

Meeting:	Cabinet
Meeting date:	Thursday 19 December 2019
Title of report:	Recommissioning of the Integrated Community Equipment Service (ICES)
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To award a five year contract for the Integrated Community Equipment Service (ICES) for Herefordshire for both the council and Herefordshire Clinical Commissioning Group (CCG) and to approve the proposed model of operation.

The existing Integrated Community Equipment Service contract comes to an end on 31 March 2020. This report details the intention to appoint a provider to deliver a joint service from 1 April 2020 onwards to fulfil the statutory requirements of the council and health bodies in relation to the

provision of equipment. These duties are primarily set out through legislation in the Care Act 2014 and the Children and Families Act 2014. The council is the lead commissioner for the service which is funded 35% by the council and 65% by the NHS Herefordshire CCG.

The service supports over 6,500 people per year by loaning a variety of equipment from simple aids for a short period such as; a raised toilet seat for post-operative recovery, to very complex bespoke seating or hoisting equipment. The most frequently prescribed items are to address pressure care needs, hospital beds and equipment to aid moving and handling requirements

The need to facilitate earlier discharges from hospital and to support more people within the community has increased the need for efficient and appropriately resourced equipment services. The demand on the service is expected to grow over the next contract period, with a continued focus on equipment provided to people in their own homes to reduce the need for interventions such as domiciliary care, care home placements or avoidable hospital admissions.

Soft market testing and stakeholder engagement activities have taken place over the last 12 months in order to inform the future model of operation, and the detailed proposals for the next contract period are in line with the changing demands.

Recommendation(s)

That:

- (a) a five year contract for the delivery of the Integrated Community Equipment Service is awarded to Supplier A outlined in Appendix 1 at a total cost of no more than £9m over the lifetime of the contract.**

Alternative options

1. Do not appoint a provider and extend the current contract. This option is not recommended as the contract has reached the end of the term, including the available extensions. Therefore extension would not comply with procurement regulations and place the council and CCG at risk of a legal challenge. In addition, opportunities to test and adjust the quality and value for money under the contract provided by a procurement would not be taken up.
2. End the service. This option is not recommended as it is a statutory function for social care and health to supply equipment free of charge to anyone with an eligible need.
3. Do not appoint a provider to deliver this service and join with Worcestershire to form a service which covers the whole Sustainability and Transformation Partnership (STP) footprint. This option is not recommended as there are a number of challenges to such an approach including the timescale and various operational differences, which would require significant realignment. This option is also likely to incur significant costs which would be unrecoverable.
4. Do not appoint a provider and bring the service in house for direct delivery by the council. This option is not recommended as it would not align with the existing timescales, it would require significant capital investment and present wide ranging logistical challenges which could not necessarily be encompassed.

5. Do not appoint a provider and allow Herefordshire CCG to act as the lead commissioner. This option is not recommended due to VAT rules that do not allow the CCG to recover VAT for health equipment and services, thereby increasing the cost to both the council and the CCG by a further 20%. This would apply if the CCG were a provider or commissioner of such services. This option would also not align with the timescales.

Key considerations

6. The Integrated Community Equipment Service (ICES) is a statutory service provided to support people with assessed health and social care needs. A small part of the work also relates to the provision of specialist equipment for use in schools or other educational settings. An efficient service is an essential part of the support in place to facilitate discharge from hospital, and enable people to remain in their own homes for as long as possible. The updated aims for the service also reflect changing expectations of customers and their carers, and so includes;
- To help prevent people developing more complex needs, protecting them and their carers from injury and enabling them to live as independently as possible in their chosen home
 - To ensure health and social care services can function responsively, effectively and without delay in relation to the provision of community equipment
 - To provide a service which meets all of the industry standards to maintain the highest level of service quality
 - To minimise the impact on the environment and maximise the investment in the service
 - To provide an appropriate range of equipment to meet needs and to provide a single route for advice and support in relation to community equipment
 - To ensure that equipment offers good quality and value for money
 - To deliver innovation and change and maximise the benefit of developments within the sector
7. In line with the council's Contract Procedure Rules and the Public Contracts Regulations 2015, the council undertook an OJEU compliant competitive tender process to identify the preferred provider to deliver the service. The tender was launched on 9th October 2019 and closed on 13th November 2019. Two tenders were received and duly evaluated against the published evaluation criteria and full information pertaining to the procurement is detailed in Appendix 1.
- The details regarding the preferred provider will be publicised through a press release after the formal procurement and governance has ended, and relevant officers and all Members have been informed.
8. The service is a joint health and social care service currently delivered via a Section 75 agreement, with the council acting as lead commissioner. The Section 75 legal provision enables the pooling of resources and risk between clinical commissioning groups and councils as well as the delegation of health related functions. The CCG currently funds 65% of the costs and the remaining 35% is met by the council. A recent review of activity and cost has confirmed that the funding split continues to reflect the balance of health and social care provision.
9. Following a competitive tendering process in 2013, the service was outsourced from the council for the first time in April 2014 as a spot purchase contract to Nottingham

