

SUBJECT: A REVIEW OF THE PROCESS AND DECISION-MAKING INVOLVED IN THE COMMISSIONING OF DOMICILIARY CARE CONTRACTS IN THE SOUTH OF THE COUNTY

MEETING: PERFORMANCE AND OVERVIEW SCRUTINY COMMITTEE

DATE: 09.07.25

Ward(s) Affected: Bulwark and Thornwell, Caerwent, Caldicot Caste, Caldicot Cross, Chepstow Castle and Larkfield, Devauden, Dewstow, Magor East with Undy, Magor West, Mount Pleasant, Portskewett, Rogiet, Severn, Shirenewton, St Arvans, Kingsmark and Westend

1. PURPOSE:

To set out the process and decision making regarding the commissioning of domiciliary care contracts, so that this can be reviewed by Performance Overview Scrutiny Committee.

2. RECOMMENDATIONS:

- i. Performance and Overview Scrutiny Committee scrutinises the process and decision making as per the motion at Full Council on 25th April 2025.
- ii. Performance and Overview Scrutiny Committee provides any views in respect of how, in pursuit of the Strategy for Commissioned Domiciliary Care, the commissioning / procurement process was undertaken, highlighting any learning points or areas for improvement that the service should consider in the future.

3. KEY ISSUES

3.1 Background:

3.1.1 In May 2024 Cabinet approved the Strategy for Commissioned Domiciliary Care in Monmouthshire (Appendix 1 and 2). It has three strategic objectives to effectively respond to the challenges within the domiciliary care sector in Monmouthshire:

- (1) Provide sustainable high quality domiciliary care to those with an assessed need within Monmouthshire.
- (2) Maximise the cost effectiveness of the care purchased, with less diversity of cost between providers.
- (3) Improve and standardise terms and conditions for the domiciliary care workforce, supporting with stability of workforce within providers.

3.1.2 Section 6 of the strategy has a detailed phased implementation plan, including the key action for Phase 1 of implementing new block contract arrangements in the South.

The plan highlights the timescales, desired outcomes and risks associated with each of the key actions.

3.1.3 The Strategy was not presented at a scrutiny panel for pre-decision scrutiny prior to Cabinet on 22nd May 2024. The report was entered onto the cabinet forward plan on 24th April 2024 which was subsequent to the People Scrutiny committee which had taken place on 16th April 2024.

3.1.4 Following approval by Cabinet in May 2024, work commenced with the aim of being in a position to begin the required formal procurement process later in the Autumn. A final report was taken to the SC&H DMT on 25th September 2024 detailing the final contract proposal to be tendered for and approval given to proceed. DMT report attached as Appendix 3.

3.2 The Procurement Process

3.2.1 The procurement process, including the pre-tender, tender and post tender stages were all developed and implemented in collaboration with Ardal¹ Procurement colleagues, MCC Strategic Procurement Manager and MCC Legal Team to ensure that the requirements of the Council's Contract Procedure Rules, Socially Responsible Procurement Strategy and Public Contracts Regulations 2015 were all adhered to. The tender was for three block contracts for domiciliary care split across three geographical zones in the South of the County. These areas were designed and finalised in collaboration with the provider market.

- Lot 1: Chepstow Town and Rural,
- Lot 2: Caldicot Town
- Lot 3: The Levels and Rural.

Providers were able to bid for more than 1 lot but could only be awarded 1 Lot as per the grounds of the tender. Bidders were asked to complete a lot preference table to indicate their preferred lot should they score the highest in more than one lot.

3.2.2 The key stages of the procurement process were:

Date	Event/Activity	Purpose
30 th June 2024	Initial Letter to People Receiving the Service.	To advise of cabinet approval of strategy and next steps including engagement methods moving forward.
1 st July 2024	Prior Information Notice issued on Sell 2 Wales.	Advising the wider market of our intention to go out to market for Domiciliary in South Monmouthshire.

¹ Ardal is the specialist procurement service that Monmouthshire County Council uses to support and oversee procurement activity. It is hosted by Cardiff and serves Cardiff, Monmouthshire, Torfaen and Vale of Glamorgan.

