

Decision Report

Committee: Executive

Meeting Date – 15/01/2025

Key Decision – yes



The decision to award the provision of General Nursing Block Beds in Somerset.

Chair of Committee: Cllr Bill Revans - Leader of the Council

Executive Member(s): Cllr Sarah Wakefield - Lead Member for Adult Services

Local Member(s) and Division(s) affected: Countywide

Executive Director: Mel Lock - Director of Adult Social Care

Executive Summary

Adult Social Care Commissioning is seeking approval to award contracts for 49 Block Bed in care homes following a competitive tender exercise. Appendix A details the 'Tender Evaluation Report'. It concludes that we have made the decision to award 4 contracts following the procurement exercise, consisting of 39 Nursing Block Beds, at the cost of £800 per week, costing approximately £1.6m per year. No bids were received for the Yeovil area and commissioners will now work with the care home market to explore the opportunity to direct award a further 10 beds to meet demand. These additional beds would cost a further £0.4m per year leading to a total contract value being £2.0m per year.

This approach will support the development of a market that delivers high quality care and a person-centred approach to Nursing Care across Somerset, ensuring the people of Somerset remain in their local areas, and communities. This will contribute to the reductions of hospital admissions and delayed discharges by ensuring Somerset Council has access to beds within Nursing Care Homes when required. It will offer guaranteed services in the following areas:

Shepton Mallet/Wells – 5 beds
Minehead – 11 beds
Bridgwater – 23 beds
Yeovil – 10 beds (Direct award)

Recommendations

The Executive agrees:

a. the outcome of the procurement process to award contracts to the supplies named in the Tender Evaluation Report Confidential Appendix B for General Nursing Block Beds, for the length of 5 years (plus permitted extensions of 2 years + 2 years + 1 year).

b. Commissioners to work with the care home market to explore a direct award for 10 Block Beds in Yeovil due to no bids being received during the procurement tender.

c. the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached confidential Appendix B in confidence, as it contains commercially sensitive information, and as the case for the public interest in maintaining the exception outweighs the public interest in disclosing that information.

d. to exclude the press and public from the meeting where there is any discussion at the meeting regarding the confidential tender evaluation report (Appendix B) (to be treated as exempt information).

Reasons for Proposals

The current contracts for General Nursing Block Beds are due to expire 31st March 2025. We need to ensure a continued supply for high quality care and Nursing specified services that continue to meet the needs of an aging population and the increasing levels of people requiring nursing care 24/7.

New contracts will need to be in place on 1st April 2025 to ensure the continuation of these services so that Somerset Council meets its statutory obligations under the Care Act to:

- Meet need, promote health and well-being.
- Promote greater choice and control for people in what care and support services they receive so that they can live their life the way they want to.
- Ensure a more diverse market of care and support services that responds to people's needs and choices, that places a strong emphasis on quality

The accompanying confidential Appendix B contains commercially sensitive information relating to the contract and the Council's financial and business affairs. Officers recommend that this is treated as exempt information. "Exempt information" is defined by Section 100 of the Local Government Act 1972, and by Schedule 12A to that Act: "Information relating to the financial or business affairs of any particular person (including the authority holding that information)". The public interest test is then applied and, in this instance, it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Report Author: Gemma Beasley, Senior Commissioning Officer, Adults – Care Homes

Contact Details: 01823 357579, gemma.beasley@somerset.gov.uk

Background and purpose of report

1. As a local authority we have a statutory duty to commission services to support the people of Somersets assessed Care Act Needs. Nursing and Residential Care is recognised under the Care Act as a statutory requirement and recent CQC inspections have identified a lack of available services within the budget of the Local Authority. Since 2021 Somerset has seen a loss of 16 care homes, leading to a loss of 144 general nursing placements. The impact of this was mainly felt in South Somerset and Sedgemoor, which in 2023/2024 is now reporting as the highest cost area for nursing care. The people of Somerset should have choice and control over how and where they are supported, having block beds in place in high demand and expensive areas allows the local authority to offer choice and control to the person at the heart of their care.
2. The new contract will need to be in place on 1st April 2025 to ensure Somerset Council meets its statutory obligations under the Care Act to:
 - Promote greater choice and control for people in what care and support services they receive so that they can live their life the way they want to.
 - Ensure a more diverse market of care and support services that responds to people's needs and choices, that places a strong emphasis on quality.

