

# WIRRAL COUNCIL

## DELEGATED DECISION BY PORTFOLIO HOLDER

13 FEBRUARY 2015

<b>SUBJECT:</b>	<b>Wirral Independence Service Commission</b>
<b>WARD/S AFFECTED:</b>	<b>All</b>
<b>REPORT OF:</b>	<b>Director of Adult Social Services</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>Councillor Christine Jones</b>
<b>KEY DECISION?</b>	<b>Yes</b>

### 1.0 EXECUTIVE SUMMARY

The report is to provide an update on the Commissioning and Procurement Activity in relation to the “Wirral Independence Service” Commission that includes the following services;

- Integrated Community Equipment Store
- Assistive Technology – (Telecare and Telehealth) monitoring and response service including Falls pick up
- Falls Prevention Service

The commission is a joint piece of work between the CCG, Adult Social Services and Public Health. The reports purpose is to confirm the contract award, the proposed start date and outline the Implementation dates for the new service provision.

### 2.0 BACKGROUND AND KEY ISSUES

The Joint Commissioning activity was completed on the 6th February 2015. The lead up to the commission commenced in March 2014, with a series of consultation and engagement events with staff across a range of professional teams and with key potential providers via Soft Market Testing. Research continued through summer 2014, with site visits to other areas who have commissioned similar services.

The service aims to streamline commissioning activity to support the move to Integrated commissioning in line with Vision 2018, with a lead commissioner (DASS) coordinating the commission on behalf of the three partners.

The procurement process began in November 2014 with a PQQ phase, with ITT phase following in December and interviews, demonstrations and site visits taking place in January/February 2015. Award of contract will take place in March 2015 with a 12 week full implementation phase to be completed by 8 June 2015.

The joint commission will include:

- Integrated Community Equipment Store
- Assistive Technology – (Telehealth and Telecare) Monitoring and Response Service including Falls Pick Up and;
- Falls Prevention Service

The commission will be for an initial 4 years with the option to extend for a further 3 + 2 years.

The commission aims to improve the quality and flexibility of the service by:

- Moving the commission to 7 day working 8am – 8pm service for Community Equipment, therefore helping to prevent hospital admission and facilitate hospital discharge and to meet the requirements of the Better Care Fund outcomes and the Care Act.
- Reduce the demand on emergency and acute services by having an effective monitoring and response service, linked to a falls pick up provision.
- Provide a falls prevention service to support both individuals and the wider health and social care sector, and to reduce the number of falls experienced by people
- Meeting the requirements of the Care Act Implementation by providing an improved response for self-funders, with a retail function both on line and store based and sign posting to local retailers.
- Reducing contacts and Interventions for both customers and professionals by having a single referral route with a joined up response for the above described services.
- Making efficient use of practitioner and therapy staff time by introducing an on line requisition system.
- Provide a seamless inter-service referral route for people who may require a mix of service responses within the scope of the commission.
- Improve cost efficiency with recycling rates increased to over 85% to prevent the purchase of new equipment and to incentivize this with an 80% credit model.

### **Timescales for the Project**

Issue of OJEU Notice – Restrictive Procedure	15/10/14
Completion of the PQQ, ready to send,	24/10/14
Return Date for Completed PQQ and submission of support information (Min 37 days)	03/12/14
Evaluation of PQQ and support information including financial searches.	02/12/14 – 09/12/14
Issue of Tender Documents (Min 31days)	10/12/14
Return of Tender Documents	21/01/15
Tender Evaluation	21/01 – 06/02/15
Designated Weeks for Presentations/ Site Visit	26/01 - 06/02/15
Final Analysis – Officer Decision Notice	09/02/15

<b>CCG Governing Body</b>	10/02/15
<b>Joint Strategic Commissioning Group</b>	11/02/15
<b>Cabinet Support Meeting</b>	13/02/15
Award of Contract	23/02/15
Alcatel Ruling, 10 Day stand still/Call in	23/02/15 - 05/03/15
Award Notice to OJEU	08/06/15
Implementation Phase	3 months
Contract Start	08/06/15

## 2.1 OUTCOME OF THE TENDER EXERCISE

The Invitation to tender (ITT) exercise closed on 21 January 2015

Five Lead Providers bids were submitted to deliver the whole range of services described within the specification. These included Ross Care, Peaks & Plains, NHS Community Trust, Nottingham Rehab Services (NRS) and Medequip.

