

# **Birmingham Community Equipment Loan Service**

## **Joint Commissioning Strategy**

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## 1. Introduction

This commissioning strategy sets out Birmingham's plans to jointly commission a Birmingham Community Equipment Loan Service (BCELS) to meet the health and wellbeing needs of citizens:

- Who are residents of Birmingham
- Who are registered with a Birmingham GP who is a member of NHS Birmingham and Solihull Clinical Commissioning Group
- Who are resident in West Birmingham and registered with a Birmingham GP who is a member of NHS Sandwell and West Birmingham Clinical Commissioning Group
- Where exceptional authorisation has been given by commissioners, for example, in emergency cases, where people are subject to court orders, deprivation of liberty etc.

This service will be commissioned via a Section 75 pooled budget arrangement between Birmingham City Council (BCC), NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) and NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG).

Community equipment services provide equipment to citizens to help reduce unnecessary admissions to hospital, prevent delayed discharge from hospital, and assist with everyday tasks, enabling people to live independently at home. This type of equipment can range from simple mobility aids, such as crutches and walking frames, to more complex and expensive items such as profiling beds and hoists. Items are provided free of charge, on loan or single issue, to people of all ages who meet the agreed criteria.

BCC has a statutory duty to ensure the provision of community equipment. Under Section 2 of the Care Act 2014, local authorities have a duty to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. The provision of community equipment services forms part of this duty, as having the correct equipment to assist with daily life supports people to live independently in their homes for longer.

Clinical Commissioning Groups were established under the National Health Service Act 2006, as amended by the Health and Social Care Act 2012. CCGs are statutory bodies with the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purpose of the 2006 Act.

The challenges facing Birmingham to improve health and care outcomes have never been greater. Currently Birmingham is home to 147,000 people over the age of 65 (13% of total population). This is predicted to increase to 203,000 people by 2035 – an increase of 38%. While it is a great achievement for society that there are more people living longer with more complex needs, inevitably this puts pressure on resources.

At the same time, the resources available have been significantly reduced, strengthening the imperative to maximise the use of these resources and ensure that every pound that we spend on health and social care is a pound well spent. Citizens' expectations from public sector services are increasing, there is a drive to improve standards and it is increasingly recognised that people want support to enable them to exercise independence, choice and control, rather than rely on statutory services. The best way to meet these challenges is to work together to jointly design, plan and commission services.

We now need to focus on provision of an outcomes based Birmingham Community Equipment Loan Service that has a clear understanding of the needs of citizens and incorporates effective performance management to ensure that the service aligns to our shared vision for health and social care in Birmingham:

- promoting independence for people
- preventing, delaying and reducing dependency on health and social care services.

In line with this approach, we will jointly commission the Birmingham Community Equipment Loan Service to meet the following key outcomes for citizens:

1. Citizens receive the right equipment to ensure that they can be happy and healthy at home.
2. Citizens are prevented from unnecessary admissions to hospital and care homes by receiving equipment that enables them to remain independent at home.
3. Citizens leave hospital/hospice and go home promptly with the right equipment delivered to their home in a timely manner.
4. Citizens have choice and some control over when the equipment is delivered to their home or required destination.
5. Citizens and Equipment Prescribers receive an excellent customer service.

This strategy details how we intend to commission a service that meets the above outcomes and sets out:

- Current commissioning arrangements for the Birmingham Community Equipment Loan Service.
- The legislative and policy context (both national and local) for the commissioning of a new community equipment loan service in Birmingham.
- An appraisal of the different commissioning options for the new service.

- What citizens and Equipment Prescribers would like to see in a new community equipment loan service.
- Our strategic priorities and aims for the new community equipment loan service.
- The key outcomes that we hope to achieve for citizens, and how we will make sure that these are being met.
- Details of the procurement process.

This strategy will help everyone to understand how BCC, BSol CCG, and SWB CCG are working together to achieve key strategic priorities for Birmingham, and enable providers to consider if they would like to be involved in delivering the new service.

## 2. Understanding the current service

This commissioning strategy has been informed by a review of the existing contract arrangements and activity baselines.

### **Current service delivery model**

The current provider of this service is Medequip.

This service is based at one central warehouse in the Nechells area of Birmingham. In addition, there are around 100 peripheral stores throughout Birmingham that supply smaller items of standard stock.

Please see Appendix A – Process map for standard equipment, and Appendix B – Process map for specials.

Citizens cannot directly access the loan service or order equipment for themselves; a referral from an Equipment Prescriber is required. However, citizens are able to self-purchase items from the retail service that is provided alongside the loan service.

The service is able to issue items to citizens:

- Who are residents of Birmingham
- Who are registered with a Birmingham GP who is a member of NHS Birmingham and Solihull Clinical Commissioning Group
- Who are resident in West Birmingham and registered with a Birmingham GP who is a member of NHS Sandwell and West Birmingham Clinical Commissioning Group
- Where exceptional authorisation has been given by commissioners, for example, in emergency cases, where people are subject to court orders, deprivation of liberty etc.

### **Equipment Prescribers**

There are somewhere in the region of 1,500 Equipment Prescribers actively using the service to order items online on behalf of citizens, on the basis of a clinical assessment. These include occupational therapists, physiotherapists and district nurses.

### **Types of equipment**

The range of community equipment available can be divided into two types:

- Standard items: these items form the standard community equipment catalogue and are available for loan or issue through the service after a clinical assessment by an Equipment Prescriber. Once equipment is no longer needed it is collected by the service, and if suitable for re-use is cleaned, checked and re-issued into the community.

These items have a fixed price in the catalogue and can be routinely ordered by Equipment Prescribers. The equipment catalogue is managed by Clinical Leads with input from Equipment Prescriber advisory groups.

