

<b>Integrated Mental Health Network Service</b> <b>Contract Award Report</b> <b>Key Decision No. CACH R34</b>	
<b>CPC MEETING DATE (2020/21)</b>  18 January 2021	<b>CLASSIFICATION:</b>  Open  <b>If exempt, the reason will be listed in the main body of this report.</b>
<b>WARD(S) AFFECTED</b>  All	
<b>CABINET MEMBER</b>  Councillor Chris Kennedy -Cabinet Member Health, Adult Social Care and Leisure	
<b>KEY DECISION</b>  Yes  <b>REASON</b>  Affects two or more wards	
<b>GROUP DIRECTOR</b>  Denise D'Souza Interim Group Director Adults, Health and Integration	



## **1. CABINET MEMBER'S INTRODUCTION**

- 1.1. It is proposed the existing Integrated Mental Health Network contract duration is extended to 31st March 2023. The current contract ends 1st February 2021; the contract extension will allow a robust analysis of need and redesign to ensure the new service model is fit for purpose and responsive to the needs of the community, particularly those who have been underserved.
- 1.2. The existing service provides support to adults with mental health problems, or those at risk of developing them, through an Integrated Mental Health Network model managed by a Lead Provider. The current service is contracted to MIND in the City, Hackney and Waltham Forest as the lead provider. MIND sub-contract with the following organisations:
  - Shoreditch Trust
  - Core Arts
  - Centre for Better Health
  - Bikur Cholim
  - Derman
  - Vietnamese Mental Health Services
- 1.3. There is a changed offer for the current year, year six (2020/21) with increased flexibility, more choice and control for the service user and a focus on outcomes rather than outputs. There is also a specific focus on disadvantaged groups from the LGBTQ+ community and Young Black Men. Due to the impact of Covid-19, there has been a revised offer from March 2020 as the service has moved to more online, virtual support and phone calls rather than face to face and group activity. These changes have enabled greater access to the service.

## **2. GROUP DIRECTOR'S INTRODUCTION**

- 2.1. This report seeks approval to perform a variation and extension to the contract for an integrated mental health network for adults with mental health needs in the London Borough of Hackney.
- 2.2. The existing service delivers mental health interventions utilising a variety of approaches, including talking therapies, group work and therapeutic art

activities. The extension period will enable a review process to ensure that the service will be innovative, efficient and fit for the future, promoting independence, increasing quality of life and helping people re-engage in their local communities.

### **3. RECOMMENDATION(S)**

**Cabinet Procurement Committee is recommended to:**

**3.1 Agree the award (which represents an extension) of the Integrated Mental Health Network (Wellbeing Network) contract to Mind for a term of two years and two months, the total contract value being £1,344,250 per annum, totalling £2,912,542 for the extended contract period from 2nd February 2021 to 31st March 2023.**

### **4. RELATED DECISIONS**

4.1. Not available.

### **5. REASONS FOR DECISION/OPTIONS APPRAISAL**

5.1 The original contract began in February 2015 for an initial 3 years with 2 options to extend for 12 months each time. A single tender action was agreed in December 2019 for a period of one year from 2 February 2020. With this contract ending on 1st February 2021 this report requests an extension of the existing contract through a contract award of up to 26 months for the reasons set out below.

5.2 During 2019 and early 2020, Commissioners worked with stakeholders to co-design a new model for delivering the Integrated Mental Health Network (known as the Wellbeing Network), with a view to go out to tender in the summer of 2020. Following a significant period of consultation and engagement the service specification and business case was being drafted when the Coronavirus was pronounced a global pandemic, creating a public health emergency. LB Hackney, as a lead institution for developing and implementing emergency planning, prioritised our Covid-19 response; this meant that the officers associated with this work, officers from Hackney's Public Health and Adult Commissioning teams did not have capacity to oversee the procurement of this service, because they played key roles in delivering the Council's Covid19 response.

5.3 The Council went to the market in July 2020 to ascertain bidders' preparedness for engaging if the service was put out to tender in November 2020. The response rate was significantly lower than previous market engagement activities in November 2019 and January 2020. On this occasion, only six organisations responded as opposed to nine in November 2019 and 25 in January 2020. All six providers affirmed their willingness to participate, however they also raised concerns about the limitations

presented by a short notification period, service delivering in a pandemic, mobilising staff teams impacted by Covid19 (illness, reduction in staffing levels), etc.

