



CABINET

12 JULY 2016

DIRECTOR OF PEOPLE COMMISSIONING: PROFESSOR AKEEM ALI

CABINET MEMBER WITH RESPONSIBILITY FOR ADULT CARE: COUNCILLOR BILL PARKER

CABINET MEMBER WITH RESPONSIBILITY FOR PUBLIC HEALTH AND WELLBEING: COUNCILLOR SYLVIA HUGHES

Subject:	Commissioning of Public Health, First for Wellbeing and Adult Social Care Services
Recommendations:	Cabinet is asked to: <ol style="list-style-type: none">1. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Adult Care Delivery to extend the contracts for Adult Social Care services as set out in Appendix 1 A.2. Agree that delegated authority be given to the Corporate Director of People Commissioning (who is also the Director of Public Health) in consultation with the Cabinet Member for Public Health and Wellbeing to extend the contracts for Public Health for a further 18 months from their existing expiry dates as set out in Appendix 1 C.3. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Public Health and Wellbeing to extend the contracts novated to First for Wellbeing for periods between 6 months and 2 years as set out in Appendix 1, B1 and B2.4. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Adult Care Delivery to develop and implement the commissioning and procurement arrangements and the subsequent award to the Council's preferred bidder/s of contract/s for<ol style="list-style-type: none">a. Adult Social Care related Prevention Service for, Independent Advocacy Service commencing on 1 April 2017 for a period of 3 years with an option to extend for a further two yearsb. Adult Social Care related Prevention Service Integrated Community Equipment commencing on 1 April 2017 for a period of 5 years with an option to extend for a further two yearsc. for Home Care Services commencing on or before 1 April 2018 for a period of 4 years with an option to extend for a further one year.

	<ol style="list-style-type: none"> 5. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Public Health and Wellbeing to secure through First For Wellbeing <ol style="list-style-type: none"> a. services for School Nursing, Breastfeeding, Family Nurse Partnership and Health Visiting as set out in paragraph 1.7 b. Integrated Sexual Health Services and contracts for Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) (subject to a review and subsequent agreement that the LARC and EHC contracts are novated to First for Wellbeing) as set out in paragraph 1.8 c. Falls Service, Oral Health Promotion, NHS Health Checks, TCR software to support NHS Health Checks, Nicotene Replacement Therapy provision through a Dynamic Purchasing System and Small Grants for local community projects as set out in paragraph 1.9 d. a Lifestyle Weight Management Service which First For Wellbeing is to procure through a Dynamic Purchasing System as set out in paragraph 1.10. 6. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Public Health and Wellbeing to secure through First for Wellbeing the procurement of Community Wellbeing Service from 1 April 2017 to 31 March 2020 with option to extend for a further two years and to award contracts following the competitive procurement process as set out. 7. Agree that delegated authority be given to the Corporate Director of People Commissioning in consultation with the Cabinet Member for Public Health and Wellbeing to secure that First for Wellbeing formalise the contractual arrangements with the GPs that are currently delivering Nicotene Replacement Therapy service to 30 September 2016. until the new NRT Dynamic Purchasing System is in place as outlined in paragraph 5.9. 8. Report to a future meeting of Cabinet on any issues that require further discussion and/or consideration.
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1. Purpose of Report

1.1 The Council has a number of contracts across Adult Social Care, Public Health and First for Wellbeing ('FfW') which are due to expire during the next year. All of these contracts fall within the remit of the new People Directorate. Extensions are required to ensure the continuation of key services while the Northamptonshire Sustainable Transformation Plan is developed and agreed and People commissioning Strategies are put in place in line with the published joint Northamptonshire Wellbeing Strategy. Further reports on this will be submitted to future meetings of Cabinet for consideration and decision.