Examples of such items include: bath lifts, bed rails, hoists.

- **Specials:** pieces of equipment that are of sufficient high cost or specialist nature that they do not form part of the standard catalogue and cannot be routinely ordered by Equipment Prescribers.

These items do not have a fixed price, and Equipment Prescribers must collect quotations from several suppliers and get sign-off before ordering items on a spot-purchase basis. If at all possible specials are re-used rather than ordering new items, due to their high cost.

Once the equipment is returned it is collected by the service, and if suitable for re-use is cleaned, checked and put into the specials stock which is managed separately from the standard catalogue stock by a Clinical Lead with responsibility for specials.

### Exclusions

Some smaller, low cost items are not available through the community equipment loan service in Birmingham. Instead, citizens are expected to self-purchase these items, and can do so at a cheaper cost than purchasing from the high street by purchasing through the BCELs retail service. Examples of such items include shoehorns and long handled sponges.

Wheelchair and Telecare services are not currently included in the community equipment loan service, and are instead provided under separate contracts.

Medical equipment, with the exception of nebulisers and suction machines, are not included in this service.

Provision into care homes, other than for items as agreed in the 'Birmingham Guidance for Provision of Community Equipment in Care Homes With and Without Nursing'.

### Expenditure

The Birmingham Community Equipment Loan Service is funded through a Section 75 pooled budget arrangement. In 2017/18 the budget was split as below:

Organisation	Contribution as % of budget
NHS Birmingham and Solihull CCG	71%
Birmingham City Council – <b>Lead Commissioner</b>	19%
NHS Sandwell and West Birmingham CCG	10%

## **Outcomes**

The current community equipment loan service has been commissioned on a transactional basis – that is, service performance is monitored and measured by looking at activity levels and the achievement of targets such as number of deliveries made within set timescales.

Moving forward, we will be moving towards the introduction of service outcomes into the community equipment loan service, measuring performance by looking at how the service is achieving key health and social care outcomes for the people of Birmingham.

## **Areas for development**

Through a review of the current service, we have identified the following key areas where we feel that the service offer could be improved or further developed:

- a. Catalogue – this needs to be easy to use with good quality photos of standard equipment and existing specials stock, and detailed information to enable Equipment Prescribers to make informed equipment choices.
- b. Ordering – this should be streamlined and efficient; not requiring individual Equipment Prescribers to research equipment or identify best value for money options. We want to reduce the amount of documentation and assessment paperwork required to order equipment. During the lifetime of the current service there has been a high percentage of cancelled orders due to unclear ordering requirements, and we want to see this reduced as a priority.
- c. Delivery – feedback from citizens and Equipment Prescribers has consistently identified problems with the delivery service, including time slots that are too wide and a high number of late deliveries. We want to see the new service offer citizens specific time slots for delivery, with choice maximised as far as possible (dependent on clinical need).
- d. Equipment – over the lifetime of the current service there has been an unacceptably high number of items of equipment reported as ‘Not At Property’ (NAP) with their location unknown. We expect to see the location of high cost items continually monitored, perhaps using electronic tagging.
- e. Recycling – the level of equipment recycled and re-used needs to be significantly higher to bring us in line with comparable services. This is especially true for children’s specials, which are high cost and could be re-issued with clinical involvement and adaptation.
- f. Equipment Prescriber development – we have a large number of Equipment Prescribers in Birmingham with access to the BCELS. We want to see a learning and development programme put in place by the future service provider to ensure



continual improvement in clinical practice, demonstrated by fewer equipment orders being cancelled due to prescriber error.

- g. Peripheral stores – Birmingham has around 100 peripheral stores across the city supplying small standard items, with limited levels of stock control or record keeping. This poses not only a significant financial risk but a safety risk in the event of a product recall. We want to see robust record keeping systems put in place so that peripheral store stock is more tightly controlled.
- h. Flexibility – the new BCELS will be affected by a number of social care and health initiatives taking place in Birmingham, including the STP Ageing Well work programme. This could lead to significant increases or decreases in demand for community equipment. The new service must be able to flex with demand rather than rely on guaranteed levels of activity.
- i. IT system/information management – robust management of information with regular data cleansing to ensure information on peripheral stores and Equipment Prescribers remains up-to-date.

### 3. Legislative and policy context

Key to the development of a new community equipment loan service is an understanding of both the current national legislative and policy context, as well as an understanding of local approaches to the commissioning of health and social care services.

#### National legislative context

##### Care Act 2014

The Care Act 2014, which came into effect on 1 April 2015, was a significant reform to the way that health and care services are understood and delivered in the UK, as well as setting out new duties for public bodies and local authorities. The Act creates a single, consistent route to assessing eligibility for public care and support for all adults and carers, and is clear about the processes that local authorities must follow when assessing this eligibility.

There are several key principles which form the foundation of the Act and influence the way in which local authorities must now plan, design and deliver services.

##### Eligible needs

Under the Act, local authorities have a duty to carry out needs assessments for adults who may have care and support needs to determine if they have an eligible need. This assessment must be carried out with involvement from the adult (and any suitable representatives), and must include consideration of their needs, how these needs impact on their wellbeing and the outcomes that they wish to achieve. As part of this process, the local authority must also consider what other things besides formal services could help an individual achieve their desired outcomes, and whether there are any preventative services that could help them to stay well for longer.

