

Report To:	Health and Social Care Committee	Date:	22 nd October 2015
Report By:	Brian Moore Chief Officer Inverclyde Health and Social Care Partnership	Report No:	SW/21/2015/BC
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Subject:	Tendering of Telecare Service		

1.0 PURPOSE

1.1 To update the Health and Social Care Committee on procurement matters relating to the forthcoming tender process for the Telecare Service in Inverclyde.

2.0 SUMMARY

- 2.1 The tender for the provision of the Telecare Service in Inverclyde is being prepared for advertising. As in all cases with Social Care service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Telecare Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 6.8.2.
- 2.2 The tender for the current collaborative contract (with Renfrewshire Council) for Telecare used a Quality weighting of 60%. The recent Inverclyde Homecare tender also used a 60% Quality weighting.
- 2.3 From detailed discussions between the Inverclyde HSCP Service Team and Corporate Procurement, it is the intention not to take the collaborative approach when renewing the Telecare contract. Renfrewshire Council has the same intention. The two Councils agree that there are insufficient benefits in terms of economies of scale to justify a collaborative contract approach however they will be able to achieve good practice benefits from working together and sharing information when developing the Telecare strategies and tender documentation.

3.0 RECOMMENDATIONS

3.1 That the Committee approve the use of a 60% Quality and 40% Cost of Service weighting in the forthcoming tender for the Telecare Service and therefore suspend contract Standing Order 6.8.2.

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4.0 BACKGROUND

- 4.1 The Telecare Service in Inverclyde is a well-established, highly regarded service, which assists people needing extra support to live in their own homes within the community. The service operates 24 hours a day, 365 days per year and provides an emergency response to approximately 2,500 service users.
- 4.2 The Telecare Service can be provided in the form of a community alarm and pendant as well as additional environmental sensors which work in conjunction with the alarm unit. These are radio linked and will automatically summon help if there is a danger or risk present. In addition, there are other specialist pieces of equipment in the form of personal sensors such as door contacts, bed sensors, epilepsy monitors, pressure mats etc., which can help maintain a person's independence and support them to live in their own home with the appropriate level of carer support.
- 4.3 Following an assessment of need, Telecare Services are available to anyone who is assessed as being vulnerable or at risk, frail or prone to falls, have a disability, learning difficulty or sensory impairment.
- 4.4 A tender process is about to commence to implement the required new service contract to replace the current contract when it expires on 30th April 2016. This will facilitate the continuation and improvement on a quality service provision in a cost effective manner.

5.0 PROPOSALS

- 5.1 The tender for the provision of the Tele HealthCare service will soon be advertised. As in all cases with social care services, the quality of the care service is of paramount importance.
- 5.2 Officers from the Service, Legal and Procurement have reviewed their experience of managing the Telecare Service under the existing contract and fully recognise the need to structure the tender in a way which results in an improved service provision whilst maximising cost effectiveness.
- 5.3 The aim of the tender is to accurately describe the high quality and cost effective service required in the Invercive area and identify the quality service provider to deliver the service which will ensure that all clients receive the same standard of care. An essential factor in achieving this aim is to weight the quality aspects of the service more than cost. Where the price weighting is high it leaves less scope to reward good quality providers.
- 5.4 It is recommended that the Telecare Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 6.8.2.
- 5.5 The tender for the current collaborative contract (with Renfrewshire Council) for Telecare used a Quality weighting of 60%. The recent Inverclyde Homecare tender also used a 60% Quality weighting.
- 5.6 From detailed discussions between the Inverclyde Service Team and Corporate Procurement, it is the intention not to take the collaborative approach when renewing the Telecare contract. Renfrewshire Council has the same intention. The two Councils agree that there are insufficient benefits in terms of economies of scale to justify a collaborative contract approach however they will be able to achieve good practice benefits from working together and sharing information when developing the Telecare strategies and tender documentation.

cost/quality split of 60:40. Therefore, the proposal to reverse these weightings requires Committee approval to suspend contract Standing Order 6.8.2.

6.0 IMPLICATIONS

Finance

6.1 Tendered rates are expected to be at an increase on current contract rates though these are expected to be contained within existing budgets.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy, therefore, no Equality Impact Assessment is required.

	YES (see attached appendix)
ν	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None.

7.0 CONSULTATIONS

None.

8.0 LIST OF BACKGROUND PAPERS

None.