NORTH YORKSHIRE COUNTY COUNCIL

Care & Independence Overview & Scrutiny Committee

21 January 2016

Equipment & Telecare 2020 Proposals

1.0 Purpose of Report

1.1 The report details the progress that has and is being made in respect of the service delivery and efficiencies in these two areas

2.0 Introduction

- 2.1 The Directorate has a statutory duty to provide aids to daily living following a person's assessment. The nature of these aids ranges from simple equipment such as grab rails through to more specialist items such as lifting equipment. There is a consequent variation in the cost of such equipment.
- 2.2 The range of equipment offered has developed and changed over time, and a significant development in North Yorkshire has been the growth in use of telecare. The basic element of this is a "lifeline" alarm system but more sophisticated developments include pressure mats, door and incontinence alarms that allow people to retain independence, whilst maintaining their safety.
- 2.3 The 2020 proposals originally looked to review and remodel the services whilst also making savings. However, it was also acknowledged that as these services were often complementary to other community services, they could not be viewed in isolation.
- 2.4 The savings earmarked against these proposals were £200,000 in 2015/16 and a further £350,000 in 2016/17.

3.0 Equipment Services

- 3.1 The arrangements for the assessment, provision and delivery of equipment are shared between NYCC and Health via the Clinical Commission Groups (CCGs). There is an equipment budget and also a contract that is currently with the Harrogate and District Foundation Trust (HDFT) for the running costs of the Equipment (Loans) Store. Harrogate and Rural District (HaRD) CCG have lead responsibility for the contract.
- 3.2 Assessments are undertaken by Occupational Therapists who are employed in the community by NYCC and in hospitals by the NHS. Equipment provided following these assessments is procured and delivered via the Loan Store.

- 3.3 There were originally a number of Loans Stores in the county some of which were run by NYCC and some by health. In 2014 these were all brought together with a central store in Knaresborough and staff transferred to the employment of HDFT. This simplified operation gave a period of time to assess the ongoing viability of the arrangements. Because the contract with HDFT expires in 2016, decisions have had to be made regarding the service's future.
- 3.4 A key element of these decisions has been to assess the likelihood of achieving the savings attached to the services. These were £108,000 (of the required £200,000) from equipment in 2015/16 and £350,000 from the Loans Store running costs in 2016/17. It has become apparent that in reality the demand for equipment has continued to grow, though this is mainly evident in the increasing use of health funded items, with the result that the CCGs are facing overspends. In terms of social care equipment, the emphasis on prevention and timely discharge from hospital, which is delivering savings elsewhere, has made reductions impossible to achieve.
- 3.5 The preventative nature of the service has been recognised by the use of Public Health funding as the service clearly meets the national outcomes. Therefore, the required reduction in the HAS budget has been achieved by the appropriate transfer of resource.
- 3.6 The review of the loans store arrangements has concluded that although there have been some service improvements, notably in areas where deliveries were difficult (Craven and Selby), there is evidence that more radical changes to the service need to be considered. In addition procurement rules mean that HaRD must put the service out to competition.
- 3.7 A joint procurement between NYCC and the CCGs has just been launched. The timetable for this is attached as Appendix 1. A key area that is now nearing completion is engagement with users of the services to ensure that the new service meets their needs. Alongside the procurement health are running a similar exercise for the provision of wheelchairs. This may indirectly lead to some efficiencies of scale.
- 3.8 This is a major project which will come to fruition in 2016. Early indications are that there will be some changes as to how equipment is provided. For example delivery maybe directly from the supplier rather than through a store (known as a "retail model").

4.0 Telecare Services

4.1 Telecare services rest solely with NYCC and as a consequence this has been a simpler area to review. The service consists of staff who assess and fit equipment and the purchase of the equipment itself.

4.2 A fundamental review of the processes has resulted in better outcomes for customers and evidence of improved quality. This had included better and more consistent quality control of equipment provided.

4.3 The changes to the service are both a reduction in the staffing budget and changes to existing processes that have resulted in a more efficient service which has made the required saving of £92,000 (the remaining part of the £200,000) in 2015/16. This has not impacted on the provision for users as it centres on better procurement and a reduction in staff numbers.

4.4 Further work is ongoing to retain the achieved changes in culture and to make best use of changes in technology

5.0 Summary

- 5.1 This 2020 project has highlighted the complex and inter-related nature of these services. Changes elsewhere that have led to an increase in preventative services that have affected the original projections for the savings.
- 5.2 The end result of the project will be radically different services but ones that will reflect the changing needs of service users.

6.0 Recommendation

6.1 That the report be noted.

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Background Documents Nil

Appendix 1

Equipment Services

Project/Procurement Timescales

High-level project/procurement timescales are outlined below:

Key Activity	Timescale / Progress
Engagement to inform service specifications, service models and financial models	November 2015 – January 2016 Weekly Engagement Project Team Set- Up with representation from all commissioning organisations. Engagement planning underway / events in diary / surveys are being designed to capture views regarding existing and future services from patients, carers, prescribers and the market.
Service Specification design together with service model/finance model design	November 2015 – January 2016 Weekly project team established to take forward development of service specifications, service model and financial model, with weekly reporting to commissioner's forum (which meets monthly to ensure wider commissioner input). Project team is led by Vale of York CCG (to keep project manageable). Financial input is required from all cocommissioners for Vale of York CCG lead. Financial request shall be received shortly be all commissioners for review and acceptance.
Sign-off of service specification and financial Model	February 2016 Agreement via commissioners forum and at all co-commissioners, Governing Body Meetings

Restricted Procurement Process -	March / April 2016
PQQ	21 st March 2016
PQQ Launched	April 2016
PQQ Evaluation Process	
Restricted Procurement Process – ITT	May – July 2016
ITT Launched, Return and Evaluation	
Approval / Sign-Off - Contract Award	21 st July 2016 – 4 th August 2016
Alcatel Period	5 th August – 15 th August 2016
Tender Award	16 th August 2016
Mobilisation	17 th August 2016 – 30 th November 2016
Service Start	1 st December 2016