- 1.2 Ultimately the commissioning strategies will set out the key focus and outcomes for our services over the coming years and our commissioning activity will need to be aligned to this. We will also need to ensure that we commission in a more integrated and joined up way with Partners in health and learn from the pilots and initiatives recently undertaken. Lastly we need to recognise the role of the new Council delivery structures emerging out of the Next Generation Council Plans and mechanisms to manage our commissioned contracts through these structures.
- 1.3 During this period of transition and strategy setting it is important that we secure a continuity and sustainability of supply for key areas in line with our Wellbeing strategy. This report therefore addresses the key contracts to be extended within the People Directorate pending the development of these key underlying strategies, plans and models and sets out requests for delegated authority to re-commission at the end of these extensions where there is a known requirement to do so. The detail of all the required approvals is set out below.
- 1.4 The Council's current contracts for Adult Social Care prevention related care and First for Wellbeing Community Wellbeing Service expire on 30 September 2016. This report seeks approval to extend these contracts by a period of six months, expiring on 31 March 2017 (Appendix 1 parts A and B1). This is to ensure sufficient time to review and reshape these services and undertake a tender process to let new contracts from 1 April 2017 in the context of ensuring alignment between the prevention services provided by Adult Social Care and by the newly established First For Wellbeing Community Interest Company (CIC). Additionally, the extensions will enable account to be taken of any potential impacts arising from the development of the Next Generation model of Adult Social Care which is intended to be established by April 2017.
- 1.5 The council's current contracts for Home Care and Personal Support expire on 31 March 2017 (Appendix 1 Part A (8)). This report seeks approval to extend these contracts by a period of one year, expiring on 31 March 2018. This is to ensure sufficient time to learn from pilot activity currently running which is testing a transformation of home care services to achieve efficiency savings and improving quality for customers.
- 1.6 The current contracts for the Integrated Community Equipment Service and the Independent Advocacy service expire on 31 March 2017 and delegated authority is sought to commission new services from 1 April 2017 in line with the development of joint commissioning plans
- 1.7 The current contracts for School Nursing, Breastfeeding, Family Nurse Partnership and Health Visiting end on 30th September 2016 (Appendix 1 Part C (33), (34) (35) & (36)). This report seeks approval to extend these contracts to 31 March 2018. The intention is that these contracts will novate to First for Wellbeing and this extension will ensure the continuation of service while this legal process is completed. Delegated authority is also sought by the Director of People Commissioning to procure through First for Wellbeing the commissioning of new services on or before 1 April 2018 following the completion of the novation process.
- 1.8 The current contracts for Integrated Sexual Health Services and Long Acting Reversible Contraception are due to expire on 30 September 2016 (Appendix 1 Part

C, (37) & (39) and for Emergency Hormonal Contraception on 30 June 2016 (Appendix 1 Part C (38)). This report seeks approval to extend these contracts to 31 March 2018. This will allow time to undertake an options appraisal to consider whether these services are best placed within First for Wellbeing. Whilst completion of an options appraisal and possible novation to First for Wellbeing is yet to be decided,, delegated authority is sought for the Director of People Commissioning to commission new services on or before 1 April 2018 or procure that First for Wellbeing deliver these services as the chosen provider.

1.9 The First for Wellbeing contracts for the Falls Service, Oral Health Promotion, NHS Health Checks, TCR software to support NHS Health Checks (Appendix 1 Part C, (28), (29), (30) & (31)), and Small Grants for Local Community Projects (Appendix 1 Part C (32)) are due to expire on 30 September 2016 and approval is sought to extend these contracts to 31 March 2019. Delegated authority is sought to direct First for Wellbeing to commission new services to commence on 1 April 2019. The contract for Nicotine Replacement Therapy provision (Appendix 1 Part C (29)) expires on 30 September 2016. Delegated authority is sought to direct First for Wellbeing to formalise the contractual arrangements with GPs for the current service provision and to re-procure these services with effect from 1st October 2016 by way of a Dynamic Purchasing System.

1.10 There are two existing contracts for Lifestyle Weight Management due to expire on 30 September 2016. Delegated authority is sought to direct FfW to tender for new services through a Dynamic Purchasing System to commence from 1 October 2016.

2. How this decision contributes to the Council Plan

The Council’s vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of your county’s communities and/or safeguarding the county’s communities.

This initiative specifically delivers increased wellbeing and/or safeguarding by:
<ul style="list-style-type: none"> • Contributing to creating safer communities • Contributing to creating healthy communities • Creating a Sense of Place • Provision of the personalisation agenda • Access to information • Providing choice and self-service • Getting people involved.
And Through:
<ul style="list-style-type: none"> • Intelligence Led Services • Next Generation Working • Ambitious Partnerships • Commissioning and Market Developments

3. Adult Social Care and First for Wellbeing Prevention Services

3.1 In September 2015, as part of the report, “Wellbeing Community Interest Company”, Cabinet agreed that the contracts identified as novating to First for Wellbeing, and now referred to as Community Wellbeing Services, and Adult Social Care related

prevention contracts could be extended to 30 September 2016. This was to ensure alignment with the procurement process concerning these service contracts.

