will be carried out on framework providers at the Council's discretion.

There are ongoing discussions and performance measures to look at other projects that impact on demand for homecare such as Better Living and reablement.

REASONS AND OPTIONS

Reasons for the decision:

This decision is required as the current framework agreement for homecare is due to expire therefore the Council needs to establish a new contract arrangement for homecare from August 2022 onwards. Authorising providers to join the new Light Touch Framework will ensure these homecare providers have been through a robust evaluation process and the required contractual arrangements are in place.

Other options considered:

Not to award new homecare contracts

If the Council was to purchase homecare outside of a framework contract it would create a high level of risk and lack of accountability should any problems arise with the service, including quality of provision, disputes over costs or the resolution of complaints.

IMPLICATIONS AND RISKS

Financial implications and risks:

2022-23 Home Care demand is forecasted to be c£15,673m, almost at the same level of 21-22 demand, but costing more due to inflation, £0.570m, taking the total forecasted spend to £16.243m. The four year contract will come to c£64.973m.

Home Care demand fluctuates continuously. As of 1st of April 2022 there are c1,140 service users receiving home care. The demand fluctuates due to net client churn and the fluctuation of hours of care. The framework providers will cover most of the contract volume. In reality, there is a real potential the framework providers might not have enough capacity as such spot purchasing will have to be used, which costs more. The contract will be monitored closely to ensure that the level of spot purchase is minimised in order to ensure the spend is within the levels stated above.

Legal implications and risks:

This report seeks approval to award a 4 year Light Touch Regime Framework Agreement to the supplies listed within the recommendations following an open/electronic tendering process, for the supply of Homecare Services.

Section 2 of the Care Act 2014 places a statutory duty on the Council to prevent, delay and reduce the need for care and support to adults and carers in its area. Officers intend to award this framework in compliance with this statutory duty.

The total value of the framework is £64,973m and above the threshold for services. The opportunity was therefore advertised on Find a Tender in accordance with the Public Contracts Regulations 2015 as amended.

Officers intend to award the framework agreement to multiple suppliers. The Council will be able to call-off the services from the Framework by reopening competition amongst the successful suppliers that are party to the framework agreement. Regulation 33(8)(c) of the Public Contracts Regulations 2015 allows a framework agreement to be performed in this way.

Homecare services are classed as a Light Touch Service in Schedule 3 of the Public Contracts Regulations 2015. Under Regulation 76, the Light Touch Regime affords a higher degree of flexibility in respect of how a contracting authority may procure services. Therefore, Adult Social Care have used such flexibility to reserve its right to re-open the framework and advertise for additional suppliers to bid for and be appointed to the framework during the four year framework term. Each time the Council re-opens the framework, the opportunity to join the framework will also be tendered on the open process.

The Council shall have the option but no obligation to call off the services available on the Framework Agreement. Therefore, there is no guaranteed value or volume of work under this Framework Agreement.

Human Resources implications and risks:

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Health and Wellbeing implications and Risks

It is a procurement mechanism and there is not direct Health and Wellbeing implication. However, not having an effective procurement mechanism for home care could result in:

- Poor access to the required care on those who need care and their families
- Unnecessary admission to residential settings costing to the families and the local authority

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

We are working with suppliers to minimise impact on the environment by:

- Eliminating the need for one use plastics
- Ensuring that all waste is correctly recycled
- Utilising public transport when this fits with Infection Protection Control measures
- Employing locally wherever possible to reduce the environmental impact of travelling to work

- Employing digital solutions to reduce the need for manual recording and disposable materials.

BACKGROUND PAPERS

Non Key Executive Decision Report: Approval to commence a competitive tender process to procure Homecare Services. Dated 03/02/2022

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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