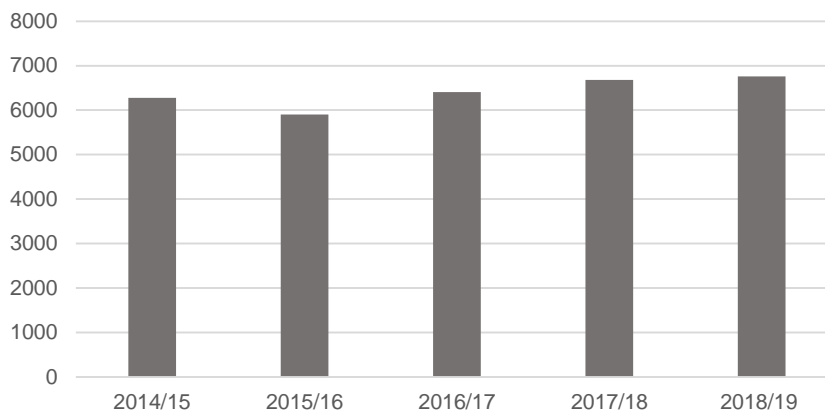
Rehabilitation Service Ltd. 2019/20 is the final year of the contract period with no further opportunity for extension. The original objectives were to;

- provide equipment in a timely and cost effective way in order to assist and support Service Users with independent living at home and at school;
- slow down deterioration in function and consequent loss of confidence and self esteem in Service Users;
- support and protect the health of Carers;
- enable timely discharge from or prevent admission to hospital.

The service has performed well and met the majority of the objectives and the changing demands over the last five years. This includes very low numbers of delayed transfer of care attributable to the service. Learning from the recent engagement work and experience from the previous contract monitoring has contributed to the development of the new proposals.

10. The service is currently based at Rotherwas in Hereford. The council leases the whole building and the provider has a license to operate in part of the building. The relevant space was made available to prospective providers for the new service as part of the tender.
11. The service comprises the following main elements;
 - Sourcing and supply of equipment
 - Storage facility
 - Cleaning
 - Delivery
 - Maintenance and repairs
 - Collection
 - Logistics for scheduling activities
12. There are around 200 active prescribing practitioners using the service on a regular basis across a range of professions, but primarily occupational therapists within Wye Valley Trust and the council, and district nurses. The service operates as a spot purchase contract whereby equipment and associated services are purchased individually by prescribing practitioners for each person who is being supported following clinical assessment. Therefore monthly demand and spending is variable.
13. There is currently a clinical lead role hosted within the council which oversees the prescriber engagement, provides guidance on equipment provision, undertakes scrutiny of prescribing behaviour and carries out day to day liaison with the contractor.
14. The service has supported over 18,000 people since April 2014 with between 6,000 and 7,000 people per year supported through the service. During 2018/19 financial year, 89% of spending was in relation to equipment provision for those aged 18 and over averaging over £200 of community equipment per person. Those service users aged under 18 accounted for 2.6% of all people supported during the same period with an average equipment cost of £1000 per person. Whilst the numbers of people supported is rising steadily (see fig 1 below), the amount of items and average cost per person is rising at a faster rate, reflecting the shift towards caring for people with more complex needs in their homes.