- 3.2 The Council is also developing a new model of delivering Adult Social Care – Cabinet report March 2016: “Next Generation Model of Adult Social Care” refers. It is planned that a new integrated delivery organisation will be set up to commence on 1 April 2017 with the organisation operating in shadow form during 2016/17. The range and scope of services delivered by the new organisation will have an impact on how prevention services should be shaped over the next few years.
- 3.3 The intention is that new prevention services (currently predominantly housing related support and day opportunities) are developed that complement the outcomes and service delivery of the First for Wellbeing CIC and to ensure that these services are aligned with services delivered through the CIC and those emerging from the New Model of Adult Social Care. This will enable the opportunities to maximise a cost effective and holistic service are realised.
- 3.4 This extension will allow a suitable time period to review these services, consult stakeholders and ensure that future commissioning intentions contribute to achieving outcomes that are aligned with the services delivered by First for Wellbeing and the new integrated delivery organisation created from the New Model of Adult Social Care.
- 3.5 Prevention services will then be reshaped in line with the commissioning intentions arising from these priorities and outcomes and can then be procured to commence by April 2017.

Adults Home Care Services

- 3.6 The Council currently contracts with seven providers to deliver registered home care services across the county. The contracts expire on 31 March 2017.
- 3.7 Service User consultation (February 2016) highlighted the desire for more choice and control and pointed to the sense of isolation being experienced by many service users.
- 3.8 The Care and Support at Home Draft strategy 2015 – 2018 sets out high level outcomes to be achieved by commissioned home care services and represents a systematic approach to transforming community provision. The strategy is currently being tested through pilot activity that will run until 31st March 2017. Learning from the pilot, including the scope of efficiency savings, will be reviewed and considered as part of finalising the Strategy and any resulting decisions reflected in the commissioning activity that follows.

Adults Advocacy Services

- 3.9 The current contract for the provision of a generic independent advocacy service expires on 31 March 2017. Under the Care Act 2014, Mental Health Act 2007, Mental Capacity Act 2005 and the Health and Social Care Act 2012 the local authority is required to ensure that there is available an independent advocacy service. Therefore, the council cannot provide an in house service and must procure an external service available from 1 April 2017 to ensure continuity of provision.

Adults Community Services

3.10 The current contract for the Integrated Community Equipment Service expires on 31 March 2017. This service enables people to maintain independence in their home without the resort to more expensive services such as residential care and facilitates people's timely return home from hospital. Working in partnership with Nene and Corby Clinical Commissioning Groups, the council will procure a community equipment and minor adaptations service for the provision of a community based equipment service to commence on 1 April 2017.

4. Public Health contracts

4.1 The following contracts are currently managed by the council through its Public Health and Wellbeing function:

Service	Description	Annual value (£000s)
School nursing	The School Nursing service leads and co-ordinates delivery of public health interventions to address individual and population needs to school aged children	2,912
Breastfeeding	The breastfeeding support team offers friendly, skilled breastfeeding support and information in either a home or drop in setting	60
Family Nurse Partnership	This service was novated to the local authority as a commissioner from NHS England from 1 st November 2015; It provides targeted support to young mothers who are pregnant for the first time.	468
Health Visiting	This service was novated to the council on 1st November 2015 by NHS England and provides the health visiting service to national standards	9,318
Sexual Health services	Contraception, Genito-Urinary Medicine treatment, outreach support and HIV testing	4,233
The annual value above includes a negotiated saving of 2.5% against the 2015-16 figures. Further reduction by 2.5% is currently being negotiated.		
Emergency Hormonal Contraception	Provision of Emergency Hormonal Contraception by accredited 20 practices provide these services.	20
Long Acting Reversible Contraception	Provision of Long Acting Reversible Contraception services by accredited GPs across the county. 62 GP practices provide these services.	412

4.2 The Full Business Case for First For Wellbeing CIC set out the scoring using the Five Case Model for the overall Wellbeing CIC, which included the appropriate use of services being provided to First For Wellbeing by other organisations. In addition, specific work has been undertaken alongside the development of a cashable cost reduction proposals to analyse the value for money of existing services and to pursue the strategic intention to develop greater integration between the providers.

Public Health - Children's Services

4.3 Locally the school nursing service and breastfeeding services have been reviewed but the health visiting and family nurse partnership services, which only recently transferred to NCC, still require review to ascertain their effectiveness in improving the health of the 0-5 population. However both have been identified as delivering value for money. In partnership with the current provider work has begun on looking at the potential for integration and the development of a full 0-19 service. This will help remove the existing transition points which can lead to issues for service users and unintended gaps in support.

