

Report of:	Adam Allen - Director of Culture, Communities and Communications; Councillor Antony High - Deputy Mayor; Councillor Mieka Smiles - Executive Member for Culture, Communities and Communications; Edward Kunonga – Director of Public Health and Public Protection.
Submitted to:	Executive 8 th October 2019
Subject:	A new model of Commissioning for Homelessness, Domestic Abuse, Sexual Violence, Substance Misuse and Welfare Rights.

Summary

Proposed decision(s)
That Executive approves the proposed new commissioning model in terms of the approach, benefits and budget envelope.

Report for:	Key decision:	Confidential:	Is the report urgent?¹
Decision	Yes (more than one Ward and value of contracts is over £175K)	No	No

Contribution to delivery of the 2018-22 Strategic Plan		
Business Imperatives	Physical Regeneration	Social Regeneration
<p>The recommissioning of the services more effectively and efficiently forms part of the Council’s Change Programme and the Medium Term Financial Plan.</p> <p>The approach will provide an opportunity to improve service delivery by strengthening a collaborative approach and removing duplication across commissioned services. The new model will also allow for stronger monitoring across providers through shared systems.</p>	<p>The approach will align with the physical regeneration prospectus where appropriate.</p>	<p>The Council will be making a significant contribution to supporting vulnerable groups.</p> <p>The proposed approach has a significant contribution to make to the social regeneration strategy, supporting residents to access all available resources and encouraging them to have an active role in their neighbourhood.</p>

Ward(s) affected
All wards.

What is the purpose of this report?

- 1.1 The purpose of this report is to provide an overview of the proposed new commissioning model for the following service delivery areas:
 - Homelessness
 - Domestic abuse (DA)
 - Sexual violence (SV)
 - Substance misuse
 - Welfare Rights
- 1.2 It recommends a new, exciting and transformational integrated model that will remove duplication, improve outcomes and simplify access for vulnerable people. The preferred model is option one, which will enable the more efficient delivery model and improved outcomes, and generate financial savings. Detailed information regarding the revised model, the proposed budget and the preferred option are all included within this report/appendices.

Why does this report require a Member decision?

- 2.1 Executive approval is required as the proposal impacts on the whole of Middlesbrough and the new commissioning model involves a system change to the current delivery model.
- 2.2 The financial envelope reflects reductions in budget of £400,000 from homelessness and £924,000 from substance misuse, as previously agreed by the Council Executive.

Report Background

Current needs and approach

- 3.1 Middlesbrough has many excellent services for vulnerable members of our population (in terms of the issues listed in section 1.1), providing vital support, high quality interventions and numerous successful outcomes. There are a variety of organisations commissioned by the Council to deliver these services, each with a particular focus on the areas within the scope of this project, as listed in section one.
- 3.2 The current issue with this approach is that there are sometimes complicated access routes and, consequently, fragmented pathways for people to navigate between services. The majority of people utilising these services do not present with a single issue, rather they have multiple complexities and require support across several different areas.
- 3.3 The term 'Toxic Trio' has been used to describe the issues of co-existing domestic abuse, substance misuse and mental ill-health, which have been identified as indicators of increased risk of harm to individuals and families. Clearly this can also severely and adversely impact on safeguarding children and young people, physical

health, housing and financial situations. This results in increased risk for some of the most vulnerable people in our communities. There are an increasing number of individuals and families identified as experiencing multiple, complex needs in Middlesbrough.