5th August 2024	Letter sent to People Receiving the Service.	Asking people to complete a questionnaire to share their views on domiciliary care and ask for nominations to join a service user focus group.
20 th August 2024	Initial Market Engagement Event with providers	To share proposal with the provider market and seek views to refine draft proposal.
11 th September 2024	2 nd Market Engagement Event	To share final proposal for tender with the provider market.
5 th September 2024	Focus Group for people receiving the service and their carers.	To gain people's views on the service they receive now and what they would like from the future. To develop a question with people receiving the service currently and their carers for use in the tender.
11 th September 2024	Business Wales information session for providers.	To support them in understanding TUPE and getting tender ready.
25 th September 2024	Departmental Management Team Meeting – Report Taken	To gain DMT approval of block contract arrangements in the South and commencement of the tender process.
23 rd October 2024	Letter to People Receiving the Service	To advise of tender process commencing
21 st October 2024	Tender published on Sell2wales	Key procurement milestone
11 th November 2024	Deadline for clarification questions from Tenderers	Key procurement milestone
18 th November 2024	Council's Responses to Clarification questions deadline	Key procurement milestone
6 th December 2024	Closing date for tender bids (19 received)	Key procurement milestone
17 th December 2024	Pre-Qualification Questions (PQQ) evaluation and scoring (13 bidders successfully completed full evaluation)	Key procurement milestone

18 th December 2024 - 29 th January 2025	Method evaluation including presentation for question 7 to panel.	Statement including presentation for question 7 to panel.	Key procurement milestone
4 th February 2025	Evaluation and scoring completed – the 3 successful bidders confirmed		Key procurement milestone
3 rd March 2025	Formal notification to all 19 bidders of the outcome of their bid and of the intention to award to named successful bidders – via Proactis system.		Key procurement milestone
3 rd March 2025	Letter to people receiving a service		To advise of intention to award contract
3 rd March – 14 th March 2025	10-day contract award standstill period		Key procurement milestone
17 th March 2025	Contracts awarded to 3 successful bidders.		Key procurement milestone
3 rd April 2025	Letters sent to people receiving service		To confirm contract award and advise on next steps and support available for people
29 April - 8 May 2025	Additional 10-day contract award standstill period for Lot 2 only		Key procurement milestone
19 th May 2025	Contract signature date and termination notices issued for existing contracts		Key procurement milestone
27 th May 2025	Letters sent to people receiving the service.		To inform them of contract signature and next steps.

Further detail on the key stages listed above are set out with the paragraphs 3.2.3-3.2.23 below.

3.2.3 Market Engagement Events: Engagement with existing providers in Monmouthshire commenced in early May when we shared with them the Strategy. In line with Public Procurement Law requirements a Prior Information Notice was published on 1st July 2024 on Sell2Wales advising all potential providers of our intentions. A set of Frequently Asked Questions (FAQs) were produced and published on Sell2wales to provide information for prospective bidders/providers.

3.2.4 An initial in person Market Engagement event was held on 20th August to share the implementation proposals for the South and to seek feedback from providers to shape the final proposal especially regarding the zones and lots etc. It provided an invaluable opportunity to test out the proposals for the block contracts. Comments and feedback were considered and used to inform the final tender. Business Wales attended the first

engagement event and were available to provide support to small and medium providers considering bidding for the contracts.

3.2.5 A follow up online engagement event was held on 11th September to share the final proposals following consideration of feedback from the first event. A full report on market engagement activity and outcomes is attached as Appendix 4.

3.2.6 Business Wales Event: MCC arranged a special online event which was organised with Business Wales to offer support and information to prospective bidders about how best they could prepare for the tender and provide information on the TUPE process and their responsibilities in this regard.

3.2.7 The ITT: In line with the Council's Contract Procedure Rules and Public Contracts Regulations 2015; an Invitation to Tender was published on 21st September 2024 and closed on the 9th December 2024. The ITT process was a robust and rigorous one to ensure that as a public body we complied with all aspects of the law. This part of the process was organised and managed by the Ardal Procurement Team. The ITT was published on the Sell2Wales website.

