#### Report to:

Date:

Subject:

**Report Summary:** 

**Recommendations:** 

#### STRATEGIC COMMISSIONING BOARD

17 April 2018

**Reporting Member / Officer of** Cllr Brenda Warrington - Executive Leader **Single Commissioning Board** 

Sandra Whitehead - Assistant Director Adults

#### PROVISION OF COMMUNITY RESPONSE SERVICE CALL HANDLING SYSTEM

The report is seeking permission to spend for the provision of a community response call handling system and authorisation to use a direct call off agreement with a supplier from the ESPO framework 203 15.

That the Board notes the content of the report and:

- 1. Approves the direct award of a contract from ESPO framework 203 15, Tunstall, the existing provider of the existing call handling system.
- 2. Approves that the service leases an upgraded call handling system to support the Community Response Service (CRS) no later than 13 August 2018 when the current lease expires.

**Financial Implications:** 

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

ICF	
Budget	£'000
Tameside Council – Adult Services Section 75	32 – Recurrent
Strategic Commissioning Board	4 – Non Recurrent

### Additional Comments.

The Community Response Service (CRS) budget forms part of the Section 75 pooled budget of the Integrated Commissioning Fund. Recurrent funding is included within this budget of £ 0.032 million in 2018/19 to meet the ongoing maintenance costs of the call handling system. Annual cost details are provided within section 5.2 of the report and demonstrate that these are affordable within the existing annual budget allocation.

The non recurrent cost of the IT tablets as referenced within section 5.2 of the report will be financed from the 2018/19 Adult Services improved Better Care Fund allocation of £ 3.299 million

It is essential that funding for replacement tablets at the end of their useful life is identified in future years to ensure that remote working can continue to be supported.

It should be noted that the terms of the proposed lease agreement for the upgraded system upgrade will be reviewed prior to acceptance to ensure there are no additional liabilities to those detailed within section 5.2 of the report for the duration of the five year agreement.

Legal Implications: (Authorised by the Borough Solicitor)	There is always a risk of challenge from other competitors where a direct award is made to one provider as opposed to running a tendering exercise. The success of this would depend on whether they could demonstrate they should have been considered for the tender, which is not quantifiable at this stage. The Board need to be satisfied in any event that this is the most appropriate provider for this service, and provides value for money and stability going forward and there is clear and satisfactory performance.	
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action.	
How do proposals align with Locality Plan?	<ul> <li>The service is consistent with the following priority transformation programmes:</li> <li>Enabling self-care</li> <li>Locality-based services</li> <li>Planned care services</li> </ul>	
How do proposals align with the Commissioning Strategy?	<ul> <li>The service contributes to the Commissioning Strategy by:</li> <li>Empowering citizens and communities</li> <li>Commission for the 'whole person'</li> <li>Create a proactive and holistic population health system</li> </ul>	
Recommendations / views of the Health and Care Advisory Group	Not applicable.	
Public and Patient Implications:	None	
Quality Implications:	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.	
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside.	
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re	
	assignment, pregnancy/maternity, marriage/ civil and partnership.	
What are the safeguarding implications?	None	
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.	

 

 Risk Management:
 There are no anticipated financial risks, however, there may be other risk considerations should the tenants not receive the support – including access to 24-hour support – they require to live safely. Please refer to Section 7 of the report.

 Access to Information :
 The background papers relating to this report can be inspected by contacting: Trevor Tench – Head of Commissioning Telephone: 0161 342 3649

 e-mail:
 trevor.tench@tameside.gov.uk

 Mark Whitehead – Head of Operations Telephone: 0161 342 3791

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 mark.whitehead@tameside.gov.uk

