

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 October 2018

Reporting Member / Officer of Strategic Commissioning Board Jessica Williams, Director of Commissioning

Subject: TENDER FOR A CONTRACT TO EVALUATE THE TAMESIDE AND GLOSSOP GREATER MANCHESTER FUNDED TRANSFORMATION SCHEMES

Report Summary: The report summarises the procurement approach and evaluation of tenders received.

Recommendations: It is recommended that members note that a full and fair review of the potential partners has been performed and agree with the outcome of the procurement process that CLAHRC University of Manchester be appointed as the evaluation partner for the Greater Manchester funded transformation schemes.

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

Budget Allocation (if Investment Decision)	£200,000
CCG or TMBC Budget Allocation	CCG (from Greater Manchester Transformation funds)
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	
Decision Body – SCB Executive Cabinet, CCG Governing Body	
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	To assure success of the Integrated neighbourhood schemes
Additional Comments: The budget allocation is part of the agreed is agreed funding via the investment agreement with Greater Manchester Health and Social Care Partnership.	

Legal Implications:
(Authorised by the Borough Solicitor)

In any procurement process officers are required to follow the Council’s Procurement Standing Orders to ensure transparency and fairness and avoid any successful challenge. Decision makers should be confident these rules have been complied with and properly applied before agreeing to any recommendation made on award of contract.


How do proposals align with Health & Wellbeing Strategy?

To ensure the success of the Integrated Neighbourhood schemes which support the Health and Wellbeing Strategy.

How do proposals align with

The evaluation will identify our success at integrated working

Locality Plan?	and achieving greater financial sustainability.
How do proposals align with the Commissioning Strategy?	The evaluation will identify our success at integrated working and achieving greater financial sustainability.
Recommendations / views of the Health and Care Advisory Group:	No recommendations were received from the Health and Care Advisory Group.
Public and Patient Implications:	Public and patients will be approached for feedback on their experience of the Neighbourhood Schemes as part of the evaluation will ensure benefits to public are released.
Quality Implications:	To ensure the Integrated Neighbourhood model is delivering to the required standards and identifies areas for improvement.
How do the proposals help to reduce health inequalities?	The Care Together Programme aims to reduce health inequalities, this contract will help to ensure the success of that.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	Self-reported Information Governance compliance is included within the tender process and considered satisfactory. Further policy checks are completed at implementation.
Has a privacy impact assessment been conducted?	A privacy impact assessment has not been carried out.
Risk Management:	Contractual deliverables will be monitored across the partnership.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Katie Flynn

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1. INTRODUCTION

- 1.1 This report is regarding the procurement process conducted to select a provider (partner) to complete an evaluation of the Greater Manchester funded transformation schemes within the Tameside and Glossop Care Together Programme.
- 1.2 The Care Together Programme is Tameside and Glossop's approach to health and social care transformation. As part of the programme the health economy received £23.4 million in funding from the Greater Manchester Health and Social Care Partnership to deliver a series of transformation schemes. Care Together is a partnership between:-
- Tameside Metropolitan Borough Council (TMBC)
 - Tameside and Glossop Integrated NHS Care Foundation Trust (ICFT)
 - Tameside and Glossop Clinical Commissioning Group (CCG)
- 1.3 The Care Together Programme has the following stated aims:-
- To improve the healthy life expectancy through implementing a place based approach to better prosperity, health and wellbeing.
 - To deliver a clinically and financially sustainable health economy within five years.
- 1.4 The expected returns of the investment outlined above (both qualitative and financial) are detailed in the attached Investment Agreement (**Appendix A**). The Care Together Partnership requires an independent evaluation partner to assess the success and achievement of the programme.
- 1.5 The total budget allowed for this contract is £200,000.
- 1.6 The evaluation aims to provide an objective assessment of the impact of our transformation programmes and take account of some of the challenges involved in measuring an interdependent set of activities, many of which are designed to affect similar population groups.

2. BACKGROUND

- 2.1 The key features of the Care Together programme are:-
- Collective approach to improving health and care outcomes.
 - Driving up healthy life expectancy, reducing inequalities and creating financial sustainability.
 - Improving quality, access and reducing variation.
 - Development of a strategic, place based commissioner focus on public sector and health and wellbeing outcomes.
 - Creation of an Integrated Care Organisation using the FT licence.
- 2.2 The Care Together partnership serves a population of 255,000 people (with some of the population of Glossop also being served by Derbyshire County Council). The served population has a number of health challenges. Men and women in Tameside and Glossop have a healthy life expectancy three years lower than other areas in the North West and five years less than the average in England.
- 2.3 These lower rates of healthy life expectancy have a negative impact on residents' ability to engage in work, support themselves and their families, and ultimately lead healthy and fulfilling lives. The Care Together programme has a stated aim of increasing the healthy life expectancy to that of the North West average.