Fig 1. Unique service users per year



15. The timely provision of equipment contributes significantly to the priorities of the council and the NHS. This includes for example;

- Aiding short term recovery e.g. a raised toilet seat following a hip replacement
- Supporting long term conditions to be managed in the home e.g. ceiling track hoists and slings to enable care at home
- Reducing risk of deterioration e.g. appropriate seating and postural support to enable independent eating
- Facilitating hospital discharge e.g. pendant alarms and key safes

The current service provides standard community equipment including telecare or assistive technology equipment. Access is restricted to parts of the equipment catalogue in line with the responsibilities of the prescribing practitioners. The most frequently prescribed items are to address pressure care needs, hospital beds and equipment to aid moving and handling requirements. There is also a separate process to purchase specialist equipment which requires robust evidence and higher level of scrutiny. This will all continue in the new contract and is outlined in the new proposals.

16. The majority of traditional community equipment for those with an eligible need is funded through ICES in Herefordshire. Following research with other areas both regionally and nationally, it is clear that this is not typical, and there are various models of operation which involve excluded equipment being sourced and funded separately to the integrated community equipment service. In these cases where there are exclusions, the true cost of community equipment and wider costs to the system is not known. This suggests that the approach in Herefordshire provides exemplary transparency and simplicity.
17. Across the country there are many different elements to the service and models of operation, making it extremely difficult to benchmark against. Such variations include;
- an outsourced purchase model whereby all equipment is owned solely by the commissioner,
 - a credit model of various percentage returns to the commissioner and provider upon the return to the shelf to reuse,
 - in house service delivered directly by the council or health partners.

18. In Herefordshire, the service is currently operated on a credit model for core stock items which is standard equipment. These are the most frequently used items whereby the commissioner is credited a fixed percentage upon the return to shelf of the equipment, with the provider retaining a smaller percentage of the equipment value. This model encourages reuse and recycling with the provider incentivised to maximise the retrieval of equipment. The proposed new service retains this credit model approach following on from extensive research of alternative options and models.
19. Specialist equipment is not included in the credit model and its ownership is retained by the commissioners. These items are generally the most specialised bespoke items which require configuration to the unique needs of individual service users, or they are not issued frequently enough to meet the threshold for standard equipment. These items attract additional fees not applicable to standard equipment, therefore careful management is undertaken to ensure all other options are explored before specialist equipment is pursued.
20. Herefordshire has a larger proportion of older people (aged 65 and over) than England and Wales as a whole and currently there are around 45,800 older people living in the county. By 2025, this number is forecast to increase by 19%. During the last financial year, 81% (4,631) of people accessing the community equipment element of the service were over 65, which accounted for 66% of expenditure. This rises to 89% (2,177) if telecare or assistive technology equipment provision is considered separately, accounting for 85% of expenditure. Therefore the increase in people over 65 will have an impact on demand for the service, with potentially 800 additional people requiring support by the proposed end of the next contract period.
21. There was a significant change in demand for the service in 2018/19 with an increase in spend, but focussed in the key areas of; overall demand and complexity of need, a rise in paediatric demand and an increase in costs linked to activities such as delivery and installation of specific equipment. This suggests that people are requiring more support, either through the amount, or complexity of the equipment provided. This is also further demonstrated by a 56% increase in spend on specialist equipment provided. This rise is in line with the majority of other council contracts, and is confirmed by anonymised contract data supplied by the current provider. Complex moving and handling equipment also saw the largest percentage increase, but beds and accessories saw the highest rise in spend, a further indication of the rise in the complexity of needs of people accessing the service. The data from last financial year has been scrutinised in considerable detail to understand these changes in demand and spend.
22. These changes in demand have a clear impact on spending as it is a spot purchase contract, invoiced on a monthly basis. Spending varies significantly and can be affected by a range of factors including;
 - Seasonal variations
 - Clearing of waiting lists
 - Annual leave / holiday periods
 - Stakeholder service changes e.g. temporary closure of facilities, staff changes

Ongoing engagement with the prescribing practitioners is undertaken to provide more in depth understanding of operational issues which affect the service.

23. Following on from the sustained increase in demand during 2018/19, an action plan was developed and implemented to reduce spend without impacting on outcomes for people

using the service. Mitigation measures have been embedded into the service and spend has reduced and stabilised since the end of 2018.

24. The new service will remain broadly in line with the existing provision, as research has suggested this to be the best approach. Some specific changes have been included in order to improve the efficiency and maximise the benefits to stakeholders including people accessing equipment through the service. Improvements proposed for the service includes;
- a. Bookable shorter delivery and collection slots.
 - b. Improved communication for prescribing practitioners and service users
 - c. Improved opening hours. This will increase customer and prescriber experience and offer a more flexible model for stakeholders operating over 7 days.
 - d. A self-purchase portal. This will aid self-funders and people accessing the service who wish to purchase a brand new or an enhanced version of their assessed equipment need.
 - e. Enhanced monthly data provision.