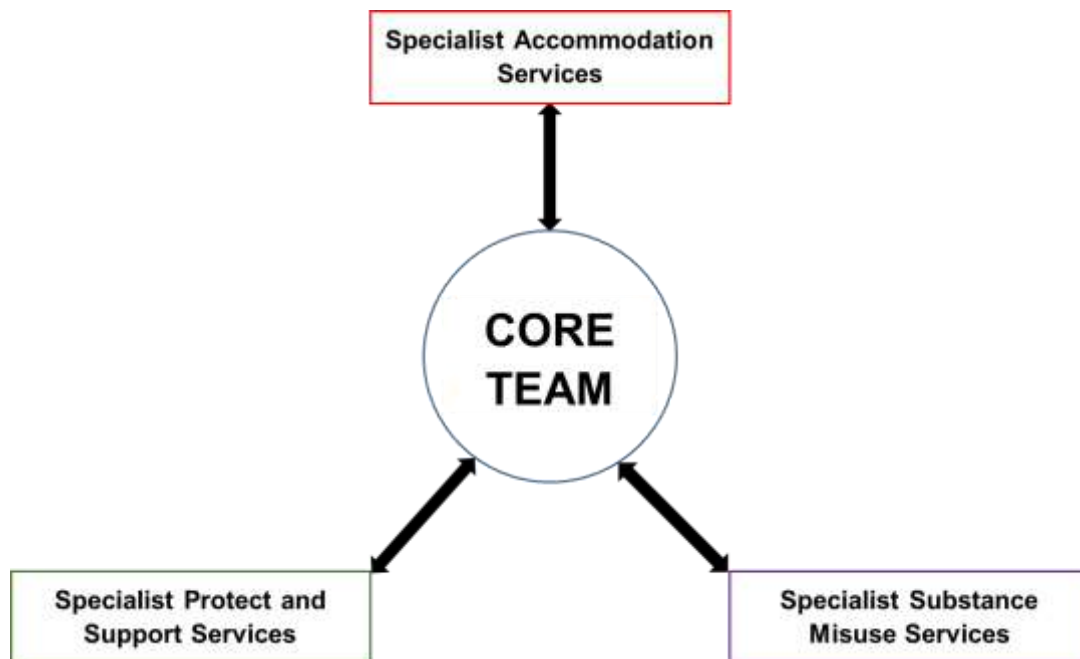
- 3.4 The prevalence of significant harm in Middlesbrough is also highlighted by the levels of drug related deaths, suicides and domestic homicides. In all three of these areas, the North East regional average is higher than the English national average, yet Middlesbrough's figures are significantly higher again. Please see Appendix A for more information on both sections 3.3 and 3.4.
- 3.5 In spite of the good work and outcomes that are achieved, there is often a gap in terms of the most appropriate service/organisation taking a lead in co-ordinating the overall care and support offered to individuals. This is a system-wide issue, rather than related to the failings of individual providers, however, regardless of this, it can result in significant duplication and issues, including:
- Service users repeatedly being subjected to multiple assessments;
 - The right intervention at the right time not being offered and issues escalating;
 - People getting stuck in a single service;
 - Those in need of support disengaging or 'falling into the cracks' between services;
 - High levels of non-attendance at referral appointments;
 - Poor value for money in terms of commissioning multiple services to carry out very similar functions (e.g. assessment, co-ordination, overlapping interventions, etc.) and the associated staffing resources to deliver them.
- 3.6 It is important to note that there are also local examples where partnership approaches do work effectively. In such cases, common elements tend to be the tenacity and flexibility of staff, allied to a holistic approach to individuals' care across agencies - this all has to be underpinned by strong relationships between organisations. The new model aims to build on these instances of good practice, ensuring that it is consistently achieved across the whole remit of services/interventions.
- 3.7 Officers from both Stronger Communities, Public Health and other teams have collaborated in reviewing this approach, identifying the issues and developing potential solutions (see Appendix B for further background information). This has culminated in the design of an integrated model for vulnerable people, which will produce improved outcomes via a consistent and equitable approach to service delivery and access. The options outlined in this report will enable the most effective, simplified commissioning approach to deliver this model to be chosen by the Council's Executive.
- 3.8 A consultation process has been carried out with current service providers, key stakeholders and the public – particularly current and potential users of the services in question. Feedback has been gathered in relation to local needs and the impact of integrating services, and influenced:
- Changes made to how we commission DA and SV Counselling (i.e. keeping them separate);
 - How assessments are carried out;

- How people refer into services;
- The contractual environment – collaborative working;
- Co-locating Core team staff within specialist services to increase capacity;
- The reduction in the number of young persons’ accommodation contracts, to reduce duplication and promote integration.