Somerset Council currently commission on average 33% of the care home market within Somerset. Of these 1,533 placements are registered as General Nursing level support and 501 are purchased by Somerset Council. The proposed lots will allow Somerset Council access to these services for the people of Somerset at the local authority fee rate. Ensuring these services are available not only for offers of long-term support but also reducing carer breakdown and individuals reaching crisis point due to lack of support in their area. Throughout the recommissioning exercise and market research, it was evident due to the increases in care costs people are requiring support from the Local Authority at a quicker rate, having block beds dispersed throughout Somerset offers continuity of care and reduces the need for people to move to a different care home when their finances meet the threshold of Local Authority funding.

A recommissioning exercise has been undertaken to give an opportunity to improve the quality and robustness of the services to ensure they are fit for the future including strict expectations surrounding person led care. The Local Authority role is seen as critical as critical and under Section 5 of the Care Act, the duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with Somerset Council.

The re-commissioning plan included a review of the current services with key stakeholders, partners, providers and customers to co-produce a service model that could respond to the following challenges:

- Demographic changes to an increasing elderly population.
- Increased demand on the health and social care services that impact on hospital admissions and delays in discharges.
- Financial challenges regarding Fair Cost of Care and Cost of Living Crisis.
- Recruitment and retention of workforce.

The service will support offer value for money as across all general nursing placements, there are 4 areas of Somerset where Somerset Council pay above average fees. These are Yeovil, Shepton Mallet/Wells, Bridgwater and Minehead. The current position of the block beds has offered fee stability in the areas of Bridgwater and Minehead, which are both high demand areas with limited amounts of capacity.

The service will be commissioned by Somerset Council however has been co-designed with health colleagues to ensure there is a joint focus and support for the service provider. This is surrounding training, being person led and to ensure community support is being utilised to prevent crisis point being reached.

Links to Council Plan and Medium-Term Financial Plan

3. The recommendation to approve the block bed contract for General Nursing provision within care homes links with: The Somerset Adult Social Care Strategy 2024-2027 the key priorities being: Right Support, Right Place, Right Time, and Future Focused. The Medium-Term Financial Plan has been based upon key assumptions in line with up-to-date design and cost modelling including demand increases in adults' services and significant increases in placement costs.
4. The proposed decision supports the Councils priorities and impacts on the delivery of these priorities positively. The contract has been designed and based upon data led commissioning, financial analysis and research surrounding the requirements to provide high quality and up-to-date general nursing care. The contract has been created whilst experiencing the impact of the care home crisis which has impacted social care considerably. Due to this there is the inclusion of regular contract review and commissioning oversight, ensuring the service is working as expected and flexible to demand changes therefore offering future planning, ensuring the right support in the right place and at the right time.

Other options considered

5. The decision to tender these services across 4 locations is based upon data led commissioning, these are the area's the people of Somerset wish to reside. The decision not to re-tender was not put forward due to the following

reasons. The current contract ends on 31st March 2025 after which we would not be meeting our statutory obligations under the Care Act. There would be a reputational risk for Somerset Council if there is no contract in place.

Potential admissions to hospital which could have been avoided and/or delayed discharge from hospital.

Transitioning all General Nursing block beds to spot placements would likely escalate the weekly expenditure depending on the prevailing spot rates. This substantial increase in costs could strain the council's budgetary allocations, undermining our financial sustainability and impacting other essential services and initiatives.

Transitioning from block contracts to spot contracting arrangements could result in people having to move to care homes more affordable for Somerset Council. This would cause significant disruptions for those living with frailty, a vulnerable population requiring specialised care and consistent environments.

There is limited market access for Somerset Council in General Nursing homes. It is crucial to retain these allocations to ensure consistent and high-quality care for the people of Somerset.

Key considerations for the Council

Scrutiny comments / recommendations:

6. This report will be shared with the chair of the Scrutiny Committee and other members as listed below.

Consultation and feedback

7. As part of the commissioning activity, we ran several market engagement sessions, alongside a number of site visits including speaking to those residing in the care home to understand their views. The specification was written in consultation with partners from across the health and social care system in Somerset. The contract has been designed around the feedback from these parties, including conversations with diversity groups which have led to environmental considerations within the specification.

