

## CABINET PROCUREMENT & INSOURCING COMMITTEE

### CONTRACT AWARD REPORT

| <b>Title of Report</b>   | Hackney Integrated Telecare Service Contract Extension  |
|--|---|
| <b>Key Decision No.</b>  | AHI S186  |
| <b>CPIC Meeting Date</b>   | 4 September 2023  |
| <b>Classification</b>  | Open  |
| <b>Ward(s) Affected</b>  | ALL   |
| <b>Cabinet Member</b>  | Cllr Chris Kennedy, Health, Adult Social Care, Voluntary Sector and Culture   |
| <b>Key Decision</b>  | <p>Yes</p> <p><b>Reason</b></p> <p>This results in the Council incurring expenditure or savings which are significant having regard to the Council's budget for the service/function.</p> |
| <b>Group Director</b>  | Helen Woodland, Adults, Health and Integration  |
| <b>Contract value, <u>both</u> Inclusive of VAT and Exclusive of VAT (for the duration of the contract including extensions)</b> | <p>Estimated at £2.08m VAT exclusive</p> <p>Estimated at £2.50m VAT inclusive</p>   |
| <b>Contract duration (including extensions e.g. 2 yrs + 1 yr + 1 yr)</b>   | 18 months + (6 months + 6 months options to extend)   |

## **1. Cabinet Member's Introduction**

- 1.1. Telecare is a vital part of Hackney's preventative offer, enabling older and disabled people, including children with disabilities, to remain living independently, and helps facilitate timely transfers of care from hospital.
- 1.2. The provision of Telecare is a key preventative service and an essential element of Adult Social Care services, which contributes to the Council's objective to assist residents to increase their independence.
- 1.3. The proposal supports the Council to continue to meet its duties under the Care Act 2014 and The Children and Families Act (2014). The recommendations made are in line with 'People at the Heart of Care: adult social care reform white paper' DOHSC, December 2021 and the key priorities of the City and Hackney Place-Based Partnership (CHPBP) as members of the NHS North East London Integrated Care System (NHS NEL ICS).

## **2. Group Director's Introduction**

- 2.1. The report summarises the previous exploration of different models of provision and the outcome of this work; introduces the Digital Switchover 2025 (Appendix 1) outlining the actions needed to ensure the continued safety of Hackney Telecare Service Users; and proposes a future ambition to transform our traditional Telecare service into a proactive and preventative digital technology enabled care service (TEC).
- 2.2. The report seeks approval to extend the Hackney Integrated Telecare service contract with the incumbent provider for a period of 18-months + 6-months + 6-months options to allow for continued service delivery whilst we;
  - 2.2.1. complete the necessary transition from analogue to digital ensuring the continued safety of some of our most vulnerable residents;
  - 2.2.2. and commission a future technology-enabled care (TEC) service enabling us to move towards delivering a proactive and preventive digital offer that can help us improve the quality of life for our residents and reduce reactive care costs.
- 2.3. The proposal supports the Council to continue to meet its duties under the Care Act 2014 and The Children and Families Act (2014). The recommendations made are in line with 'People at the Heart of Care: adult social care reform white paper' DOHSC, Dec 2021 and the key priorities of the CHPBP as members of the NHS NEL ICS.

### 3. Recommendation

#### 3.1. The Cabinet Procurement and Insourcing Committee is asked to approve the following recommendation:

- To award an extension to the contract with Millbrook Healthcare Limited for the delivery of the Hackney Integrated Telecare Service, for a period of 18-months + 6-months + 6-months options to extend; full 30-month contract extension period 26 February 2023 to 25 August 2025. The total projected contract value for the full period is c.£2,080k. This includes an estimated c.£204k cost of equipment that will be reimbursed by health partners.

### 4. Related Decisions

- 4.1. Approval of the Single Tender Action (STA) for Integrated Telecare Service by Hackney Procurement Board in July 2017.
- 4.2. Approval of the Contract Variation and Extension by Hackney Procurement Board in July 2019.
- 4.3. Approval of Contract Extension for Integrated Telecare Service by Hackney Procurement Board in February 2021.