The feedback was an important part of the overall planning process and has been utilised to inform the service design, options appraisal and recommendation.

Proposed integrated model

3.9 The proposed, integrated model is outlined in the diagram below and will commence on 1 September 2020. This approach is innovative and transformational – both in terms of the service delivery and the positive impact it will have on peoples’ lives. Good practice from other areas has been sought and studied to inform the design of this bespoke Middlesbrough model. Given the significant increases in drug related deaths, domestic homicides and significant harm suffered by a range of neglected groups, it is not an exaggeration to state that this improved model will save the lives of some of our most vulnerable local people.



3.10 The aim of this new approach is to ensure that service users can ‘live the best lives they can’, via easy access to services that can support them from crisis through to recovery. The services will draw upon individuals’ (and their families’) strengths - promoting both independence and resilience, rather than creating a dependency on receiving support.

3.11 This model is viewed as the first phase in the move towards wider integration. Given the scale of the issues faced by our local, vulnerable people, the ambition is to collaborate with key partner organisations to integrate a wider range of important services. These will include developing partnership proposals with mental health, criminal justice, NHS (primary and secondary care) and third sector organisations.

- 3.12 Given the complex nature of the people that the model serves, services will offer trauma-informed practice, whereby they realise the widespread impact of trauma and understand potential paths for recovery. This type of care can be described as training professionals to pause and consider the role trauma and the associated, ongoing stress plays in the lives of the people that they help. This will be a key, transformational element of the model and be supported by specialist training and ongoing supervision.
- 3.13 The Core element of the integrated system has been designed to ensure that all service users can access a high quality, comprehensive offer at the right time and in the right place, irrespective of entry point (see Appendix C for the proposed Core team staffing structure). This ‘making every contact count’ approach will be achieved by integrating those key, common components of services for vulnerable people with shared processes, pathways and outcome targets within the specialist services. The team will work across the following areas:
- Specialist service delivery locations;
 - Communities and peoples’ homes;
 - Co-located with key partner agencies;
 - A base within an existing Council building.
- 3.14 The Core will ensure early intervention and engagement, and improve the service user journey from first contact by ensuring an assessment is carried out on behalf of the whole system. The specialist services will be available to support peoples’ specific needs when they are identified, however, the Core team will deliver services/interventions that will be the foundation of the integrated approach. All service providers within the model will utilise a shared case management system, which will reduce duplication in terms of referral and assessments.
- 3.15 The Core will also provide effective client co-ordination throughout their entire engagement, support and recovery journey. There will be more consistent prevention and treatment interventions delivered, both within the core and specialist services. Minimal signposting between different parts of the system will be another benefit, as the current approach often leads to individuals dropping out or disengaging with services. This will be replaced by robust systems enabling multi-agency communication and case co-ordination, which harnesses the support and skills of other professionals so they equally share responsibility for a service user.
- 3.16 A further benefit will be the Core team’s ability to initiate, co-ordinate and have a consistent approach to multidisciplinary team meetings (MDT), including case conferences, regarding the most vulnerable/at risk service users. An MDT is a meeting of a group of professionals (from disciplines relevant to the vulnerable person) who make collective decisions regarding the recommended care of individuals. The MDT approach enables the integrated co-ordination of care between all of the agencies/professionals involved and ensures they are aware of their responsibilities. Utilising MDTs is a proven method to prevent deaths and further escalation of serious issues.
- 3.17 The inclusion of a highly skilled assertive outreach team (AOT) to underpin this approach should ensure that service users experience a seamless journey. These roles will provide intensive support for our most at risk or vulnerable clients to help them navigate and overcome barriers, which may have traditionally prevented them accessing services. The AOT will also facilitate a distributed service offer, whereby

people do not always have to travel to central locations to access support. The new, integrated model will complement the council's approach to working with communities at a local level. This 'place-based' method puts the person at the centre, with services being built around the needs of the individual and not based on traditional service constructs.

