

Report to: **SINGLE COMMISSIONING BOARD**

Date: 1 November 2016

Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: **PROCUREMENT OF WHEELCHAIR SERVICES**

Report Summary: NHS Tameside & Glossop CCG (T&G CCG) currently commission wheelchair assessment and provision services from Stockport NHS Foundation Trust. This was formerly part of our community contract with Stockport NHS FT, but the service did not transfer to Tameside NHS FT on 1 April 2017 due to the joint commissioning and provision arrangements with 2 other CCGs. Oldham CCG is party to the T&G CCG contract for this service. Stockport CCG contract separately but for the same service. Prior to 31 March 2016 the funding arrangements were as follows:

- NHS Oldham CCG £466,572
- NHS Tameside & Glossop CCG £1,050,568
- NHS Stockport CCG £1,090,146

All 3 CCGs have comparable levels of activity despite the different level of investment.

The contract currently in place between T&G CCG (including Oldham CCG) is due to expire on 31 March 2017.

In light of the imbalance between the levels of investment by the 3 CCGs commissioning from Stockport NHS Foundation Trust, T&G CCG negotiated a reduction in the contract for 2016-17 from £1,050m to £821K, therefore achieving a recurrent Quality, Innovation, Productivity and Prevention (QIPP) saving of £229K. This report sets out proposals for the commissioning of a wheelchair service (assessment and provision).

- Recommendations:**
1. That the Single Commissioning Board endorses the service of notice on the Stockport NHS Foundation Trust wheelchair contract to take effect on 31 March 2017;
 2. That the Single Commissioning Board agree that:
 - i. the Single Commission will seek to negotiate additional savings for the economy whilst having due regard for the recovery, health and welfare of those in need of the service;
 - ii. The Single Commission will continue to work with stakeholders on the finalisation of a service specification for wheelchair services. The specification will be in line with national guidance and will be subject to all necessary Impact Assessments;
 - iii. The Single Commission will work with Tameside and Glossop Integrated Care Foundation Trust (T&GICFT) to ensure the service is used effectively;
 - iv. The Single Commission will use the Shared Business

Services framework to retender and procure the new wheelchair services (inc. assessment and provision) to take effect from 1 April 2017.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

The contract will be funded via the section 75 agreement as part of the Integrated Commissioning Fund. The Finance Group are supportive of this contract being retendered at as competitive a price as possible to deliver the service specification we require. It is recognised there is national benchmarking data that suggests a service should be deliverable within a £600k funding envelope. However, it is essential an evaluation of the impact on service provision continuation is facilitated in advance of the existing contract expiry date to mitigate any potential risk of tender prices exceeding this level.

The Finance Group acknowledge and respect the legal and procurement advice in respect of the ICO providing this service but feel it is important that the ICO works collaboratively with commissioners in the procurement and management of this service as this is crucial to the delivery of the Care Together strategic vision with all appropriate contracts and services transferring to the ICO responsibility at the agreed date.

Legal Implications:

(Authorised by the Borough Solicitor)

The current contract comes naturally to an end on 31 March 2017, but notice in any event has properly been given and acknowledged to ensure appropriate succession planning is put in place in a timely manner.

The procurement of wheelchair services of the value stated in the report requires a procurement exercise consistent with the Public Contracts Regulations 2015. The framework referred to in paragraph 4.6 has been procured by using the open procedure (reference 2015/S 220-400660) under the Public Contracts Regulations 2015 and therefore it would not be unlawful to use this framework. Any contract let using the framework must be let in accordance with the terms of the framework.



The procurement exercise must begin without delay in order to ensure the service continues without disruption on 1 April 2017.

Whilst the views of the T&GICFT are important, in the unlikely event of them failing to agree any aspect of the procurement exercise this should not be allowed to delay the retendering process as ultimately it is the T&G CCG who are charged with this responsibility and who need to deliver a cost effective wheelchair service by 1 April 2017, so their judgment must ultimately take precedence. When the service is transferred to the T&GICFT any concerns which they may still have will be picked up through and subject to a due diligence exercise in the usual way for transferring contracts. .

How do proposals align with Health & Wellbeing Strategy?