### 5. Reason(s) For Decision / Options Appraisal

- 5.1. Millbrook Healthcare Ltd. is the Council's contracted provider for the Hackney Integrated Telecare service. The contract was awarded via an STA in August 2017 due to the financial failure of the then incumbent provider.
- 5.2. The contract is for the provision of the three core service elements shown below:
  1. **Telecare Equipment Service:** responsible for the supply, installation, replacement, maintenance, repair and removal of equipment and follow-up service user visits.
  2. **Telecare Call Monitoring Service:** provision of a 24/7 call monitoring and answering service, with performance monitoring and information management responsibilities.
  3. **Telecare Response Service:** provision of a locally based 24/7 community response service with key holding and information management responsibilities.

***ParaDoc:** a rapid response team consisting of a Doctor and Paramedic who assess and manage people in their own home. An*

*alternative to 999 for people with urgent medical and social needs, as well as for falls.*

- 5.3. The NHS North East London, City and Hackney Place-Based Partnership (NHS NEL CHPBP) commissioned ParaDoc service is included in the Telecare response triage pathway.
- 5.4. The contract with the incumbent expired on 25 Feb 2023. There are no available options to extend.
- 5.5. The well-being and safety of c.3,500-4,000 vulnerable Hackney residents are reliant on the 24/7 Telecare service. Due to associated risks, it is not possible to cease provision of this service.
- 5.6. The proposal is to extend the contract with Millbrook Healthcare Limited, as the incumbent, for a period of 2.5 years (18 months + 6 months + 6 months options to extend), commencing on 26 February 2023.
- 5.7. The purpose of the requested contract extension is to allow for continued service delivery whilst we develop and implement a strategy for the Digital Shift 2025 (Appendix 1) with an aim to secure the opportunities and benefits of digital to improve outcomes for Hackney residents. Key objectives within the strategy are;
  - 5.7.1. to complete the necessary transition from analogue to digital ensuring the continued safety of some of our most vulnerable residents;
  - 5.7.2. to commission a future technology-enabled care (TEC) service, enabling us to move towards delivering a proactive and preventive digital offer that can help us improve the quality of life for our residents and reduce reactive care costs.
- 5.8. During the extended contract period we will work to resolve the budget pressure and run an open tender under the OJEU process for delivery of a future TEC service. The service will build on the improvements made during the digital transition and aim to take full advantage of developments in the tech industry such as telehealth, remote monitoring and other digital assistive technologies to strengthen Hackney's prevention agenda, support delivery of our strengths-based approach and widen the scope for benefits realised.
- 5.9. The intention is to complete the procurement process and award a contract by December 2024, factoring in 2-months for potential slippage. The final 6-month option to extend will only be used if necessary to manage any unforeseen delays. An indicative timeline is provided as Appendix 2.

## 6. Alternative Options (Considered and Rejected)

- 6.1. There are no alternative options available to the Council at this time. *(the options in the table were however considered)*

| Option            | Advantages                                  | Disadvantages   |
|-------------------|---|---|
| <b>Do nothing</b> | None.                                       | The Council would be at risk. With no contract in place, this could lead to the failure of the service being delivered. |
| <b>In-house</b>   | In line with the Hackney in-sourcing model. | Not financially viable at this time.  |
| <b>Hybrid</b>     | In line with the Hackney in-sourcing model. | Not financially viable at this time.  |

## 7. Project Progress

### **Redesign and recommissioning**

- 7.1.1. Since 2019 various models of provision have been explored; in-house, outsourced and several hybrid models, including an in-house call monitoring service provided by Hackney Contact Centre; and exploratory work with our partners at CHPBP and Homerton Healthcare NHS Foundation Trust (HHFT) testing the viability of fully integrating the responder service with health services.
- 7.1.2. It has been determined that an in-house call monitoring service provided by Hackney Contact Centre is not financially viable due to the substantial cost of staffing a 24-hour service.
- 7.1.3. We considered if the benefits of an in-house service could be achieved by commissioning call monitoring services from a neighbouring borough. Quotes received as part of a benchmarking exercise suggest this option would actually cost the council more than investing in our own in-house provision.
- 7.2. Market testing has confirmed that there is a healthy and competitive market for call monitoring service provision and that post-pandemic remote working practices could allow for local employment opportunities.
- 7.2.1. Exploration with health partners of a fully integrated community response service determined that a 24/7 response provision by HHFT is not feasible. HHFT cited key risks around staffing, financial sustainability and operational resilience.