## 1 INTRODUCTION

- 1.1 This report seeks permission to re-commission a new call handling system to support the Community Response Service (CRS). The lease on the current call handling system that supports the service is due to expire on 13 August 2018.
- 1.2 The current contract is with Tunstall (PNC7 system) and the commissioners are seeking to enter into a call off agreement with this provider who is an identified supplier on the ESPO framework 203\_15.
- 1.3 The rationale to enter into a call off agreement with Tunstall for the continued delivery of this service offers the council a number of benefits:
  - The supplier is known to deliver the software and outcomes required to support the needs of the services; any new system would be an unknown.
  - The supplier's goods and services are compatible and operate with the Council's IT hardware and software system versions. A new supplier may require different operating platforms on which their software will run, potentially increasing costs, increasing time scales for implementation and resources in terms of staffing to implement any changes.
  - Reduces the uncertainty in terms of data exchange from one system to another should a supplier change. There are a number of risks as the capability of the transfer between suppliers would be unknown, potential loss of data, establishing costs and timeframes for completion, as well as developing a manual backup system through the transition.
  - The Council has a number of highly trained staff who understand the current system and have the skills and knowledge to train other team members. Transferring to a new system will require more intensive staff training, and take longer for staff to be familiar with, which is an added resource not only in terms of costs but also releasing staff.
  - Continuity of service and maximising business administration efficiencies can be realised for a vulnerable group of service users. Moving to a new supplier could result in a diminished service whilst a transition takes place.
  - The supplier has a proven track record in service delivery in terms of responsive customer service, flexible approach to the Council's needs in making changes to the system, ensuring updates and training are available as required and a well-established working relationship.
  - There could be some savings in proceeding with this supplier because the new system (PNC 8) would be a free upgrade, with an additional module provided for free (Service Manager) that would have extra reporting capabilities (which is a key business requirement), rather than the cost of buying a completely new system. Extra modules that the service needs, 'Proactive Call Software' for anticipating customer issues before they occur, would be provided free of charge (saving an additional £8,500).
  - PNC8 will also be fully General Data Protection Regulation (GDPR) compliant.
- 1.4 Disaster Recovery for this service is currently shared with Stockport MBC. This is primarily because the system needs to be shared with another provider who uses the same system PNC. This arrangement will continue with this provider until it is reviewed as part of the wider integration of social care and health.
- 1.4 To inform this decision a wider benchmarking exercise has been undertaken to establish what CRS needs are going forward to support this service function, what other call handling systems are being used elsewhere and their effectiveness, and where the upgraded PNC8 is being used, what the user's experience is of the system's functionality.

# 2 COMMUNITY RESPONSE SERVICE BACKGROUND

2.1 Tameside Adult Services operates an in-house telecare service. Staff are employed to provide an emergency response service 24 hours a day, 365 days a year to people of

Tameside who may be vulnerable or at risk. In December 2017 there were 3,547 customers connected to the service. CRS Control Centre receives approximately 18,000 calls (alerts) every month.

- 2.2 CRS customers range in age from 18 years, with no upper age limit. 1,272 people aged 85 years and over are living independently within the community with the help of telecare systems.
- 2.3 The key aims of the service are:
  - To support individuals to remain at home for longer with safety and security
  - To reduce inappropriate admissions to residential and nursing care
  - To encourage earlier/safer discharge from hospital to home
  - To allow more personal freedom and reassurance for carers
  - To support people outside of the formal social care system
  - To enhance/complement the offer to local people.
- 2.4 The service provides a range of sensors and devices, dependent upon the needs and health of individuals. Some devices are activated by the user by pressing their pendant alarm; others are automatically triggered by sensors installed in the home. When the button is pressed by the customer or activated by a telecare sensor, an alert is raised at the Control Centre. Appropriate action is taken by staff at the Control Centre; this may be to contact relatives, friends, to call emergency services or for a Community Response Worker to respond by attending the customers' home.
- 2.5 The service is connected to Sheltered Housing schemes and Extra Care Housing schemes across the borough, providing a response 24 hours a day, whether this be door entry, building alarm alerts, pull cord activations or a person summoning help in an emergency. There are four Social Housing providers who are connected to the service to deliver telecare in their accommodation across the borough.
- 2.6 For people with a diagnosis of dementia an additional service, 'Just Checking', is also available. This is a simple on-line activity monitoring system that provides a chart of daily living activity via the web. Small wireless sensors are placed in the home and generate activity information based on the person's movements etc. The information can then be used as an assessment tool in planning individual care and support as it gives a clearer picture of a person's capabilities and actions when they are alone. This service forms part of the statutory assessment process and can only be accessed via the person's Social Worker and with agreement from the individual and/or family representative where appropriate.
- 2.7 The service vehicles carry lifting equipment which can be used to raise someone from the floor, when it is safe to do so. Community Response workers are increasingly called out to help people up from the floor after a fall, which is known as assisted lifting. From 1 April 2017 to 31 December 2017 the service attended 1,775 times to customers that had a fall, of which only 230 required an ambulance. This service can help prevent visits to A&E, which is a good example of how the service can contribute to system savings across the health economy. It also allows the ambulances to respond to more urgent calls and therefore further supporting improved outcomes for people as we are able to assist in deploying the right service for the right needs.
- 2.8 The service aims to respond physically to calls that require a warden within 20 minutes of activation.
- 2.9 CRS is available to the general public, with 78% of customers choosing to access and selffund the service who currently do not receive any other services.

