

	<p><b>Barnet Health Overview and Scrutiny Committee</b></p> <p><b>16 May 2016</b></p>
<p><b>Title</b></p>	<p>North West London, Barnet &amp; Brent Wheelchairs Service Redesign</p>
<p><b>Report of</b></p>	<p>Elizabeth James Director of Clinical Commissioning, Barnet CCG</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Urgent</b></p>	<p>No</p>
<p><b>Key</b></p>	<p>No</p>
<p><b>Enclosures</b></p>	<p>None</p>
<p><b>Officer Contact Details</b></p>	<p>Muyi Adekoya Head of Joint Commissioning - <a href="mailto:Muyi.Adekoya@Barnet.gov.uk">Muyi.Adekoya@Barnet.gov.uk</a></p>

## Summary

West London, Central London, Hammersmith & Fulham, Brent, Barnet, Ealing and Hounslow NHS Clinical Commissioning Groups (CCGs) are currently mobilising contracts with new service providers following an extensive and robust procurement exercise.

AJM Healthcare won the contract to deliver Wheelchair Services in lot 2, which is made up of Ealing, Brent and Barnet, following an extensive and robust procurement process, which involved representatives from a number of areas including service users, management leads, quality, clinical, HR, Contract Management, IT and Finance. The new contract will go-live on 1<sup>st</sup> July 2016.

To ensure go-live on this date, a mobilisation board has been developed, which meets weekly, and is made up of commissioners, contract leads, incumbent providers and the new provider.

## Recommendations

1. That the Committee noted the contents of the report, the proposed direction of travel in relation to awarding the contract to a new provider, and the required timescales.

### 1. WHY THIS REPORT IS NEEDED

1.1 In November 2014 Central London, West London, Hammersmith & Fulham, Brent, Barnet, Ealing and Hounslow NHS Clinical Commissioning Groups (CCGs) agreed to undertake a full service redesign of community wheelchair services for people of all ages who have a long-term need for mobility assistance. The priority was to ensure those with complex, long term conditions, are able to access the right wheelchair, quickly, and with appropriate support. The full service redesign of all wheelchair services covered:

- Assessment and prescribing of powered and non-powered wheelchairs
- Rehabilitation engineering facilities (RE)
- Special seating
- Wheelchair cushions and accessories
- Service and maintenance packages (AR)

#### 1.2 Current delivery of wheelchair services

1.2.1 Wheelchair Services in North West London are commissioned collaboratively by the 7 NHS CCGs. The services are provided by four separate NHS Trusts and one private sector provider:

- A) Wheelchair services:** The Wheelchair Services provide the clinical mobility, postural assessment and special seating services to child and adult clients who have a long term condition affecting their mobility. Once provision of service is established, the Wheelchair Service will continue to support and reassess clients. In Barnet these services are currently provided by Central London Community Healthcare NHS Trust (CLCH).

- B) Rehabilitation engineering:** The rehabilitation engineer (RE) service provides information and advice on adaptations and modifications and technical advice on the use and maintenance of equipment. It monitors and assists in the quality management of the repair refurbishment service and ensures that technical and safety standards of the work are of a good quality.
- C) Approved repairer:** The approved repairer is responsible for the procurement, storage, delivery, collection, refurbishment, decontamination, repair and maintenance of manual and powered wheelchairs, cushions, accessories and spares. NRS Healthcare provides the approved repairer service.

### 1.3 Integrated Wheelchair Service Procurement

1.3.1 Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (collectively known as CWHHE), Barnet and Brent CCGs undertook a service re-design and re-procurement for a new integrated wheelchair service. The service is designed to meet the needs of people of all ages who have a long-term need for mobility assistance in the catchment areas.

1.3.2 The priority for this redesign was to ensure those with complex, long term conditions, are able to access the right wheelchair, quickly, and with appropriate information and support. The current incumbent Rehabilitation Engineering service (covering all 7 CCG areas) has received high levels of service user and carer complains and there is little effective communication between the providers. The new service will address these areas of concern and ensure services meet the needs of our service users. The new service covers:

- Assessment, prescription and supply of powered and manual wheelchairs and associated postural seating accessories (WCS)
- Rehabilitation Engineering facilities (RE)
- Service and Maintenance Packages (AR)

1.3.3 The critical success factors outlined below were the precursors to achieving a successful tender outcome:

- Getting the right equipment at the right time, with improved outcomes;
- Involves service users and carers in shaping the service redesign, which raises satisfaction levels;
- Generating efficiencies by avoiding costlier secondary episodes of care;

- Providing quality of life for the service users by regarding social model of disability and 'whole life' needs;
- Addressing historic concerns and recommendations from previous disability equipment and wheelchair service reviews;
- Improving early years development for disabled children;
- Reducing risk and likelihood of unnecessary injuries, e.g. falls, pressure ulcers, untoward incidents and fatalities;
- Reducing unscheduled hospital admissions, and avoiding crisis admissions to high-cost services;
- Reducing length of hospital stay and 'bed-blocking'
- Enabling timely discharge from hospital and supports post-discharge recovery;
- Providing seamless care pathway for service users across different care agencies;
- Supporting independence and user autonomy
- Taking into account the needs of carers/personal assistants as part of assessment/review.