The continued commissioning and future procurement of a wheelchair service will align with our H&WB strategy by:

- Providing a joined up service to meet the local need
- Ensuring the economy have a wheelchair service which aligns with our Care Together Model of Care (including discharge to assess / discharge planning models)
- Providing targeted support to provide the correct equipment and provide regular reviews
- Improve health and wellbeing and increase independence

How do proposals align with Locality Plan?	In line with the locality plan, the wheelchair service will provide a high quality, safe, clinically effective and local service which will deliver long term change. The wheelchair service will work across our integrated neighbourhood and integrated urgent care services.
How do proposals align with the Commissioning Strategy?	The wheelchair service will provide appropriate and cost effective equipment for people living with long term conditions, and will support our models for integrated neighbourhoods and integrated urgent care.
Views of the Professional Reference Group:	Reflected in the report.
Public and Patient Implications:	Public and Patient engagement will be undertaken in 2016/17 and 2017/18 to further refine the service model without any additional cost to the Single Commission and to support T&GICFT. Plans of how this will be done have been drafted and the commissioner will shortly be meeting the CCG Equality and Diversity Group to discuss further.
Quality Implications:	A draft specification has been developed and a Quality Impact Assessment has commenced. The content of the draft specification is in line with all relevant legislation.
How do the proposals help to reduce health inequalities?	Delivering a model of care around people's assessed needs will enable us to target the delivery of wheelchair equipment in a way that will reduce health inequalities and broaden the range of support available to people with these needs. We will ensure the delivery of this service is closely aligned with our wider ICFT model of care, in a hospital and neighbourhood setting. Refining the eligibility criteria will ensure we assess need for wheelchair equipment to reduce health inequalities.
What are the Equality and Diversity implications?	A draft specification has been developed, and an Equality Impact Assessment has commenced (See appendix B)
What are the safeguarding implications?	Any providers included in the delivery of this model will be bound by safeguarding standards and policies. We will ensure through the implementation of this model that these are in place and that any new providers / partners understand their responsibilities.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	All partners involved in the delivery of this work will be bound by the necessary information governance guidelines. The single commission officers will ensure that an appropriate Privacy Impact Assessment is undertaken.
Risk Management:	Any risks will be identified and monitored through the single commission contract monitoring and performance management processes.
Access to Information :	The background papers relating to this report can be inspected by contacting Clare Watson, Director of Commissioning
	 Telephone:
	 e-mail: clarewatson2@nhs.net

1. BACKGROUND & PURPOSE

1.1 Tameside & Glossop CCG (T&G CCG) currently commission wheelchair assessment and provision services from Stockport NHS Foundation Trust. This was formerly part of the CCG community contract with Stockport NHS Foundation Trust (SFT), but the service did not transfer to Tameside NHS Foundation Trust on 1 April 2017 due to the joint commissioning and provision arrangements with 2 other CCGs. Oldham CCG are party to the T&G CCG contract for this service. Stockport CCG contract separately but receive a similar service. Prior to 31 March 2016 the funding arrangements were as follows:

- NHS Oldham CCG £466,572
- NHS Tameside & Glossop CCG £1,050,568
- NHS Stockport CCG £1,090,146

1.2 When taking into account the eligibility criteria of all 3 CCGs, there is a comparable level of activity despite the different level of investment.

1.3 The contract currently in place between T&G CCG (including Oldham CCG) is due to expire on 31 March 2017.

1.4 This report sets out proposals for the commissioning of a wheelchair service (assessment and provision) including the procurement of a new service to start from April 2017.

2. NEGOTIATIONS FOR 2016-17 CONTRACT

2.1 The funding was a historical arrangement and there are no details of how this value was initially calculated. After a review by the commissioner, it became clear in 2015 that the level of activity between T&G CCG and Oldham CCG was equivalent and discussions with T&G CCG, Oldham CCG and Stockport FT commenced.

2.2 In light of the imbalance between the levels of investment, T&G CCG negotiated a reduction in the contract for 2016-17 from £1,050m to £821k, therefore achieving a recurrent QIPP of £229K. This has been included in the financial recovery plan submitted to NHSE on 9 September as a recurrent saving.

3. CURRENT CONTRACTUAL POSITION

3.1 The CCG contract with Stockport NHS Foundation Trust expires on 31 March 2017. The contract has already been extended by one year, in line with the permissions set in the standard NHS contract and through CCG governance, but cannot be extended again.

3.2 A letter has been sent advising Stockport NHS FT that the contract will end on 31 March 2016, which included the requirement for a succession plan to be put in place Stockport FT have acknowledged receipt of the letter.