- 2.10 Whilst the current service works well and is highly valued by users, families/carers and professionals, the service and systems available have been reviewed and a preferred service model has been produced.
- 2.11 The new model of service delivery will lead to an improved interface with partner agencies; and, ultimately, improved outcomes for service users through the provisions of better integrated services across the health and social care spectrum.
- 2.12 There is scope to extend the provision of telecare, telehealth and telemedicine into the wider community, promoting and supporting the ethos of 'helping people live at home'. This ethos is grounded in early intervention and prevention, and in providing better outcomes for people in the community.
- 2.13 There is also scope to extend the offer into residential and nursing care settings, potentially reducing the need for GP intervention, ambulance attendance and possible transfer to hospital.
- 2.14 In line with the Care Together Programme, work has been undertaken with the key stakeholders within neighbourhoods including GPs, health colleagues, Registered Social Landlords and Community Organisations when reviewing CRS and its future role in supporting residents of the borough to have more choice and control.
- 2.15 The call handling system is a fundamental facet in the provision of this service without which the service would be unable to operate as activations are reliant on an efficient and effective system that supports service operations.

#### 3 BENCHMARKING

- 3.1 The process commenced with the development of call handling systems' functionality which was mapped against CRS business requirements. Managers and staff who are familiar with the current Tunstall PNC7 system were asked to identify / rate functions and requirements from an operational user perspective, while considering the future vision / direction for the service, and provide any suggestions. This was supplemented by managers of the service in terms of information requirements that would enhance operational performance. This criterion was then used to compare the different systems on the framework.
- 3.2 A review of providers on the framework identified three organisations who provide a call handling system. To establish which organisations could meet the requirements a number of telephone contacts were made with other organisations and two visits were made to Bradford (Jontek) and Wakefield (Tunstall PNC8) to look at systems in use. While all provider systems had similar functionality except one which currently does not support digital technology, some of the extra functions needed would have required increased costs as 'add-on' functions, or bespoke tailoring, increasing the actual overall cost of the service. Tunstall who provide the system currently used offered most of these extras as part of the upgrade at no extra cost.
- 3.3 One of the providers (Chubb) was not 'digital ready' which is a requirement going forward for our equipment, and could not provide a timescale when this would be ready for, so this supplier could not deliver what the service needed. This left two viable providers upon which to explore functionality and cost.
- 3.4 The actual cost of the system was a key determinant in making the recommendation contained within this report. This relates to actual cost of the system and cost in terms of service continuity. In terms of financial costs the Tunstall PNC7 system is currently being used by the service so an upgrade to PNC8 would not generate any increased cost as this would be a free upgrade and would maintain a monthly lease charge which is contained in

section 5 below. In terms of continuity, moving to an alternative provider could impact on the disaster recovery arrangements within the transition period placing the service and service users at risk.

