

**1.0**

**EXECUTIVE COUNCILLOR**

<b>DECISION MAKER:</b>	<b>EXECUTIVE COUNCILLOR:</b>
	Clr Mr G Marsh
<b>DATE OF MEETING:</b>	03/03/2010
<b>SUBJECT:</b>	Waiving of Contract Regulations – New Telehealth & Telecare Service Provision for Stroke Survivors
<b>DECISION REFERENCE:</b>	01700
<b>REPORT BY:</b>	Alex Newton Commissioning and Development Officer – Older People Services
<b>NAME OF CONTACT OFFICER:</b>	Alex Newton Commissioning and Development Officer – Older People Services
<b>CONTACT OFFICER TEL NO:</b>	01522 554222
<b>CONTACT OFFICER EMAIL ADDRESS:</b>	Alex.Newton@lincolnshire.gov.uk
<b>IS THE REPORT EXEMPT?</b>	No
<b>IS REPORT CONFIDENTIAL?</b>	No
<b>IS IT A KEY DECISION?</b>	No
<b>DIVISION(S) AFFECTED</b>	ALL
<b>SUMMARY</b>	
This report is to request the waiving of contract regulations to provide a project that is a personally tailored range of Telehealthcare (Telehealthcare includes Telecare and vital signs monitoring equipment known as Telehealth) for stroke survivors in their own home. Using under spend from the Stroke Grant which has been awarded to Adult Social Care.	

This project will create an innovative and integrated process that will provide a joint approach to Telecare and Telehealth provision between Adult Social Care [ASC] and Lincolnshire Community Health Services [LCHS]. This process will link directly to and compliment the newly commissioned Assisted Discharge Service for Stroke [ADSS]. This type of project has not been undertaken anywhere else in the country, therefore Lincolnshire will be the leaders in the provision of Telehealthcare for stroke survivors.

## 1. CONTEXT

- 1.1 The Local Authority Circular (DH) (2008) 2, informed how each council with adult social services responsibility will be allocated a sum of grant monies for each of the three years 2008-9 to 2010-11. Lincolnshire County Council was awarded £127,000 for each year. The funding is ring-fenced for the purpose of providing support services to stroke survivors and their carers.
- 1.2 The funding is to help support the implementation of the National Stroke Strategy which sets out 20 quality markers for raising the quality of treatment and care. The provision of high quality social care is seen as a fundamental part in the stroke care pathway, therefore local authorities should be able to demonstrate with their partners how they have developed services in relation to the quality markers.
- 1.3 The quality markers in the strategy most relevant to improving social care are:
  - Information, advice and support
  - Seamless transfer of care
  - Long term care and support
  - Assessment and review
  - Participation in community life
  - Return to work.
- 1.4 NHS Lincolnshire is investing approximately £4 million in developing stroke services countywide which projects/services developed using the stroke grant should compliment.
- 1.5 Lincolnshire Adult Social Care has used the majority of the grant money to commission a network of Communication Support Groups for stroke survivors with aphasia. Also a number of community and stroke clubs have been supported through the grant.
- 1.6 Currently there is a £90,000 under spend from financial year 2008-9, this is due to the tendering timescales for the network of Communication Support Groups the contract was awarded in January 2009. Therefore the majority of the first year's funding was carried over into this financial year (2009-10).

