

Notice of Non-key Executive Decision

Subject Heading:	Decision to award the contract to MySense for the delivery of a 6 month pilot for new Assistive Technology (AT) equipment.
Cabinet Member:	Councillor Jason Frost, Cabinet Member for Health and Adult Care Services
SLT Lead:	Barbara Nicholls, Director of Adult Social Care & Health
Report Author and contact details:	Samantha Eady Senior Commissioner & Project Manager E: Samantha.eady@haverling.gov.uk T: 01708 432964
Policy context:	This pilot supports the Councils Communities Theme which seeks to pilot next generation assistive technologies (AT) so as to support families and communities to look after themselves and each other.
Financial summary:	Revenue cost £56,600.40 Sensors (50) - £14,950 Subscription (6 months) - £8,997 Project/training costs - £23,220 VAT - £9,433.40 Total - £56,600.40
Relevant OSC:	Individuals
Is this decision exempt from being called-in?	No, this is a non-key decision by a member of staff.

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The subject matter of this report deals with the following Council Objectives

Communities making Havering	[Y]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

To approve the award of the Contract to MySense Ltd for the block purchase of 50 Assistive Technology (AT) units to pilot for a period of 6 months commencing on 20th September 2021 for a value of £56,600.40.

AUTHORITY UNDER WHICH DECISION IS MADE

Powers of second tier managers under Part 3 Paragraph 3.4 of the Council's Constitution as follows:

Contract Powers

(b) To sign contracts on behalf of the Council which do not require sealing under paragraph 4 of Article 10 of this constitution.

STATEMENT OF THE REASONS FOR THE DECISION

Background

The Havering Telecare (HTC) service is a well-established service currently providing telecare for 3360 residents of which 2303 are funded by Adult Social Care (ASC).

The service provides a wide range of equipment options and installs equipment within 48 hours for urgent referrals (same day for some hospital discharge referrals) and 15 days for non-urgent referrals. A 24/7 response service is included in the service.

Over recent years there has been significant developments in the Assistive Technology (AT) market with what is known as 'next generation' AT. There has been a particular focus on technology which uses sensors in the home to collect a range of data which can then be used to inform assessment and review practices for ASC, potentially using the information to tailor the size of packages of care and delay the need for admission into residential care.

A pilot had previously been planned to commence in 2019 however, after reviewing the purpose, expected benefits and funding available at the time it was decided that the pilot would not have been large enough to give any statistically significant information to inform any future commissioning decisions.

Current Service provision

HTC provide installation, including urgent and same day installation where required. Additionally, HTC provide a telephone response via the care line base unit. The current service is also contracted to complete repairs and replacement of equipment in a timely manner.

Referrals are made directly into the service from the Adult Community Teams, the Discharge Single Point of Access (SPA) team and therapists at the hospital.

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The service operates 24 hours per day, seven days per week response service, with installations being completed on the same day where required or within 48 for urgent installation and within 15 days for a standard and enhanced installation.

ASC funded telecare packages are provided within two service levels; Standard (Careline only) and Enhanced (Careline plus additional equipment). The following equipment is available, however HTC are able to source specific equipment if required to meet the needs of an individual.

- The Careline
- The Pendant and Minuet watch
- Fall detectors
- Alarms and detectors
- Medication Dispensers
- Property Exit Sensor
- GPS devices.

The number of people in receipt of an ASC AT package is as follows:

Standard Package	1649
Enhanced Package	653
Total ASC funded AT.	2303

Pilot proposal

There is a need to explore the benefits of next generation telecare options that continue to support adults to remain safe and independent in their own home.

The type of next generation equipment that is being considered is able to collect information remotely from the adult's home and is able to alert others including the allocated social worker, GP or Multidisciplinary team to activity remotely. The information collected from a range of sensors used will be used to inform the assessment and review process for ASC. In addition, the equipment can be used to support Multi-Disciplinary Team (MDT) discussions as part of the Place Based Care (PBC) model to support the most vulnerable people in the community. The information created by the sensors can be viewed by the MDT members to inform decisions about interventions required to keep them safe in their own home, avoiding admissions to hospital.

The next generation equipment does not have the functionality to replace the current offer of telecare as it does not provide a 24 hour immediate response service for emergency situations like the established care line pendant. If an individual requires an emergency response they will be referred to HTC for a care line/pendant in addition to the sensors.

The pilot will be run in parallel to the existing telecare service and will not replace the equipment currently in use or the response service provided by HTC. The longer term vision is for this type of technology to become part of the 'AT menu' offered by HTC.

Place Based Care

The delivery of Placed Based Care (PBC) is a system priority for Barking Havering Redbridge (BHR), particularly in response to the COVID-19 pandemic. Moving towards a Locality based way of working and joining up health care services around individuals is a focus for partner organisations. A key element of the PBC work is the implementation of MDT's across Primary

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Care Network's (PCN), ASC, community health, mental health, housing and voluntary sector to more effectively manage and support the most vulnerable people in the community.

With the shift to more remote service delivery the new AT sensor based equipment would give practitioners insight into the way people are living, and changes in behaviour which might require an intervention. The information can be discussed at the MDT sessions and will inform the partnership approach to delivery of care

HomeFirst/Discharge to Assess (D2A)

Nationally there has been a drive towards a D2A approach to discharge for a number of years, the COVID-19 pandemic has resulted in a more urgent push for these type of models to support discharge flow. The overarching ethos is that no decisions about longer term care should be made in an acute setting.