3.3 Stockport NHS FT has also confirmed that there will be no financial impact or 'stranded costs' for the CCG as a result of this action

4. PROPOSALS FOR FUTURE COMMISSIONING ARRANGEMENTS - COMMISSIONING OF SERVICE FROM 1 APRIL 2017 – 31 MARCH 2020

4.1 With regard to the financial envelope for the new service NHS England will be publishing a wheelchair report imminently. This will include currencies for use, but will not include a

specific tariff, as NHS England need to improve their reference costs and will change their guidance when this data is available. Therefore there is no national tariff on which the cost of / budget for a wheelchair service can be based.

4.2 In the absence of a national tariff, benchmarking of the cost of wheelchair services has been undertaken by the commissioning and finance staff in the Single Commission. Information used includes:

- NHS Benchmarking (Community Services Dashboard Report, 2015) quote a figure of £238,086 per 100,000 population
- Existing provider activity and finance data
- Figures from other CCGs across GM

Commissioners have determined that a new service which meets the national standards and requirements for the population of Tameside & Glossop can be commissioned with a budget of £600,000 per year.

4.3 The current investment stands at £821K for 2016/17. The proposal is that the single commission establish commissioning arrangements for 2017-2020 which deliver a service to a maximum of £600K per annum. This could deliver a further recurrent saving for the system of £221K whilst maintaining a service for the population of Tameside & Glossop which meets national standard requirements. Through the procurement / commissioning process, additional financial savings will be sought for the economy. This may require reductions in the level of provision and engagement with stakeholders would be required.

4.4 With regard to potential co-commissioning with Oldham CCG Oldham CCG have provisionally confirmed their initial intention to continue to be a party to the contract for wheelchair services going forward. However, as an equitable budget cannot be agreed it is anticipated that T&G CCG will undertake the procurement solely for the population of Tameside and Glossop. It will be a matter for Oldham as to how they then proceed.

4.5 A framework exists for the procurement of wheelchair services. The framework is the NHS Shared Business Services Community Equipment, Products and Services Framework (Ref: SBS/15/RC/GWB/8730). Due to the length of time available to undertake procurement and mobilise a service, the framework option is the most appropriate way to procure the service. Shared Business Services have already been informed of this potentially pending piece of work and have provisionally added it to their work plan pending SCB decision. The current service provider (Stockport NHS FT) is not included in this framework and has been made aware of the potential that the CCG may use this option for the service from April 2017 (See **Appendix A**). There will be a cost of £1,000 per annum for the Single Commission to access the Framework.

4.6 A draft service specification has been produced and consultation commenced (including an Equality Impact Assessment and Quality Impact Assessment) with a view to using this specification as the basis for the re-procurement. Partners in existing provider organisations have been involved in the development of the specification, including representatives from T&GICFT (see **appendix B, C and D**).

5. PROFESSIONAL REFERENCE GROUP COMMENTS AND RECOMMENDATIONS

5.1 PRG considered proposals for wheelchair services at meetings in May and August 2016.

5.2 In May 2016 PRG recommended that the CCG serve notice on the current contract and proceed with a procurement exercise for a replacement service to be operational from April 2017.

- 5.3 In August 2016 a draft service specification was presented to PRG as a basis for the CCG to procure a new service from April 2017 onwards. The presentation of this service specification led to further discussions, and PRG recommended that the current wheelchair contract (2016/17) should be transferred to Tameside & Glossop ICFT in-year. PRG also recommended that T&GICFT should be asked to lead the commissioning / procurement of a replacement service to be operational from 1 April 2017, therefore transferring a budget from the CCG to the ICFT (at a reduced level from the current £821k – see section 4.3 of this report) and finalising a service specification (inclusive of eligibility criteria).
- 5.4 The suggestions from PRG have been explored and in the current circumstances it is not feasible to engage with the T&GICT in the way described at 5.3 above. Whilst T&GICFT are willing to provide support for the procurement process to ensure the service will fit in with the aims and objectives of T&GICFT, this will not be permitted to delay the re-tendering of this service given the financial and operational imperatives for the service to be in place .by 1 April 2017.

6. WHEELCHAIRS AND THE INTERGRATED COMMUNITY EQUIPMENT SERVICE

- 6.1 The contract for the wheelchair service is due to expire on 31 March 2017. The contract for the Integrated Community equipment Service (ICES) is due to expire on the 30 September 2017. There would be no option to tender for both services at the same time due to the timescales and complexities of both services.

7. RECOMMENDATIONS

- 7.1 As set out at the front of the report.

