

**Soft Market Testing:**

**Assistive Technology Service**

**Soft Market Testing Questionnaire**

**THIS IS NOT A CALL FOR COMPETITION**

# **Information and Background**

Derbyshire County Council (DCC) will soon be tendering their Assistive Technology (AT) contract and are interested to hear the views of providers on the service delivery options/proposals to procure an Assistive Technology service, prior to finalising the service specification. Providers are invited to comment and suggest other options based on their previous experience.

DCC currently has a standard community alarm and telecare offer, including activity monitoring. The current analogue AT service is a traditional approach; clients are issued with a community alarm and/or telecare equipment linked to either a monitoring centre or a pager, either dispersed in individual homes or connected to hard wired systems in sheltered accommodations. This service is currently provided by a range of providers across the 8 Derbyshire districts and boroughs.

Please see Appendix for more detail regarding background and current provision.

**Please note:**

This Soft Market Testing is being undertaken to allow input from potential providers and ensure any future service is well designed, efficient, effective, delivers value for money and meets the care and support needs of people and achieves their outcomes.

This Soft Market Testing exercise is to determine the capacity of the market to supply the service and the level of interest in the forthcoming service procurement.

No information provided in response to this questionnaire will be used by the Council to assess bidders as part of the forthcoming procurement process related to the service outlined in this document

## **Aims and Outcomes of the Service**

The service has a focus on enabling those with eligible social care needs (as defined by the Care Act 2014) to live at home, as independently and for as long as possible. It aims to support people to manage risks and reduce or delay the need for further care or emergency support, and to provide reassurance to the individual, their carers and family. Assistive Technology can also reduce social isolation and facilitate swifter hospital discharge.

DCC aspire to provide people with the greatest opportunity to achieve the best outcomes and see AT as a significant enabler in this. Assistive Technology can provide innovative solutions, giving people greater flexibility, choice, and control into managing their needs and achieving full and independent lives.

We recognise that AT should be outcome-led, and that there is no “one size fits all” approach. However, it is understood that a balanced and considered core selection of digital solutions can achieve great outcomes for many, when supported by the ability to access bespoke solutions if required. We also recognise that increasingly people will have access to their own devices and connectivity and that this needs to form part of our future planning.

## **Key Elements of the Service Delivery Model**

We are seeking to commission a provider, or collaboration of providers who will supply an end-to-end pathway.

The Provider will work in a strategic partnership with DCC, as part of a wider health and social care system across Derbyshire, to deliver and embed a change programme that promotes the use of AT as a first line of response in meeting eligible care needs and in preventing, reducing, and or delaying, the escalation of that need. The end-to-end service will include the following core components:

* An accessible IT platform to inform professionals and residents of the benefits of AT, the availability of suitable equipment and a clear pathway to access the service including self-funding clients.
* An AT system where the Provider/s:
* Operate a system for social workers to make referrals following a Care Act assessment and where the provider can advise/suggest person centred digital technological, remote monitoring and virtual solution(s)
  + Re-design of the referral process and referral management to ensure a seamless end-to-end referral process
  + Identify and purchase assistive technology equipment from a range of suppliers considering different pricing models – for example lease / rental of equipment or buy back / credit models.
* Interoperability of equipment i.e. having equipment from different providers speaking or connecting to each other
* Deliver, install and maintain assistive technology equipment, including support for users and families, planned annual maintenance and mechanism to audit
* Routine and planned equipment check to ensure equipment is working well
* Collect and decommission assistive technology equipment no longer required, store and recycle the equipment for future use
* Provide a monitoring response service where the service user or the assistive technology indicates that this is necessary
* Programme of engagement, culture change and training to all referrer groups and the DCC assistive technology team
* Adult Care Assessors to receive support/training on understanding what opportunity/ solution is best as part of the care assessment process, what equipment is available and works well and the process to access solutions to be straightforward and quick without barriers.
* Continuous innovation, horizon scanning and service development, agreed in partnership with DCC and not be confined to always using the same solutions.
* Provision of a service where those not eligible for DCC assistance may purchase services at commercial prices, alongside other providers in the market.
* Data collection, collation and storage in line with GDPR (2018) regulations using electronic management systems. Access and provision of data to DCC on a regular basis
* Tracking and realisation of financial and non-financial benefits

## **Proposed Service Delivery Options**

## We are looking at a county wide integrated AT service with a wide-ranging digital offer to support people to live longer in the community. Below are proposed service delivery options but we would be interested in other solutions

**1st Option: Sole Provider Delivery Model** this is where a single/sole provider provides all the various elements of the end to end AT service as stated in key elements section above.

**2nd Option: Lead Provider with Consortium Delivery Model** is service delivery is for a lead provider with consortium or partnership with providers providing all the elements of the end-to-end service as stated in key elements section above and it is the lead provider who is accountable to the council.

## **Future demand**

By 2039 nearly 30% of people in Derbyshire will be aged 65 and over.

The latest demographical data and statistics represented in infographics are available on Derbyshire Observatory website via <https://observatory.derbyshire.gov.uk/infographics/>

In line with a strengths-based approach and the Government White Paper, ‘People at the Heart of Care’, Assistive Technology provides an innovative approach to interventions and has an increasingly important role in enabling people to stay living independently at home for longer, provided to a growing number of Derbyshire residents.

There will also be the opportunity for growth in a self- funded market.