For both the assessments for Homecare and Residential placements, the new sensor based equipment will support that understanding of functional capabilities once the individual is removed from the acute environment. Having insight into daily behavioural patterns supports the assessment process and can prevent the over prescription of care.

What Specific problem is the project solving?

Individual & Family/carers confidence to remain at home

There are many reasons why people become less able to remain independent in their own home, in addition to issues with health, older people struggle with anxiety, uncertainty and perceived risk. This can also be the case for family and carers. MySense equipment is able to support with this by giving individuals, carers/family members, and practitioners involved in their care access to a wealth of information which can pre-empt events that could result in a crisis.

Family members are able to receive alerts (created by them) which indicate a deviation from the baseline patterns of behaviour, this allows the opportunity to check on them and intervene if required.

Over prescription of care

People often have an acutely high level of need at the point they seek support from ASC. This can mean the package of care allocated, while suitable at the point of initial assessment may be more than the person needs longer term.

At a point of review it is not uncommon for a dependency to have been created that when coupled with normal age related decline is difficult to reduce. With the support of MySense technology this can give a true understanding of the level of care that is required and can support social care when undertaking the 6 week reviews.

D2A & Home First assessments

The new D2A and Home First models of discharge being implemented have resulted in the system moving towards no assessments for longer term care needs taking place whilst in an acute setting. Often this means people are assessed in the community within a few weeks after being discharged, this is based on the information given at the moment in time and the assessed need on that day. The MySense technology would provide baseline behavioural

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information over a period of weeks which could inform the decisions made about longer term packages of care, potentially reducing the package of care required.

Residential Placements

It is sometimes the case that people are referred into residential placements due to the risk of them living independently. Having access to the activity/behavioural information provided by the sensors could delay people being referred into residential placements

Expected Benefits

- Reduction in traditional service responses
- Improve service user and family/carer confidence to remain independent in own home
- The provision of information which can be shared across the MDT will result in joint decision making about longer term care needs – supporting the shift to preventative working
- Improved practitioner insight, visibility of risks and functional capabilities
- Move towards “right first time” packages of care
- Reduction in POC at the point of review
- Reduction in hospital admissions
- Increased family engagement aligned with the better living model

The Joint Commissioning Unit (JCU) has consulted procurement colleagues and agreed to undertake a 3 quote procurement for the AT pilot. On review of the quotes provided MySense was found to offer the best value for money.

A business case has also been presented to SLT members, budget has been agreed at the Transformation board and transferred to the JCU to purchase the AT equipment from MySense. A business case has also been presented at the Architectural board and steps have been taken to check MySense meets the necessary data processing requirements defined by LB Havering Council, all of which have now been signed off by IT colleagues.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: Award the Contract to an alternate supplier

Two other potential suppliers were considered for the purposes of the pilot and quotations were obtained from them, this option is not however recommended due to the fact that they were not the best value for money and the equipment didn't deliver the same benefits of MySense.

Option 2: To Award the Contract to MySense (preferred Option)

This is the preferred option. MySense is the preferred provider due to the advanced algorithms, dashboard displays, alert system and the HR monitor wearable that is part of the package. MySense also offer wrap around support with the implementation of the pilot and the culture shift with staff as well as providing the best value for money.

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Option 3: Do nothing

Do nothing and continue with the current telecare offer with HTC. This option does not support the Place Based Care work, the shift to preventative way of working for ASC and the community assessments in line with discharge to assess.

PRE-DECISION CONSULTATION

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Samantha Eady

Designation: Joint Commissioning Unit (JCU)

Signature: S J Eady

Date:23/08/2021

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

Section 1 of the Localism Act 2011 grants Local Authorities a General Power of Competence, allowing it to do anything that an individual may do, provided there are no statutory constraints, and that it either furthers its functions or benefits the Local Authority's area. There are no such constraints.

The Council is a contracting authority for the purposes of the Public Contracts Regulations 2015 (PCR 2015) and must comply with the PCR 2015 requirements. The Contract is for goods and services, but falls below the threshold of £189,330. The contract is therefore not caught by the full PCR 2015 regime. The procurement must comply with general PCR 2015 principles including fairness and equality.

The procurement must also comply with the Council's Contract Procedure Rules (CPR).

Schedule B of the Council's Contract Procedure Rules require all Contracts with a value between £25,000 and £99,999 to have a procurement exercise in which at least three quotations are obtained, and that the award is based on the specification and the price.

The Council has undertaken a three quote tender exercise in compliance with the requirements of the CPR. It is therefore considered that the procurement and award of the Contract complies with the general principles.

The Local Authority has a fiduciary and best value duty to safeguard its resources. As detailed in the report, Council Officers consider the awarding of the Contract to MySense Ltd achieves compliance with these duties. Undertaking a three quote tender exercise in line with the principles set out in the PCR 2015, and the Council's Contract Procedure Rules ensures compliance with these duties.

The proposed Terms and Conditions have been provided by the Contractor, this has been reviewed by Legal Services and advice, and feedback on the Agreement has been provided to officers.

For the reasons stated above, the contract may be awarded.

FINANCIAL IMPLICATIONS AND RISKS

There is specific funding for this Pilot Scheme within the Commissioning Budget (Cost Centre A34060), funded through Transformation funding.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The contract will be monitored for the protected characteristics as defined in the Equalities Act 2010. The expected benefits to service users are outlined above.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed



Name: John Green

Cabinet Portfolio held:

CMT Member title:

Head of Service title; Head of Joint Commissioning Unit

Other manager title:

Date: 2.9.21

Lodging this notice

The signed decision notice must be delivered to the proper officer, Debra Marlow, Principal Democratic Services Officer in Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____