

Decision Report - Part A

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| <p>Decision maker and date of Leadership Team meeting or (in the case of individual Cabinet Member or Executive Director decisions) the earliest date the decision will be taken</p> | <p>Councillor Mitchell, Cabinet Member for Adult Social Care & Public Health</p> <p>Bernie Flaherty, Bi-Borough Executive Director for Adults and Public Health</p> <p>Date of report: 13th November 2019</p> <p>SMT: March 2020</p> <p>Cllr Mitchell: March 2020</p> <p>Forward Plan reference: December 2019, Cabinet Member for Adult Social Care and Public Health</p> |  <p>City of Westminster</p> |
| <p>Report title</p> | <p>CONTRACT AWARD FOR THE PROVISION OF EXTRA CARE HOUSING (ECH) CARE AND SUPPORT SERVICE AT PENFOLD STREET ECH SCHEME</p> | |
| <p>Reporting officer</p> | <p>Sarah Newton, Commissioning Contracts and Transformation Lead</p> <p>Sharon Thurley, Strategic Commissioner</p> | |
| <p>Key decision</p> | <p>Yes</p> | |
| <p>Access to information classification</p> | <p>Part A – Public</p> <p>Part B – Private is currently exempt from disclosure on the grounds that:</p> <ul style="list-style-type: none"> (i) it contains information relating to the financial or business affairs of a person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, (ii) it contains information in respect of which a claim to legal professional privilege could be maintained in legal proceedings under paragraph 5 of Schedule 12A of the Local Government Act 1972; (iii) and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information | |
| <p>Wards</p> | <p>All</p> | |

1. EXECUTIVE SUMMARY

- 1.1. Penfold Street Extra Care Housing (ECH) scheme in WCC is a 51-unit Extra Care Housing scheme for up to 53 predominately older people. It includes a unit for eight people with dementia.
- 1.2. ECH consists of two distinct services, housing and care, albeit they are typically delivered in a seamless joined up way for the tenants' benefit.
- 1.3. ECH firstly provides social housing accommodation. Tenants' have their own well designed, self-contained home and through a tenancy agreement have a legal right to occupy the property.
- 1.4. ECH secondly provides access to 24-hour care and support as is needed by the tenants living there.
- 1.5. The Penfold ECH scheme was developed and opened by the incumbent provider (Notting Hill Genesis) in partnership with Adult Social Care 15 years ago providing a holistic joined up housing and care service.
- 1.6. This report sets out the outcome of a procurement for the care and support aspect and this is the first public re-procurement since the scheme launched.
- 1.7. The procurement strategy for this report was signed off by the Cabinet Member for Family Services and Public Health in November 2017 – namely to move from a block contract approach to a 'core and flexi' approach, in line with a more personalised approach to care provision, allowing tenants more choice in their care provider if they wish. This means some of the costs are fixed and some are based on activity levels.
- 1.8. Further to approval of the procurement strategy significant activity was undertaken to disaggregate the Housing and Care services and unpick the property dependencies in order to undertake an effective procurement exercise for the care and support. This has been challenging and the exercise took longer than usual to bring to the market. However, the challenges were duly addressed, informing a clear procurement process.
- 1.9. As the "Open" procedure tendering process (under the Public Contracts Regulations 2015) has now been completed, approval for award of the contract is sought from the Cabinet Member for Family Services and Public Health for Family Services and Public Health.

2. RECOMMENDATIONS

- 2.1. That, following a re-procurement process, and the recommendation from the Commissioning and Contracts Board, approval is given to award the contract for the care and support service at Penfold Street ECH scheme to Notting Hill Genesis, as outlined in the body of this report, at a total indicative annual cost of £1,205,436 and for a total period of up to ten years, broken down as a period of five years, with the option to extend for up to a further five years. The indicative contract value for five years is £6,027,180 and for ten years is £12,054,360.

- 2.2. That the WCC Cabinet Member for Adult Social Care and Public Health, on the recommendation from the Bi-Borough Executive Director of Adult Social Care and Health, approve the award of the contracts for the provision of the care and support service, as outlined above to Notting Hill Genesis.
- 2.3. That, aside from the decision on whether to exercise the option to extend the contract after the initial five-year period, which will remain a Cabinet Member for Family Services and Public Health decision, delegated authority is approved to enable the Executive Director for Adult Social Care and Public Health to vary the contract if required, to support timely and agile service delivery and contract management. For avoidance of doubt this authority does not go beyond the maximum durations as set above.