Telecare equipment provision and installation remain within this commissioned service initially whilst the emerging work around technology enabled living is finalised and the council's future direction is confirmed.

25. Key performance indicators are embedded within the contract and will focus on the provision of equipment in line with urgency of need, recycling rates, collection rates as well as an annual assessment of performance against the aims, outcomes and objectives.
26. Following on from the contract award in January 2020, the new service will be mobilised and any transition arrangements managed to ensure the new contract and service will commence on 1st April 2020.

The successful provider will develop a communications plan during the mobilisation phase in consultation with the council, which will inform; service users, prescribing practitioners and the wider community of the new service.

Community impact

27. This service will support the achievement of all of the corporate plan objectives. Primarily the service will 'enable residents to live safe, healthy and independent lives and 'keeping children and young people safe and give them a great start in life', which will also contribute to the Herefordshire Children and Young People's Plan 2019-2024 These are achieved by providing suitable equipment in the home and school in a timely manner to enable people of all ages to remain safe and retain as much independence as possible. In addition the service supports carers by providing equipment to reduce strain and to continue in their caring role.
28. The integrated community equipment service supports growth of our economy by providing employment opportunities within the county and the new proposals will provide a better experience and outcomes for our residents, with a more convenient service and enhanced opportunities to maximise the value of the contract to the county. It also directly contributes to the children and young people's plan priorities of improving children and young people's health and wellbeing and helping all children and young people succeed, through the provision of a universally accessible service.

29. The provision of community equipment can be seen as an underpinning building block contributing to almost all of the priorities in the health and wellbeing strategy for the county. Primarily this is by supporting children with disabilities, contributing to the maintenance of quality of life and supporting people with long term condition. The service also provides equipment to reduce strain on carers and is one of the key aims for the service. The service supports some of our most vulnerable residents in a timely manner responding to the level of identified need. This will be further enhanced by the growing technology enabled living sector and will form part of our corporate approach to prevention and well-being.
30. The current Joint Strategic Needs Assessment for Herefordshire highlights two priority areas which ICES contributes to; dementia and end of life care. In relation to end of life care, a significantly higher proportion of people die in their usual place of residence than elsewhere in the country. Prescribing practitioners and the provider ensure that all eligible needs are met and available equipment is in place as soon as possible for end of life care. This area is also considered on a frequent basis through operational advisory group to ensure the equipment provided is meeting needs. This remains a priority in the new proposals. The service also offers a wide range of support for people living with dementia, from equipment to assist with sensory challenges, to technology to aid day living activities and the more complex equipment to support caring in the home towards end of life.
31. The service is not specifically targeted at looked after children or care leavers, although they are supported in the same way as any other disabled child or young person with equipment needs. The council's responsibilities as corporate parent are delivered by the support of the prescribing practitioners and the operation of an efficient service to supply the relevant equipment in an appropriate timescale.
32. As the service is providing equipment for people to use primarily without clinical supervision, there is a clear health and safety responsibility on the prescribing practitioners and the service provider to ensure that all service users and / or any carers are given appropriate instruction in relation to the safe use and care of equipment provided. Prescribing practitioners can request that equipment is demonstrated upon delivery and all equipment issued will be accompanied by usage and care instructions. In addition, evidence of health and safety at work policies and procedures were included in the procurement exercise and will be considered as part of the standard contract monitoring practices.
33. The service proposals includes a new development whereby people funding their own care can access the equipment expertise available from the provider. This will provide more choice and support for people with needs outside of this service, but will support people in their communities to retain independence and support wellbeing. It is proposed that this function will be a stand-alone web based portal fully compliant with the public sector accessibility regulations, but with no operational involvement on a day to day basis from the council.

Equality duty

34. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
35. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.
36. An Equality Impact Assessment has been prepared in relation to this service and is attached in Appendix 2. There is no indication that any group with protected characteristics will be negatively affected by the new service provision. The existing and new service will support equitable access to any individual to health and social care community equipment.