- 3.5 The PNC8 system would not require the system information to be migrated onto a new system, which would be extra cost and potentially timely process to undertake. This would negate the need and potential risk of system shut down for a transition period which would place customers at risk. Staff are familiar with the current system although further training on enhanced functions would be necessary.
- 3.6 The lease would include system support and maintenance. A 'Service Manager' system on PNC8 would allow the ability to generate automatic management reports which will support managing service performance and activity including the ability to match data with health partners (when appropriate information governance arrangements are in place). This is a function that causes significant labour intensive work at the moment as the current system does not fully support this function which is currently a labour intensive exercise.
- 3.7 Disaster recovery could be maintained at the Stockport site as Stockport still have the PNC system in operation which can support this function. This is being reviewed in terms of the wider proposed IT and integration changes in the future, but is an essential requirement when looking at a new system to ensure business continuity.
- 3.8 Business continuity and confidence in the systems' ability is a significant consideration when looking at the systems on offer, and PNC8 offers this as an upgrade on an existing system in use with enhanced features at the same cost as we currently pay, even when including the 'Service Manager' function (in effect getting this for free).
- 3.9 After 5 years, an option to buy the system equipment is available, that would just require an annual maintenance arrangement at a reduced cost but this would be a decision that would have to be taken in the future as we are unable to project future developments in technology and service requirements, and if the equipment was bought, it would be an additional cost to the Council to replace it if needed in the future. Equipment includes items such as server hardware and workstations etc.

	Tunstall (PNC8)	Jontek	Chubb
Indicative cost of	£25,471	£21,836	
call handling only			
(annual)			
Digital Ready	$\checkmark$	$\checkmark$	×
Data migration	×	$\checkmark$	
needed			
Full staff training	×	$\checkmark$	
needed			
Interim disaster	×	$\checkmark$	
recovery move			
needed quickly			

3.10 Summary table:

Others	<ul> <li>Includes free Service Manager reporting module.</li> <li>Includes free upgrade to PNC 8.</li> <li>Includes extra module the service needs – Proactive Call Software for free, saving an extra £8,500.</li> <li>Includes continuity of service through current DR system until wider review.</li> <li>Includes upgrade of all call handling operator workstations, and administrator workstations, and DR workstation if needed.</li> <li>Negates the need and cost for staff training</li> </ul>	<ul> <li>Equipment would need to be replaced periodically and not included in cost.</li> <li>May be additional cost for training, and if an interim disaster recovery solution is required before a wider IT review is complete.</li> </ul>	

# 4. CONTRACTING/PROCUREMENT PROPOSAL

- 4.1. Based on information available it is requested that consideration is given to award the lease directly to Tunstall for a five year contract commencing 14 August 2018.
- 4.2 The procurement approach proposed is a direct award from ESPO framework 203\_15 (see **Appendix A**).
- 4.3 A call off without competition can be utilised and a single supplier approached where it can be identified that they are able to meet the customer's needs in terms of the goods, services and pricing schedule detailed on the framework.

# 5. FINANCE

5.1 The current contract value is £32,000 per annum. The resource for this contract is included within the CRS budget of Adult Services for 2018/19. The non-recurrent cost of £ 3,865 in 2018/19 for the IT tablets as stated in section 5.2 will be financed from the Adult Services improved Better Care Fund allocation of £ 3.299 million.

5.2	Anticipated costs	(inclusive of estimated inflationar	y uplifts in future years)	
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NON- RECURRENT INVESTMENT	Comment	2018/19 £	2019/20 £	2020/21 £	2021/22 £	2022/23 £	Total 5 year investment £
IT tablets for remote working	Windows tablets £644.15 each. 6 needed.	3,865	0	0	0	0	3,865