3.2.8 The ITT information was considerable to ensure that prospective bidders were made fully aware of the tender on offer, the background information and the information they would need to provide as part of their bid and how the bids would be evaluated etc. it included all the relevant information which prospective bidders needed to be aware of. The list below includes all documentation published as part of the ITT and copies are attached as appendices to this report:

Appendix 5: Invitation to Tender for bidders (outlining process and requirements)
Appendix 6: 1st Stage Selection Process guidance (requirements and questionnaire for bidders to complete)
Appendix 7: MCC Contract Terms and Conditions
Appendix 8: 2nd Stage Method Questions (for bidders to complete)
Appendix 9: Pricing Schedule (for bidders to complete and add their bid price /rate)
Appendix 10: Pricing Matrix (for bidders to complete and provide a breakdown of their urban bid price/rate applicable to Lot 1, 2 and Lot 3)
Appendix 11: Pricing Matrix (for bidders to complete and provide a breakdown of their rural bid price/rate applicable to Lot 1 and Lot 3)
Appendix 12: MCC Service Specification (the contract including map on page 36 of the geographical areas)
Appendix 13: Form of Tender (terms of the agreement of the tender process for signature by bidders)

3.2.9 The ITT process included a 4-week clarification questions phase which enabled bidders to seek further information in regard to the ITT information. Bidders submitted clarification questions via the Proactis Portal which is the IT system within which the process was managed. This process was overseen and managed by Ardal Procurement who then forwarded the clarification questions to MCC for response (anonymising the name of the bidder/s). MCC then provided a response. The clarification questions and responses were then published live on Proactis so all bidders had the opportunity to benefit from the additional clarification provided. 45 clarification questions were posed, answered and published.

3.2.10 The Pre-Qualification Questions (PQQ) was the first part of a two-stage selection and award tender process. For each section of the PQQ, evaluation weightings were applied as follows:

Section A - Background/Bidder information/Information Concerning the Economic Operator - Pass/ Fail section
Section B - Mandatory Grounds for Exclusion – Pass/Fail section
Section C - Discretionary Grounds for Exclusion – Pass/Fail section
Section D - Economic & Financial Standing - Scored section: 30%
Section E - Capacity & Capability - Pass/ Fail section
Section F - Management – Scored section: 10%
Section G - Equal Opportunities - Pass/ Fail section
Section H – Sustainability – Pass/Fail section
Section I – Health & Safety – Pass/Fail section
Section J - Service Delivery – Scored section: 60%

Bidders needed to meet the minimum threshold score for the PQQ stage of 50% in each of the scored sections to move to the second phase or achieve a pass for the other sections. Where bidders failed, their Method Statement questions were not evaluated.

3.2.11 Different SCH Officers and Ardal Procurement were part of the PQQ Evaluation team. SCH Finance colleagues reviewed the financial data, and Internal Audit colleagues ran financial checks via the Dun & Bradstreet system and provided those back to the service area to make an overall decision regarding the financial viability of the companies who submitted a bid. The Service Quality Sections were scored individually by a panel of 4 SCH officers using the stipulated scoring matrix, guidance and recording sheet. A consensus meeting was then held, where the scores where the individual officer scores were discussed and a final consensus score awarded. The PQQ consensus meeting was led by Ardal Procurement colleagues who brought rigor and challenge to ensure that the final score were evidence based and consistent with the evaluation criteria and scoring matrix. A record of the final PQQ decisions was made by Ardal.

3.2.12 The Method Statement Evaluation: The second stage process had two components: the evaluation of quality via the Method Statements and the cost evaluation via the pricing schedule. The tender submissions were evaluated on the basis of the most economically advantageous tender using a set quality and price criteria base on the following weighting: Quality 60% and Cost 40%.

3.2.13 The Method Statement evaluation process consisted of evaluating all bidder's written responses to 7 quality questions and a further 2 questions for each lot bid for – a minimum of 9 questions per provider (1 lot bid for) to a maximum of 13 questions (all 3 lots bid for.) Appendix 1 of the ITT details the Method Statement questions, scoring and weighting factors.

3.2.14 As per the PQQ evaluation and scoring arrangements the method question responses were evaluated by a team of 7 SCH officers.

3.2.15 The scale of the submissions was considerable, 13 bidders successfully passed on to the second stage, resulting in circa 153 individual question responses requiring

evaluation and scoring. The responses to each question were assigned to a team of officers for individual scoring and then consensus scoring.