Financial and Risk Implications

8. Somerset Council has a statutory requirement to meet the social care and support needs of its population. The expected gross cost of the block contracts is £2m. The contract price will be set annually in line with the MTFP. No additional funding is being requested because of this decision as the cost is covered within the existing budget.
9. There are risk implications in relation to ensuring sufficient continuity of existing General Nursing Provision after the 31st March 2025. These have

been mitigated through this procurement exercise to secure specialist care within high demand areas of Somerset.

In the instance that the new care home contracts are not agreed, there is the risk of destabilisation of the care home market. Including the loss of guaranteed services and incurring significant additional financial cost to the local authority. The loss of guaranteed services surround general nursing care will reduce the continuity of care and may result in placements being lost and the person therefore being impacted.

Current Risk Score:

Likelihood	4	Impact	5	Risk Score	20
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Projected risk score if recommended actions are agreed and delivered:

Likelihood	2	Impact	3	Risk Score	6
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Legal and Procurement Implications

10. The procurement process for awarding contracts to nursing homes has been conducted in accordance with all relevant legal frameworks, including but not limited to the Public Contracts Regulations 2015 and the council's internal procurement policies. Due process has been followed throughout the exercise to ensure fairness, transparency and equal opportunity for all bidders.

The Contracts and Procurement team has been involved throughout the process, ensuring compliance with all statutory requirements. We have been supported by one of Somerset Council's Contracts Solicitors, who has provided legal oversight and confirmed that all necessary steps have been taken to mitigate any potential risks. The Contracts Solicitor has formally signed off on the process, affirming that it meets the required legal standards.

Furthermore, the proposed contracts incorporate necessary legal provisions concerning safeguarding, data protection (in line with the UK GDPR), and compliance with relevant regulatory bodies, including the Care Quality Commission (CQC). These measures ensure that the council's interests are protected and that providers meet their statutory and contractual obligations. any legal implications of the recommendations.

11. There are no outstanding legal issues, and the risk of legal challenge has been assessed as low. Should any challenges arise, the Contracts Solicitor is confident that the process is robust and compliant with applicable laws.

HR / Workforce Implications

12. There are no relevant HR implications for Somerset.

Equalities Implications

13. A full Equalities Impact Assessment Process and Report has been undertaken and signed off by Somerset Council's Equalities Officer. No negative outcomes were identified. The full report is included below.

Community Safety Implications

14. The decision to award these contracts has no relevant community safety implications.

Climate Change and Sustainability Implications

15. The lots within the specification have been based upon the demand of the population within Somerset. This reduces the need of additional travel as they will remain residing near family and friends. The contract also offers an element of sustainability for service provider and reduces the need for newly built care homes in the area, allowing more opportunities to be met in the Local Development Framework.

With that in mind, this Decision will have a potential impact (positively) on, including, but not limited to, the following:

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- Pollution to air, land and water ·
- Factors that contribute to Climate Change, including the whole-life carbon emissions of this Decision ·
- Protection of and access to the natural environment ·
- Travel choices that do not rely on the car, including active, public and other modes of more sustainable transport ·
- A strong, diverse and sustainable local economy ·
- Meet local needs locally ·

Health and Safety Implications

16. The health and safety of staff and people in Care Homes is fundamental to the successful delivery of these contracts. Each successful bidder has their own Health and Safety plan and as part of the tender process successfully demonstrated how they incorporate health and safety considerations into their environment and work force plans.

Health and Wellbeing Implications

17. The decision aims to have a positive impact on the health and well-being of the person being supported via the contract. The specification focuses on personal centred care, strengthening links within the community, maintaining relationships, positive multi-agency working, continuity of care, unnecessary admissions to hospital and the avoidance of delayed discharges from hospital. All of which from research has been shown to positively influence the person's health and well-being. For each of the three priorities below from the Health and Wellbeing Strategy does the proposal have ·

- significant positive or negative impacts on health and wellbeing
- significant positive or negative impacts on preventing ill-health (physical and mental health)
- significant positive or negative impacts on reducing health and social inequalities

Social Value

18. As part of the procurement process, bidders were asked to submit proposals of how they will deliver against Social Value as part of these contracts. The successful applicants effectively demonstrated how they will develop and implements plans to deliver the proposals they put forward as part of their submission.