Resource implications

37. The anticipated budget for the service is £1.5m for the current financial year (2019/20) and this will remain the target budget for the first two years. This reflects current levels of demand and cost for the service. Over the proposed lifetime of the contract, the value is likely to be within the range of £7.5m to £9m given the anticipated increase in demand.
38. The council will contribute 35% of the annual costs of the contract; the remainder will be funded by Herefordshire CCG in line with the Section 75 agreement. Purchases for use within educational settings will be separate to this and charged directly to the children and families directorate budget.
39. There is an ongoing mitigation plan to closely monitor spend and develop measures to address any changes in demand. It has been identified that engaging with prescribing practitioners is a key element of the mitigation plan and is an area that requires a dedicated resource on an ongoing basis.
40. There are several staff employed by the provider to deliver the service. Under TUPE regulations, where a service transfers to a new provider, employees will automatically transfer to the incoming provider on the existing terms and conditions. TUPE legislation offers protection to staff in relation to dismissal or redundancy where that relates to the TUPE transfer and any changes would need to be more economic, organisational or technical reason which will require staff consultation.
41. The service may be delivered from part of a property to which the council holds the main lease. There would be a co-terminus sub lease granted for the relevant area within the property if the provider chose to use the existing facility. The provider would be responsible for all costs in relation to the rent, business rates and utilities irrespective of location. The provider will be required to reimburse the council for the rent, service charge and insurance premium for the lifetime of the contract if the available space is utilised in the new contract, with the anticipated cost of £22k plus VAT for the first year. The provider will also be responsible for payment of the business rates, currently valued at £8,715 per annum.

42. All costs associated with the delivery of the service are met by the provider including; rents, rates, vehicles, fuel, utilities, IT systems, consumables, insurance, training and staffing.
43. There could be additional revenue implications depending upon fluctuations in demand for community equipment, or strategic decisions about the provision of loan equipment. An estimated annual value of £1.5m is in line with current spend and budget, but this has the potential to increase over the lifetime of the contract by £250k - £400k per year after 2021/22.

Revenue or Capital cost of project (indicate R or C)	2019/20	2020/21	2021/22	Future Years	Total
	£000	£000	£000	£000	£000
<i>Revenue service costs ICES for new contract</i>		1,500	1,600	5,900	9,000
TOTAL		1,500	1,600	5,900	9,000

Funding streams (indicate whether base budget / external / grant / capital borrowing)	2019/20	2020/21	2021/22	Future Years	Total
	£000	£000	£000	£000	£000
<i>Clinical commissioning group</i>		975	1,040	3,835	5,850
<i>Base budget</i>		525	560	2,065	3,150
TOTAL		1,500	1,600	5,900	9,000

Legal implications

44. The total estimated value of the services to be provided over the proposed five year term of the contract (£7.5m - £9m) is above the threshold for services (£180,000 approx) set out in the Public Contracts Regulations 2015, therefore a full OJEU procurement process will need to be followed in accordance with the council's Contract Procedure Rules.
45. The council intends to comply fully with the legal obligations of the Public Contracts Regulations 2015 and the EU treaty principle of equal treatment, transparency, non-discrimination and proportionality and as long as the council complies with those legal obligations the risk of any challenge is unlikely to be successful.

46. Any sub lease of the part of the premises to be occupied by the provider will be required to be entered into simultaneously with the Contract for Services and will be required to be co- terminus with the contract in the event that the contract is terminated by the council as a result of the providers breach of contract, insolvency or event of force majeure.
47. In the event of a change in service provider, the TUPE Regulations will apply as a matter of law to transfer the incumbent provider's existing staff who are "wholly or mainly" (approx. 70% of their time) engaged in the provision of the services, to any new provider . The current contract does contain provisions under which the existing provider is obliged to provide employee liability information in respect of any of its transferring employees to the new provider and indemnify the council in the event of any claims which the council may receive from any transferring employees.