- 7.2.2. However, HHFT did confirm that they would be very keen to offer close partnership support, by accommodating as required, any external response provider from a base at Homerton Hospital, co-located with existing community outreach provision to achieve the benefits of close proximity working with other health and adult social care services. HHFT also offered to provide training, joint working, and shadowing opportunities as appropriate.
- 7.2.3. An in-house call monitoring service and an integrated response service provided by HHFT may be future possibilities but these are not currently viable.
- 7.2.4. In May 2022 the recommendation to run an open tender under the OJEU process with separate lots for each core service element was approved by the adults, health and integration directorate leadership team (AH&I DLT). Tendering the service as separate lots will enable VCS and SME providers to bid as part of a consortium or lead provider model.
- 7.2.5. Since April 2022, a programme of efficiency works has been successful in ensuring spend on Telecare services represents Best Value to the council. However, there remains a budget pressure affecting future financial sustainability, which needs to be addressed prior to commissioning a TEC service.
- 7.2.6. A business case requesting health funding to address the future budget pressure was taken to CHPBP Delivery Group in partnership with ICB commissioners in June 2022. The Delivery Group agreed in principle but was unable to agree recurrent funding for any project or service due whilst transitioning to an ICS.
- 7.2.7. Investigation of other health funding opportunities determined in August 2022 that an increase to the Better Care Fund (BCF) contribution is the most realistic option.
- 7.2.8. In October 2022 BCF finance group agreed to include the telecare pressure in the list to be funded from next year's BCF grant. The request was included in BCF uplift proposals for 2022/23 and 2023/24 for City and Hackney Health & Care Board approval during Nov/Dec 2022.
- 7.2.9. A £50k recurrent increase to the annual BCF contribution for telecare was agreed in May 2023. Due to this, the annual expenditure budget has been increased and is now sufficient to meet the forecast spend for 2023/24, 2024/25 and part of 2025/26.

### 7.3. **Performance of Current Service**

- 7.3.1. The service is meeting the majority of key performance indicators. KPI's for the timeliness of telecare equipment activities have been affected by limited stock availability, due to the global response to the Covid-19 Pandemic and the National transition to digital equipment.

7.3.2. Commissioning and Hackney Telecare continue to work in partnership with the provider, to support improvements in these areas, finding workarounds to mitigate any impact on our residents and practitioners.

#### 7.4. **Improvement / Development of Current Service**

7.4.1. In July 2021, the incumbent took over provision of the telecare call monitoring service, previously provided through a sub-contract arrangement. This has achieved significant improvements to data quality and service triage processes.

7.4.2. Improving client data ensures a safer service for our residents and supports the Council in achieving Best Value. The programme of efficiency works includes an ongoing client data cleansing exercise implemented in partnership with the incumbent. This work has achieved cost efficiencies in the service without negatively impacting our residents. Call monitoring costs have been reduced as connections that are no longer needed have been removed. In many cases, clients had moved on to higher care services, sadly passed away and in some cases simply told us they never used the service. This work has also reduced the financial impact of the analogue to digital transition.

7.4.3. The call monitoring triage procedure in relation to 'false alarms' was amended in 2022. The new procedure, agreed in partnership with health partners, helps to reduce unnecessary call-outs to emergency health services, reducing pressure on our NHS, without putting Service Users at risk.

### 8. **Whole Life Costing/Budgets**

Table 8a - historic expenditure

| <b>Telecare £k</b>              | 2020/21    | 2021/22    | 2022/23    |
|---------------------------------|------------|------------|------------|
| Telecare Response Service (TRS) | 429        | 429        | 429        |
| Office Cost                     | 42         | 42         | 42         |
| Call Monitoring Service         | 190        | 192        | 184        |
| Equipment & Activity Cost       | 98         | 96         | 73         |
| <b>Total</b>                    | <b>759</b> | <b>759</b> | <b>728</b> |

Table 8b - current expenditure budget

| Telecare £k                     | 2023/24 Budget |
|---------------------------------|----------------|
| Telecare Response Service (TRS) | 429            |
| Office Cost                     | 42             |
| Call Monitoring Service         | 183            |
| Equipment & Activity Cost       | 185            |
|                                 | 839            |