A multi-agency core evaluation team scored the tender submissions between 21 January and 6 February 2015. The evaluation process included:

- Method Statement evaluations (including pricing and quality schedules)
- Presentation
- Interview
- Demonstration of IT Requisition system
- Site visit.

The evaluation panel was able to award the contract based on the previously agreed 70/30% quality/price ratio. The Panel consisted of the following members of staff:

### Core Team:

- Boo Stone – Commissioning Lead DASS
- Heather Harrington – Commissioning Support Manager CCG
- Sarah Boyd-Short – Commissioning Support Manager CCG
- Tom Cusack – Finance Lead DASS
- Mal Price – System Support Manager DASS
- Gary Rickwood – Senior Manager Public Health
- Roger Chester – Contracts Lead DASS
- Chris Smith – Senior Practitioner OT

### Specialist input

- Antony Probbing – AHP WUTH Lead
- Ann Allan – System Support Officer DASS
- Alan Shaw – Liquid Logic – DASS
- Ben Akins – Wirral Council IG Lead
- Jeni Davies – HR Lead CCG

The recommendation of the panel is to award the Contract to the following Lead Provider:

- **Medequip Ltd.** Integrated Community Equipment Store
- With their partner organisation **Community Voice** a 3<sup>rd</sup> Sector provider for Telecare & Telehealth monitoring and response including Falls Pick up and Falls Prevention Service

Medequip received the highest quality score of the five bidders and the pricing provided within their bid will achieve a saving to Wirral CCG/PH and DASS over the next 4 years.

The original parcel of funding for the Wirral Independence Service came together from DASS, CCG and Public Health and was approximately £3.8 million. This was equivalent to the funding previously being provided to the service components that were being brought together to form the new integrated service.

The winning tender has been costed at about £2.9m. 3 of the other 4 bids were at a similar level, with the exception being approx. £1m more expensive.

If the winning tender is mobilised as proposed then this would represent a saving to the system of approx. £900K/£1m. However, as part of the preparation for the tendering process the bid team consulted with a number of other areas and the lessons learnt from these contacts advised that, because of the number of uncertainties in terms of costing the equipment catalogue e.g. estimating what proportion of the existing equipment stock can/will be transferred to the new provider, it is likely that unanticipated costs will arise, particularly in the first year. The contract will also introduce a number of innovations around delivery and there is some uncertainty as to what the activity levels will be. In addition the contract is not due to start until June 2015. Therefore no proposals have yet been made for these projected savings for 2015/16 until the figure is more certain.

Some of the additional highlights for the new service that go beyond the expectation of the tender process are;

- a fully integrated co-located service based on the Wirral for all elements of service delivery,
- a 3<sup>rd</sup> Sector charitable fund available to support individuals across the whole service who are not eligible for funded services via DASS or the CCG but struggle to self-fund.
- Wider working with existing equipment retailers to promote and support self-funding and choice.

This information is currently sensitive information pending approval from the Governing Body 10 February 2015, Joint Strategic Commissioning Board (JSCB) 11 February 2015 and Cabinet Support meeting on Friday 13 February. Following a 5 working day call in period if approved award of contract will be issued on the 23 of February 2015. A further 10 days stand still for Alcatel is required before the general announcement can be given.

### **3.0 RELEVANT RISKS**

If award of contract is not approved, targets not being met for reduction in acute service provision, admissions to care homes and reliance on emergency services.