##### Personalisation

The Care Act 2014 emphasises the need to 'personalise' care and support processes, giving people greater control and influence over the services that they receive. The Act aims to do this in two ways. Firstly, local authorities have a legal duty to produce a care and support plan for every individual who has an eligible need for services, developed in agreement with that individual and taking into account the outcomes that they wish to achieve. Secondly, people have a legal entitlement to a personal budget as part of their care and support plan, whereby they can ask for a direct payment to allow them to directly arrange the care and support services that they need. As long as the money is used to meet the needs identified in their care and support plan, the individual has control over where and how the money is spent.

##### Prevention

Under the Care Act 2014, local authorities have a duty to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. In so doing, local authorities must

consider what services are already available in their area, identify people (including carers) who have care and support needs that are not already being met, and think about how they can help these people to access the services that they need.

### Wellbeing

There is a general duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind, especially when making decisions or planning services. Wellbeing includes:

- Personal dignity (including treating individuals with respect)
- Physical, mental and emotional health and wellbeing
- Protection from abuse and neglect
- Control by individuals over their day to day life (including the care and support services that they receive)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

### Children Act 1989

The Children Act 1989 sets out the obligations of local authorities with regards to children in need, including children with disabilities. Every local authority has a duty to safeguard and to promote the welfare of children in their area who are in need, by providing a range of services to meet those needs.

### Children and Families Act 2014

The Children and Families Act 2014 seeks to improve services for vulnerable children and support all children and young people to succeed, no matter what their background. Under the Act, local authorities have a duty to identify all the children and young people with a disability in their area, and promote integration between educational and training, health, and social care provision.

Local authorities must also ensure that they pay attention to the views and feelings of children and their parents, and enable them to participate as fully as possible in any decisions made about the support that they receive.

### Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Additional Equality Act provisions came into force in April 2011:

- Positive action - recruitment and promotion
- Public Sector Equality Duty (see section below)

### **Public Sector Equality Duty**

The Public Sector Equality Duty is an addition to the Equality Act 2010 that requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

More specifically, local authorities and NHS bodies must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not have it
- Foster good relations between people who share a protected characteristic and those who do not share it

BCC, BSol CCG, and SWB CCG have ensured that they will commission the new community equipment loan service in line with the Public Sector Equality Duty by carrying out an Equality Analysis on the new service specification and commissioning process.

### **Public Services (Social Value) Act 2012**

The Public Services (Social Value) Act 2012 places a duty on Local Authorities at the pre-procurement phase of procuring services to consider how what is being procured might improve the economic, social and environmental wellbeing of an area and how the authority might secure that improvement in the procurement process itself. There is also a requirement that authorities consider whether to consult on these matters. In essence it is about factoring in 'social value'.

### **Local policy context**

#### **Live Happy, Live Healthy (Birmingham and Solihull Sustainable Transformation Partnership (STP)) 2018**

The vision of the Live Happy, Live Healthy partnership is that everyone in Birmingham and Solihull is supported to live the healthiest and happiest lives possible. The STP's priorities are organised around a life course approach, focusing on three strategic areas of health and care:

- Maternity, children and adolescents
- Adults and work
- Ageing well and end of life

The joint commissioning of a community equipment loan service supports this approach by ensuring that people receive the equipment they need when they need it, rather than being organised around individual organisations or sectors.

### **Ageing Well Birmingham Vision for Older People 2018**

This is Birmingham's delivery vehicle for the ageing well priority of the Birmingham and Solihull STP. The provision of community equipment through a BCELS service will contribute to achieving Birmingham's vision by enabling older people to live as independently as possible in their chosen home.

### **Birmingham City Council Plan 2018-2022**

The provision of a community equipment loan service contributes to three of the BCC's key priorities for action in Birmingham:

- Birmingham is a city of growth where every child, citizen and place matters;
- Birmingham is an aspirational city to grow up in; and
- Birmingham is a fulfilling city to age well in.

### **Birmingham City Council Vision and Strategy for Adult Social Care and Health 2017**

The strategy for the Adult Social Care and Health directorate states that the goals that Birmingham City Council are seeking to achieve for adults and older people are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

In order to meet these goals, the Adult Social Care and Health directorate has identified 8 areas of work where there will be a continuing drive for improvement:

- Information, advice and guidance
- Community assets
- Prevention and early intervention
- Personalised support
- Use of resources
- Partnership working
- Making safeguarding personal
- Co-production

### **Birmingham City Council Whole of Life Disability Strategy**

The Whole of Life Disability Strategy sets out BCC's approach to ensuring that services are planned and delivered to enable people with lifelong disabilities to achieve the best possible health and social care outcomes. This is a corporate priority that crosses all directorates and functions, and requires the needs of people with lifelong disabilities to be considered within our approach to everything that we do.

To help achieve this, the strategy establishes a framework against which current practice can be reviewed and improved outcomes delivered:

1. A life course based approach.
2. A proportionate graduated response, with:

- a. Accessible universal services for all.
- b. Effective early help services for some.
- c. Community based support for some.
- d. High quality specialist support for a few.

In accordance with this strategy, BCC intends to develop a Whole of Life Disability Commissioning Strategy.

### **Birmingham's Strategy for SEND (Special Education Needs and/or Disability) and Inclusion 2017-2020**

BCC's Strategy for SEND and Inclusion 2017-20 confirms the vision for children in Birmingham, that every child and young person aged 0-25 with SEND in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

### **Birmingham Business Charter for Social Responsibility**

The Birmingham Business Charter for Social Responsibility is a set of principles for organisations that aims to help the local economy in Birmingham by supporting the local supply chain, creating jobs and making sure that workers are paid a fair wage. BCC has committed to adhere to these principles and encourages contracted suppliers, the wider business community, other public sector bodies and third sector organisations to sign up to the Charter also.