- 8.1. Table 8a shows the past 3 years of costs for this contract across both the Council and health partners. The response service and office cost have been a fixed cost. The call monitoring and equipment costs have been variable
- 8.2. Table 8b shows the current expenditure budget available for this contract of £839k per year.
- 8.3. The expenditure budget for 2023/24 has been set assuming health will continue to contribute 50% toward Telecare equipment spend. 50% of the actual costs will be recharged to Homerton Healthcare NHS Foundation Trust (HHFT) each year.
- 8.4. The base Council budget is also supported by recurrent grant funding from the Better Care Fund. The BCF programme supports local systems to successfully deliver the integration of health and social care. The allocation of this fund is agreed annually by the Integrated Care System within which the council is a partner. In 2022/23, telecare was supported by £302k. The provisional 2023/24 support from the Better Care Fund is £352k - the increase in budget has enabled the expenditure budget to be increased.
- 8.5. The spend on this contract is partly fixed and partly demand-led. The forecast spend for the financial year 2023/24 is £823k which is within the available expenditure budget. The forecast spend for 2024/25 and part year 2025/26 are within the available budget of £839k.
- 8.6. The total projected gross contract value for the 30-month period is £2.08m. This includes an estimated equipment and activity cost of £0.4m of which £0.2m will be reimbursed by Homerton Healthcare NHS Foundation Trust.
- 8.7. The cost of replacement of existing equipment in the community with digital equivalents has been estimated. This one-off cost of replacement



will be met first of all by any budget underspends against this contract and then from one-off resources.

- 8.8. The ongoing cost of new digital equipment for new service users has been estimated and factored into the current budget.
- 8.9. The transition from analogue to digital equipment will come with new recurring costs for the equipment portfolio - for example via the annual rental cost of maintaining connectivity via SIM cards. These connections often come with an introductory free period of connection. These costs have been estimated based over the life of the existing contract and should be contained within the current budget because of the discounting for initial connectivity periods. However, these costs will become more significant towards the end of the contract as introductory discounted periods end and will have an impact on the subsequent re-tender of the contract.
- 8.10. The contract includes variable charges relating to the provision of the call monitoring service and the equipment service, which are demand led. The estimated spend for these variable charges accounts for approximately 40% of the value of the 30-month extension.
- 8.11. New processes introduced as part of the efficiency programme will continue as part of standard practice and will help to ensure the demand-led elements of the service continue to represent Best Value to the council and our residents.

**9. Risk Assessment/Management**

| Risk   | Likelihood      | Impact        | Overall         | Action to avoid/mitigate risk  |
|--|-----------------|---------------|-----------------|--|
| <p>Unable to resolve ongoing budget pressure and tender for a digital technology enabled care (TEC) service within the extended contract period.</p> <p>The transition to digital, continued inflationary pressures and increase in demand will increase the annual revenue costs of the service. Market engagement and cost modelling has determined that the available budget is</p> | <p>Medium ▾</p> | <p>High ▾</p> | <p>Medium ▾</p> | <p>Request a further increase to BCF contribution to reduce budget pressure.</p> <p>Continue with the efficiency programme to ensure the future cost model reflects Best Value to the Council.</p> <p>Consider introducing service user charging for the future TEC service. The introduction of charges will support the continuation and development of the service at a sustainable level and allow us to afford and embrace the full benefits offered by the transition from analogue to digital for years to come. At present Hackney Council is an</p> |

|   |              |                 |              |   |
|---|--------------|-----------------|--------------|---|
| <p>insufficient to be financially viable for the market. There is a high risk of a failed tender should we proceed to market with the available budget.</p> |              |                 |              | <p>outlier in terms of offering a completely free service.</p> <p>The overall risk is higher without the introduction of service user charging as a key consideration.</p>  |
| <p>Contract requirement exceeds projected contract value</p>  | <p>Low ▾</p> | <p>High ▾</p>   | <p>Low ▾</p> | <p>The projected contract value includes approximately 40% of variable costs. There are processes in place to ensure best value for money is achieved within these costs.</p>   |
| <p>Challenge to award of extension without a competitive procedure</p>  | <p>Low ▾</p> | <p>Medium ▾</p> | <p>Low ▾</p> | <p>Market testing after the provider failure in 2017, and later market engagement in Nov 2019, Jan 2022 and Aug 2022 has indicated that there remains little appetite for the contract in its current form. The market is aware of the budget pressure and works ongoing to resolve this. We will continue to engage with the market to keep potential providers informed of future plans and opportunities and to establish whether it is financially viable to deliver the key requirements of the future TEC service within the annual expenditure budget available.</p> |
| <p>Quality of service by incumbent is poor</p>  | <p>Low ▾</p> | <p>Medium ▾</p> | <p>Low ▾</p> | <p>The contract will continue to be managed under the usual contract management processes with the assigned Quality Assurance (QA) officer taking day to day responsibility. The ASC Commissioner will have general oversight and overall responsibility.</p>   |