3. REASONS FOR DECISION

- 3.1. The Care Act 2014 stipulates a duty to Local Authorities to meet residents assessed needs. Offering an ECH service supports people assessed as needing access to 24/7 care and support in a highly effective and popular way that facilitates individual preferences relating to personal outcomes and wellbeing.
- 3.2. ECH services play a vital role in supporting vulnerable people to maintain their independence, remain in the borough and reduce the need for emergency health and social care services.
- 3.3. With the existing service contract reaching expiry, it is essential that a good quality service was procured in order to achieve the service outcomes being sought and a service that eligible residents would choose to move into.
- 3.4. An open competitive process has been undertaken in which Notting Hill Genesis were the successful candidate, meeting the Qualification, Technical and Commercial requirements needed and offering the Most Economically Advantageous Tender (MEAT), as per WCC procurement requirements.

4. BACKGROUND

- 4.1. ECH provides accommodation and access to 24-hour care and support for predominantly older people (over 55) with physical, and/or mental health needs and with a learning disability, with varying levels of care and support available on site. Tenants have their own self-contained home and a legal right to occupy the property. Access to well-designed housing and on-site, flexible care & support enables people to self-care for longer.
- 4.2. ECH enables the Council to meet several Council and departmental strategic priorities. The social benefits of ECH are well-documented and include:
 - Well-designed environment that can be a home for life; reducing the risks and enabling older people to remain in their own home even as they require increasing care and support
 - Better quality of life;

- Access to leisure and social activities, reducing social isolation and improving well-being;
- A personalised approach
- Living in the local community

4.3 Existing ECH supports the Council’s City for All priorities of opportunity and fairness in its vision, including providing quality services that give people the support they may need at key moments in life, the provision of decent homes, prioritising those who need help the most, as well as giving choice for tenants. It also supports the proposed City Plan’s vision for homes and communities.

4.4 Penfold ECH scheme has a current ‘Good’ CQC rating across all domains and is very well thought of by Adult Social Care colleagues, tenants and the local community. There is a high level of service satisfaction and a waiting list to live there. The last inspection report was produced in May 2016 and a further CQC inspection is expected very soon – a Prior Indicative Notice has been received.

4.5. Penfold contract details are set out below in Table 2.

Table 2

| | |
|--|--|
| Current Care and Support Contract Provider | Notting Hill Genesis |
| Building owner/Housing provider | Notting Hill Genesis |
| Name of unit | Penfold Street |
| Address | 60, Penfold Street Church Street NW8 8PJ |
| Number of units | 51 units, up to 53 people |
| Unit type | 2 x 2-bed flats 41 x 1-bed flats 8x bedsits (dementia unit)) |
| Contract start and end date (including extensions) | <ul style="list-style-type: none"> • 1.11.2004 – 31.10.2014 • 1.11.2014 – 28.02.2017 • 1.03.2017 – 31.05.2018 • 1.06.2018 – 31.05.2019 • 1.06.2019 - 31-11.2019 • 1.12.2019 -31.5.2020 pending |
| Current annual contract value | £1,212,042 including £180,849 Housing Related Support |

4.6 The contract for the care and support provision had not been competitively tendered since its inception in 2004 and agreement was given in 2017 to re-procure with a different service model to be more fit for purpose and personalised in service delivery.

- 4.7 Officers assessed, proposed and agreed a best service model and method of procurement. This included meetings/discussions with potential providers to check the markets' appetite for the proposal – which was positive. Final agreement to the re-procurement of Penfold ECH was given through WCC governance processes in December 2018 and January 2019.
- 4.8 This is the first time that ECH has been procured since its inception, and unforeseen challenges from the incumbent provider needed to be addressed before the procurement could be agreed and continue. These issues were addressed, and the procurement finally commenced in August 2019.