1.3.4 The service re-design was undertaken with a committed group of service users, clinical advisors, independent standards body for disability equipment and wheelchair services and NHS quality improvement programme for which we have been selected as an exemplar site. It was primarily driven by the need to improve quality and meet the needs of people of all ages who have a long-term need for mobility assistance in the catchment areas.

1.3.5 Service users have also been strongly represented on key strategic programme groups and were extensively sought during the service re-design process and were reflected in the service specification. Service users and carers representatives also evaluated the bids.

1.3.6 NHS Barnet CCG joined a contract lot with NHS Ealing CCG and NHS Brent CCG. This was a more logical decision due to shared borders making it easier for delivery of an integrated service.

1.3.7 Three bidders submitted responses for all three lots. All bidders met the maximum affordability threshold.

1.3.8 Qualitative evaluation took place between 9<sup>th</sup> February and 18<sup>th</sup> February 2016 by the Procurement Evaluation Panel. Bidder interviews/presentations took place on the 22<sup>nd</sup> February 2016 where bidders were asked to present on two areas - service user, carer and personal assistant experience, as well as reporting and monitoring.

1.3.9 Moderation of qualitative evaluation scoring took place on 23<sup>rd</sup> February 2016. The moderation panel was Chaired by the Senior Responsible Officer (SRO) alongside a local service user (Ealing) and the wheelchairs programme lead (supported by SBS). The outcome of the moderation process was agreed consensus scores for each of the bids for each of the lots. The moderation meeting was undertaken on a lot-by-lot basis with each of the separate evaluation panels.

1.3.10 For lot 2 the winning bidder was AJM Healthcare. On 24<sup>th</sup> March 2016 the Barnet CCG Finance, Performance and Quality Committee approved the award reports' recommendation to award the contract to AJM Healthcare. There were no challenges from the other two bidders, Opcare and Central London Community Healthcare NHS Trust, during the ten-day standstill period.

1.3.11 The first mobilisation meeting between commissioners and AJM Healthcare took place on 11<sup>th</sup> April 2016. Mobilisation will take place over the coming months and be led by the Contract Mobilisation Board, which is chaired on a rotating basis by the lead commissioners from Ealing, Brent and Barnet.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 This approach is being recommended following the procurement process followed and the approval of the award report by the Finance, Performance and Quality Committee on 24<sup>th</sup> March 2016.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 There is one alternative option that has been considered:

**Alternative option 1:** Continue service as currently provided. This option would not be feasible as the existing contract for the approved repairer expires on the 30<sup>th</sup> March 2016 (although will be extended until 30<sup>th</sup> June 2016).

## **4. POST DECISION IMPLEMENTATION**

4.1 The Procurement Award Report went to the Barnet CCG Finance, Performance and Quality Committee on 24<sup>th</sup> March 2016 and the Committee approved the recommendation to award the contract to AJM Healthcare. After successful and unsuccessful bidders were informed, there followed a ten-day standstill period, which ended on 4<sup>th</sup> April 2016.

Barnet have elected to be the lead contracting authority for lot 2 (Ealing, Barnet and Brent). The first mobilisation meeting took place on 11<sup>th</sup> April 2016 and the contract will start on 1<sup>st</sup> July 2016.

- 4.2 Following the consideration of this report, the Health Overview and Scrutiny can determine if they wish to receive any future reports on this matter.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

- 5.1.2 The strategic objectives set out in the 2015 – 2020 Corporate Plan are:

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 There are no financial implications arising as a result of this report.

- 5.2.2 The benefits of this procurement are generated through 7 CCG's joining together to procure a wheelchairs service:

- Facilitate economies of scale, redirecting current monies to facilitate benefits.
- Address equality issues between CCG's, providing that all CCG's follow the same model.
- The new contract will look for Value for Money (VFM) and sustainability in the short and long term.

### **5.3 Legal and Constitutional References**

5.3.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.3.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.3.3 The Health Overview and Scrutiny (Responsibility for Functions, Council's Constitution) has the following responsibilities:

- To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, HealthWatch and/or other health bodies.

## 5.4 Risk Management

5.4.1 The contract mobilisation will be managed by the Wheelchair Services Contract Mobilisation Board. This will be chaired on a rotating basis by the commissioners and will include both the incumbent and new providers. Meetings will be held weekly and the suppliers will be required to provide highlight reports in advance of the meetings; the incumbent highlighting risks, issues and milestones relating to their exit plan; and, the new provider highlighting risks, issues and milestones relating to their mobilisation plan.

5.4.2 Where escalation of risks is required, they will be escalated to the Barnet CCG Finance, Performance and Quality Committee, and to similar committees in our partner CCG's.

## 5.5 Equalities and Diversity

5.5.1 An Equality Impact Assessment was carried out as part of the service redesign programme.

5.5.2 The development of a wheelchairs service would ensure that services are accessible to all who need them on a fair basis and ensure compliance with the public sector equality duty in s149 Equality Act 2010 to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and,
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- The protected characteristics are:
- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation; and,

No human rights or privacy issues have been identified.

## 5.6 Consultation and Engagement

5.6.1 Significant engagement has taken place to date outlined under section one.

## 5.7 Insight

5.7.1 As above.

## 5.8 BACKGROUND PAPERS

5.8.1 *North West London, Barnet & Brent Wheelchairs Service Redesign*, presented to the Barnet Health Overview and Scrutiny Committee on 13<sup>th</sup> October 2015.