3.2.16 To ensure consistency and continuity the small teams scored all responses for a particular question number e.g. each of the team evaluated and scored 13 x method statement responses for question 1 and a consensus meeting was then held, where the scores of the individual officers were discussed and a final consensus score awarded. These consensus meetings were led by Ardal Procurement colleagues who brought rigor and challenge to ensure that the final score were evidence based and consistent with the evaluation criteria and scoring matrix. A record of the final evaluation decisions was made by Ardal.

3.2.17 The financial evaluation: Bidders were required to complete Pricing Schedule and Pricing Matrix to submit a bid for the services detailed within the tender. A Pricing Matrix for all lots they bid for, and a Rural Rate – Pricing Matrix, if they bid for Lots 1 and 3.

3.2.18 Price submissions were evaluated with the lowest price submission awarded the maximum available score and all other tenderers awarded a score relative to the lowest price bid submitted. The price submission was evaluated using the following formula: $\text{Lowest hourly price submitted} / \text{price being evaluated} \times 40\% = \text{price score for the supplier being evaluated}$. The Rural rate and Urban rate provided for Lots 1 and 3 were combined and the average lowest price awarded the maximum weighting allocated to Price i.e. 40%.

3.2.19 Successful Bid Determination: Each Lot was evaluated separately by the evaluation team comprised of Ardal Procurement Officers, who then combined the price and quality scores in order to determine which submission was the Most Economically Advantageous Tender (MEAT). Tenderers were then ranked based on the tenderers combined price and quality score. After this had been undertaken the Ardal Procurement team then advised MCC officers of the final outcome and the successful bidder in each lot.

3.2.20 The bid price and costs of each tenderer's submission were not shared with MCC/SCH officers until the end of the process when the successful bidders were confirmed. SCH officers undertaking the PQQ and Method Statement quality evaluation were totally unaware of the bid prices of every provider.

3.2.21 Contract Award: On March 3rd 2025 all 19 bidders were advised of whether they were successful or not and informed of MCC's intention to award the contracts to the relevant bidder for the respective lot areas as listed below:

- Lot 1 – Radis Community Care
- Lot 2 - Care Quality Services
- Lot 3 – Lougher Homecare

3.2.22 In line with procurement law a 10-day standstill period followed to allow for any challenge to be made by any of the bidders. No challenges were received. A second standstill period in regard to Lot 2, ran from 28th April – 12th May 2025 and again no challenge was received. MCC completed and signed contracts with each of the providers

on 19th May 2025 with an implementation date of 19th August 2025 for the commencement of the three new block contracts.

3.2.23 Following signing of the new block contracts 3 month-notice was given to all existing providers in the South that the contracts last day of operation will be 18th August 2025.

3.3 IMPLEMENTATION

3.3.1 A 3-month implementation period commenced on the 19th May 2025, which has allowed for a 3 month notice period to be given to existing providers in line with the current contractual arrangement. It also allows sufficient time for all providers to comply with Transfer of Undertaking (protection of employment) (TUPE) legislation.

3.3.2 During month one of implementation 19th May – 19th June 2025, initial mobilisation meetings have occurred on a fortnightly basis with the three successful lot providers to allow for effective planning, troubleshooting and transfer arrangements. Meetings have also been held to introduce existing providers to new Lot providers, to aid in supporting a smooth transition for people receiving the service and for any staff wishing to take up TUPE.

3.3.3 In month two of implementation 20th June – 19th July 2025, Lot providers will be making direct contact with people receiving services to introduce themselves and commence introductory and assessment visits. The TUPE transfer process will be ongoing during this period. In addition, the successful Lot providers will be carrying out map, gap and fill exercises to identify the need for recruitment in areas for which they do not have sufficient staff to meet need. The Direct Payments team and Integrated Services Teams will also be commencing visits and assessments for those people who have requested a direct payment going forward.

3.3.4 In the final month of implementation (20th July – 19th August 2025), TUPE transfers and assessments for people using the service will be finalised. All necessary paperwork (including care plans, risk assessments, daily notes etc) will be put in place by the new providers, and the transfer of existing information about people receiving the service will be facilitated. New block contracts is scheduled to officially commence on 19th August 2025; these will be the primary mechanism for domiciliary care and support in South Monmouthshire.

3.4. Engagement With People Receiving The Service

3.4.1 In June 2024 all people receiving commissioned domiciliary care in the south were written to advising of the strategy. In July people were invited to share their views on the way care is currently delivered and what might help it improve. Packs were sent to 191 people with easy read, Welsh and English letters and questionnaires, and link to an online questionnaire.