5. PROPOSAL AND ISSUES

- 5.1. Extra Care Housing is a valued concept in Adult Social Care and a proposed procurement gave an opportunity to refresh original principles developed at its inception 15 years ago.
- 5.2. Following extensive discussion, planning and consultation, a new service model for the delivery of Extra Care Housing was agreed as most suitable for a personalised and Care Act compliant method of service delivery. This is a 'Core and Flexi' model of care provision.
- 5.3. Flexi Care: This represents the planned personal and practical care each tenant requires to meet their own unique needs. The level of care will flex from time to time based on the tenants changing needs. The level of planned care will also flex between service users again dependent on their unique needs. Flexi care will be paid based on the tendered hourly unit cost against actual activity levels. Tenants eligible to contribute to their care will be charged accordingly.
- 5.4. Core Care: This is the core offer to all tenants residing in ECH. It includes: 24/7 staff presence in the event of an emergency, planning and delivering social inclusion activity e.g. tenant forums, co-ordinating other services (pharmacy, community health, ambulances), care and support planning/reviewing, safeguarding, quality assurance and supporting tenants with maintaining their tenancies and wellbeing. This will be funded as a block payment to the provider with costs as per the tender equally attributed to each flat. Tenants eligible to contribute to their care will be recharged accordingly.
- 5.5. As highlighted the contract has both fixed and activity components and cost submissions were broken down into the following parts:
- a) the costs for the dementia unit
 - b) the core cost for the general unit,
 - c) the unit cost for flexi care
- the unit cost of flexi care was applied to the current activity level, i.e. the number of planned care hours being provided in the general unit, to inform an extrapolated cost for flexi care.

d) the total indicative cost based upon the three component parts.

- 5.6. Extensive discussion has been undertaken with current ECH providers about the move to core and flexi within both the general unit and the dementia unit. Whilst there is an openness to support core and flexi within the general unit, challenges were raised about the model within the dementia unit.
- 5.7. The small scale of the dementia unit presented challenges paying on actual activity. There was a risk in the event of voids that there would be insufficient activity to ensure sufficient level of funding to maintain a safe level of staffing overall in the unit. Further-more the constant and fluctuating needs of tenants within this unit makes it complex to split the core and flexi needs. Thus, in the first instance it has been agreed that there will be a dementia care offer that is fully inclusive of core and flexi care, effectively remaining a block contract arrangement. Bidders were asked to submit a price for this service and it is intended that these costs will be apportioned between each of the eight dementia flats. Tenants eligible to contribute to their care will be recharged.
- 5.8. It was also agreed that the most desirable way forward is that the dementia care core care provider will be the default flexi care provider; it will only be when tenants request a separate flexi care provider that this will be instigated.
- 5.9. It is also agreed that the most desirable way forward is that the core care provider will be the default flexi care provider in the general unit; it will only be when tenants request a separate flexi care provider via a Direct Payment that this will be instigated. This decision is based on feedback from tenants as to what works well in ECH and to maximise on potential economies of scale.
- 5.10. This is a more transparent method of care delivery and allows people more freedom to choose a separate flexi care provider if they wish, without the authority paying twice for this. This is not expected to happen much, as tenants have told us they value the totality of care provision they receive, but it does allow for this if required, now or in the future.
- 5.11. Market engagements with providers indicated that this model and approach to care provision was understood and no major concerns were expressed. See also confidential part B section 7.17.
- 5.12. Some issues regarding the partnership and working arrangement between the Housing provider and care and support provider needed clarification and agreeing with the incumbent provider prior to the procurement starting.
- 5.13. A single stage procurement has now been undertaken and a provider agreed as suitable to be awarded the contract. Details of the procurement process used are in Parag 7, Procurement.

6. OPTIONS AND ANALYSIS

- 6.1. Following the procurement, there are three key options that can be considered regarding the contract award for this service. The Table below, Table 3, sets out these options, issues involved and recommends an approach.

Table 3

| | Option | Issue | Recommended Y/N |
|----|---|--|-----------------|
| 1. | Don't award contract, allow to lapse and end service | Not recommended as vulnerable tenants are completely dependent on service for housing as well as care and support. Service meets strategic objectives of ASC and is valued. | No |
| 2. | Postpone contract award and continue with a Direct Contract award to incumbent provider | Service would continue but would be time limited and direct award contract would ultimately lapse. Furthermore, the service would not test the new service model or support improved Care Act compliance – i.e. not a personalised approach to care and market/good value not tested. | No |
| 3. | Award contract to successful bidder against tender received | Formal open EU compliant procurement exercise undertaken, with a clear outcome. No rationale not to award. Awarding the contract will enable a new fit for purpose model of care to be introduced, being care Act compliant, personalised and with best value ensured. Ensures authority is compliant in EU Regulations. | Yes |

- 6.2. For the reasons set out above, officers preferred option is Option 3.
- 6.3. Public procurement rules demand a procurement takes place in line with EU regulations and this also gives an opportunity to establish a suitable updated and personalised service specification and model as well as ensuring best value for money at the current time.