19. The following priority areas are relevant to this service: ·

- Developing employment, skills and training opportunities, particularly for hard-to-reach/disabled/target groups
- Improving health and wellbeing, maintaining independence and reducing inequalities of local residents and employees
- Helping build community capacity and playing an active role in the local community, especially in those areas and communities with the greatest need

Background Papers

N/A

Appendices




- A - Tender Evaluation Report
- B – Tender Evaluation Report CONFIDENTIAL

Report assurance

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	26/11/2024
Finance & Procurement	Nicola Hix	09/12/2024
Workforce (*)	Dawn Bettridge	20/11/2024
Asset Management (*)	Simon Lewis	27/11/2024
Executive Director	Mel Lock	20/11/2024
Executive Lead Member	Cllr Sarah Wakefield	04/12/2024
Consulted:	Councillor Name	
Local Division Members	Cllr Sarah Wakefield	04/12/2024
Opposition Spokesperson(s)	Cllr Lucy Trimmell	28/11/2024
Relevant Scrutiny Chair(s)	Cllr Gill Slocombe/Cllr Claire Sully	27/11/2024 and 29/11/2024

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council	 NHS Somerset	 NHS Somerset NHS Foundation Trust
Version	V2	Date Completed	01/07/2024
Description of what is being impact assessed			
To tender for the block bed provision of Nursing Block Bed provision in Somerset			
Evidence			
<p>What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset’s Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles,, should be detailed here</p>			
<p>Office of National Statistic, Somerset Intelligence Partnership, current contract performance data, Eclipse data and area demand profiling.</p> <p>References: Older People - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations Death registration summary statistics, England and Wales - Office for National Statistics</p>			

[The health and care needs of older LGBT+ people | Discover | Age UK](#)
[Exploring the everyday lives of disabled people - GOV.UK \(www.gov.uk\)](#)
[Profile of the older population living in England and Wales in 2021 and changes since 2011 - Office for National Statistics \(ons.gov.uk\)](#)
[Health of Homelessness | The BMJ](#)
[Rough sleeping in the UK - Office for National Statistics \(ons.gov.uk\)](#)
[autumn-survey-2023-social-care-housing-health-and-winter-final.pdf \(adass.org.uk\)](#)
[Population Projections - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](#)
[Older people living in care homes in 2021 and changes since 2011 - Office for National Statistics \(ons.gov.uk\)](#)
[Food: How Cultures Eat And What It Means - Cultural Awareness International](#)

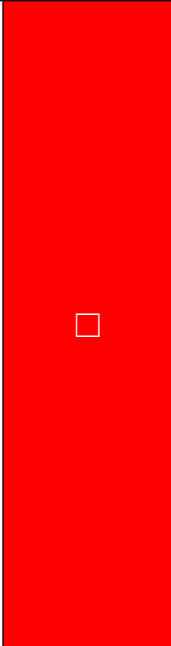
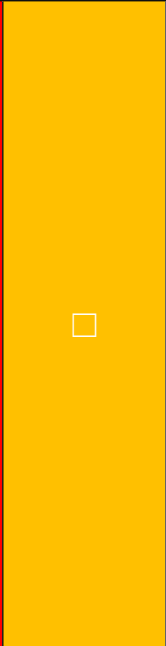
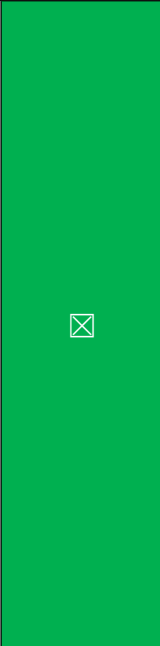
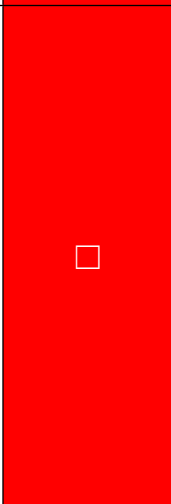
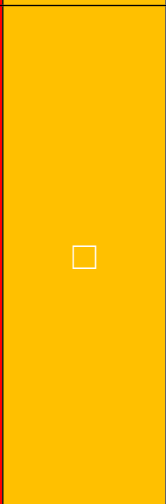
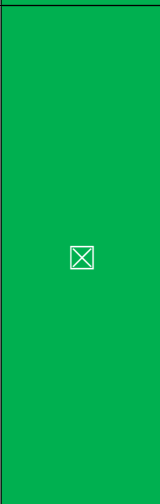
Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