4.4 Nationally neither of the speciality workforces have grown sufficiently with regards to training places, this means there are not enough trained health visitors or school nurses to meet demand (nationally and locally). Therefore the Council and its partners need to develop the role of the specialist public health nurse (health visitor and school nurse) carefully over the medium term, ensuring that sufficient ongoing staff are available to improve the health of children and young people and families within the County. Stability is important for workforce development and retention. Re-commissioning at this point in time will hinder current development of dual trained staff.

4.5 The overall focus now is therefore to ensure that the school nursing, breastfeeding and 0-5 services are integrated to provide a 0-19 service with stability for workforce development over time.

Public Health – Sexual Health Services

4.6 The current Integrated Sexual Health service does provide good outcomes at a price that compares with similar local authorities. The services include contraception, Genito-Urinary Medicine treatment, outreach support and HIV testing. These services have been evaluated using Public Health England's national Spend and Outcome Tool for comparison. The services sit within the lower spend, higher outcome quadrant benchmarked through this tool. Return on investment (ROI) is considerably better in Northamptonshire than the national rate for Sexually Transmitted Infections infection and treatment, contraption, and advice, prevention and promotion.

4.7 In line with the assumptions in the overall Full Business Case for the First for Wellbeing CIC. cashable savings against these contracts total an annual value of c£1.8m (10%), with at least half of that value to be achieved from April 2016 (also in line with the assumptions in the Full Business Case).

5. First for Wellbeing Contracts

First for Wellbeing – Health Checks

- 5.1 The NHS Health Checks contracts end in September 2016. The only comprehensive means of delivering this service is through GP practices as they are the sole holders of local patient records. Permission is sought to extend these contracts held by First For Wellbeing to March 31 2019 and to delegate authority to re-commission these services to commence on April 1 2019.
- 5.2 A possible alternative provider (Pharma Outcomes) of software to support NHS Health Checks had been identified by the Council prior to novation of the contract to First for Wellbeing. However FfW have been informed by Pharma Outcomes that the software currently does not have all the functionality necessary to provide the complete software support. FfW are to undertake an options appraisal to identify the most cost effective approach and wish to extend the TCR contract to allow time for this to take place. Permission is sought to extend the TCR software contract to March 31st 2017 with an option of further extension to March 31st 2019 in line with the NHS Health Check contracts and delegated authority to re-commission these services to commence on either April 1st 2017 or April 1st 2019, subject to the outcome of the options appraisal.

First for Wellbeing – Falls service

- 5.3 The contract for the Falls Service expires on 30 September 2016. The service delivers elements of, and is integral to, the developing Countywide Falls Strategy. The Falls Service supports the delivery of national indicators of reductions in hip fracture and other falls injuries, both of which are green in comparison with other areas. All clients are seen within 12 weeks (the normal national timescale), and just over 80% within 6 weeks. Satisfaction is in the very high 90% range. The service targets the correct risk groups within the population.
- 5.4 Permission is sought to extend this contract to 31 March 2019 and delegated authority to re-commission the service to commence on 1 April 2019 following further development of the Prevention strategy and further exploration of prevention strategies working with health and other partners.

First for Wellbeing – Oral Health Service

- 5.5 The contract for the Oral Health Service, provided by NHFT, ends on September 30 2016. The aim of the Service is to provide a comprehensive approach to the delivery of oral and general health promotion advice and training, encouraging preventive oral care. The oral health promotion service meets its targets in delivering the specified level of activity with agreed priority groups.
- 5.6 The service benefits from being part of and having rapid and ready access to the NHFT community dental service which provides a full range of dentistry including fluoride applications. Permission is sought to extend this contract to 31 March 2019 and delegated authority to re-commission the service to commence on 1 April 2019 in order that this contract is strategically aligned with the timelines for re-commissioning of the other Public Health contracts.

First for Wellbeing – Smoking Cessation

- 5.7 There are approx 60 contracts with pharmacies across the county for the provision of Nicotine Replacement Therapy and level 2 advisor support for smoking cessation. These contracts were previously held by the Council and end on 30 September 2016. In addition, there are 35 contracts with General Practice for the provision of nicotine replacement therapy and level 2 advisor support to smoking cessation. These contracts were held by NHFT until March 2016. There are no alternative providers identified to deliver this service and a new, more flexible contractual arrangement is required to ensure equitable provision. Delegated authority is sought for First for Wellbeing to formalise the contractual arrangements with GPs for the current service provision and to re-procure these services with effect from 1st October 2016 by way of a Dynamic Purchasing System integrated with Nicotine Replacement Therapy currently being provided by the pharmacies referred to above.⁸

First for Wellbeing – Weight Management

- 5.8 The two existing contracts for Lifestyle Weight Management end on 30 September 2016. The current contracts do not provide an equitable service county wide or a range of choices to meet the needs of different cultural groups and people with

physical and/or learning disabilities. FfW intend to develop a Dynamic Purchasing System suitable to increase accessibility and equity of provision. Delegated authority is sought for FfW to tender for Lifestyle Weight Management Services through a Dynamic Purchasing System, with new services due to commence on 1st October 2016.

