

16 April 2018**Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE****COMMISSIONING AND PROCUREMENT PLAN FOR ASSISTIVE
TECHNOLOGY AND RELATED SERVICES****Purpose of the Report**

1. The report seeks approval to:
 - a) use existing frameworks to procure a telecare call monitoring service for two years with the option to extend for up to two further years
 - b) use existing frameworks to purchase an integrated equipment, storage, installation, maintenance and recycling service on an initial one year contract with the option to extend for a further year. The contract to include a requirement for the provider to supply Assistive Technology equipment from a wide range of manufacturers to best meet individual service needs
 - c) undertake a cost/benefit analysis for moving to an in-house installation service or partnership with other local public bodies
 - d) continue to explore the potential to work more closely with partners on the delivery of Assistive Technology solutions.

Information**Strategic Context**

2. In summer 2017 the Technology Enabled Workstream of the Nottingham/shire Sustainability and Transformation Plan (STP) agreed the high level vision set out in the following table:

Assistive Technology – Strategic Intentions			
Enhancing Virtual Co-ordinated Care	Empowering self care and self management ability	Enabling independent living	Encouraging live well and age well
Telehealth- enabling remote virtual case management at home For those with highest risk with 3+ long term conditions and multiple interventions and interactions across health, housing and social care.	Using Flo, telecare, remote metrics/diagnostics, skype consultations. For those at low-moderate risk who would like to prevent rapid deterioration and enable management of their condition with a full, longer and improved quality of life	Telecare equipment and sensors linked to monitoring centres or pagers. Skype consultations. For those with learning disabilities, physical difficulties, sensory and cognitive impairment, elderly citizens.	Via mobile apps, Flo, wearables promoting healthy living For promoting active health living, prevention and reduction of obesity, sedentary lifestyle, alcohol consumption and smoking cessation.

3. The four key work themes support the objectives of Nottinghamshire County Council's Adult Social Care Strategy and should underpin the work programmes of the three integration planning units (south, mid Nottinghamshire Alliance and Bassetlaw). The Bassetlaw STP does not have the same detailed roadmap for a holistic assistive technology service, but does contain a commitment to using technology to keep people well at home, with a particular emphasis on increasing the use of telehealth to help people self-manage long term health conditions, such as diabetes.
4. An integrated framework for the commissioning, procurement, business cases, governance and management of the range of technology deployed by partners could deliver savings and efficiencies as well as a more effective and aligned service, for example by consolidating and centralising call centres and the deployment and maintenance of equipment.
5. Whilst the vision has been signed up to by STP members as being the right direction, the next phase of work requires full engagement of all partners to design and time to implement. Nottinghamshire County Council therefore is in the position of needing to re-procure Assistive Technology (AT) services at a point when all partners are not signed up to a detailed delivery plan for the STP vision. The short to medium term approach will therefore need to be for the Council to re-commission its AT service in a flexible way, which makes a step change towards the STP vision and that will enable other partners to procure from the same frameworks when they are ready.

Nottinghamshire County Council Assistive Technology Service - the current position

6. There are three main elements to the current Adult Social Care AT service, with the majority of this provided by Tunstall Healthcare Limited, although other AT equipment such as daily living activity reminder devices and activity monitoring systems are purchased from other suppliers. The three elements under the Tunstall contract are:
 - Equipment supply and storage
 - Telecare call monitoring service (monitoring alerts from AT equipment)

- Equipment installation, maintenance, collection, recycling and restocking.
7. The contract commenced in October 2011 and following its expiry in October 2016, has been extended under the terms of the original contract which will now remain in place until the new contract(s) commence. The total annual contract spend with Tunstall expected for 2017/18 is £314,000, consisting of:
 - £184,000 on equipment
 - £40,000 on call monitoring
 - £90,000 on installation, maintenance, collection and recycling.
 8. In addition £36,000 is forecast to be spent in 2017/18 on AT equipment and service from a number of other suppliers.
 9. It is projected that in 2017-18, 2,199 people will have received AT provided by the Council with 1,267 new users during the year. In addition some people in Supported Living schemes and the assessment flats at Poppy Fields have been provided with AT equipment. 49% of the Council's AT users are linked to Tunstall's telecare call monitoring centre with the remaining 51% receiving standalone AT equipment to either alert a family member/carer in the same home, or to support people to self-manage daily living activities. Under the Council contract, the call monitoring centre is projected to receive 35,296 calls for assistance in 2017-18, with 16,000 follow up calls being made in response to this.
 10. The AT service is managed within the Council by a small team comprising a manager and two specialist AT Service Advisors. The team receives referrals from social care teams through a process on Mosaic (the Adult Social Care Information Technology system), and also receives referrals from the public and other agencies. Team members will then usually undertake a telephone based assessment to determine what AT equipment is required, but will undertake home visits for more complex cases, before sending installation orders to the contractor. The team also provides a helpline, regular staff training, a comprehensive website for staff, advice and guidance to the public and other agencies and service management, contract monitoring and administration.
 11. If total AT service costs, including staffing, are used for the 2,199 people then the cost for the AT service is £197 per person per year. Demand for the Council's AT services has been increasing rapidly in recent years, as Nottinghamshire are increasingly deploying it to reduce the cost of alternative care and support solutions. The number of new users in 2017-18 is forecast to be 41% higher than 2016-17. Based on historic trends, it is forecast that referrals for AT will continue to increase by between 25% and 45% per annum.
 12. Savings from Assistive Technology use are mainly cash avoidance savings from delaying or preventing residential care admissions, or preventing community care expenditure, for example by using AT to manage risks in supported living which would otherwise require increased staffing levels. As part of the Council's budget savings plans there are targets for AT to make net savings of £543,000 in 2017/18 (after service costs), with additional savings of £174,000 for 2018/19 and £154,000 in 2019/20.
 13. There are potential future opportunities in working closely with health and housing partners to improve how devices link to each other, support people's independence and provide a more consistent countywide technology offer to citizens. Joint procurement across