The principles of the Charter include:

- Local employment
- Buy local
- Partners in communities
- Good employer
- Green and sustainable
- Ethical procurement

Future commissioning and contracting decisions made by BCC will take account of the principles of the Charter and it forms part of BCC contracts. All the principles and policies of the Charter will be mandatory for organisations with individual contracts or grants over £200,000 per annum and for those that have aggregate annual contracts or grants above £500,000.

### **Proposed Birmingham Clean Air Zone**

Birmingham City Council has proposed creating a Clean Air Zone (CAZ) in Birmingham city centre to support our ambition to be a clean and green city. This may impact on delivery of the new BCELS service.

## **NHS Birmingham and Solihull Clinical Commissioning Group**

### **Mission**

The CCG's strategic intent is to deliver the best possible outcomes for local people, tackle health inequalities, and meet the health and wellbeing needs of a diverse population, as well as improving CCG and provider performance and providing financial sustainability across Birmingham and Solihull.

### **Vision**

To help everyone in Birmingham and Solihull to live the healthiest and happiest lives possible.

The vision requires a transformed health and care system, a health and care system that:

1. Focuses on prevention.
2. Promotes independence.
3. Delivers excellence in healthcare.

Leading to:

1. Improved health and wellbeing.
2. Improved access to quality services.
3. Maximised resources and productivity.

### **Values**

- Working together for patients.
- Patients come first in everything we do.
- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Everyone counts.

## 4. The current market

There is a small but experienced market of community equipment service providers, with four main providers holding the majority of contracts across the UK.

### **Market shaping event**

On 2 May 2018 BCC, BSol CCG, and SWB CCG held a market shaping event for providers to inform them of our commissioning intentions and initial vision for the new Birmingham Community Equipment Loan Service. This event included opportunities for providers to ask some initial questions about the vision for the new service and how the procurement process would proceed, with commissioners giving public answers.

After the market shaping event, a 'Frequently Asked Questions' document was produced and circulated to all attendees. Providers were also encouraged to approach commissioners if they wished to have an individual meeting to discuss the service and procurement process, however no providers have approached commissioners with a request.

A copy of the Frequently Asked Questions document is included as Appendix C of this strategy.



## 5. What have citizens and Equipment Prescribers told us?

In line with the principles of co-production, we have developed this commissioning strategy with input from a variety of stakeholder groups, including current Equipment Prescribers of community equipment and citizens.

### What Equipment Prescribers have told us

An online questionnaire was developed and uploaded for access by Equipment Prescribers only to Birmingham Be Heard, which is Birmingham City Council's consultation database.

A link to the survey was then circulated by email to 3,000 Equipment Prescribers who are registered to use the service.

### Key findings

- 104 Equipment Prescribers completed a questionnaire giving their views on what a great community equipment service would look like.
- Those responding to the questionnaire were more likely to: be regular users of the service; order equipment for adults; and order both standard and special items. They were also most likely to use the standard 7 day delivery option.
- Views were gathered on various aspects of a community equipment service and from these comments key themes were identified around:
  - **Equipment catalogue:** Easy to access and navigate; specific functions to facilitate its use; wide range of products; detailed descriptions of products; quality images; and comments on the ordering process.
  - **Ordering process:** Easy to access and use; specific functions to facilitate ordering; support with the ordering process; availability of stock; delivery process; and good communication.
  - **Delivery process:** Reliable service; responsive service; delivery time slots; usable equipment; qualities of staff; and good communication.
  - **Installation service:** Reliable service; efficient service; usable equipment; qualities of staff and good communication.
  - **Maintenance service:** Accurate record keeping system; usable equipment; prompt service; qualities of staff; and good communication.
  - **Collection service:** Timely collection; collection time slots; flexible service; and good communication.
  - **Complaints process:** Easy to access; clear and simple process; prompt response; open and clear communication; action taken; and qualities of staff.

- Responses included suggestions for service developments; identification of innovations; and comments relating to the current provider.

### What citizens have told us

A questionnaire was developed by the commissioning team with questions covering previous experiences of community equipment and aspects of the community equipment loan service process, from delivery to recycling.

Questionnaires were administered between 24 May and 12 July 2018 at a number of locations around Birmingham.

### Key findings

- Questionnaires were completed with 62 citizens to gather their views on what makes a good community equipment service.
- A small majority of respondents (53%) had experience of getting equipment through a community equipment loan service for themselves or someone that they cared for.
- A small majority of respondents (57%) had previously purchased community equipment for themselves or somebody that they cared for.
- When asked where they would go for equipment if they needed it, the top suggestions were: GP; occupational therapist; social care; NHS bodies such as hospitals or rehabilitation clinics; and self-purchase.
- Citizens gave a number of reasons for previously self-purchasing community equipment, including: a greater choice and range of equipment available; a quicker and easier process; negative experience of community equipment loan services; and not being aware of the loan service.
- Views were collected on key aspects of a community equipment service and what makes a 'good community equipment service':
  - **Delivery of equipment:** a speedy and reliable service; time slots; good communication at all stages of the process; staff attitude and behaviour; correct equipment received in good condition.
  - **Fitting and installation:** qualified staff with good attitude and behaviour; a good quality fitting; a quick and reliable service; clear communication and information provided to people using the service.
  - **Repairs:** equipment repaired or replaced as needed; repairs carried out as quickly as possible; being kept informed at all stages.
  - **Customer service:** staff having key attitudes, skills and behaviours; easy to contact; clear processes; issues resolved quickly; no automated telephone systems.
- Respondents gave their suggestions for how people could be encouraged to return equipment when it was no longer needed. Suggestions included: collecting equipment from homes; collecting equipment more quickly; making

it easier to contact the service; and specific innovations such as deposits and labels on equipment.