- 5.4 Taking account of the issues set out in the previous paragraphs, limited staffing resources in the Adult Commissioning Team and more importantly, the changing profile of community mental health during and post-pandemic - it is proposed the existing contract is extended to 31st March 2023 to allow:
- further analysis of the impact of the pandemic on the community's mental health
  - sufficient allocation of officer's time to support the service design, tender, mobilisation and implementation
  - development of the market for culturally specific provision for African Caribbean Heritage communities
  - incorporate the revised tender in the procurement pipeline, ensuring appropriate procurement support throughout the tender process.
- 5.5 A timeline for the commissioning process, detailing the above activity is set out in Appendix A.
- 5.6 The lead provider and partners have adapted their offer to ensure that service users can access the service throughout the pandemic. Revisions to the service implemented July/August 2020 incorporated a digital component to the service offer, specifically, the preliminary phase of the referral process and a menu of online interventions. The new digital offer serves as a 'holding' stage for the increased demand for the service, allowing people to interact with the service, until their needs are assessed and a package of treatment is allocated.
- 5.7 The new service model, outcomes focused and agile, is able to quickly identify trends in the type of need presented by people accessing the service and quickly adapt the service to meet that need.
- 5.8 It is inevitable that the demand for the service will grow as the community continues to be impacted by the effects of Covid19. These factors will need to be addressed and considered alongside the wider work of Public Health, Adult Social Care, the CCG and ELFT.
- 5.9 In addition to the post-Covid19 needs analysis, Commissioners will review the performance of the revised service model, particularly in the context of responsiveness and agility; this will inform consultation with stakeholders, inevitably impacting the design of the new service model.
- 5.10 City and Hackney CCG has also extended the Personal Health Budgets (PHBs) pilot for a second year and anticipate an increase in the number of people with severe and enduring mental health need to access PHBs. The evaluation of this pilot will inform the delivery of future service provision for this group of people, particularly those seeking recovery interventions.

- 5.11 There have been a number of changes to local mental health services in the last year, including an increase in Improving Access to Psychological Therapies (IAPT) provision, the introduction of 'Five to Thrive'. As a result, the wider integrated mental health pathway needs to be mapped out to ensure the gaps and duplications are identified to inform future provision. Mapping undertaken by the Public Health team has highlighted services are not sufficiently joined-up.
- 5.12 As a consequence of the future budget being at risk of being reduced, more time is required to collaborate with stakeholders in the development and design of the new model in line with our commitment to co-production.
- 5.13 Currently the needs of young black men and other BAME groups are not being met, despite them being over represented in the acute sector. More engagement is required with this group to understand what would work (with a focus on reducing stigma and improving Mental Health literacy).
- 5.14 Recent research has shown that culturally specific provision is crucial for BAME communities who have long suffered mental health inequalities because of institutional racism, further amplified by Covid-19:
- they make up 14% of the UK's population but account for 35% of all coronavirus patients in intensive care
  - there is an increased demand for BAME mental health services, but a lack of BAME mental health provision
  - mainstream providers acknowledge that there is a lack of cultural competencies and perspectives in their work
  - BAME led organisations and mainstream mental health service providers need cultural competence training and awareness
  - BAME service providers are in need of capacity building and infrastructure support
- 5.15 This is an opportunity to create mental health and wellbeing provision for Hackney's BAME people, particularly African and Caribbean Heritage (ACH) communities, who have historically been underserved. This will be a significant challenge for Council officers, requiring a shift in the way we engage with those communities. Additional time will be required to develop relationships across ACH communities and dismantle any limiting beliefs.
- 5.16 Service users will require a sustainable service in place whilst recommissioning options are identified.
- 5.17 Consideration needs to be given to insourcing, and this will be progressed alongside market engagement and while we develop the business case.
- 5.18 Risk Management