5.9 Community Foundation manage a small grants programme to provide seed funding for innovative voluntary sector/community projects aimed at increasing the wellbeing of local communities and helping individuals take charge of their lives. There is no alternative provider identified and this contract complements and supports the planned tender for Community wellbeing services. Permission is sought to extend this contract to March 2019 and delegated authority to direct First for Wellbeing to re-commission services to commence on 1 April 2019.

6. Consultation and Scrutiny

6.1 As part of the review of current services and the development of future services, consultation will take place with a range of stakeholders: service users and carers, partners, providers and staff. This consultation will contribute to the reshaping of services and the content of service specifications.

6.2 In the November 2015 report that set out the Full Business Case for the Wellbeing Organisation (First For Wellbeing CIC) Cabinet received updates on the consultation and engagement work undertaken in relation to the First For Wellbeing model. Work to date was also published in a report which was presented to Cabinet in September 2015.

7. Equality Screening

7.1 This report concerns the continuation of existing services with no changing impacts for customers and does not involve a change to policy, process, delivery or strategy. Therefore EqIAs have not been undertaken to inform this report. However, EqIAs will be undertaken as part of the various tender processes to inform the shaping and delivery of future services. An Equalities Impact Assessment was carried out in relation to the November 2015 Cabinet report which set out the Full Business Case for the Wellbeing Community Interest Company.

Reason that no EqIA is required	✓ as appropriate
The paper is for information only	
The proposal/activity/decision has no impact on customers or the service they receive	✓
The proposal impacts upon staff but the proposed staffing changes will not affect the service that customers receive*	
Other (please explain further)	

* where a proposal affects staff, the appropriate HR processes will be followed, which have already been subject to the EqIA process and will be compliant with HR legislation

8. Alternative Options Considered

- 8.1 The council could retender the prevention related contracts at Appendix 1 to commence from 1 October 2016. To let a new contract at 1 October 2016 would require the council to develop contract specifications based on limited intelligence of the impact of the changing adult social care landscape on prevention services as outlined in paragraph 3. It would also not allow time for us to reflect the Sustainable Transformation plan aims, plans and initiatives in relation to prevention. As a consequence this runs the risk of specifying a service which is not fit for purpose, does not provide value for money and does not provide quality for customers. For these reasons this option has been rejected.
- 8.2 The council could retender the home care services contract to commence from 1 April 2017. To let a new contract at 1 April 2017 would require the council to develop a contract specification which was not fully informed by the results of the pilot activity referred to at paragraph 3.12 above. As a result, this runs the risk of specifying a service that has not been fully tested and will not transform the service to achieve the efficiency savings and quality of service for customers as planned. For these reasons this option has been rejected.
- 8.3 The Full Business Case for the Wellbeing Community Interest Company (First For Wellbeing CIC) considered a range of alternative options. These included a “do nothing” option, which did not even minimally meet the Critical Success Factors used as the basis for scoring the options. Two shortlisted options did not score as highly as the preferred option (the Wellbeing Organisation with integrated wellbeing services).

9. Financial Implications

- 9.1 The current contract values for the services at Appendix 1 would roll forward on a pro rata basis for the duration of the contract extension period. This spend has been identified and resourced within the 2016/17 budget.
- 9.2 From 2017/18 the contract value of the new contracted services referred to in this report will be agreed on the delegated authority of the Director of People Commissioning based on the successful tender bids and the monies available as agreed as part of the Council’s annual budget setting process.
- 9.3 The Full Business Case agreed by Cabinet and the Council in November 2015 set out the financial assumptions for the Wellbeing Community Interest Company over the medium term. The delegated authority sought in this report is in line with those financial assumptions, and therefore there are no financial implications additional to the case already agreed by Cabinet.