7 PROCUREMENT IMPLICATIONS

- 7.1 The author of the report is seeking approval from the Cabinet Member for Family Services and Public Health for the award of Extra Care Housing Care and Support for Penfold Street in Westminster City Council to:
- I. Notting Hill Genesis from 1st April 2020 to 31st March 2025 with the option to extend by a period of up to five (5) years (31st March 2030) for the total contract value of £12,054,360
- 7.2 An OJEU Open process was utilised for this procurement. The evaluation criteria 60% (of which 5% is Social Value) quality and 40% price was used.
- 7.3 Westminster Procurement Code entails that contracts award requests of over the value of £1.5m require the appropriate Cabinet Member for Family Services and Public Health following recommendation to approve from the appropriate Executive Director to provide approval.
- 7.4 The author has demonstrated full compliance with the Regulations, including the requirements regarding publicising the opportunity in OJEU and Contracts Finder. An OJEU notice with a contracts finder notice was published in line with the requirement of PCR 2015.
- 7.5 All contracts with a value of over £175,000 must be signed by at least 2 authorised officers of the Council or made under the common seal attested by the Chief Executive, Director of Law or authorised Solicitors in accordance with Standing Orders 47 and 56 in the Council's Constitution.
- 7.6 In line with the procurement strategy, under an "Open" procedure tender process (Public Contracts Regulations 2015), the contract opportunity (OJEU notice) was published on 20th August 2019 via capitalEsourcing, WCC's electronic tendering system.
- 7.7 The "Instructions to Tenderers/Invitation to Tender" (ITT) set out that the service would be tendered under one process. The ITT stated that tender evaluation would be based on a 55% quality /5%Social Value/ 40% price split (to ensure successful tenders were selected based on high quality provision to the Council's tenants rather than price).
- 7.8 In order to support sustaining a healthy, diverse market, whilst rationalising contract management, the (ITT) set out the process for bidding under this process, bidders were invited to bid for this tender following the guidance provided. Ceiling values for this tender was based on cost modelling of core and flexi.
- 7.9 Bidders were required to submit a "technical" (quality) bid and a "commercial" (financial) bid. The contract length was notified as five years with the option to extend for up to a further five years.
- 7.10 See also confidential Part B section 7

8. CONSULTATION AND COMMUNITY ENGAGEMENT

- 8.1. Tenants have been consulted on an annual basis regarding living in Extra Care, and also latterly regarding the proposed change in service model to allow a more personalised service. Tenants understand the reason for this but have been quite clear that they value all the enhancement that having a joint core and flexi care provider brings. This includes a stable and consistent workforce who know them and are responsive to needs, can liaise with other organisations on their behalf, offer good quality Housing and improve social opportunities.
- 8.2. Tenants are aware of the current procurement and the potential for their service provider to change. A meeting was held in January 2019 in conjunction with Notting Hill Genesis and ASC Operations staff to inform tenants and their families of plans. Tenants, as well as their friends and family, are understandably very concerned about the situation as there is a high degree of satisfaction with the service.
- 8.3. Once it became public that a re-procurement was taking place, officers received several emails of support for the current provider, from relatives and friends of tenants and also a local GP. The emails complimented the current Provider, Notting Hill Genesis, said how well their relative/friend/patient was doing and expressed concern that this isn't lost as part of a re-procurement.
- 8.4. Tenants of Penfold ECH and Westminster Older Residents, with the support of a representative of the older peoples group at The Advocacy Project, have also worked with officers to help design the new service specification and the method statement to ensure that the service specified and the questions posed to providers are at the heart of what is important to tenants.
- 8.5. Tenants and wider stakeholders will be informed of the outcome of the procurement which is anticipated to be another joint meeting with officers and the successful provider to let stakeholder know what has happened.
- 8.6. Tenants value all that living in extra care gives to them and it seems to be the 'sum of the parts' that give such an overall positive experience to those living there. Tenants have consistently told officers how good the current provider is and how well they are cared for. It is anticipated that there will be some considerable pleasure and relief at the news of the successful provider.

9. HUMAN RESOURCES AND EQUALITIES IMPLICATIONS

- 9.1. Extra Care Housing very much supports the equalities agenda. ECH is designed to support older adults and adults with disabilities, helping them achieve their personal goals and improve their well-being. The service very much thinks

through tenants' protected characteristics and delivers person centred care tailored to tenants' preferences and needs. It is not expected that there will be any negative impacts on tenants as a result of this procurement – many will not be aware of any change as their care provider will remain the same.