- Citizens also fed back on the need to further publicise community equipment loan services, the range of equipment available, and how to access the service.

Findings from the Equipment Prescriber and citizen surveys were used to develop the requirements for the new Birmingham Community Equipment Loan Service, and the aims and objectives.

## 6. Commissioning drivers

The previous sections of this strategy have set out a number of different influences and drivers for the commissioning of a new community equipment loan service for Birmingham, including a review of the current legislative and policy context, feedback from citizens and prescribers, and activity data from the current service.

With this in mind, BCC, BSol CCG, and SWB CCG have identified the following key drivers for this commissioning process.

### **Choice and control**

Alongside the increased personalisation of care and support services, we want to enable people in Birmingham to have real choice and control over the types of services that they receive and how they are designed.

There is limited scope for personal choice within the community equipment loan service for equipment. Equipment is procured via a competitive review of the market based on clinical need and on how easy the equipment is to recycle. Historical information and current operational data clearly identifies service trends and this is used to plan future services.

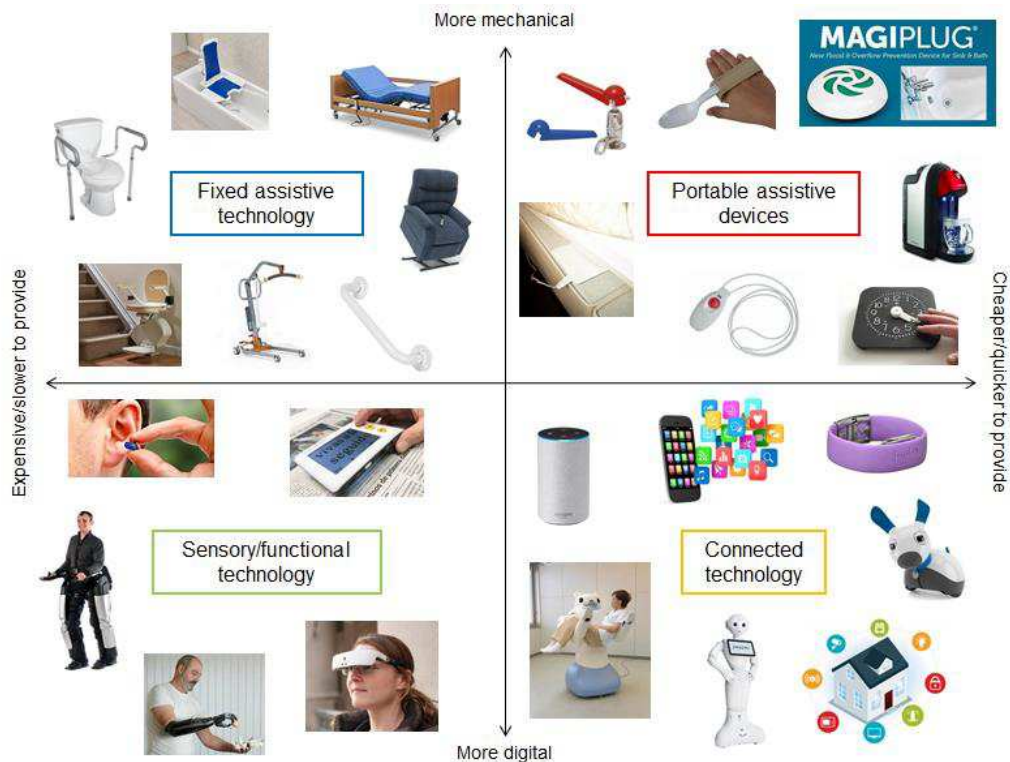
Citizens acknowledge this but want control over how and when the equipment is delivered, maintained and collected for recycling from them.

### **Promoting independence**

A central goal that we are seeking to achieve for adults and older people in Birmingham is that they are able to live as independently as possible for as long as possible. The community equipment loan service should play a key role in achieving this goal by providing the right equipment at the right time to meet people's needs, delaying and reducing admission to formal health and care settings.

### **New and emerging technologies**

Over the last decade there has been a massive increase in the range of different Assistive Living Technologies (ALT), including new and emerging digital technologies.



Currently, health and social care services in Birmingham do not make best use of ALT, with services focusing on the provision of fixed assistive technology and portable assistive devices through community equipment services rather than exploring the full range of new sensory, functional and connected digital technologies.

However, we know that citizens are already using new technologies such as apps, wearables and artificial intelligence-enabled devices to help them in their everyday lives - and as citizens begin to expect more from health and care services, we can reasonably assume that they will expect to see new ALT as part of the services that they receive.

The development of new robotic carers and prosthetics has the potential to change the face of health and social care in Birmingham, moving far beyond traditional understandings of what it means to provide care and equipment to people in their homes. This may have cost implications for the service as new technologies could potentially be far more expensive than the traditional community equipment items that we currently provide, with increased maintenance and support requirements. However we may be able to offset costs by reducing Home Care visits to citizens.

With this in mind, the new community equipment loan service must be ready to make use of new technologies, with room built in for innovation and horizon scanning.

**Use of resources**

The financial pressures and challenges facing health and social care services have never been greater. BCC, BSol CCG and SWB CCG will have to make difficult decisions as demand for health and care services increases and the amount of money available to provide services decreases. There is a need to ensure that every pound spent on health and social care services, including the community equipment loan service, is a pound well spent, with the maximum possible positive impact on health and care outcomes in Birmingham.

**Changes to health and social care system in Birmingham**

The Sustainability and Transformation Partnership (STP) Ageing Well programme commencing in September 2018 will review the referral and operational processes for health. This programme will include a review of urgent care systems and how stock is held by NHS providers. The programme may identify alternative pathways for equipment and care which could increase/decrease the number of referrals to the BCELS going forward.