Risk	Mitigation
Reduction in budget may impact service delivery.	Reducing the budget fairly across the network so as not to disadvantage any partners. The Council to schedule regular meetings with MIND and clear proposals for reduction to be agreed by all parties including sub-contractors.
Reduction in service quality and capacity.	With a contract in place, the Council will be able to continue regular contract monitoring and collect information on service utilisation.
Provider not willing to continue this service.	Preliminary discussions indicate that the lead provider is willing to continue services under current terms and conditions and with a reduced budget for the year from 2021.
Challenge from stakeholders including elected members, provider market, and service users.	Stakeholders are kept regularly up to date and a stakeholder engagement plan is in place to ensure this continues. Engagement activity will ensure transparency about future procurement plans and opportunities for potential providers. This contract extension allows for further consultation with all stakeholders on a new service because of the impact of the coronavirus.
Needs of BAME people, specifically young black men, not fully incorporated in the service offer.	The Lead Provider of the Network is working to improve this offer in line with the recommendations set out as part of the independent evaluation from 2019. There will also be continued links with the YBM Programme and other projects.
A new service will not be in place within the required timescales.	A timeline has been drafted to ensure sufficient time for the procurement process.

## 5.19 Project Objectives/Key Deliverables

The key aims and objectives of the service are to:

- Supply a range of appropriate and locally accessible services on days, at times and in settings which meet the needs of service users in Hackney and the City.
- Provide early access and prevention services for people who do not meet Care Act eligibility criteria, in order to best maintain or improve their mental wellbeing.
- Prevent, delay or reduce the number of people accessing statutory service provision such as secondary mental health services, acute hospital beds and long term care packages.
- Facilitate self-help and early intervention by promoting effective access to support services, and ensuring integration with NHS provision such as Improving Access to Psychological Therapies (IAPT) services.
- Provide a link for service users to services provided by the Recovery college.
- Promote wellbeing and social inclusion initiatives that support delivery of the Public Health Outcomes Framework (PHOF).
- Promote a good understanding of the needs of service users, particularly those individuals from black and minority ethnic (BME) communities.

Service outcomes, KPIs and targets are set out under section 10.2.

5.20 Concerning the legal powers on which the Council seeks to rely to carry out this course of action, Regulation 72 (c) of the Public Contracts Regulations 2015 provides that contracts may be modified without a new procurement procedure where certain conditions are fulfilled. In support of this recommendation: In this case the need for the modification has primarily been brought about by the impacts of the current pandemic which could not have been foreseen. The extension is not intended to alter the overall nature of the contract and the increase in price proposed will not exceed 50% of the value of the original contract or framework agreement.

5.21 The contract will be funded through the existing London Borough of Hackney Public Health budget. No additional funding is required.

5.22 **ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)**

1. Do nothing	Ending the contract without a new service in place will negatively impact the community's mental health.
2. Outsourcing	There is insufficient time to redesign and procure a new service within the current timeframe
3. Insourcing	There is insufficient time to explore the capacity for delivering this as an internal service, however this will be considered during the contract extension period
4. Revise and extend the existing contract	Extending the existing contract will allow exploration of options two and three, e.g., outsourcing and insourcing. In addition, intelligence collected through the revised service model, particularly in the context of Covid19,

	will inform the design of a service that is responsive to the mental health needs of the community.
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Option four is the recommended option.

## 6. PROJECT PROGRESS

6.1. **Developments since the Business Case approval.** This award is associated with an existing service.

6.2. **Whole Life Costing/Budgets:**

Public Health Budget	2020/21 £	2021/22 £	2022/23 £	TOTAL £
Core contract value	£1,415,000	£1,344,250	£1,344,250	<b>£4,103,500</b>
<b>Total</b>	<b>£1,415,000</b>	<b>£1,344,250</b>	<b>£1,344,250</b>	<b>£4,103,500</b>

6.3. **SAVINGS**

Savings have been negotiated for the stated period as set out above. In addition, the service will be delivered with no annual inflationary uplift.

## 7. SUSTAINABILITY ISSUES

7.1. **Procuring Green**

With regards to the proposed extension, consideration has been given to:

(a) Travel

The biggest impact for this service would be the transport needs of staff and service users when attending external appointments. The provider has been asked to have in place an environmental impact reduction policy which includes supporting staff to choose more environmentally friendly methods of travel. The provider promotes access to a Bike to Work scheme to all employees.