## **10. Savings**

- 10.1. Adults Commissioning will continue to work with the provider and key stakeholders over the contract extension period to achieve further efficiencies within the variable charges wherever possible.

## **11. Sustainability Issues and Opportunities, Social Value Benefits**

### **11.1. Procuring Green**

- 11.2. Equipment used by the service is recycled and reused wherever possible, reducing waste and diverting from landfill and incineration as far as practically possible. The existing contract includes KPI targets on equipment recycling rates.

### **11.3. Procuring For A Better Society**

- 11.3.1. Nearly a third of staff employed at the service live locally.
- 11.3.2. As an outcome of the future tender we hope to procure a specialist response provider who will be required to support responders to meet a wider range of health-related support needs themselves, make better informed triage decisions and ultimately provide a better quality of care to the people they provide services to. Training and development that can support career progression.
- 11.3.3. We will also explore with Hackney Works and Millbrook Healthcare Ltd. whether there is an opportunity to offer an apprenticeship for a junior technician role within the service.

### **11.4. Procuring Fair Delivery**

- 11.4.1. The Provider has committed to paying the London Living Wage over the life of the contract.
- 11.4.2. The contract requires Millbrook Healthcare Ltd. in performing its obligations under the agreement 'to comply with all applicable anti-slavery and human trafficking laws, statutes and regulations from time to time in force including, but not limited to, the Modern Slavery Act 2015.'
- 11.4.3. Millbrook Healthcare Ltd. has its own [Whistle Blower policy](#) to encourage staff to raise concerns.

### **11.5. Social Value**

- 11.5.1. The service aims to support carers and the people they care for to remain living safely at home for longer. Allowing them to remain part of and engage with their local community for longer.

### **11.6. Equality Impact Assessment and Equality Issues**

11.6.1. A full Equalities Impact Assessment is not required as this proposal does not constitute a review of existing policies, development of new policies or develop new plans or processes for service delivery.

**12. Tender Evaluation**

N/A

**13. Recommendation**

Refer to Section 3.1 Recommendations

**14. Contract Management Arrangements**

14.1. The contract will continue to be managed under the usual contract management processes with the assigned Quality Assurance Officer taking day-to-day responsibility. The Senior Commissioning Officer will have general oversight and overall responsibility.

**14.2. Key Performance Indicators**

| Main KPI Targets Set   | Monitoring  |
|--|---|
| 1. Same-day and next-day emergency requisitions for equipment installation or repair completed on time - 100%  | Reported and monitored through quarterly performance reports. |
| 2. Regular requisitions for equipment installation and repair completed within 5 days of request - 85%   | Reported and monitored through quarterly performance reports. |
| 3. Calls initiated from alarms, sensors or service users themselves are answered by a human call handler within<br>A. 30 seconds - 85%<br>B. 60 seconds - 99%<br>C. 3 minutes - 100% | Reported and monitored through quarterly performance reports. |
| 4. Once a sensor is triggered, response officers will gain entry to service user homes within<br>A. 30 minutes - 80%<br>B. 45 minutes - 90%<br>C. 60 minutes - 100%                  | Reported and monitored through quarterly performance reports. |