3.4.2. Overall people reported they are happy with their care now, and feel it is delivered by well trained staff, who are kind to them and by agencies they can contact. However, a smaller number of people do feel they have too many different carers supporting them, and that care is delivered at a time that doesn't suit them.

3.4.3 Twenty-two out of forty-five respondents fed back on how things could be improved. An area most consistently highlighted was receiving care at the right time for them from people they know. It is clear people want care that meets their specific needs rather than is one size fits all. Several people also raised the importance of fair pay including travel expenses and time for carers. Seven people didn't want anything to change.

3.4.4 A service user focus group on 5th September was attended by 5 people. People were broadly in support of the proposals; they were most interested in being supported by a team of consistent carers, with good communication and other soft skills, alongside comprehensive training so they are able to fit into their households and provide positive support. Ensuring a well-supported, paid and trained workforce was also important. Focus group attendees developed a question which was included within the method statement questions and asked to all tendering organisations.

3.4.5 In October 2024 we wrote to people receiving the service to advise of the tender process commencing. Once the tender process was complete, we again wrote to people in March 2025 advising of our intention to award the contract. This was followed by a letter in April 2025 confirming contract award and advising on next steps and support available for people. In May 2025, we wrote again to let them know contracts had been signed and that they would soon be hearing from their new providers. These letters are being sent out from early July.

3.4.6 In April 2025 161 people were written to advising of a change to their existing provider (a further 30 were written to but will remain with their current provider). 35 (22%) people made contact as a result to ask questions, raise concerns and request information about direct payments. All people who made contact have received follow up calls from the social work teams, managers or Direct Payment team to receive support, guidance and/or information as needed.

3.4.7 Requests have been received from 17 people who wish to explore a direct payment as a way to retain their existing provider and not transfer to the new provider for their respective lot area. Social workers and Direct Payment advisors have begun meeting with the people to discuss direct payments further and carry out an assessment. It is anticipated these meeting will be completed by the end of July.

3.5 Learning to Date

3.5.1 The Strategy for Commissioned Domiciliary Care clearly highlighted that its phased implementation approach is ambitious with the breadth and depth of work required. The timescales within it were acknowledged as being demanding and assumed the smooth running of the process, which could be subject to change as the project progresses. One of the key benefits of a phased implementation approach is it allows for iterative learning; both from successes and difficulties as it progresses.

This iterative approach has been ongoing throughout the project, with opportunities for reflection, adaptation and improvement. Adjusting the approach and actions to both reactively and proactively improve the projects implementation. Feedback from key stakeholders has been significant in terms of addressing and refining the process; this includes people using the service, existing and new providers and officers of the Council and Ardal.

Some key reflections on learning to date include:

Tender Process:

- Refine and reduce the Method Statement Evaluation section of the tender process to prevent repetition and reduce volume of tender submissions to allow for greater efficiency of evaluation time. This should also allow for providers to spend a greater amount of time ensuring they cover all key areas in the questions requested to score maximum points, by fully demonstrating their capabilities.
- The phase 2 timeline should allow for additional time within key steps to allow for different departments to carry out their respective tasks and contingency time where additional information is required from bidders.
- To consider expanding the evaluation teams to reduce impact on limited number of key officers. The impact on officer capacity is significant, with the PQQ and Method Statement evaluations processes being especially time consuming.

Communication:

- Opportunities for increased engagement and coproduction with people using the service could be built into the timeline, for example to coproduce plans, and to be involved in evaluation panel.
- Use opportunities to ensure elected members are fully sighted on and aware of the proposals in development.
- Consider developing a webpage for MCC website to inform residents of phase two proposals at an earlier stage in process.

Project Management:

- Use of more realistic timescales; some of the original timescales for this project have proven overly ambitious, with key tasks taking longer than theoretically thought, especially in relation to existing providers to fully work through the implications for their agency.

The implementation phase is currently in progress, and once complete will be reviewed for future learning.

4. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):

4.1 An Integrated Impact Assessment has been undertaken which has been regularly reviewed and updated since February 2024. It is attached as Appendix and a summary from Section 8 identifying the significant positive and negative impacts is below:

Positive Impacts:

- The changes to the way in which we commission domiciliary care should improve capacity and resilience in the sector, whilst ensuring best use of public funds. This will ensure there is as far as possible sufficient quality care at the right cost to meet the individual's needs. The Spot Purchasing arrangements (which will run alongside block contracts) will also provide a way in which very specialist care and support can be purchased.

