

Executive Director Adults and Health	Ref No: OKD27 19/20
December 2019	Key Decision: Yes
Award of contract for the Joint Commissioned Technology Enabled Care Service	Part I and Appendix 2 Part II
Report by Service Development Manager Adult Services and Health	Electoral Division(s): All

Summary

The County Council is currently the lead commissioner of a telecare service for older and disabled people living in their own homes in West Sussex. The aim of the service is to provide technology that optimises the individual's wellbeing and independence and enables them to continue to live in their own home with appropriate support. On 19 March 2019 the Cabinet Member for Adults and Health approved the recommencement of the procurement of an all age countywide Technology Enabled Care service (TEC) ([Report Ref: AH16 18/19](#)).

The recommended option was the procurement of a TEC provider, specifically a TEC Development Partner, thereby replacing the existing telecare provision with an offer broader than the current one.

Key Decision AH16 18/19 approved the recommencement of the procurement of an all age countywide Technology Enabled Care (TEC) service for a period of up to 7 years (including contracted breaks and extensions).

A 'Competitive Procedure with Negotiation' procurement process was undertaken allowing a one or two stage approach dependent upon the initial tender responses received, in accordance with the Public Contracts Regulation 2015, with the Council acting as the lead on behalf of itself and the West Sussex Clinical Commissioning Groups (CCGs).

The same key decision delegated authority to the Director of Adult Services (this authority is held by the Executive Director Adults and Health) to:

- 1) to let the contract on the basis of the most economically advantageous bid and
- 2) change from the current arrangement where customers receive a 13 week free trial to one where eligible customers will be provided with a TEC service as part of a care package.

West Sussex Plan: Policy Impact and Context

The proposed new technology enabled care service (TEC) supports the West Sussex Plan 2017-22 commitment to support people to remain independent in later life.

Financial Impact

The initial contract period will be for 5 years with the ability to extend for a further 2 years subject to a satisfactory review of performance of the service. The level of spending will depend on the number of installations that are made. The cost of this is expected to be manageable within the overall funding envelope that is available.

Recommendations

The Executive Director Adults and Health is asked to approve;

- (1) the award of the Technology Enabled Care Service to Nottingham Rehab Limited (trading as NRS Healthcare) for an initial period of five (5) years commencing 1 April 2020; and
- (2) the option to extend for up to two further years if delivery and performance of the contract are satisfactory.

Proposal

1. Background and Context

The current contract covering this provision concludes on 31 March 2020.

The Cabinet Member for Adults and Health approved the recommencement of the procurement of an all age countywide Technology Enabled Care (TEC) service for a period of up to 7 years (including contract breaks and extensions), detailed within the Decision Report AH16 18/19.

A Contract Notice was issued in the Official Journal of the European Union (OJEU) on the 19th July 2019 (ref 2019/S 138-340093). Further promotion of the requirement was made through the West Sussex e-Sourcing Portal and Contracts Finder.

A total of 34 organisations expressed interest in the opportunity on the e-Sourcing Portal. Four tenders were received by the tender return due date of 30 August 2019 in accordance with the tender documents made available on the e-Sourcing Portal.

Capita Procurement Services undertook compliance checks on the tender submissions on the 30 August 2019 to ensure all schedules that were required were duly submitted and that the tenders were correct.

The tender evaluation criteria and evaluation model as detailed below, was agreed by Council and CCG officers, and was included in the tender documentation.

The underlying principle of the Evaluation Methodology was to select the most economically advantageous tender (M.E.A.T) to the Council and the CCGs (in terms of the qualification, technical and commercial criteria described below) which meets the Council's requirements.

Bidders receive a score out of 100%	Technical	Commercial
Technical / commercial split	40%	60%

The technical element of the tender incorporated the use of minimum scoring to ensure that bidders achieved a minimum acceptable standard of service delivery. Further details of the tender evaluation can be found at Appendix 1 Tender Evaluation Summary.

The tenders were evaluated by the evaluation panel between the 2 September 2019 and 30 September 2019 and a moderation meeting was held on the 7 October 2019 to discuss and agree final scores. The evaluation panel comprised of Council commissioners, contract officers and operational officers with representation from equivalent officers from the CCGs/NHS making up membership of the partnership. It was agreed by the evaluation panel that the second stage of the 'Competitive Procedure with Negotiation' should be used and in accordance with the tender evaluation model focus on Method Statement One of the tender and the commercial model responses.

As a result all four Bidders were invited to participate in individual teleconferences on 14 October 2019 focused on Method Statement One and the commercial model responses and subsequently invited to respond in the second stage to a revised final tender submission; as a result of the negotiation stage.

The revised responses were submitted on the 12 November 2019 and evaluated by the evaluation panel between the 12 November and the 22 November with a moderation meeting taking place on 25 November. A number of bidder clarifications were sought following this, leading to a final ratification of scores taking place on the 6th December.