<p>What benefits will the proposal deliver?</p>	<p>Overall, all the extensions requested would allow us time to ensure that our plans and commissioning activity are aligned to longer term strategic plans and that we use the evidence of recent initiatives, pilots and options analysis to make the right long term decisions.</p> <p>Contract extension of the prevention related contracts will enable the council to use the emerging intelligence</p>
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	<p>concerning the delivery of First for Wellbeing services and the development of the New Model of Adult Social Care to inform the shaping of new prevention services including addressing value for money, cost effectiveness and improving performance.</p> <p>Contract extension of the home care services contract will enable the council to use the results of the home care pilot to inform the transformation of home care as outlined in the Care and Support at Home draft Strategy which includes achieving efficiency savings and improving quality for customers.</p> <p>The benefits of the proposal were captured in the Full Business Case considered at November 2015's Cabinet, and include:</p> <ul style="list-style-type: none"> • Increased levels of service integration • Increased control over service delivery • Effectiveness • Economy • Flexibility of services • Improved reliance on evidence bases
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10. Risk and Business Continuity Management

a) Risk(s) associated with the proposal

Risk	Mitigation	Residual Risk
The service providers do not agree to a contract extension	The council negotiates with the service providers to come to an agreement to extend the contract	Amber
The council is subject to legal challenge by other providers	<p>The council robustly defends its decision and the reasons for it. The strategic development of the Next Generation Council model and the focus on integrated services within the First For Wellbeing (Wellbeing Organisation) business case, and the local analyses of value for money within existing services.</p> <p>Those contracts where legal advice has been received that we must retender and cannot extend have been removed from this report and prioritised for procurement.</p>	Amber

b) Risk(s) associated with not undertaking the proposal

Risk	Risk Rating
That the contracts do not facilitate the wider Wellbeing strategy and align with the plans set out in the Sustainable Transformation Plan undermining the vision for Northamptonshire.	Red
The council lets new contracts prematurely without sufficient intelligence on the emerging priorities and services of (i) the First for Wellbeing CIC; (ii) the yet to be established New Model of Adult Social Care; (iii) the transformation of home care - resulting in inadequately specified services which are not effective, do not provide value for money and do not provide a high quality service for customers.	Red
The council does not procure services for prevention, carers, advocacy and equipment from 1 April 2017 and home care services from 1 April 2018—there would be a reduction in the range of quality services for adult social care customers and carers with a probable increase in safeguarding concerns; the council would be in breach of its statutory duties and would suffer reputational damage.	Red
Savings efficiencies identified within the Next Generation Council and Wellbeing Organisation models would not be delivered	Red
Performance levels may be reduced during a period of change and transition	Amber

11. List of Appendices

- Appendix 1 - List of Contracts to be Extended

Author:	Name: Jim Danks Team: People Commissioning
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Background Papers:	Cabinet report: Wellbeing Community Interest Company- 8 September 2015 Cabinet report: Next Generation Model of Adult Social Care – 8 March 2016
Does the report propose a key decision is taken?	YES
If yes, is the decision in the Forward Plan?	YES
Will further decisions be required? If so, please outline the timetable here	NO
Does the report include delegated decisions? If so, please outline the timetable here	Award of adult social care and FfW prevention contracts relevant contracts (with the exception of home care services): December 2016 – March 2017; Award of home care services contracts: December 2017-March 2018 Award of Public Health contracts December

	2018- March 2018 Award of other FFW contracts: December 2018- March 2019
Is this report proposing an amendment to the budget and/or policy framework?	NO
Have the financial implications been cleared by the Strategic Finance Manager (SFM)? Have any capital spend implications been cleared by the Capital Investment Board (CIB)?	YES Name of SFM: Yalini Gunarajah N/A
Has the report been cleared by the relevant Director?	YES Name of Director: Dr Akeem Ali
Has the relevant Cabinet Member been consulted?	YES Cabinet Member: Sylvia Hughes Bill Parker
Has the relevant scrutiny committee been consulted?	NO Scrutiny Committee:
Has the report been cleared by Legal Services?	YES Name of solicitor: Laurie Gould
	Solicitor's comments:
Have any communications issues been cleared by Communications and Marketing?	YES Name of officer: Joni Ager; Annalee Bougourd
Have any property issues been cleared by Property and Asset Management?	N/A Name of officer:
Are there any community safety implications?	NO
Are there any environmental implications:	NO
Are there any Health & Safety Implications:	NO
Are there any Human Resources Implications:	YES There may be TUPE implications at the end of the current contracts dependent on the nature of the new services commissioned.
Are there any human rights implications:	NO
Constituency Interest:	ALL