## **15. Comments Of the Group Director Of Finance**

- 15.1. The report seeks approval from the Cabinet Procurement and Insourcing Committee to award an extension to the contract for the delivery of the Hackney Integrated Telecare Contract. The effective contract extension commenced on 26 February 2023 and is a request for a period of 2.5 years (18 months + 6 months + 6 months) with an estimated total contract value of £2.08m, and an estimated annual value of £0.839m.
- 15.2. The contract will be funded via existing council budgets from the Adults, Health & Integration commissioning budgets. The budget includes an assumption that 50% of the equipment and activity costs (annual estimate of £93k) are reimbursed by Homerton Healthcare NHS Foundation Trust.
- 15.3. The one-off cost of replacement of existing analogue community equipment with digital equivalents will be met first from any budget underspends against the contract and then from one-off resources.
- 15.4. The contract expenditure year on year, includes a number of assumptions around inflation and demand pressures and includes assumptions around the cost of replacement of existing equipment for digital equivalents and also the cost of digital equipment for new service users as outlined in the Whole Life/Budget Costings section of the report. The risk is demand and inflation will exceed these assumptions leading to additional cost pressures. There is also a risk that the annual rental cost associated with ensuring digital devices remain connected (e.g. SIM card costs) rise significantly once initial introductory rates expire. The contract will need to be monitored carefully to ensure maximum value for money: this will entail monitoring separately the cost of replacing existing equipment (analogue for digital), the cost of new digital equipment for new service users and the additional cost of any rental agreements associated with ensuring connectivity of new devices. This will enable accurate forecasting of demand in preparation for the new strategy. It will also be key that any future changes to the availability of funds from health are identified to ensure expenditure is contained within the budget available for the service.
- 15.5. The contract extension should allow time to carefully plan a new technology-enabled care service that includes digitally connected devices and to take advantage of the benefits this connectivity enables.

## **16. VAT Implications On Land & Property Transactions**

N/A

## **17. Comments Of The Acting Director, Legal, Democratic & Electoral Services**

- 17.1. The contract for the Hackney Integrated Telecare Service expired in February 2023 and this Report sets out the reasons why it has not been

possible to undertake a procurement process to appoint provider(s) to continue service provision after such date. Therefore it is proposed to award a contract extension to the current service provider to meet the current needs. Paragraph 4.8 of Contract Standing Orders states that, in respect of a variation of contract, if the total cost of the contract inclusive of the proposed variation is above £2m, approval must be sought from Cabinet Procurement and Insourcing Committee. Therefore Cabinet Procurement and Insourcing Committee is authorised to approve this variation.

- 17.2. Therefore there is some risk (albeit, it is suggested in paragraph 9 that such risk is small) to the Council that a challenge to the award of the contract extension could come from competitors the Council has not approached to undertake the services. If such a challenge were successful it is likely that the Council would be liable to pay the lost profits of a party who has successfully challenged as well as the costs of bringing such a challenge and potentially a fine from the government for a breach of the Regulations. This should be considered in the decision to approve the award of contract in this Report.

## **18. Comments Of The Procurement Category Lead**

- 18.1. An extension of the existing Telecare service contract is proposed as it has not been possible to complete a competitive procurement process and there is a need to maintain this essential social care service. The proposed extension will provide sufficient time to complete the analogue to digital switchover, resolve budget pressures and procure a future-proofed, technology-enabled care service.
- 18.2. The total value of the contract, including the requested extensions, is above the relevant UK public procurement threshold (Social and Other Specific Services “light touch” regime), and not provided for within the original agreement. Written authorisation from the Director of Legal and Governance is therefore required to proceed with the extension. The total value of the contract extensions sought is above the delegated authority of the Group Director and Contract Standing Orders require that a written report setting out the justification for the variation is presented to Cabinet Procurement and Insourcing Committee for approval.
- 18.3. This extension is not without risk of challenge, particularly as the contract has previously been extended without competition. However, the market is limited for the telecare service as a whole and previous market engagement has shown little appetite for the contract in its current form.
- 18.4. Suitable KPIs are in place for the extension period and sustainability deliverables are noted including payment of the London Living Wage and KPI targets on the reuse and recycling of equipment to reduce waste and divert from landfill or incineration.

- 18.5. The requested extension covers the period up to 25th August 2025. Re-commissioning is to be progressed following the timeline provided in Appendix 2. Upon extension, modification notices must be published as required in accordance with Public Contracts Regulations for transparency purposes.

### Appendices

Appendix 1 - The Digital Switchover 2025

Appendix 2 - Telecare - Indicative timeline (subject to change)

### Background Documents

None

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|--|--|
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