We have consulted with carers groups, used guidance created by people with lived experience, consulted the market, key stakeholders, community, and health services linked to care home's providing nursing care.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
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<p>Age</p>	<p>In 2021 24.9% of Somerset's population was aged 65 years, up from 21.2% in 2011. Projections suggest by 2036 just over a third of the population in Somerset will be 65 or over. Meanwhile Somerset's working age population is set to decrease.</p> <p>The commissioning of these services will have a positive impact by offering nursing care to a person based on the care they require and being the right environment for the individual. Although statistics are based on individuals 65 and over, individuals typically enter a nursing home at around 80 years old.</p> <p>The Contracts and Quality Team will ensure that the service is being delivered according to the services specification and quality standards and will take account of customer feedback. This will be completed by quarterly reviews, aiming for joint working with Commissioning colleagues to visit the care homes when these commence.</p>			
<p>Disability</p>	<p>Older age is commonly linked to an increased risk of falls and imbalance. This combined with aging degeneration means the service provision is expected to support a high number of people with a physical disability.</p> <p>Living in a home with other people can also be overwhelming for individuals and lead to feelings of high anxiety/sensory overload. Misunderstanding this form of communication can lead to individuals being labelled as 'challenging'.</p> <p>The specification will therefore require the provider to reflect and respond to the full range of needs of people with physical disabilities.</p>			

	<p>The ethos of the new service will be to support people to remain/become as independent as possible via the use of assistive technology, person led care, optimal handed care and the removal of restrictive 1-1 where appropriate.</p> <p>The Contracts and Quality Team will ensure that the service is being delivered according to the services specification and quality standards and will take account of customer feedback.</p>			
<p>Gender reassignment</p>	<p>There is little UK research surrounding older transgender adults. Those who have had gender reassignment may be concerned about being treated unfairly via experiences of being misgendered. Access for Social Care has been identified as a concern for the transgender community due to fears of underfunding leading to local authorities being unable to provide care provisions. The impact of this would mean relying on informal care from family members who have not accepted their gender/sexuality risking individuals being left without care and support. These concerns were mimicked when speaking to the Diversity Group UK, including the fears over their safety and gender being assumed.</p> <p>US research has identified that when compared to cisgender respondents, transgender older people were at higher risk of poor physical health, disability, and depression.</p>	<p>□</p>	<p>□</p>	<p>☒</p>
<p>Marriage and civil partnership</p>	<p>Married/Civil partnership couples may be at risk due to everyone's needs being individual. We can't predict that both persons in a marriage/Civil partnership will require the support of a nursing home however we can use data led commissioning to offer support close to home and relationships to be maintained.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

<p>Pregnancy and maternity</p>	<p>Although an individual may require nursing care at any point in their life, this service is typically aimed towards older people therefore the risk of pregnancy may be apparent but extremely unlikely.</p>	<p>☐</p>	<p>☐</p>	<p>☒</p>
<p>Race and ethnicity</p>	<p>A rapid evidence review conducted by the NHS race and Health Observatory highlighted vast and persistent ethnic inequalities in healthcare. Recognising and addressing racial disparities is crucial for ensuring access to nursing care.</p> <p>An individuals' race and ethnicity are a very important part of an individual's identity. There is a risk of minority groups not being recognised within a care home such as typically being English speaking, there is the potential the menu's will be based on traditional English cuisine.</p> <p>Food is a vital aspect of cultural identity and heritage, it reflects the history, values and social systems of different regions and communities. Food is also a way of expressing oneself, connecting with other and exchanging culture.</p> <p>Providers are expected to complete a robust risk assessment, and a diverse and person-centred approach. The training requirement for the contract will also encourage carers to be educated surrounding communication i.e. noticing body language.</p> <p>Access to translators is also available as required.</p> <p>People from different backgrounds may need to have information and support provided in a range of formats. We will therefore need to add into the service specification a requirement for the provider to ensure</p>	<p>☐</p>	<p>☐</p>	<p>☒</p>