partners, for example, of equipment and call centre monitoring, could support this as well as deliver savings efficiencies. This could also help to ensure that the technology is compatible across partners. Utilising information on who is triggering their emergency technology devices could then, for example, be shared and used to ensure that local Multi-Disciplinary Teams pro-actively review people's support needs with the aim of preventing their conditions from deteriorating. Call monitoring services could deliver functions for different partners and maximise the resource, for example, by doing telephone checks on people with low level needs.

14. The Council needs to work to deliver the strategic vision for the future use of technology with partners. In the short term, however, the main contract with Tunstall Healthcare Limited cannot continue to be extended without risking a legal challenge to the Council. There is therefore a need to address the immediate procurement risk, whilst procuring services in a manner which ensures flexibility to integrate with the STP agenda as this develops.

Procurement Options

Telecare Call Monitoring service

15. Given the current complex situation, and the need for the Council to proceed with meeting its own strategic and procurement compliance needs, it is recommended that monitoring services are procured separately from other AT services on a two year contract, with the option to extend in yearly increments for up to a further two years.
16. This will balance providing flexibility for partnership work in the future, but also enable the Council to provide a realistic commitment to the market, which acknowledges the upfront costs for any new provider of re-programming approximately 950 telecare units in people's homes during the first 3-4 months of the contract. Offering a contract for less than 2 years is likely to be open to challenge as new providers are unlikely to consider it economic to undertake re-programming visits for a short contract period.
17. The Council tender will take into account STP requirements for interoperability which are also compatible with the Council's own strategic plans. For example, any contract offered by the Council should enable automatic data exchange between call monitoring software and Council/NHS Information Technology systems. This will enable, for example, call monitoring data to inform reviews of health and social care and to automatically identify sudden changes in behaviour which may indicate that someone is reaching a crisis point. Existing framework agreements established by the NHS, Eastern Shires Purchasing Organisation (a public sector owned buying organisation) and others enable a further mini competition to be held quickly to secure best value, and would be available for other partners to purchase from if they wished to and are therefore the recommended approach to procuring monitoring services.

Equipment supply

18. There are already frameworks available within the market which in the future could be used to purchase higher combined volumes of equipment with partners and enable potential efficiencies. Analysis of prices on the framework agreements show there is unlikely to be any benefit from undertaking a separate bespoke tender for equipment as there is little or no difference to the Council's current contractual prices. To assure best value, the Council

will be able run a mini competition for equipment between the providers on one of the existing framework agreements.

19. As noted previously, the Council currently purchases AT equipment from a range of suppliers. Some of these suppliers are approved under the existing framework agreements, so equipment can continue to be purchased through this procurement compliant route, and there will be a requirement in the new main AT contract for the provider to supply a wide range of AT equipment from different manufacturers in order to meet a wide range of individual needs.

Installation, maintenance and recycling

20. This can also be purchased through existing frameworks within the market and there is a need to ensure that there is integration between the equipment storage and the installation and recycling functions so that equipment is available in a timely manner to facilitate installations. For these reasons it is recommended that for regularly used AT, the equipment, storage, installation, maintenance and recycling elements are procured as a single integrated service, again using a framework agreement with a further mini competition between providers on the framework. To maintain flexibility to join up with partners in the future it is recommended that an initial one year contract should be offered with the option to extend for a further one year. There will be one member of staff potentially affected by TUPE from the current contract with Tunstall. However, this should not significantly impact on any price put forward by an alternative supplier who would need to employ at least one member of staff to undertake this new work anyway.