Risk management

48. The recommissioning of ICES presents some key risks and opportunities, outlined below;

Risk	Mitigation
The recommendation to approve the provider of the new service is not approved	The existing contract is in place until 31 March 2020, a direct award to extend the current contract could be utilised whilst alternative arrangements are developed as the service would have to be maintained to meet statutory requirements. This will not remove all risk of challenge, given the litigious nature of the specialist equipment market.
Risk of challenge of the procurement exercise given recent trends within the market, most specifically in relation to the assessment and comparison of specified equipment. This could significantly impact on the timetable and contract start date, for example an extension of the standstill period due to challenge and any legal challenge taking it beyond the end of the existing service in March 2020.	Detailed work has been undertaken with legal and procurement teams to minimise the likelihood of a challenge by developing a robust procurement exercise. Learning from the recent experience of other councils/CCGs. A continuity plan has been developed to mitigate against any negative impact on the service from any delays in the procurement exercise.
Revised timescale for governance will shorten the mobilisation period which may have an impact on the contract start date.	The evaluation period has been shortened considerably to reduce procurement window to allow for the governance process to take place as early as possible after the close of the tender.
New provider does not wish to use the existing facility, which is leased by the council on a 20 year lease.	Property services are aware and developing mitigation options should this take place.

The anticipated budget for this spot purchase demand led service, could be exceeded.	An ongoing monthly monitoring exercise will continue to take place with a mitigation action plan to address any changes in demand or service improvements. Including engagement with prescribing practitioners. The risk share will also follow the same 65% / 35% funding split.
Opportunity	
There is an opportunity to develop a modular approach to enable additional areas of service to be added in over the contract period which will be of value to the commissioners and key stakeholders. These might include purchasing on walking aids or rental equipment.	The proposals includes relevant wording to facilitate a modular approach.

49. The ICES contract is currently on the Adults and Communities risk register in relation to the spend profile and recommissioning and is monitored in line with the relevant directorate procedure.

Consultees

50. Consultation with political groups has been undertaken and no objections or comments were received.
51. Significant consideration has been given to analysing the options for the service during 2018/2019. A range of different methods were used to seek views of people with experiences of the service. In summary, this included;
- Discussions with regional colleagues, particularly the nearest geographic neighbours
 - Written soft market test exercise
 - Face to face soft market test exercise
 - Telephone survey with service users
 - Online survey with prescribing practitioners
 - Semi structured discussion groups with prescribing practitioners
 - Public online survey and drop in session
52. The engagement work provided clear areas to be addressed within the commissioning exercise and some short term actions to develop during the remainder of the year to improve service efficiency and outcomes for the people accessing the service.
53. Responses from members of the public were primarily positive, especially in relation to the ICES staff. The main area to be considered in the new service is in relation to arranging deliveries and collections, which is currently a whole day window. It is anticipated that service efficiency and failed deliveries would benefit if this can be shortened.

54. Prescribing practitioners provided a wide range of comments, which have been incorporated into an operational action plan to be addressed immediately and included in the proposals for the new service. Again a significant issue was in relation to delivery and collection timeslots as outlined above and the new proposals will look to improve the process for all, including the online logistics operating system. Another area of concern was in relation to administrative burden placed on prescribing practitioners regarding communications from the provider. This will be streamlined in the new service and stakeholders are and will continue to be consulted and engaged in the continual service improvement. The majority of the service is well regarded and helpful to prescribing practitioners and these elements will be retained. A working group was formed from senior managers within the key prescribing cohorts to ensure views were represented throughout the development of the proposals, tender assessment and evaluation stages.
55. Feedback from the engagement work has been communicated through various methods with prescribing practitioners, for example;
- professional advisory group meetings,
 - annual occupational therapy conference,
 - advertised in quarterly newsletter, and
 - made available on the internal website.

The public feedback has been placed on the consultation pages of the council's [website](#).

56. The soft market testing exercises highlighted that there is a strong provider market to contract with. This market is very competitive and provides a high level of expertise, as the major providers engaged with cover a population of around 33 million people. The feedback gained will influence the future service model specifically in relation to;
- creating efficiencies through the online operating system, decreasing unnecessary administrative communications and making delivery arrangements more communicative and in line with commercial deliveries,
 - providing opportunities to gain maximum value through the contract via a modular approach as outline under risk management assessment above and access to an online purchasing portal for self-funders,
 - considering community based solutions to improve the return rate of equipment once it is no longer required, and
 - development and assessment of the procurement exercise.
57. All information provided by the public and prescribing practitioners and soft market test is being used to influence the proposals for the service and to contribute to the ongoing action plan for the continued improvement and operation of the service.

Appendices

Appendix 1 – Regulation 84 report (tender evaluation report)

Appendix 2 - Equality Impact Assessment

Appendix 3 - Data Privacy Impact Assessment

Background papers

None