## **2. THE PROPOSED SERVICE**

- 2.1 The service will provide a personally tailored range of Telehealthcare (Telehealthcare includes Telecare and vital signs monitoring equipment known as Telehealth) for stroke survivors in their own home.
- 2.2 This service will create an innovative and integrated process that will provide a joint approach to Telecare and Telehealth provision between Adult Social Care [ASC] and Lincolnshire Community Health Services [LCHS]. This process will link directly to and compliment the newly commissioned Assisted Discharge Service for Stroke [ADSS]
- 2.3 The project will develop a robust Telehealth service for stroke patients to monitor their cardiovascular status in the early stages after discharge. As unstable blood pressure remains one of the major factors in causing strokes and secondary strokes. It will also develop ways to improve monitoring of medicine management and identify any missed medication.
- 2.4 The proposal includes the piloting of a new medication management process through the Telecare team, bringing together ASC, primary and secondary healthcare to ensure that medication is reviewed, managed and has in place systems for reminders and safe dispensation.
- 2.5 Various elements of the new service will:
  - Support individuals in hospital after a stroke to become familiar with the various types of Telehealthcare equipment so that they can choose what will help them to manage their recovery at home.
  - Support individuals in their home environment to be safer and more confident and to be aware that they can easily and immediately raise help from the 24 hour monitoring centre.
  - Provide a streamlined service so that telecare equipment can be rapidly installed by the Telecare service to fit with discharge plans and therefore assist in reducing Length Of Service
  - Provide telehealth equipment, installed and supported by the EATS service, to allow self monitoring of vital signs for up to 6 weeks.
  - Provide training for staff in both ASC and health on the available Telehealthcare systems.
  - Provide an opportunity to develop data sharing and safe systems of working that will be able to be rolled out to wider ASC and health community within Lincolnshire.
  - The service will feed into the National WSDAN project of which Lincolnshire ASC and health are jointly members.

## **3. FINANCIAL IMPLICATIONS**

- 3.1 The service value is within the defined and available budget for this service.

- 3.2 The service fee is to be spent directly on providing the services for which it is intended. Lincolnshire Community Health Service will provide additional funding for training and establishing a secure electronic workspace.
- 3.3 The proposal to waiver contract regulations will mean that the Council will not have to resource a tendering exercise and will provide a new innovative joint service between Adult Social Care and Health.
- 3.4 There is no funding commitment once the grant funding has finished.

#### **4. EU Treaty Obligations**

- 4.1 Under EU procurement rules, this service is classified as a Part B service. As the value of the contract extension does not exceed the current £139,893 threshold, the Public Contracts Regulations which govern local authorities' procurement do not require this service to be exposed to competition through a tender advertisement in the Official Journal of the European Union (OJEU).

#### **5. The Council's Contract Regulations**

- 5.1 The Council's Contract Regulations usually require some form of price competition where the anticipated cost of the services is above £10,000. The value of the proposed two year agreement is £90,000.
- 5.2 Under the Council's Contract Regulations approval can be given by the relevant Executive Councillor for direct negotiation of contracts with a value of more than £75,000 but not more than £250,000. Approval for direct negotiation of contracts over the value of £250,000 must be made by the Executive.

#### **6. Legal Services Comments**

The Council's Constitution states that in exceptional cases where a Chief Officer believes that an alternative route to the four normal procurement routes is required and for contracts with a value between £75,001 and £250,000 the proposal should be taken to the relevant Executive Councillor for formal approval prior to the contract being entered into. This decision is therefore lawful and within the Executive Councillor's remit.

#### **7. Director of Resources Comments**

Financial regulations in relation to rules in relation to contracts exist in part to ensure value for money is achieved from all contracts the Council tenders.

Funding is available from the Stroke Grant to support this service and the proposed service fits within the grant conditions. The grant funding ceases after

the 2010/11 financial year so any future service, needs to be built into an exit strategy for 2011/12 onwards.

The proposed service provision has been jointly designed between the County Council and health partners, and as such, should provide an assurance that the service is an appropriate solution.

**8. Risk Assessment**

Risk Identified	Risk Level			Impact
	Low	Med	High	
Risk of Supplier/Legal Challenge				New service not commissioned
Risk of losing under spend grant money				Justification to the Department of Health why the money has not been spent.
Risk to future Partnership working with NHS Lincolnshire on Stroke Services				
Risk to Council's reputation				

**9. Consultation Undertaken on Matters for Decision**

9.1 Consultation has been undertaken with Heads of Service Strategic Commissioning, NHS Lincolnshire's Lead Commissioner for Stroke Services, providers of stroke services, both in Social Care and Health. Heads of Service recommend that the waiver is granted to facilitate a co-ordinated service.

**10. Recommendation**

10.1 It is recommended that as an exception to the normal tender route laid down by the Council's Contract Regulations the Chief Officer for Communities is delegated to directly negotiate with Lincolnshire County Council's Telecare service and Lincolnshire Community Health Service to deliver a joint service for stroke survivors and their carers.