RECURRENT INVESTMENT	Comment						
Lease for equipment and PNC8 system maintenance	Includes new equipment, Proactive Call and Service Manager for free.	25,471	26,108	26,760	27,429	28,115	133,884
Field Force Management App (geo location)	$\begin{array}{cccc} \pounds 25 & \text{per} \\ \text{device} & \text{per} \\ \text{month.} \\ \pounds 270 & \text{per} \\ \text{month} & \text{for} \\ \text{management} \\ \text{portal.} \\ (6 & \text{devices } x \\ \pounds 25 & x & 12 \\ \text{months}) & + \\ (\pounds 270 & x & 12 \\ \text{months}) & = \\ \pounds 5040 \end{array}$	5,040	5,166	5,295	5,428	5,563	26,492
IT 4G call plans	Sim card £12 for 4GB data per month (6 devices x £12) x 12 months)	864	886	908	930	954	4,541
	Subtotal - Recurrent Investment	31,375	32,159	32,963	33,787	34,632	164,917

TAL 35,240 32,15 ST 35,240	32,963 33,787	7 34,632 168,782
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5.3 This funding will enable the service to develop remote working options through use of digital technology and the purchase and supply of tablets to enhance service efficiency and effectiveness moving away from paper based systems. This therefore allows the service to dedicate more time to supporting vulnerable people and delivering the service, rather than administration of completing paperwork out on the field and then coming back to base and having to input onto computers, which also increases the risk of human error.

# 6. OPTIONS

- 6.1 Not to commission a Community Response Service Call Handling System This option has not been considered viable due to the value of the service in terms of outcomes for service users, and the preventative nature of the service. Based on data from the Social Care Institute for Excellence (SCIE) the cost benefits of services such as this are significant in terms of cost avoidance across the social care and health system.
- 6.2 Carry out a competitive procurement exercise research of other systems and providers has been undertaken but it has been concluded that the system offered by Tunstall meets the Council's requirements in the most comprehensive way, and due to the rationale identified in 1.3 and Section 3 above it has been identified as the best option available.

# 7. RISK

- 7.1 There is low risk in terms of cost The actual costs of the new system will be within existing budget parameters. The contract will ensure that adequate safeguards are in place to protect against any unexpected increases in cost.
- 7.2 There is a minimum risk in terms of product reliability The contract includes support and maintenance arrangements and the existing provider has always been excellent at offering urgent support and maintenance when there have been issues with the systems functioning.
- 7.3 System failure within this service / major incident impacting on infrastructure could lead to serious harm or death should systems fail to function and alert control in the event of an incident. Disaster Recovery (DR) is an important element of this service in terms of business continuity. Because Tunstall (PNC) operate in Stockport we have reciprocal DR arrangements in place which have had to be activated twice in the past six months due to IT works and power supply work. It is essential DR is robust and we have confidence in this system.
- 7.4 there is a potential for other providers on the Framework to challenge the direct award of the contract. The council is confident that the risk of this low as it is clear from the benchmarking undertaken that the Tunstall system can offer value for money and reduces the internal costs of staff training and the risks of information transfer.

# 8. EQUALITIES

8.1 The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage / civil and partnership.

# 9. SUMMARY

- 9.1 We are required to re-commission the call handling system for CRS to ensure compliance with Procurement Standing Orders. The current system PNC7 is supplied by Tunstall. The service and support provided has been very satisfactory however, based on current and future service and system needs functionality does need updating to provide a wider range of information to inform performance management.
- 9.2 This report centres on market testing and procuring a new call handling system through a review of providers contained within the framework 203-15. The process commenced with the development of call handling systems' functionality which was mapped against CRS business requirements. Managers and staff who are familiar with the current Tunstall PNC7 system were asked to identify / rate functions and requirements from an operational user perspective, while considering the future needs and requirements of a new system.
- 9.3 The review of the framework identified three providers who potentially could provide this system, however on further review one of these providers could not currently support digital technology which is a future requirement for this system. This left two providers. One provider was Tunstall who offer an upgraded system to our current system and Jontec.
- 9.4 While the indicative costs indicate that Jontec is £3,635 per annum cheaper than Tunstall's PNC8 system there were other variables considered including:
  - Tunstall's PNC system is a system staff and managers are familiar with so there would be minimal training required on the upgrade to PNC 8. Costs would be incurred by changing to a brand new system in terms of staff training.