(b) Property

The properties associated with this service will be installed with energy efficient appliances rates A+++

7.2. **Procuring for a Better Society**

This service is delivered by local voluntary sector organisations, providing job and volunteering opportunities to the local community; as a Disability



Confident Employer, they are committed to facilitating employment and training opportunities for local people with lived experience of mental health difficulties and other disabilities. Sub-contractors are local voluntary sector organisations, offering some stability to the local sector during the ongoing pandemic. Mind offers a Peer Programme, which is open to local people who have lived experience of mental health issues; the programme comprises a range of training opportunities that enable local people to acquire employment skills while volunteering within the organisation.

### 7.3. **Procuring Fair Delivery**

Although service can be accessed by all members of the community, it is designed to respond to individual need across each of the equalities strands. The Provider is a London Living Wage employer and has policies and procedures in place to ensure compliance with the Modern Slavery Act 2015.

The relevant KPIs are set out at section 9.5.

### 7.4. **Equality Impact Assessment and Equality Issues:**

A full Equalities Impact Assessment (EIA) was completed and presented as part of the Business Case for procurement of this service. No issues were identified.

Services contained within this procurement will deliver services which will provide support as early as possible so that they are preventative and targeted at increasing social inclusion.

## 8. **TENDER EVALUATION**

A timeline for the commissioning process, detailing the above activity is set out in Appendix A.

## 9. **CONTRACT MANAGEMENT ARRANGEMENTS**

### 9.1. **Resources and Project Management (Roles and Responsibilities):** The Quality Assurance & Compliance officer will lead on contract management, specifically:

- Analysis of quarterly KPI data
- Analysis of annual quality audit self- assessment
- Stakeholder Feedback
- Service user questionnaires, focus groups and one to one discussions
- Regular contract monitoring meetings
- Annual service review

### 9.2. To ensure we maintain a high level of quality support provision the Council will work with the provider to develop the service, implementing a service model that emphasises a focus on person-centred mental health outcomes.

9.3. The following measures are in place to ensure we can demonstrate value for money on an ongoing basis:

9.4.

- The service specification emphasises continuous improvement as a priority for the service.
- The Council will remain informed about best practice across the sector, implementing changes to the model when necessary.
- The Council will focus on analysing person-centred KPI data, working with the provider to address areas that require improvement in a timely manner.
- The Council will utilise service user feedback to ensure provision is fit for purpose and demonstrates the provider’s commitment to continuous improvement.

9.5. **Key Performance Indicators:**

Outcomes & KPIs		Target
Improved Wellbeing - overall improvement in wellbeing		
Wellbeing	% people who indicate overall improvement in anxiety & depression (PHQ9/GAD7)	90%
	% overall improvement in wellbeing (Short Warwick-Edinburgh)	95%
	% people attending Talking Therapy who show overall improvement in anxiety & depression (PHQ9/GAD7)	94%
Digital Pathway	% overall improvement in wellbeing (Short Warwick-Edinburgh)	70%
Recovery	% overall improvement in wellbeing (Short Warwick-Edinburgh)	70%
	% people who indicate overall improvement in Recovery Compass Mental Health domain	85%
	% people attending Talking Therapy who show overall improvement in anxiety & depression (PHQ9/GAD)	75%
Move on - planned moves out of the service		
Wellbeing	% people moved onward from WBN within 6 months	60%
	% people moved onward from WBN within 12 months	85%
	% people remaining in WBN for longer than 2 years	0%

Recovery	<b>% people moved onward from WBN within 2 years</b>	90%
	<b>% people remaining in WBN for longer than 2 years</b>	0%
Physical Health - overall improvement in physical health		
Wellbeing	<b>% of people who have accessed physical health activities through the WBN and report an improvement in physical health</b>	60%
Recovery	<b>% people who indicate overall improvement in Recovery Compass Physical Health domain</b>	90%
Employment - engaged in training, further education, work or work like activities incl volunteering		
Wellbeing	<b>% people who have retained employment from assessment to move-on</b>	50%
Recovery	<b>% of people with an employment related goal who have received employment support*</b>	100%
	<b>% people participating in volunteering, further education or other work-like activity</b>	25%
Social Networks - improved social inclusion and/or involvement in meaningful activity		
Wellbeing	<b>% of people engaged in social inclusion/meaningful activity</b>	50%
Recovery	<b>% of people engaged in social inclusion/meaningful activity</b>	50%
	<b>% people who indicate overall improvement in Recovery Compass Social Networks domain</b>	50%
Daily Living		
Recovery	<b>% people indicate overall improvement in Recovery Compass Daily Living domain</b>	50%
Target Groups		
Young Black Men	40 Young Black Men (18-24) supported by the WBN 0.5% Young Black Men (18-24) supported by the WBN (cumulative performance for the year should 2%) 45 of Young Black Men (25-34) supported by the WBN 0.5% Young Black Men (25-34) supported by the WBN (cumulative performance for the year should 2%)	
LGBTQ+	180 of LGBTQ+ people supported by the WBN 2.5% LGBTQ+ people supported by the WBN (cumulative performance should be 11%) No of LGBTQ+ specific group hours delivered	