	that the information about the service will need to be made available in a variety of formats to suit individual needs.			
Religion or belief	<p>Since 2011, the religious profile of the older population has become more diverse. The percentage of the older population who identified as Christian decreased by 8.2%, while the percentage identifying as other religious groups increased by 0.2%.</p> <p>The largest change has been in the percentage of the older population who reported no religion. It increased from 8.5% in 2011 to 17.5% in 2021, with men more likely to report no religion (21.9%) than women (13.8%).</p> <p>Providers are expected to complete a robust risk assessment, and a diverse and person-centred approach. The training requirement for the contract will also encourage carers to be educated surrounding communication i.e. noticing body language.</p> <p>People from different backgrounds may need to have information and support provided in a range of formats. We will therefore need to add into the service specification a requirement for the provider to ensure that the information about the service will need to be made available in a variety of formats to suit individual needs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	Most studies in the UK show that women have a higher risk of care home admission than men, even after adjusting for age and health differences. There is not much difference in the findings when comparing those in a relationship/partnership to those living alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>When looking at age in relation to future demand for formal care there is a narrowing gap in life expectancy between men and women.</p> <p>The specification is not sex specific and the service provider is expected to risk assessment each individual independently to provide support for their particular care and support needs.</p>			
<p>Sexual orientation</p>	<p>Many older LGBT+ people have experienced lifetimes of prejudice, alongside this it is an under researched area. Research does however indicate 16% had negative experiences when accessing health services.</p> <p>The fear of prejudice can lead to individuals repressing their sexual orientation which leads to other issues such as depression, anxiety and unhealthy coping mechanisms such as social isolation or comfort eating.</p> <p>There is a risk of an automatically assuming as individual's are heterosexual rather than asking their preference.</p> <p>Providers are expected to complete a robust risk assessment, and a diverse and person-centred approach. The training requirement for the contract will support this approach.</p> <p>The service specification will require the service provider to conduct its business in accordance with the principles of the care and support being focussed on enabling people to live as individuals and their preferences.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

<p>Armed Forces (including serving personnel, families and veterans)</p>	<p>The Royal British Legion operates only six care homes in the country for the Armed Forces Community and their families. However, the Veteran Friendly Framework (VFF) has been launched for care homes to support veterans. While only 20 out of 15,000 care homes in the UK currently offer specific support to veterans' efforts are being made to improve accessibility.</p> <p>The specification outlines the service provider must be person centred and if additional requirements are identified in relation to the individual being a veteran, we must work together to support the individual and look at improving training within the home. An example being the care home would based that months training focus surrounding supporting a veteran or introducing new policy</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Other, e.g. carers, low income, rurality/isolation, etc.</p>	<p>The impact on unpaid carers is stark, with over two-thirds (68%) of Directors reporting in the ADASS Spring Survey 2023 an increase in referrals to their council relating to carer breakdown, which is an increase from 65% in 2021/22. Where Directors have seen an increase in carer breakdown the main drivers appear to be, burnout, lack of access to health support and the struggle to find the right support services. Most (91%) Directors either strongly agreed or agreed that unpaid carers are coming forward with increased levels of need in their local area.</p> <p>The over-reliance upon unpaid carers is having detrimental impact on their physical and mental wellbeing, as well as their ability to be in paid employment if they so wish. Figures from the Carers UK State of Caring Survey 2022 found that unpaid carers are taking on more than ever, with 41% not taking a break from their caring role in a year.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	The approach to the re-commissioning of the services includes having data led commissioning leading to higher amounts of services in higher demand areas of Somerset, allowing individuals to reside in their preferred area and maintaining relationships with their family/friends and link with the community.			
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Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Monitor the quality of services delivered against the service specification	Ongoing	Contracts Team	Contract review meetings.	<input type="checkbox"/>
Monitor the effectiveness of partnership working expectations	Ongoing	Commissioning Team	Partnership forums and working together events	<input type="checkbox"/>
Monitor the effectiveness of the delivery of services	Ongoing	Commissioning Team & Sourcing Care Team	Review of the live dashboards, joint forums	<input type="checkbox"/>
Ensure the service specification is available in different formats	Ongoing	Commissioning Team		<input type="checkbox"/>
	Select date			<input type="checkbox"/>

	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
If negative impacts remain, please provide an explanation below.				
Completed by:	Gemma Beasley			
Date	01/07/2024			
Signed off by:	Tom Rutland			
Date	01/07/2024			
Equality Lead sign off name:	Tom Rutland			
Equality Lead sign off date:	01/07/2024			
To be reviewed by: (officer name)	Gemma Beasley			
Review date:	01/04/2025			