## 7. Commissioning intentions

With all the previous sections in mind, the outcomes that BCC, BSol CCG, and SWB CCG want to achieve for citizens in Birmingham using the community equipment loan service are:

1. Citizens receive the right equipment to ensure that they can be happy and healthy at home.
2. Citizens are prevented from unnecessary admissions to hospital and care homes by receiving equipment that enables them to remain independent at home.
3. Citizens leave hospital/hospice and go home promptly with the right equipment delivered to their home in a timely manner.
4. Citizens have choice and some control over when the equipment is delivered to their home or required destination.
5. Citizens and Equipment Prescribers receive an excellent customer service.

### **Aims and objectives**

The aim is to provide a BCELS that enables people to live as independently as possible, in their chosen home, and enables health and social care services to function effectively and without delay, preventing people from developing more complex needs, and protecting them and their carers from harm or injury.

In order to do this the service will:

- a) Provide a quality service with high levels of Equipment Prescriber and citizen satisfaction comments;
- b) Deliver equipment, providing a choice of times that are appropriate to the citizen and Equipment Prescriber and within the agreed prescribing timeframes;
- c) Ensure that suitable equipment, including both standard and special items, are delivered on time, fully maintained and meeting relevant legal requirements;
- d) Provide a cost effective service that achieves good value for money on equipment purchases through buying power and optimises re-use of equipment, collection and recycling;
- e) Communicate effectively with Equipment Prescribers, taking on board their views and providing information and training regarding new equipment and procedures on a regular basis.



- f) Offer a range of equipment that is effective and keeps up-to-date with developing technology;
- g) Maintain an exemplary safety record, with health and safety policies in place and implemented; and ensure any breaches are reported to Commissioners, the Medicines and Healthcare Products Regulatory Agency (MHRA) and manufacturers as soon as possible.
- h) Provide good quality intelligence on the demand for and usage of equipment and share good practice on the use of equipment to support citizens at home.
- i) Be registered with CECOPS (Community Equipment Code of Practice Scheme) and work towards accreditation with CECOPS within a year of the start of the Contract.
- j) Support a pilot for the introduction of personal health budgets and direct payments to purchase equipment.

### **Clinical Leads**

We know that there are particular challenges associated with supplying a community equipment loan service for people with varying levels of complexity and intensity of care needs, in a complex social care and health context such as Birmingham. In the new BCELS we want to build upon existing operational knowledge from the current service to further develop and improve the service that we provide to citizens. We will therefore continue to have independent clinicians (Clinical Leads) working alongside the BCELS to:

- advise Equipment Prescribers on the purchase of appropriate Specials, ensuring quality and value for money;
- provide guidance to Equipment Prescribers on complex cases;
- maximise opportunities for the recycling and re-use of equipment, where appropriate;
- work with Equipment Prescribers to reduce prescribing errors and associated costs;
- continue to build expertise and ensure good clinical practice.

We will also continue to encourage liaison between the Clinical Leads and multi-disciplinary teams (MDTs) across nursing, enablement services, and social care, to help achieve the above objectives and drive efficiencies in the new BCELS.