## **10. COMMENTS OF THE GROUP DIRECTOR OF FINANCE AND CORPORATE RESOURCES**

- 10.1. The recommendation of this report is to agree the award (which represents an extension) of the Integrated Mental Health Network (Wellbeing Network) to MIND. The existing service delivers mental health interventions utilising a variety of approaches, including talking therapies, group work and therapeutic art activities. The extension period will enable a review process to ensure that the service will be innovative, efficient and fit for the future, promoting independence, increasing quality of life and helping people re-engage in their local communities
- 10.2. The extension will be for a period of two years and two months. The extended contract period will commence from February 2021 and will cease at the end of March 2023. The current annual contract value is £1.415m, however through negotiations with the Provider a reduced contract value of £1.344m has been secured for the 2021/22 and 2022/23 financial years. Contract savings of £71k has been negotiated with the service provider and are outlined in section 6.2 of the report. In addition, the service will be awarded no annual inflationary uplift over the contract period. The total value over the life of the contract is £2.913m and this will be funded from the Public Health budget.
- 10.3. The total value over the life of the contract is £2.913m and this will be funded from the ring-fenced Public Health grant. A risk to the contract is the uncertainty about the level of grant available in future years. To mitigate this risk, budget lines are subject to change throughout the length of the contract, and will need to be managed in collaboration with the provider.

## **11. VAT Implications on Land & Property Transactions**

The most common target for HMRC is exempt licences to occupy land, such as markets and venues, following the Upper Tier Tribunal case in Craft Carnival (Kati Zombory-Moldovan trading as, [2016] UKUT 433, UT/2015/0119). HMRC is paying close attention to local authorities' because of the recently increased involvement in using land and property for investments and revenue generation.

**This area of VAT is complex and where most high value errors and assessments from HMRC occur.**

## **12. COMMENTS OF THE ACTING DIRECTOR OF LEGAL & GOVERNANCE SERVICES**

- 12.1. The contract for the Integrated Mental Health Network is due to expire in February 2021 and this Report sets out the reasons why it has not been possible to procure a service provider to perform the service beyond that date. It is proposed to extend the current contract with the service provider and as the value of such proposed contract extension will be above £2m it is necessary under Contract Standing Order 2.7.7 for the contract award to be approved by Cabinet Procurement Committee.
- 12.2. Regulation 72(1) (b) of the Public Contracts Regulations 2015 permits the variation of a contract to include additional services by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor cannot be made for economic or technical reasons and would cause significant inconvenience or substantial duplication of costs for the contracting authority. This regulation is also subject to the provision that any increase in price does not exceed 50% of the value of the original contract. To undertake a procurement in order to appoint a short term provider to commence the service immediately would be economically disadvantageous for the Council in terms of the price of tenders received and therefore it is proposed to extend the current contract whilst the Council undertakes a substantive procurement exercise for a long term service provider. The value of the proposed contract extension is below 50% of the original contract value.

### **13. COMMENTS OF THE PROCUREMENT CATEGORY LEAD**

- 13.1 This is a lead provider service for delivery of preventative and recovery based support interventions to adults with, or at risk of developing, mental health problems. An interim extension of the existing service contract is proposed as delays to commissioning activity, due to the current COVID-19 pandemic, mean that a re-commissioning exercise cannot now be completed within the required timeframe. The impact of the pandemic has been to affect availability of both internal and market resources, along with creating a requirement to re-assess community needs to ensure the future design is fit-for-purpose.
- 13.2 The value of the service is above the relevant public procurement threshold (Public Contracts Regulations 2015, Social and Other Specific Services “light touch” regime). There is some risk to this award, as the service contracts have previously been extended without competition. However, the limitations on the market to respond at present and need for a further period of consultation and service redesign due to the impacts of the current pandemic on mental health services and needs, appear to provide justification for modification of the contract in line with Public Contract Regulations.
- 13.3 Market testing indicates that going out to competitive tender at present (eg: for a short interim contract) would place undue pressure on providers of community wellbeing services at a time of increased need due to the

pandemic, and would be unlikely to receive the level of interest previously anticipated.