If resources are not allocated to the contract and performance monitoring as outlined in the resource section this could result in an inefficient stock transfer, lack of performance monitoring and budget demands. Monitoring is key to the success of the contract, as is the establishment of cohesive local relations with the provider, prescribers, practitioners and customers.

The contract award removes two service areas from the incumbent Provider, The NHS Community Trust. This may result in some local political attention as it could be perceived as “externalising” NHS services to the Independent sector.

### **4.0 OTHER OPTIONS CONSIDERED**

The contract for Assistive technology had reached the end of its legal life and could not be extended any further beyond the June 2015 date.

Research for the retender of the service indicated that emerging commissioning and operational best practice was to merge related areas and work with a lead provider model. If this approach had not been taken then it would have resulted in separate unlinked contracts being let and tendered and would have meant running several work streams at one time, which would not have been efficient use of practitioner time of cost effective.

The option of the service extending into Cheshire Authorities has also included in the specification along with other equipment elements for the future such as Education equipment including sensory and visual impairment and minor adaptations.

### **5.0 CONSULTATION**

- Professional stakeholder events were held March and April 2014
- In July and August 2014 consultation and engagement events were held with key providers, users of services and marker leaders as a soft market testing exercise.
- Service User, 3<sup>rd</sup> Sector and Carer consultation events were also held during August 2014
- A steering group was established with members from CCG, DASS, Public Health and Housing, with a complimentary Operational Group to exercise the required detailed planning and specification writing.
- Potential Providers answered a series of questions posted by the User Groups and these responses will be fed back directly to the groups involved.

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

The commissioning activity has been completed, and once award is agreed and complete, then the project can move in the 12 week implementation phase. The new service will be implemented from 8 June 2015. The New Provider has supplied a detailed implementation plan and an exit plan for existing providers has been drafted.

## **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

The successful provider has outlined how it will work with the voluntary, community and faith sector to assist in prompting independence and Community Voice Medequip's partner organisation are themselves a Community Interest Company (CIC) and have a fund to support individuals who require services but might not have the financial means.

## **8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

For the implementation phase resources will be required to ensure effective transfer between providers, evaluate and agree an effective stock transfer, monitor spend and cross boundary working and ensure that the performance measures in place are delivered. Resources are required as follows:

- Dedicated Contract/Authorised Officer oversight for a period of 12 months in the first instance with potential for ongoing resource requirement.
- Dedicated clinical senior Occupational Therapy (OT) input for a period of 6 months April to August 2015
- Ongoing OT resource 2 FTE to be based in the store, to ensure that people issued at source from the hospital setting are reviewed and their equipment returned, scrappage/recycling of equipment is of an adequate standard as per protocols.
- Training of staff on the new Requisition system, (currently 500+ prescribers across all agencies) this to be provided by the new provider.
- The new provider to work with the commissioners to agree future efficiency targets, and to aim to meet growth requirements.
- Ongoing Commissioner contact with the Lead Provider

## **9.0 LEGAL IMPLICATIONS**

Notice has been served on the incumbent providers contracts and they have agreed to provide the service until to the beginning of June 2015.

Procurement process and the Wirral Council contract procedure rules have been followed to ensure that all legal requirements have been adhered too for audit purposes

## **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

Yes and impact review is attached.

## 11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 The commission will work on a credit model that will encourage providers to recycle equipment and recycling rate targets are set at 85% where current providers are operating at a 75% recycling rate. Carbon Reduction formed part of the tender evaluation and the successful providers have environmental policies.

## 12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 No implications identified

## 13.0 RECOMMENDATIONS

- To accept the outcome of the WIS tender process.
- To agree to move to award of contract.
- To sign to formally approve the award of Contract to Medequip as the Future Lead Provider of the Wirral Independence Service.

## 14.0 REASON FOR RECOMMENDATION/S

14.1 To move towards award of contract.

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## APPENDICES

## BACKGROUND PAPERS/REFERENCE MATERIAL

## BRIEFING NOTES HISTORY

Briefing Note	Date

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date