APPENDIX A

Proposed Procurement Timeline

The Provision of a Wheelchair Service on behalf of NHS Tameside & Glossop Clinical Commissioning Group Draft High Level Procurement Timeline Milestones

DRAFT MINI COMPETITION TIMELINE MILESTONES (Framework)

Evaluation Requirements	Dates
Develop Invitation to Tender (ITT) document Pack	11 November 2016
Governance Approval Process to approve Pack	18 November 2016
Mini Competition issued to Framework Suppliers	22 November 2016
ITT Closes	16 December 2016
ITT Evaluation Period (extended as falls over Xmas period)	4 January 2017
Moderation Meeting	12 January 2017
Bidder Interviews (if required) and selection of Recommended Bidder	20 January 2017
CCG Governance Approval	January 2017
Issue Standstill and Outcome Letters including de-brief information	February 2017
Closure of Standstill period (subject to no challenges during Standstill)	February 2017
Contract Finalisation	February 2017
Service Mobilisation	February 2017
Service Commencement	April 2017

APPENDIX B

Equality Impact Assessment Tameside & Glossop Single Commissioning Function Equality Impact Assessment (EIA) Form

Subject / Title	Wheelchair Services - Procurement
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Team	Department	Directorate
Transformation	Commissioning	Single Commission

Start Date	Completion Date
April 2017	

Project Lead Officer	Samantha Hogg
Contract / Commissioning Manager	Samantha Hogg
Assistant Director/ Director	Alison Lewin

EIA Group (lead contact first)	Job title	Service
Samantha Hogg	Commissioning Development Manager	Single Commission
Nicola Kirkham	Senior Management Accountant	Single Commission
Patient Rep	tbc	tbc

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	<p>What is the project, proposal or service / contract change?</p>	<p>Tameside & Glossop CCG currently commission wheelchair assessment and provision services from Stockport NHS Foundation Trust. This was formerly part of our community contract with Stockport NHS FT, but the service did not transfer to Tameside NHS FT on 1 April 2017 due to the joint commissioning and provision arrangements with 2 other CCGs. Oldham CCG is party to the T&G CCG contract for this service.</p> <p>The contract currently in place between T&G CCG (including Oldham CCG) is due to expire on 31 March 2017.</p> <p>A new service will need to be procured ready to start on the 1st April 2017. The wheelchair service specification has been updated with input from stakeholders. There will be no change to the eligibility criteria or the type of service offered, however, there will be:</p> <ol style="list-style-type: none"> 1. a reduction in the cost of the service 2. a change in provider
1b.	<p>What are the main aims of the project, proposal or service / contract change?</p>	<ol style="list-style-type: none"> 1. Following a review of the finances, eligibility criteria and activity levels, it has been realised that there will need to be a reduction in the annual wheelchair budget. This is due to overpayment in previous years and not due to a change in the eligibility criteria/access to wheelchairs and postural support. 2. If SCB agree to use the SBS Wheelchair framework, there will be a change in the current provider as Stockport Foundation Trust would not be able to bid for the contract. Ideally, the framework would be utilised as it will reduce the length of time required for procurement and would ensure a service is in place for 1st April 2017, thereby avoiding a gap in provision.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age			<u>X</u>	<p>The service is currently based in Hyde. The new service may be based in a different location within Tameside and Glossop. This will be taken into account during the procurement process to ensure that there is no negative impact on access.</p> <p>Home/school/hospital visits will remain part of the service offer to ensure that the service is as flexible as possible.</p>
Disability			<u>X</u>	<p>The service is currently based in Hyde. The new service may be based in a</p>

				different location within Tameside and Glossop. This will be taken into account during the procurement process to ensure that there is no negative impact on access. Home/school/hospital visits will remain part of the service offer to ensure that the service is as flexible as possible.
Ethnicity			<u>X</u>	
Sex / Gender			<u>X</u>	
Religion or Belief			<u>X</u>	
Sexual Orientation			<u>X</u>	
Gender Reassignment			<u>x</u>	
Pregnancy & Maternity			<u>X</u>	
Marriage & Civil Partnership			<u>X</u>	

NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?

Mental Health			<u>X</u>	
Carers			<u>X</u>	The service is currently based in Hyde. The new service may be based in a different location within Tameside and Glossop. This will be taken into account during the procurement process to ensure that there is no negative impact on access. Home/school/hospital visits will remain part of the service offer to ensure that the service is as flexible as possible.
Military Veterans			<u>X</u>	
Breast Feeding			<u>X</u>	

Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)

Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			x
1e.	What are your reasons for the decision made at 1d?	The service offer will remain the same therefore it is not anticipated that there would be any noticeable difference for people who would access the service. The main change is to the provider of the contract and the cost envelope of the service.	