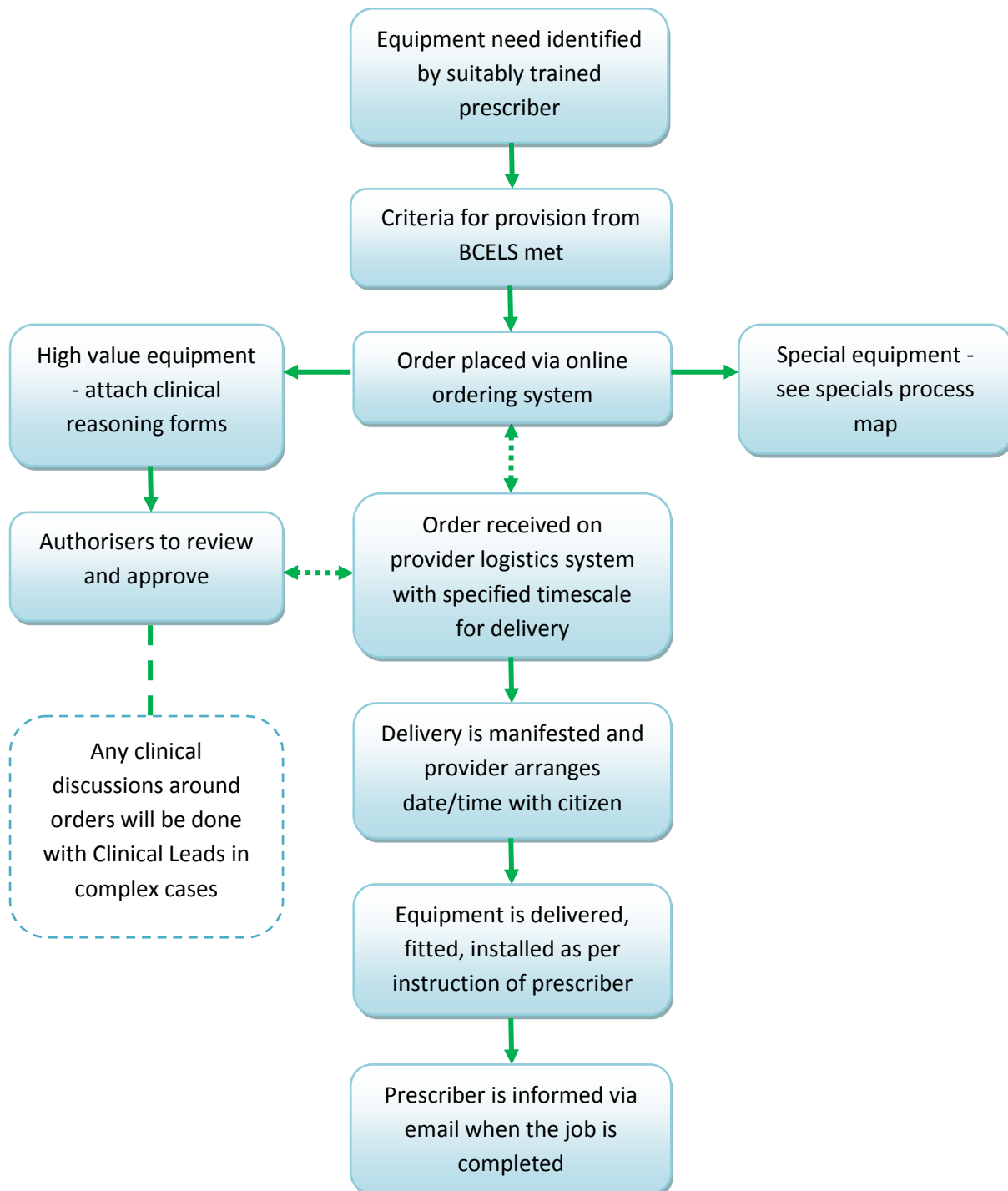


## **8. Procurement process**

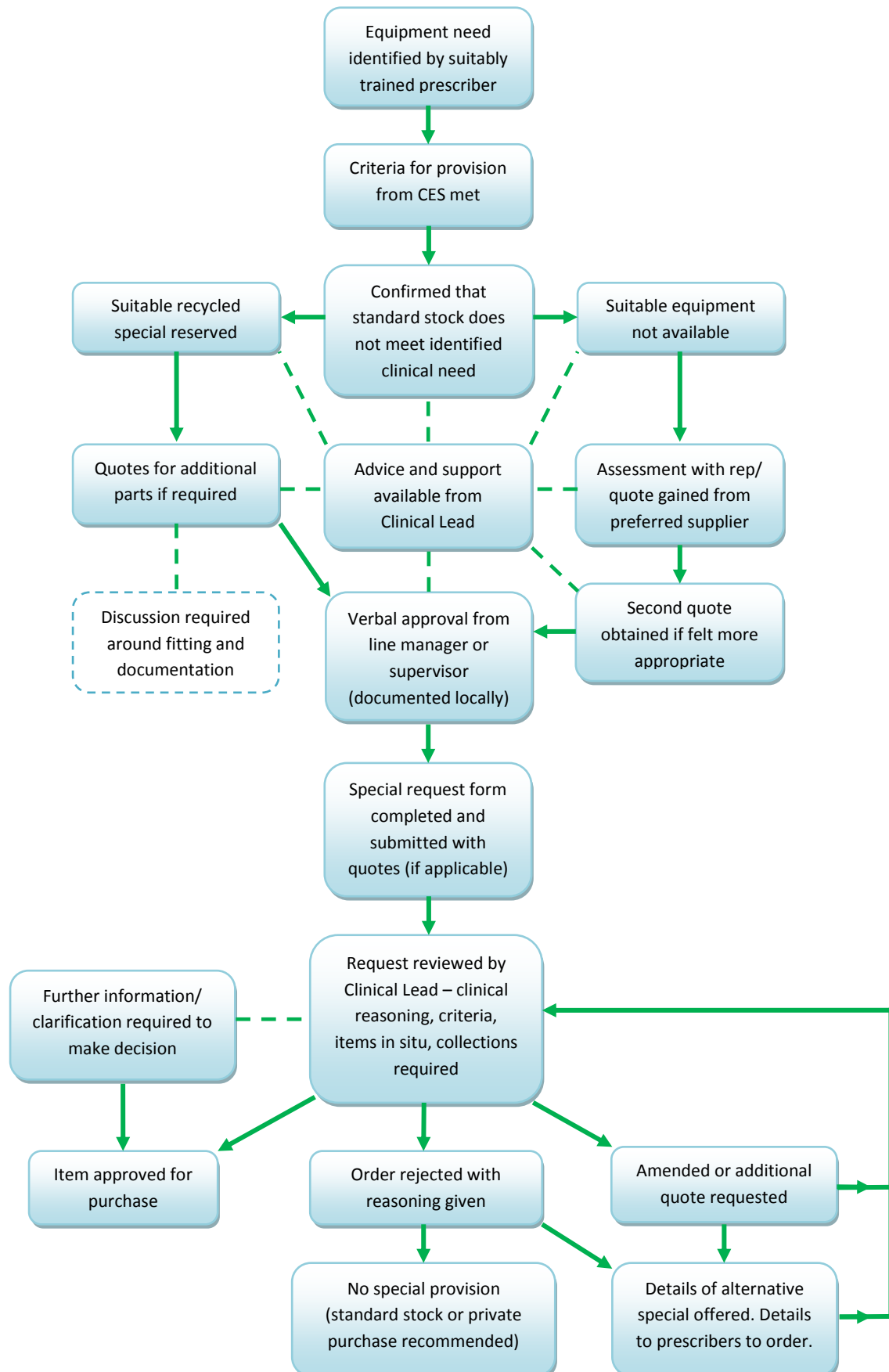
The new contract will commence on 1 April 2019, for an initial three (3) year period with the option to extend for a further two (2) years.

Please see Appendix D – Procurement timeline.