The final scores awarded at this stage were to produce a final overall score.

Appendix 1 provides the tender evaluation model and Appendix 2 provides the summary of the final moderated scores.

The appointed Procurement Officer has ensured that the procurement process was compliant.

2. Proposal Details

It is proposed that the contract for the Technology Enabled Care Service is awarded to Nottingham Rehab Limited (trading as NRS Healthcare). This was the most economically advantageous tender to the Council and the CCGs (in terms of the qualification, technical and commercial criteria described below).

The contract will commence on 1 April 2020. The agreement is for a period of five (5) years with an option to extend for up to two (2) years.

Factors taken into account

3. Consultation

3.1 External

The development of TEC services and the proposals outlined in this report have been guided (through this full development and procurement period) by previous feedback received from existing service users.

The most recent market engagement was undertaken in May 2019 whereby potential bidders were asked to provide comments on the Council's proposal that Return on Investment (ROI) should be a key element within the tender, specifically within the tender evaluation. Six providers engaged with this process with formal responses submitted by four of them. The commentary received offered insights that assisted in the development of the tender evaluation.

4. Financial (revenue and capital) and Resource Implications

4.1 *Revenue consequences of proposal*

The cost of the recommendation will depend on the number of installations that are made, which makes them subject to inherent variation. The successful bidder anticipates that a greater level of activity will be deliverable than was assumed when the decision to proceed to procurement was made. However, if that outcome occurs, the additional return on investment that this should enable means that costs will remain affordable within the limits of the available budget provision.

	Year 1 2020/21	Year 2 2021/22	Year 3 2022/23
	£	£	£
Revenue budget	£0.861m	£0.861m	£0.861m
Forecast cost	£0.861m	£0.861m	£0.861m
Remaining budget	Nil	Nil	Nil

As a key preventative service, the results of the reprocurement have also reinforced the expectation that the new contract should be able to deliver on-going annual savings in care costs in the region of £1m by Year 3 through;

- Reducing domiciliary care costs, and
- Delaying admission to residential care by supporting people to stay in their own homes with appropriate support.

In that way it will become a key contributor towards the demand growth absorption targets that are built into the medium-term financial strategy.

5. Legal Implications

The provision of technology will assist the Council to carry out its' duties under the Care Act 2014.

Appropriate legal advice and guidance was sought in relation to the sourcing options for this procurement.

Whilst the Council led the procurement process for the award of the new contract this has been undertaken in partnership with the West Sussex CCGs.

Capita Procurement Services conducted the procurement exercise on behalf of the Council and as such are required to ensure the process was in compliance with the Public Contracts Regulations 2015 and the Council's Standing Orders on Procurement and Contracts.

6. Risk Implications and Mitigations

6.1 Corporate and service risks and action to mitigate

Risk	Mitigating Action (in place or planned)
Failure for the new service to be delivered on and from the service commencement date.	This is mitigated by the mobilisation plan that will be robustly monitored by the Council. The Development Partner will be required to sign the contract before the commencement date.
Lack of internal resources to effectively manage the contract.	Through internal governance and escalations any impending risks will be raised.
The risk of the Development Partner failing to deliver the service during the life of the contract.	Robust contract reporting and management provisions with good relationships built between the Development Partner, the Council and the CCGs.

In addition, a full risks and issues register has been maintained throughout the process and reviewed at predefined intervals by the project team.

7. Other Options Considered

Alternative procurement options were considered as part of the Key Decision Report (ref AH16 18/19).

8. Equality and Human Rights Assessment

- 8.1 There will be no impact for existing customers as the ceasing of the universal free 13 weeks of service offer would apply to new customers only. It is noted that TEC can be used to assist individuals who are vulnerable to discrimination, harassment and victimisation, in a person-centred specific way once such individual risks have been identified and shared with the provider, and hence could support people with protected characteristics.

- 8.2 The TEC Development Partner will be expected to meet equality legislation and to ensure that recruitment and staff development processes reflect the same level of equality for people with protected characteristics. The TEC Development Partner will be required to create and maintain records about customers supported through the installation and monitoring of equipment, and the equipment installed, which will be reviewed regularly as part of the contract review processes. In addition through providing training and development opportunities the TEC Development Partner will be expected to encourage and communicate to their staff that there is an expectation of equality of service for all customers, particularly for people with protected characteristics.

9. Social Value and Sustainability Assessment

Social Value was included within part of the Key Decision Report (ref AH16 18/19) and subsequently included in the procurement process as award criteria.

10. Crime and Disorder Reduction Assessment

- 10.1 TEC services and products can make individuals feel safer and more secure and may be able to prevent crime and disorder incidents involving the customer when in their own home.

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Appendices

Appendix 1 Tender Evaluation Model

Appendices Part II

Appendix 2 Summary of Scores