APPENDIX B

Quality Impact Assessment

Title of scheme: Wheelchair Service - Procurement

Project Lead for scheme: Samantha Hogg

Brief description of scheme:

Tameside & Glossop CCG currently commission wheelchair assessment and provision services from Stockport NHS Foundation Trust. This was formerly part of our community contract with Stockport NHS FT, but the service did not transfer to Tameside NHS FT on 1 April 2017 due to the joint commissioning and provision arrangements with 2 other CCGs. Oldham CCG is party to the T&G CCG contract for this service.

The contract currently in place between T&G CCG (including Oldham CCG) is due to expire on 31 March 2017.

It is anticipated that there will be an overall reduction in the cost of the service; however this is due to overpayment in previous years and not due to a change in the eligibility criteria/access to wheelchairs and postural support.

There may also be a new provider in place if SCB agree to use the SBS Wheelchair framework. By using the framework, Stockport Foundation Trust would not be able to bid for the contract, however, the framework allows for a reduced period of time for procurement and would ensure a service is in place for 1st April 2017, thereby avoiding a gap in provision.

It is not anticipated that there would be any risk related to quality or patient safety, however, with the delays that have occurred, there is a moderate risk around ensuring a contract is awarded and a service is mobilised by the 1st April 2017.

What is the anticipated impact on the following areas of quality? NB please see appendix 1 for examples of impact on quality.						What is the <u>likelihood</u> of risk occurring ?	What is the overall <u>risk score</u> (impact x likelihood)			Comments
	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	1-5	Low 1-5	Moderate 6-12	High 15-25	
Patient Safety	x					1	1			It is not anticipated that the new service would lead to any risk in relation to public safety

Clinical effectiveness	x					2	4			This depends on who is awarded the contract; New staff may need to put new processes in place which may have a minor impact on clinical effectiveness. The CCG would require a mobilisation plan to be put in place by the new provider
Patient experience	x					2	2			It is not anticipated that there would be any significant change to patient experience
Safeguarding children or adults	x					2	2			It is not anticipated that the newly procured service would lead to any safeguarding incidents and the specification explicitly requests safeguarding processes are in place

Please consider any anticipated <u>impact</u> on the following additional areas only as appropriate to the case being presented. <u>NB please see appendix 1 for examples of impact on additional areas.</u>						What is the <u>likelihood</u> of risk occurring ?	What is the overall <u>risk score</u> (impact x likelihood)			Comments
	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	1-5	Low 1-5	Moderate 6-12	High 15-25	
Human resources/ organisational development/ staffing/ competence			x			3		9		There will be no staff to TUPE over if a new provider is awarded the contract. Therefore, new staff may need to be hired so there may be some impact on the service. The contract would only be awarded to a provider who can confirm staff would be in post on the 1 st April 2017. It may also be possible to extend the transition period with Stockport

										Foundation Trust and conversations are underway.
Statutory duty/ inspections		x				3		9		Due to the short timescales for mobilisation, there may need to be an extension of the SFT contract to accommodate this.
Adverse publicity/ reputation		x				2	4			There may be some negativity if the service is not automatically able to meet the public's expectations although this is anticipated to be unlikely.
Finance	x					1	1			It is not anticipated that the new service would have any negative impact on finances due to the reduction in annual budget.
Service/business interruption			x			3		9		Due to the tight timescales for mobilisation, there may be a delay in the service offer. Conversations are underway with SFT to look at options for extending the handover period.
Environmental impact	x					1	1			It is not anticipated that there would be any effect on the environment.
Compliance with NHS Constitution		x				3		6		There is a requirement to for CCGs to provide a wheelchair service. There may be a temporary reduction in service depending on how quickly mobilisation can start. However, conversations are underway with SFT to look at the option of extending the handover period.
Partnerships	x					1	1			It is anticipated that there would be no negative impact on partnerships.
Public Choice	x					1	1			The wheelchair service will follow national guidelines therefore it is not anticipated that there would be an effect on public choice.

Public Access			x			3		9		There may be a delay in accessing the service if mobilisation is not started early enough.
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Has an equality analysis assessment been completed?	YES	As the service offer will not change, it is not anticipated that there would be an effect on access to wheelchairs and postural support.
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Is there evidence of appropriate public engagement / consultation?	Yes	The service specification has been updated but there has not been any change to the eligibility criteria. The Equality and diversity Group have been contacted for view on the performance criteria.
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