Other Options Considered

21. Procuring through a single contractor for a fully managed equipment, telecare call monitoring and installation/maintenance service as currently used by the Council: this would restrict the pool of potential bidders to a small number of companies and provide less flexibility in terms of the range of equipment available. It would also increase the risk that the call monitoring centre software would not be able to support interoperability requirements outlined previously in this report, as one of the major software platforms used does not support this functionality.
22. Providing the installation, storage, maintenance and recycling service in-house or working in partnership with the districts: this is something which should be explored over the coming year by comparing the cost of the outsourced service with the cost of employing and training someone to undertake this work or training up district council staff to be able to fit the equipment the Council uses.
23. Going out to an open market tender and not using the frameworks:
 - for the equipment this would mean either having to go to a single provider or setting up a Council specific framework, one giving less flexibility and the other offering little benefit over using the existing framework agreements.
 - looking at the price comparisons, there is no evidence to suggest a more cost effective service would be achieved by undertaking an open market tender, as equipment prices on the framework are similar to those under the existing contract and wider market knowledge of monitoring prices. In the unlikely event that the mini competition for the

- monitoring service gave an unacceptable price compared to other market providers, there is no requirement to award and a tender could be carried out in the wider market.
- a full tender for the monitoring service would take resources to undertake and a longer time to complete than using the framework. As the contract is only for two years in the first instance, reducing the time for tendering would be a more effective use of resources.

Reason/s for Recommendation/s

24. Using the existing frameworks to purchase a monitoring service for a two year contract would enable a tender to be undertaken in approximately three months rather than up to six months for a full tender, reducing time and resource pressures. A minimum contract period of two years would allow a fair tender as other providers would have time to recoup the initial cost of visits to re-programme lifeline units. The ability to extend it for up to a further two years in annual increments will provide flexibility depending on the progress of STP work to rationalise local call monitoring services. Procuring the monitoring service separately from equipment and installation will increase the pool of providers which use monitoring centre software that supports open data exchange with Council and NHS ICT systems.
25. Using the existing frameworks to purchase an equipment, storage, installation, maintenance and recycling service will ensure that these elements are integrated operationally. Any provider will be required under the contract to supply, install and maintain a wide range of equipment (including equipment already purchased by the Council from other suppliers) and support the introduction of new AT equipment as this becomes available. A one year contract with the option to extend for a further year will ensure flexibility if the STP integration agenda progresses, and allow providers to take into account the TUPE implications from the current contract.
26. Future consideration will be given to the setting up of a local Dynamic Purchasing System if framework providers cease to offer value for money on the majority of equipment or are unable to provide a wide range of specialist AT equipment. This could be set up in partnership with districts and health colleagues and potentially wider partners. There has, for example, been interest in this approach at the East Midlands Assistive Technology Forum.

Statutory and Policy Implications

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

28. Provision of data from the monitoring centres regarding the number of calls and type of call would not be affected by the new General Data Protection Regulations (GDPR). However,

individual information relating to repeat calls or alerting social work staff of issues relating to individuals is likely to be. Further legal advice will need to be taken when drawing up the monitoring contract to ensure this is addressed.

Financial Implications

29. Equipment, monitoring and installation costs are expected to be no higher than the current contracts and it may also be possible, through mini competition, to reduce the price of some service elements. It is also anticipated that equipment collection and recycling rates will improve under the new contract. However, AT budgets need to take into account the forecast growth in the use of Assistive Technology. This will be addressed through an Assistive Technology Strategy developed over the coming year. Forecast spend for 2017/18 is £350,000 on equipment, monitoring, maintenance, recycling and installation plus £104,000 on the small team of three who currently manage the Assistive Technology service.

Human Resources Implications

30. There are no HR implications.

Implications for Service Users

31. A wider range of Assistive Technology equipment and remote support options will enable more service users to maintain their independence at home and self-manage their care and support needs. The increased scope of the 24 Hour Response Service will enable a wider range of needs to be met. These measures will also ensure that fewer service users will require admission to long term residential care.

Implications for Sustainability and the Environment

32. Equipment is recycled wherever possible and this is included in the installation, maintenance and recycling tender.

RECOMMENDATION/S

That Committee gives approval to:

- 1) use existing frameworks to procure a telecare call monitoring service for two years with the option to extend for up to two further years, as detailed in **paragraph 24**.
- 2) use existing frameworks to purchase an integrated equipment, storage, installation, maintenance and recycling service on an initial one year contract with the option to extend for a further year. The contract to include a requirement for the provider to supply, install and maintain a wide range of Assistive Technology equipment to meet individual needs, as detailed in **paragraph 25**.
- 3) undertake a cost/benefit analysis for moving to an in-house installation service or partnership with other local public bodies, as detailed in **paragraph 22**.

- 4) continue to explore the potential to work more closely with partners on the delivery of Assistive Technology solutions.

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Constitutional Comments (SLN 19/03/18)

33. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (DG 28/03/18)

34. The financial implications are contained within paragraph 29 of the report.

HR Comments (SJJ 16/03/18)

35. There are no HR implications for the Council as a result of the recommendations contained in the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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