- 3.18 There are five specialist roles within the proposed Core team structure (see the posts shaded yellow in Appendix C), which will enhance the offer and provide additional benefits. Responsiveness will be improved, whereby key areas of delivery and direction of service can be changed if new local needs/challenges emerge. This will ensure a 'Middlesbrough-first' approach by making us better equipped to tackle the continually shifting landscape and challenges facing our vulnerable people.
- 3.19 A further advantage of the specialist posts is the ability to maintain a 'live' overview of the performance of the entire model. By hosting the Core team and co-ordinating the shared case management system, the Council will have instant access to accurate data and performance/delivery information. Mutual outcome targets and key performance indicators (KPIs) will be added to all external, specialist service contracts to enable providers to be held to account.
- 3.20 Homelessness support will also be an intrinsic part of the Core offer. This will encompass provision for those who are homeless or at risk of homelessness, whilst offering dedicated resources for emergencies, rough sleepers, families, young people and general housing advice.
- 3.21 Welfare Rights is a council service that obtains benefits of approximately £4m per annum for local residents. The service has previously relied heavily on external funding to deliver services to some of our most vulnerable people. This funding has reduced by 50% over recent years, with no assurances that it will continue from 2020/21 onwards. There is an opportunity to bring Welfare Rights into the Core team and enable the same, high level of service and opportunities for further growth.
- 3.22 Specialist services are grouped into three distinct themes, as per the diagram at section 3.9. A breakdown of the types of services/interventions contained within each theme follows, however, regardless of how many different elements they access, service users will be supported with the most appropriate interventions along a co-ordinated pathway. The Core team will ensure that specialist services are accessible at the optimal moment and, equally, that specialist interventions are 'stepped down' when appropriate.
- 3.23 Specialist accommodation services will include dedicated provision for key groups including young people, families and veterans. In addition, general hostel facilities will continue to be provided.
- 3.24 Specialist protect and support services will focus on domestic abuse and sexual violence provision. This area will consist of services offering women's refuge, DA outreach, DA counselling, Independent Domestic Violence Advisor (IDVA) and BAME elements. Furthermore there will be specialist vulnerable women's accommodation, a women's refuge and a sanctuary scheme to provide a wide range of support options.

- 3.25 Specialist substance misuse services will comprise a clinical element, offering key interventions such as medically assisted treatment, community detoxification and harm minimisation. The second component will be the recovery service that will provide in-house residential rehabilitation, a structured recovery programme and a wide range of recovery activities delivered in the community.

How the integrated model will be implemented

- 3.26 The majority of specialist services will be subject to a tender process that will commence in early 2020. This will enable contracts to be harmonised in terms of shared processes and outcomes to ensure the consistent and equitable approach, as well as best value. Effective collaboration will be key to the success of the model and this will be reflected in the service specifications. There will also be clear expectations regarding innovation and securing additional, external funding to enhance the overall model.
- 3.27 The implementation of this model may result in a reduced number of organisations. This will enable the Core team to more effectively support the necessary collaboration, positively influence culture and maintain oversight of client flow with a manageable number of specialist services. Maintaining a range of specialist services will ensure that dedicated and high quality interventions are offered to all groups within the overall vulnerable persons' population. An overview of current services and the new model is in Appendix D.
- 3.28 There are further, current services which are in the scope of vulnerable persons' provision and will be impacted by the new, integrated approach. Project 404 is a supported living scheme, which aims to help ex-offenders gain the support they need to reintegrate back into the community. Middlesbrough are the only LA within Tees to fund such a service and, following negotiation with the provider (Home Group), it has been agreed that this project will cease to operate. Alternative accommodation routes are provided by the National Probation Service and they will work with the Council to develop a jointly funded dispersed accommodation scheme for offenders, as an alternative to Project 404.
- 3.29 The Rent Bond Guarantee Scheme helps vulnerable, socially excluded adults to access good quality, affordable accommodation in the private rented sector. There is significant overlap between this scheme and other service provision and, following discussions with the provider (Humankind), it has been agreed that this service will cease to operate. The Housing Options team can offer the same level of support to help individuals hold onto their current tenancy, along with the Assertive Outreach workers who will work directly with those most likely to be affected. In addition, the paper rent bonds will still be available and there will be the introduction of a private landlord forum, which will develop relationships between the private rented sector and the Local Authority. This will mitigate the risk of the potential loss of current providers that accommodate individuals with extensive rent arrears, criminal history or who are classed as 'intentionally' homeless.
- 3.30 The Office of the Cleveland Police and Crime Commissioner (OPCC) is keen to collaborate with Council colleagues in the co-commissioning of a programme to work with those who are perpetrating domestic abuse (or at risk of doing so). The intention is to develop an enhanced intervention, which improves how we engage and deter perpetrators to prevent re-offending and further issues manifesting and