- Current Disaster Recovery arrangements are with Stockport who operate using the PNC system provided by Tunstall. A move to a new system would require alternative disaster recovery arrangements being required which will be at a cost to the service, and potentially impact on business continuity arrangements.
- Extras provided by Tunstall are a free upgrade to PNC 8, free 'Service Manager' reporting module, free proactive call Software, upgrade to workstations including disaster recovery.
- Minimum disruption to service and less risk of service being unavailable as part of transfer.
- 9.5 Fundamentally there is sufficient funding within the budget to fund either option as indicative costs are slightly lower than current costs of the system. Further funding (iBCF) has been identified for further technology to support future working using smart phones and other technology to improve service efficiency and effectiveness.
- 9.6 Based on cost, additional extras that will enhance the service offer and to reduce risk in terms of disaster recovery arrangements the recommendation is to maintain the current supplier Tunstall.

### 10. RECOMMENDATION

10.1 As stated on the report cover.

# **APPENDIX A**

### Framework 203\_15 - Telecare and Telehealth Issue 11

ESPO, Barnsdale Way Grove Park, Enderby, Leicester, LE19 1ES © ESPO 2018 espo.org Page 3 of 60

### 1. Overview of the Framework Suppliers

## LOT 1

Catalogue supply of telecare and telehealth products and services (including relevant software)

- · BROOMWELL HEALTHWATCH
- · CHUBB COMMUNITY CARE
- · DOCOBO LTD
- · DORO CARE AB (formerly CARETECH AB)
- · JONTEK LTD
- · NRS HEALTHCARE
- · OYSTA TECHNOLOGY
- · SAFE PATIENT SYSTEMS LTD
- · TUNSTALL HEALTHCARE (UK) LIMITED
- · TYNETEC A BUSINESS UNIT OF LEGRAND ELECTRIC LTD
- · WEALDEN AND EASTBOURNE LIFELINE

## LOT 2

Provision of telecare and telehealth services. This lot is mainly accessed by secondary competition and is mainly for the provision of managed services (including complete service outsourcing).

- · BAYWATER HEALTHCARE UK LIMITED
- · BOC LTD
- · CHUBB COMMUNITY CARE
- · INVICTA TELECARE LTD
- · JOHNNIE JOHNSON HOUSING TRUST (ASTRALINE)
- · MEDVIVO CARELINE LIMITED
- · MSD
- · PA CONSULTING
- · SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST
- · TUNSTALL HEALTHCARE (UK) LIMITED
- · WEALDEN AND EASTBOURNE LIFELINE

This framework provides the user with a large number of suppliers to choose from and a full list with contact details can be found in Section 5 of the full User Guide.

#### How to use this Framework

**Step 1** - Complete the Customer Access Agreement (Appendix 3 of the User Guide) and return it to ESPO.

#### Step 2 -

Review the User Guide to establish whether your needs can be met by a single supplier or whether you need to conduct a further competition. Section 3 contains more information on how to place an

order. Typically smaller, more straightforward requirements can be met by one supplier, larger, more complex requirements will require a further competition to achieve the best supply solution.

### Lot 1

A line list is provided for lot 1, however your will need to contact the appropriate suppliers for prices. Please quote ESPO framework 203\_15 when you do this to ensure you get the framework prices. If you decide that a supplier can meet your requirements based on the pricing and/or other information provided in the User Guide, simply place an order with that supplier. Suppliers are required to provide monthly invoice information to ESPO so that checks can be made to ensure compliance with the framework and their tendered prices.

### Lot 2

Lot 2 is accessed by further competition. Customers should select ALL service providers that have indicated that they can meet the requirements from the 'Scope of Services' table set out in Section 2 of the User Guide and invite them to bid in a further competition. More specific details on how to conduct a further competition can be found in Section 3 of the User Guide.

### Please quote ESPO framework reference 203\_15 on all correspondence.