- 13.4 The service has demonstrated continued value for money and a commitment to delivery of savings during the extension period. Sustainability impacts are noted including payment of LLW, subcontracting to local mental health service providers and specific support for BAME service users.
- 13.5 The requested extension covers the period up to (March) April 2023 and the contract extension will be awarded for up to 26 months. Upon extension, a modification notice must be published as required in accordance with Public Contracts Regulations for transparency purposes.
- 13.6 Service redesign will consider insourcing as an option in line with current Council strategy. Any continued need for an external contract beyond the extension period is expected to be subject to a competitive tender procedure following the timetable provided. The process will be fully supported by the Central Procurement Service.

## APPENDICES

Procurement timeline - Appendix A

## BACKGROUND PAPERS

**In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required**

### Description of document

None

<b>Report Author</b>	Beverley Gachette Tel : 0208 356 8175 Strategic Commissioner Mental Health & Prevention beverley.gachette@hackney.gov.uk
<b>Comments for and on behalf of the Group Director of Finance and Corporate Resources</b>	Naeem Ahmed Tel : 0208 356 7759 Director of Finance (Children, Education, Adults and Community Health) naeem.ahmed@hackney.gov.uk
<b>Comments for and on behalf of the Acting</b>	Patrick Rodger, Senior Lawyer

<b>Director of Legal &amp; Governance Services</b>	Patrick.Rodger@Hackney.gov.uk  (020) 8356 6187
<b>Comments of Procurement Category Lead</b>	Dawn Cafferty- Tel : 0208 356 8697 Procurement Category Lead dawn.cafferty@hackney.gov.uk

## APPENDIX A

### Redesign Timeline

	Description	Indicative time required	Notes	Lead(s)
<b>Project development and planning</b>	Assess resources	Dec 2020 to Feb 2021	Current spend report Future budget confirmation (whole budget) Complete RAT & PRIMAS Category Lead Reviews RAT & PRIMAS Develop/complete Privacy Impact Assessment Co-production Comms	Public Health, Commissioning & Procurement
<b>Research and redesign</b>	Building on previous research	Dec 2020 to July 2021	Focus on issues impacting underserved groups: ACH, LGBTQ+. Desktop review of: Relevant literature Service models Benchmarking data Options appraisal, e.g. do nothing, outsourcing, insourcing	Public Health and Commissioning
<b>Consultation</b>	Building on previous consultation	April to October 2021	Extended period required to enable officers to develop the relevant skills and expertise required to sensitively investigate/discuss the impact of structural discrimination/racism:  One to one interviews Focus groups Surveys	Commissioning, Hackney CVS, Strategic Delivery
<b>Soft market testing</b>	Meet with providers	August to December 2021	Hold meetings with potential bidders to discuss how they would address the needs of the community with a focus on building capacity amongst ACH and LGBTQ+ led organisations.	Public Health, Commissioning & Procurement



<b>Specification Design and Tender Documents drafting</b>	Write specification(s) - develop tender documents and outline outcomes required	September to March 2022	This can begin towards the end of the design phase but will need to continue after it. There will be consultation with various stakeholders.	Public Health, Commissioning
<b>Business Case</b>	Draft BC for CPC	December 2021 to March 2022	Towards the end of the design stage - sign off from various stakeholders. Need to include options appraisal - e.g. insourcing the service CPC April 2022	Public Health, Commissioning
<b>Tender Stage</b>	Tender docs finalised and out to tender	April - July 2022	Time for two stage tender and evaluation including from experts by experience	Public Health, Commissioning
<b>Contract Award</b>	Write contract award for CPC	July 2022 to September 2022	Write award report - to be at CPC in Oct 2022	Public Health, Commissioning
<b>Mobilisation</b>	Up to 6 months mobilisation - service start 01 April 2023	November 2022 to 01 April 2023	Good mobilisation period to ensure good staffing complement.	Public Health, Commissioning