impacting on services right across the public sector. In the short-term, an arrangement will be negotiated with existing providers to ensure funded places are available on both the accredited programme and brief intervention project, to allow the OPCC and council commissioning cycles to align.

- 3.31 Ultimately, the aim of the new model is to deliver improved outcomes for vulnerable people. The integration, enabling a more person-centred approach with effective co-ordination of their individual support and recovery plan, is a progressive transformation that will embed progressive culture change. Shared performance and outcome targets across all organisations within the model will ensure collective ownership from all providers and that a strong focus will remain on those elements that make a positive difference to peoples' lives. Please see outline timescales detailed in Appendix E.

What decision(s) are being asked for?

- 4.1 That Executive approves both the proposed new service model and preferred commissioning approach (as per the recommendation at section five), within the financial context as described in section 2.2, section 9 and Appendix I.
- 4.2 That Executive delegate authority to oversee the project's implementation to the Commissioning Governance Board, comprised of a representative group of Directors, Heads of Service and specialist officers from relevant departments across the Council. The Board will ensure that the model is procured and implemented within the stated timescales and budget envelope, whilst being assured that it is delivering the required level of consistency and quality.

Why is this being recommended?

- 5.1 Implementing the new, integrated commissioning model will enable the Council to provide more effective services for vulnerable people across Middlesbrough. It will be achieved via an innovative and collaborative model for support that reduces duplication and delivers an improved client experience with positive outcomes.
- 5.2 The recommended approach to implement this model is to deliver the Core service element in-house and commission the specialist elements to operate in a 'hub and spoke' model. This is represented by option one and explored in greater detail in Appendix D.

Other potential decisions and why these have not been recommended

- 6.1 Alternatives include maintaining a similar model of delivery, which currently has twenty two different commissioned services working in a dispersed commissioning model. This contains duplication and, inadvertently, results in gaps in service provision. It does not make sense to continue with a less effective and less efficient basis for commissioning services when there is a more co-ordinated approach, which will enhance the support provision that our residents need. It will also enable the Council to address the recommendations from the recent needs assessment and consultation (see Appendix D: Options Appraisal for further details), whilst delivering financial efficiencies described in section 2.2, section 9 and Appendix I.

- 6.2 The closest alternative to the recommended option would see an external provider commissioned to deliver the Core team functions. This route would reduce some risks to the Council, notably in terms of TUPE, redundancies and complexity. The negative implications, however, outweigh the benefits – losing the ability to ensure genuine collaboration remains at the heart of the model and to positively influence the culture, not maximising the existing relationships with other council departments and key partner organisations and all of the others outlined in Appendix D.

Impact(s) of recommended decision(s)

7. Implementing the recommendations made in this report will result in:
- a. An improved delivery model, providing more effective service quality to recipients.
 - b. Financial efficiencies of £1.324m being delivered – see section 2.2, section 9 and Appendix I.
 - c. A more collaborative model of support that reduces duplication and delivers an improved client experience with positive outcomes as part of a whole-system approach.
 - d. TUPE transfer of staff from existing service providers to the Council, leading to potential redundancies.
 - e. Sustainable delivery of the Welfare Rights service.
 - f. The closure of Project 404 offender accommodation support service, which will be mitigated through an alternative service option.
 - g. A likely reduction of the number of separate contracts and/or providers.