## Appendix A – Current process map for standard equipment



## Appendix B – Current process map for specials



## **Process notes for specials**

The equipment required is identified by an Equipment Prescriber who is suitably trained.

The criteria for this equipment is met and it is an item which should be supplied by the BCELS.

The Equipment Prescriber establishes that it would not be possible to meet the citizen's need using a standard stock item and checks the catalogue to see if a suitable recycled special is available. If they require assistance with this, or to understand any amendments that can be made to recycled specials, they can contact the clinical lead or product rep who will be able to advise.

If a suitable item is available in stores, this item should be reserved. If any additional parts are needed the Equipment Prescriber must get a quote for this. The clinical lead will be able to provide help and advice on repairs and parts which may be needed. Discussion is required around who should fit these parts.

If a suitable item is not available, the Equipment Prescriber must get an assessment (if required) and a quote. The quote should be from the BCELS approved supplier list. This ensures value for money and allows for improved recycling and adapting of returns. If the Equipment Prescriber does not feel that this item is suitable then they may get a second quote and include this in their order, explaining why the first item is unsuitable.

Once the item is reserved/ quote is obtained, the Equipment Prescriber must gain approval from their manager to place the order. They will need to provide the name of this person and the date it was approved but any other documentation of this approval should be recorded locally.

The special order request form should be completed and submitted via TCES. This, alongside the client's loan record and the quote, will be reviewed by the clinical lead. If any further information is required to make a decision regarding provision, the Equipment Prescriber will be contacted directly.

If the clinical reasoning and quote are appropriate, the criteria for provision is met, and there are no suitable alternatives in stores, the order will be approved for purchase. If the item has been reserved and needs no additions, it will be approved for delivery.

If there are alternative items which would be suitable, which the Equipment Prescriber may not have been aware of or have recently been returned, the Clinical Lead will contact the Equipment Prescriber to discuss. If this item is suitable the original order would be refused and an order for the recycled item must be placed. For ease, it will not be necessary for the Equipment Prescriber to fill in the special order form with the same level of detail, but only to refer to the earlier submission and conversation with the Clinical Lead. The item does not need to be re-approved by the Equipment Prescriber's manager unless there is a significant difference in cost and/ or function. If it transpires that a standard stock item would actually

meet the need, the special order will be refused and the Equipment Prescriber should place a new order for the standard stock item.

If the quote is too expensive, or the item is over specified/ not the agreed colour etc., the order will be refused and the Equipment Prescriber will be asked to resubmit with the correct quote.

If the client does not meet the criteria for provision of the item, the order will be refused and private purchase recommended.

## **Appendix C - Frequently asked questions**

### **Market shaping event, 2 May 2018**

#### **1. What credit /financial model are you considering? Do you have a preference?**

As you are the market leaders we are looking for the best financial model to meet the requirements of the citizens of Birmingham. We have not made a judgement on the most appropriate financial model and wait to receive advice from the market as long as it meets the citizen focused outcomes and demonstrates value for money for public funds.

#### **2. Will the Council/NHS be able to flex the budget to take advantage of opportunities to Invest to Save? For example, introducing new types of equipment may reduce budget in other areas of the Social Care and Health service. Could this e budget be included on top of the current budget?**

Birmingham City Council (BCC) and Clinical Commissioning Group (CCG) colleagues are looking for innovations that could reduce our expenditure in other areas and used as an Invest to Save opportunity. We would welcome identification of these types of opportunities.

#### **3. Can you clarify the contract life span?**

We have not made a definite decision on the new contract life span. However, similar contracts for this type of service are around the 5 years plus 2 lifespans.

#### **4. We understand the need for the introduction of citizen focussed outcomes. We would welcome clarity on how quickly these types of measures would be introduced to the new contract. There is a concern that this could lead to two 'tiers' of contract management on both an outcome and transactional basis**

As in similar contracts, we believe that citizen focussed outcomes may be a better measure of how well a contract is performing. However, it is acknowledged that not all contracts lend themselves to these types of KPIs. We would like to work with the market to understand how best to incorporate citizen focussed outcomes into a contract such as Community Equipment Loan Services.

Where we have introduced citizen focussed outcomes the contract has run for at least a year before these measures were managed and reviewed, as all contracts take time to settle down. We would welcome working collaboratively with the successful provider to ensure the outcomes are delivered.

For enhanced outcomes there could be additional payments. This will be considered during the specification design.

**5. Do we have to use the building that is leased in Nechells? How long will be left on the lease when the new contract commences?**

The building in Nechells does not have to be used but we would need to consider the financial aspect of not using this warehouse and the impact this could have. Once the new contract commences in April 2019 there will be four years left on the building lease.

**6. You have said that you welcome tenders from groups of providers/provider consortia with a lead provider arrangement. If one provider can provide all elements of this service, are you also happy to consider tenders with one provider?**

All tenders will be reviewed and scored against key criteria. If you believe you do not need to break the service into its component parts and you can achieve efficiencies by providing the whole service, this offer would be acceptable and evaluated and scored against the same key criteria.

**7. To provide efficiencies can you add further services to the contract such as telecare or wheelchairs?**

We are not currently considering adding telecare or wheelchair services to this contract. Our telecare service has significantly reduced in size from 13,000 citizens to 3,000 and is now being provided from our in-house provider Careline. We have recently finished reprogramming all these citizens to Careline. The inclusion of wheelchairs has been discussed but it will not be considered as part of this current commissioning process.

**8. What type of contract will this form - a block or flexible?**

We have not decided whether the new contract will be a block contract or something more flexible, and are open to suggestions from providers as to how they can best deliver this service. A view will then be taken as to the basis of the contract.

## Appendix D – Procurement timeline