## **Cost and Charging of the Service**

The contract will commence in April 2023 and it is anticipated that the contract will be for an initial period of 5 years with the option for 3-year extension of 1 year each. The current annual expenditure for the service is approximately £0.8m per annum but we acknowledge that this may change as the service requirements are fully understood.

# **Instructions for Participation**

Participants are invited to respond by completing the questions in the link provided below. Responses must be received by 31 March 2023.

<https://forms.office.com/e/Aj9jLk1JLx>

The attached Identification of Confidential Information (FOIA Schedule) must also be completed and returned.

Where we think further clarification is required, we may seek further discussion with those potential suppliers who submit a response as part of this exercise.

For the avoidance of doubt, no information provided in response to this questionnaire will be used by the Council to assess bidders as part of the forthcoming procurement process related to the service outlined in this document.

All information included in this Soft Market testing questionnaire is confidential and only for the recipient’s knowledge. No information included in this document or in discussions connected to it may be disclosed to any other party without prior written authorisation.

Following this market testing exercise Derbyshire County Council will consider options for developing the Assistive Technology Service provision in question.

**Appendix 1**

**Background and current provision arrangements**

The service is currently provided by a range of providers across the 8 Derbyshire districts and boroughs and has not been competitively tendered.

The current inter-authority agreements, contracts and operational arrangements have largely been in place since 2003, when the Council inherited the Supporting People programme.

The current providers include district and borough councils and housing associations, as well as in-house (DCC) provision in Derbyshire Dales, Erewash and North East Derbyshire, subcontracted to a provider for equipment and monitoring.

The installation, maintenance, review, decommissioning and recycling of telecare equipment across the County is currently provided by Medequip on a short-term contract; they also undertake these activities for community alarms for the three in-house areas.

As a result of the fragmented service provision (there at least 10 different service providers/sub-contractors across the County with multiple handovers of client referrals), DCC commissioned an external review in April 2019 into the service provision and to make suggestions for future delivery. They put forward proposals to streamline provision and to make it more responsive to current and future demand to support people to live independent, safe lives in the community and provide improved outcomes and value for money.

They identified thepressingneed to pursue a new approach, as the existing analogue services will be affected by the proposed switch-off of the public switched telephone network (PSTN) in 2025.

They also highlighted the impact of the new eligibility criteria introduced by DCC in November 2019 and changes to the funding arrangements for new referrals into the service. All new referrals since this date are made within the framework of DCC’s Care Act 2014 responsibilities with an emphasis on embedding AT within a strengths-based approach to the provision of social care, with the intention of improving individual and service outcomes. Eligibility for support is now also subject to a co-funding review which means some individuals will have to pay for their own support.

<https://www.derbyshire.gov.uk/social-health/adult-care-and-wellbeing/paying-for-care/paying-for-non-residential-care/paying-for-non-residential-care.aspx>

Recently, a consultation has been undertaken regarding proposed changes to the eligibility to the AT service for community alarm only clients (those that do not have any additional care package from us), against the same Care Act 2014 criteria as those that are new to the service. Should these proposals be accepted, all legacy clients who have a community alarm only will be subject to an assessment to establish their Care Act 2014 eligibility.

In 2019, the Council commenced a transformational programme called Best Life Derbyshire (formally Better Lives). The Programme was established to redesign existing services to ensure that we are putting people at the heart of everything we do, to challenge the old ways of thinking and to make sure the right solutions are available in the right place, at the right time.

The ethos of the programme is to support clients to maximise and regain independence and reduce the need for intervention, focussing on resilience, social connection and health and wellbeing. AT is integral to supporting the client’s independent living in the community.

## **Current Clients**

Providers are advised that there is a cohort of clients who receive a community alarm only (approx. 2600) who started receiving the service prior to 1 November 2019 and are currently funded by the local authority. Should the proposed changes for community alarm only clients be accepted by Cabinet, these clients will be subject to a review of their eligibility against Care Act 2014 eligibility criteria in line with new clients. As a result, some of these clients may no longer be eligible for a DCC funded service if any such review took place. Therefore, the number of eligible clients may be subject to change.

The current number of clients in receipt of the service is 4381 (inclusive of community alarm only clients)

Amber Valley 698

Bolsover 716

Chesterfield 714

Derbyshire Dales 188

Erewash 465

High Peak 636

North East Derbyshire 523

South Derbyshire 441

Across, Derbyshire, there is also a self-funding market, provided by various providers including DCC and the district and borough councils, for those who do not meet the current eligibility criteria. As an indication of the market, at present, DCC have 838 private paying clients, covering 3 of the 8 district and boroughs.

## **Eligibility of the Service**

Our vision is for the service to be available to all Derbyshire residents who are 18 years old or over / (all age) and who are assessed to have eligible care and support needs and are eligible to receive a service from either Children Services or Adult Social Care and Health as defined by the Care Act 2014, and whose needs can be met with the provision of AT. The care and support needs may arise from or related to a physical or mental impairment or illness, long term health conditions for Children and Young People, Preparing for Adulthood, Working Age Adults and Older People. For the avoidance of doubt, this may include people in the below non exhaustive categories:

* Older People 65 years and over
* Physical or Sensory impairment
* Learning Disability & Autism
* Mental health issues
* Dementia
* Safeguarding
* Drug and alcohol issues
* Other vulnerabilities or impairments