Legal

- 8.1 The proposed new, integrated model does not impact on the Council's ability to continue to meet its statutory duties.
- 8.2 Consultation has been carried out in line with advice from the Councils' legal team and Governance and Information Manager. There is no statutory requirement to consult in relation to these proposals. Nonetheless, the Council has followed its own internal consultation policy, which aims to satisfy the legal requirements of fairness, openness and transparency, and equality. Detailed consultation process and feedback information is provided in Appendices F and G.
- 8.3 The procurement of specialist services will be carried out by the Council in line with EU and national laws. The Official Journal of the European Union (OJEU) process will be utilised. This is an open and transparent procedure that is competitive but fair and ensures value for money can be achieved.
- 8.4 Any staff transferring into Middlesbrough Council as a result of the implementation of the integrated model will be subject to TUPE regulations.

Financial

- 9.1 Services will be delivered within budget and the proposals within the MTFP. A detailed breakdown of the model's financial aspects is provided in Appendix H. Approval for the financial plan for option one - in terms of both its implementation and ongoing viability - has been gained from both Corporate Finance and the Commissioning Governance Board.
- 9.2 Due to the removal of duplication and the integration enabling a more efficient commissioning approach, efficiencies of £1.324m will be realised. The restructured model will see £1.7m per annum allocated to the core team and a further £2.7m per annum spent across the range of specialist services. This represents a significant investment in transformational services for vulnerable people that will deliver unified pathways and holistic support.
- 9.3 The substantial amount that Middlesbrough Council invests into services for vulnerable people is higher in comparison to neighbouring Tees authorities and the majority of the North East region.
- 9.4 Funding of £55k per annum for the Council's contribution to the perpetrator programme, referenced in section 3.30, has been identified within the Core budget. This figure has been derived from previous demand and spend in this area and should be enhanced by jointly commissioning this service with the OPCC.
- 9.5 In terms of the development of the offender scheme referenced in section 3.28, the National Probation Service have committed to working with the Council to develop and jointly fund this – the Council's contribution will be £10,000.

Policy Framework

10. Approval of the recommendations will not affect any part of the Council's Policy Framework.

Equality and Diversity

- 11.1 An Equality Impact Assessment (EIA) has been completed. This has found that the proposal impacts on all areas of assessment and, where these impacts are negative, they can be justified and mitigated.
- 11.2 The EIA is attached to this report at Appendix I.

Risk

- 12.1 Moving to a partnership model or lead provider contract could result in procurement failure if the market is not able to, or structured to, support this form of delivery model. At present providers deliver specific elements of the service and taking over control of gatekeeping of services with lack of experience of delivery could be challenging.

Mitigation: By working closely with the market through pre-engagement events before procurement commences, in order to ascertain the appetite and structure of potential providers. It would also provide an understanding of likely challenges, which may prevent or hinder bids being submitted.

- 12.2 Part of the market has clearly articulated to the Council that they would not be willing to allow their buildings to be used by another support provider. Together with the lack of other suitable buildings, this may lead to no bids being received or the inability to award a contract. The redesign of Young Persons' accommodation from three contracts into one contract may deter providers from bidding, especially if they are unable to provide both supported accommodation and dispersed properties. This may result in higher numbers of homeless young people or placement in unsuitable accommodation.

Mitigation: A more flexible approach, potentially allowing two lots within the contract: one for supported accommodation and another for dispersed. The Council would also engage with the market in this specific regard, prior to publishing any procurements.

- 12.3 The existing provider of family accommodation has also stated that they will not allow their building to be used by another support provider. The lack of choice regarding alternative, appropriate buildings locally may result in a failure to award.

Mitigation: This will be carefully considered during the pre-procurement stage and, following discussions with legal and procurement colleagues, other options will be explored that may result in this element being removed from any open tender.

- 12.4 Implementing a lead provider model will potentially reduce the Council's influence over the wider service delivery.