- 9.2. Indeed, there may be a positive impact for some who want a more personalised approach to care in that there may be a more overt option for an external care provider if they want. While this has already been possible it may be a more active request to tenants to consider this when choosing their flexi care provider.
- 9.3. A more personalised approach to care allows individuals outcomes to be specified and achieved which is anticipated to assist in meeting the needs of those with protected characteristics.
- 9.4. There are no additional Human Resources anticipated to be needed as the incumbent provider is the successful provider, so TUPE will not be necessary.
- 9.5. Contract management and Operations staff will work with NHG in order to ensure the new model of care is successfully implemented. In addition, Finance and IT officers will work with commissioners and operations staff to make sure the necessary infrastructure is updated on Mosaic for invoicing and charging purposes. There may also need to be some training for operations staff on correct support planning to ensure the new model is correctly implemented and recorded.

10 Risk

- 10.1 The current re-procurement has been advertised through OJEU and undertaken as required under Public Contract Regulations 2015.

Table 4

| Risk | Mitigation | RAG |
|--|---|-----|
| <u>Procurement Process</u> Potential bidder believes contract requirements too onerous for fair procurement and may challenge (specifically the requirement to have previous experience of ECH) | All requirements agreed prior to tender and can be justified for needs of service. Officers believe challenge can be justified and is reasonable for the requirements. | |
| <u>Provider Termination</u> Provider failure or provider exits market, leaving service vulnerable due to lack of easy option alternative | Not anticipated – known to be likely to respond to current procurement opportunity. Otherwise immediate discussion with alternative ECH provider with option of interim direct award pending new procurement. | |
| <u>Costs</u> Potential for additional cost to council instead of savings via individually assessed care packages as opposed to block contract. | Work with Operations to ensure correct understanding of how the new system will operate for care management staff. | |

| | | |
|--|--|--|
| | Work with provider for initial agreement as to hours to meet current hours of 'flexi care'. Ongoing contract management | |
| <p><u>Core and Flexi Service Model</u></p> <p>The model is expected to support greater choice going forward and transparency of needs. However, as above block contracts have worked particularly well within ECH enabling providers to flex resources to meet needs within a set budget. It is unclear if the more prescriptive core and flexi will enable this.</p> <p>Furthermore, tenant feedback is that they want a joined-up service that every tenant is in receipt of to ensure equity, parity, and consistency. There is a risk that the choice of more personalised options is not aligned to tenants wishes and that the transparency/prescriptive approach leads to costs pressures</p> | <p>A number of other boroughs that launched core and flexi models have reverted to paying via block contracts for the purposes of ensuring continuity of care and enabling providers more flexibility around service delivery.</p> <p>The new contract incorporates requirements about reviewing the service model and working with the Authority if there is a need to revise the model should that be to revert to a block model, at least for payment purposes, should that be implement core and flexi in the dementia unit. This gives scope to evolve the service as per requirements.</p> | |

11. CONTRACT MANAGEMENT

- 11.1 A named officer will be responsible for leading on contract management to support the service to deliver the outcomes being sought and monitor the effectiveness of the new model.
- 11.2 Contract management will be in line with the contractual performance and monitoring requirements within the contract and with the WCC contract management framework.
- 11.3 This is a CQC regulated service and officers will be checking and monitoring the service against the five key domains: safe, effective, responsive, effective and well led.

12. LEGAL IMPLICATIONS

- 12.1. The author of the report is seeking approval from the Cabinet Member for Family Services and Public Health for the award of Extra Care Housing Care and Support for Penfold Street in Westminster City Council to:

12.1.1. Notting Hill Genesis from 1st April 2020 to 31st March 2025 with the option to extend by an aggregate period of up to five years (31st March 2030) for the total contract value of £12,054,360