- The new model will enable a cost effective, secure and resilient model of care commissioning and delivery which will seek to provide best possible outcomes for individuals who require care.
- The mandating of common employment terms will improve equity in the sector, improve consistency and provide greater security to the workforce.
- Considerable engagement with the market throughout Phase 1, however earlier engagement with existing providers for Phase 2 may improve cooperation and reduce anxiety.
- Potential reduction of carbon footprint for provision of care due to providers working in smaller geographical areas.

Negative Impacts:

- Individuals who currently receive care and support may be impacted by changes in care provider. For some people this will / is likely to cause some anxiety and uncertainty. At contract award 161 people were written to advising of a change to their existing provider, 35 (22%) people made contact as a result to ask questions, raise concerns and request information about direct payments.
- Providers who are not successful in winning the tender will be impacted, with the workforce potentially being transferred under TUPE regulations.

4.2 A robust procurement process has been carried out overseen by Ardal Procurement to ensure that all contract and procurement legislation has been adhered to. This ensures a fair, transparent and thorough process has been followed. People receiving services have been kept up to date at all key stages, as have incumbent providers. A 3-month implementation plan is in train, and employees will have the opportunity to TUPE to new organisations providing consistency in care and ongoing employment rights. People receiving the service have had the opportunity to request direct payments as an alternative to new block contract arrangements. New contractual terms mandate delivery in a way which promotes employment rights, ensures capacity and provides good quality care at a level which is needed now and into the future.

5. OPTIONS APPRAISAL

Not Applicable

6. EVALUATION CRITERIA

6.1 Performance against each of the three key strategic aims of the strategy will be regularly assessed throughout the term of the contract (4 years) against the progress measures set out in section 4.2 of the Strategy for Commissioned Domiciliary Care in Monmouthshire 2024-2034(Appendix 2) and listed below:

- % of care provided via the block contract
- arrangements
- % of care provided via spot purchase
- % of unmet need

- Number of people waiting for discharge from hospital due to awaiting domiciliary care packages.
- Monthly analysis of costs of care.
- Number of hours of care delivered against planned.
- % of invoices paid at actual level of delivered hours.
- % staff turnover in providers
- % of staff leaving the sector
- % of staff moving between providers

6.2 With respect to the impact for people we will obtain direct feedback from people in receipt of domiciliary care (via the Community Care Questionnaire) particularly for those residents who have experienced a change of agency. We will use quality assurance framework to measure progress on individual outcomes alongside qualitative reports from providers. The provider organisations will be subject to formal contract monitoring, alongside considerable joint working to foster a flexible and person-centred partnership approach.

7. REASONS

At Council on 25th April a motion was carried calling for two separate actions:

- To review the Council's procurement processes generally;
- To review the process and decision making specifically in relation to the recent procurement exercise for the domiciliary care contracts.

This report addresses the second of these actions.

8. RESOURCE IMPLICATIONS

None

9. CONSULTEES:

Ardal Procurement
Chief Officer Social Care and Safeguarding
Cabinet Member for Social Care, Safeguarding and Accessible Health Services

10. BACKGROUND PAPERS:

Appendix 1: Cabinet Report - A Strategy for Commissioned Domiciliary Care in Monmouthshire 22.5.24

Appendix 2: A Strategy for Commissioned Domiciliary Care in Monmouthshire 2024-2034

Appendix 3: DMT Report 25.09.24 Implementation of the Strategy for Commissioned Domiciliary Care in Monmouthshire and Procurement Process for block contracts in the South.

Appendix 4: Overview of Market Engagement report
Appendix 5: Invitation to Tender for bidders
Appendix 6: Pre-Qualification Questionnaire Scoring Guidance
Appendix 7: MCC Contract Terms and Conditions
Appendix 8: Method Statement Questions
Appendix 9: Pricing Schedule
Appendix 10: Urban Rate - Pricing Matrix
Appendix 11: Rural Rate - Pricing Matrix
Appendix 12: MCC Service Specification
Appendix 13: Form of Tender
Appendix 14 : Integrated Impact Assessment

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