Mitigation: In moving to the integrated approach, a robust contract management framework will be required which clearly sets out expectations for all parties. Ensuring appropriate capacity and skills within the Commissioning working group to work closely with new providers (from the point of contract award onwards) should ensure that complex mobilisation issues are resolved and a robust performance and contract monitoring is put in place. The lead provider will need to have in place a robust infrastructure, which can effectively contract manage the wider service delivery via strong sub-contracting arrangements that are in line with their Council contract.

- 12.5 There may be a reduced number of providers involved in future service delivery, which could result in a loss of specialist knowledge.

Mitigation: Ensuring that appropriate specifications are developed and continuing to engage with current and potential providers should ensure a sufficient specialist knowledge base is maintained.

- 12.6 This procurement will fall under light touch OJEU and, as such, this means that there is a potential for the award of any contract to be formally challenged.

Mitigation: Ensure that procurement guidance is rigorously followed and that any conflicts of interest are acknowledged and managed accordingly. (Please note: several recent challenges to LA's within close proximity to Middlesbrough have been connected to health re-procurements, hence that is why this risk has been included).

- 12.7 Failure to implement the actions and recommendations identified from recent Domestic Homicide reviews (DHR) *. This may lead to the inability to manage risk effectively and improve the partnership working approach, which could result in reputational and legal challenge.

** A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship. The outcome of DHRs should be to identify where responses to the situation could be improved in the future.*

Mitigation: The new model will address some of the key recommendations identified in DHRs for Middlesbrough, particularly in relation to improving case co-ordination for those who engage in risk-taking behaviours and offering a more assertive approach for service users who may find it difficult to engage with services. The provision of the Core offer will help build capacity and provide additional resources to support specialist domestic abuse services to provide this more effectively.

- 12.8 The Middlesbrough Community Safety Partnership relies on effective partnership working with Cleveland Police at both strategic and neighbourhood levels. Recent pressures on policing have meant that there has been no neighbourhood policing presence. This has affected community confidence and crime levels. The Chief Constable has also publicly highlighted failings of the police in other areas, such as response to Domestic Abuse.

Mitigation: Members of the commissioning working group are attending a number of strategic and operational groups, chaired by representatives from OPCC and Cleveland Police to address recommendations from recent findings. Members of both the Working Group and Commissioning Board have ensured that the OPCC and Cleveland Police have been consulted in relation to the proposed model and will be members of the future partnership board.

- 12.9 Further delays in commissioning domestic abuse services may increase risk of reputational damage and legal challenge, and /or abortive procurement costs or damages. This could also delay wider domestic abuse system improvements, which may result in specialist providers being unable to respond to risk, therefore, impacting on their engagement with our most vulnerable victims.

Mitigation: Decision makers are engaged and fully aware of risks, thereby ensuring that appropriate timescales to enable commissioning to be undertaken are agreed. If this is not achieved, additional funding may have to be provided to enable interim arrangements.

- 12.10 If effective partnership working is not achieved, then this will reduce the Council's ability to deliver strategic priorities and key services, resulting in reduced outcomes for local communities.

Mitigation: Stakeholder engagement has been integral to planning and will continue to be undertaken during the implementation phase. A stakeholder engagement forum will be established during mobilisation phase.

Actions to be taken to implement the decision(s)

13. A delivery implementation plan will be further developed to ensure that the recommended decisions are implemented, including key milestones and will be monitored by a Governance Board. See Appendix E for an overview of the milestones and timescales.

Appendices

Appendix A – Local Vulnerability Challenges – overview of headline statistics

Appendix B – 2017 Executive Report

Appendix C – Proposed Core staffing structure

Appendix D – Commissioning Model Options Appraisal

Appendix E – Key Milestones

Appendix F – Consultation Pack

Appendix G – Consultation Results

Appendix H – Commissioning Model financial envelope

Appendix I – Equality Impact Assessment

Background papers

Body	Report title	Date
Executive Report	Providing Community Support	12/12/2017
Informal Executive Report	Providing Community Services	28/08/2018

Contact: [Jonathan Bowden / Julie Marsden](#)
Email: jonathan_bowden@middlesbrough.gov.uk / Julie_marsden@middlesbrough.gov.uk