- 12.2. The Care Act 2014 stipulates a duty to Local Authorities to meet tenants' assessed needs. Offering an ECH service supports people assessed as needing access to 24/7 care and support in a highly effective and popular way that facilitates tenants' individual preferences relating to their personal outcomes and wellbeing.
- 12.3. The services provided under at the proposed contract fall under the category of Social and other specific services as defined by the Public Contracts Regulations 2015 ("PCR's). The value of the Direct award is above the relevant threshold of £615,278 and accordingly the full implications of the PCR's apply.
- 12.4. Approval of the contract award should be granted by the Cabinet Member for Family Services and Public Health following recommendation to approve from Commissioning and Contracts Board (CoCo) and member of the Executive Management Team (EMT) in accordance with section 3.19.1 of the Council's Procurement Code.
- 12.5. A Contract Award Notice should be issued by the Council.
- 12.6. It is recommended that the Council send award notices and observe the standstill period (in the same way as in procurements governed by the main rules), to mitigate any risk that the contract might be subject to the remedy of ineffectiveness, unless the circumstances make it important to award the contract urgently.
- 12.7. The contract should be executed by way of a Deed.
- 12.8. Further legal implications which are legally privileged and/or commercially sensitive are contained in Part B to this Report in accordance with Schedule 12A of the Local Government Act 1972.

Legal implications by Christina Worrell, Solicitor Bi-Borough Shared legal Services, ph: 02076415712; cworrell@westminster.gov.uk

13. FINANCIAL, PROPERTY, IT AND ANY OTHER RESOURCES IMPLICATIONS

- 13.1. The indicative annual contract value of £1.205m is within the current budget currently allocated to this scheme of £1.212m (inclusive of the Contribution of Housing of £0.181m). Subject to the funding from Housing continuing, the current budget from Adults of £1.031m will continue to be provided from within the overall ASC budget – currently £54.256m, as demonstrated below:

Table 5 – Penfold Budget and costs

| | 2019/20 | | 2020/21* | | Annual Budget ongoing* | |
|-----------------------------|---------------------|----------------------|--------------------|----------------------|------------------------|---------------------|
| <i>Revenue Implications</i> | Confirmed budget £m | Costs of proposal £m | Proposed budget £m | Costs of proposal £m | Estimated budget £m | Cost of proposal £m |
| Budgets | | | | | | |
| ASC Budget | 1.031 | 1.031 | 1.031 | 1.024 | 1.031 | 1.024 |
| Housing budget | 0.181 | 0.181 | 0.181 | 0.181 | 0.181 | 0.181 |
| | | | | | | |
| TOTAL REVENUE COST | 1.212 | 1.212 | 1.212 | 1.205 | 1.212 | 1.205 |

* Budget for 2020 and ongoing not confirmed as yet but assuming current budget will roll forward.

- 13.2. No inflationary increases in budgets or costs assumed in this table. Forecast costs based on premise on no changes in needs of tenants.
- 13.3. Finance comments provided by: Michael Taylor, ASC Finance Manager tel: 0207 641 1469, email: mtaylor2@westminster.gov.uk.
- 13.4. NHG are the current leasehold Housing Provider for Penfold Street ECH scheme. This is on a 100-year lease from WCC. A Service Level Agreement was drawn up in case needed due to a different care and support Provider being successful. This sets out roles and responsibilities for the building and works and is a useful guide to be clear on roles and responsibilities. A nominations agreement will also be updated to reflect the current situation.
- 13.5. Officers are working with ICT colleagues to ensure our systems are up to date for the new model – see parag 9.5
- 13.6. A Privacy Impact Assessment is being progressed and once the successful provider is confirmed, they will be asked to submit an Information Security Questionnaire. This will enable the PIA to be completed and finally assessed and approved.

Director name: Bernie Flaherty

Director title: Bi Borough Executive Director of Adult Social Care and Health, Westminster and Kensington and Chelsea

Contact officers:

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Bernie Flaherty

A handwritten signature in black ink, appearing to be 'Bernie Flaherty', with a stylized, scribbled appearance.

Paul Wilmette

A handwritten signature in black ink, appearing to be 'Paul Wilmette', with a stylized, scribbled appearance.

NB: For individual Cabinet Member reports only

For completion by the **Cabinet Member for Adult Social Care & Public Health**

Declaration of Interest

I have <no interest to declare / to declare an interest> in respect of this report

Signed: _____ Date: _____

NAME: _____

State nature of interest if any

(N.B: If you have an interest you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendation(s) in the report entitled **Contract Award for the Provision of Extra Care Housing (ECH) Care and Support Service at Penfold Street ECH Scheme** and reject any alternative options which are referred to but not recommended.

Signed

Cabinet Member for Adult Social Care & Public Health

Date

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

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If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Head of Legal and Democratic Services, Chief Operating Officer and, if there are resources implications, the Director of Human Resources (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.