2.4 An evaluation methodology and framework will be developed in a collaborative manner between the selected evaluation partner and the Care Together programme. Given the nature of the transformation programme an innovative approach to the evaluation is expected as well as:-

- A theory-driven framework, which has been tried in other localities.
- A multiple-methods approach combining quantitative and qualitative analysis.

2.5 Consideration of the following are expected by the selected provider:-

- The use of currently existing or potentially new surveys of patients, people who access service carers, staff and citizens.
- The use of interviews and or focus groups with patients, people who access services, carers, staff and wider stakeholders, the use of observational methods.
- A review of existing programme documentation, consideration of existing literature relevant to the programme and analysis of existing datasets.
- To work with existing engagement structure i.e. Partnership Engagement Network, which is the approach to equalities and runs across the three Care Together organisations.
- At all times the evaluation partner is expected to identify and highlight at the earliest opportunity areas where the aims of the Care Together programme are not being met, the reason why and the potential control action that could be taken to rectify the issue. This also includes any unintended consequences.
- The evaluation approach will need to be designed in a way that will allow the Care Together partnership to continue the evaluation after the funding for the partner has ceased.
- The evaluation approach must be flexible enough to cover additional, discrete pieces of evaluation work that are identified after the evaluation partner is in place.
- The evaluation partner will endeavour to provide The Care Together Programme with the facilities and skills required to continue with evaluation after the contracted two year period.

3. DETAILS OF PROPOSED CONTRACTUAL ARRANGEMENTS

3.1 The contract is expected to commence the week of 1 November 2018 or soon after depending, in part, on the successful suppliers' implementation plan.

4. PROCUREMENT APPROACH USED

4.1 An open tender exercise was undertaken electronically using the Northwest Procurement Portal, "The Chest" with the opportunity being fully advertised on OJEU (Official Journal of the European Union) and Contracts finder in addition to within The Chest.

4.2 The tender was launched on 11 August 2018 with a closing date of 7 September 2018.

4.3 The tender had a fixed price of £200,000. Award and evaluation criteria are detailed in **Appendix C**.

4.4 Providers were required to meet a minimum standard demonstrating their technical and professional ability by providing information covering relevant experience and contract examples, previous experience of delivering similar evaluation work and subcontracting arrangements. Only providers assessed as providing sufficient detail of a good level of experience backed up with a clear evidence of past performance were taken through to have their full submission evaluated.

4.5 The two providers with the highest scoring submissions were invited to deliver a presentation of their proposal, which was used to moderate the provisional scoring of their written submission.

5. RESPONSE

5.1 There were 12 suppliers who applied for the tender. Of the 12 submissions four did not meet the minimum requirement for technical and professional ability and were disregarded.

- AA Projects Ltd
- Arden and GEM commissioning support unit
- Niche Health and Social care Consulting Ltd
- Trueman Change

5.2 The eight shortlisted suppliers were:-

- Catalyze
- CLAHRC University of Manchester
- Cordis Bright
- Mott Mc Donald Ltd
- North of England Commissioning Support Unit (NECS)
- Office for Public Management Ltd (Trading as Traverse)
- RSM UK Consulting LLP
- SQW Ltd

6. PROCUREMENT PROCESS

6.1 Evaluation and scoring of the tender submissions was undertaken by a panel representing key stakeholders:-

- Peter Nuttall Director of Performance and Informatics
- Sandra Whitehead Assistant Director, Adults, TMBC
- Chris Easton Head of Person and Community Centred approaches
- Stephanie Sloan Strategy and Business Planning Manager, ICFT
- Nigel Williams Deputy Director, Care Together
- Ali Lewin Deputy Director of Commissioning, CCG
- Hazel Chamberlain Head of Safeguarding, CCG
- Anna Hynes Business and Strategy Manager. Action Together

6.2 The panel met to discuss the submissions and allocated a provisional consensus score for each of the scored elements. Each panel member signed a declaration stating that their viewpoint would be impartial and the review was overseen by an independent representative of procurement.

6.3 The two highest scoring organisations were invited to a give a presentation to talk through their proposals. Suppliers were instructed not to bring additional information or offers to the presentation; hence, presentations were based entirely on the proposal detailed in the written element. There was some scope for clarification questions to be asked based on issues identified by the evaluation panel as required.

6.4 The presentations were used to moderate the provisional panel scoring and confirmed the provisional scoring.

6.5 The members of the panel for the presentations consisted of:-

- Peter Nuttall Director of Performance and Informatics, ICFT
- Richard Scarborough Planning and Commissioning Manager, Adults, TMBC
- Katie Flynn Programme Manager, Care Together Programme

6.6 The presentation confirmed that the preferred evaluation partner would be CLAHRC University of Manchester.

7. RESULTS OF CHECKS ON PROVIDERS

7.1 Any financial checks required on the successful provider will be completed prior to any contract award.

8. CONCLUSION

8.1 **Appendix B** contains a full summary of the evaluation scores. The individual organisation's scores are available for scrutiny.

9. RECOMMENDATION

9.1 As stated at the front of the report.