

# OFFICER DECISION MAKING

Monday, 16th January, 2012  
at 10.00 am

## PLEASE NOTE TIME OF MEETING

Office of the Executive Director for Health  
and Adult Social Care

This meeting is not open to the public

### **Decision Maker**

Executive Director for Health and Adult Social  
Care

### **Contacts**

Democratic Support Officer

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## AGENDA

Agendas and papers are available via the Council's website

**1 REVISION OF AN AGREEMENT BETWEEN NHS SOUTHAMPTON AND THE COUNCIL FOR A COMMUNITY EQUIPMENT SERVICE**

Report of the Deputy Director/Joint Associate Director Integrated Strategic Commissioning, Health and Adult Social Care Directorate, seeking a revision to the existing Section 75 Partnership Agreement between Southampton City Council and NHS Southampton, attached.

FRIDAY, 6 JANUARY 2012

HEAD OF LEGAL AND DEMOCRATIC SERVICES

# Agenda Item 1

<b>DECISION-MAKER:</b>	EXECUTIVE DIRECTOR FOR HEALTH AND ADULT SOCIAL CARE
<b>SUBJECT:</b>	REVISION OF AN AGREEMENT BETWEEN SNHS SOUTHAMPTON AND THE COUNCIL FOR A COMMUNITY EQUIPMENT SERVICE
<b>DATE OF DECISION:</b>	16 JANUARY 2012
<b>REPORT OF:</b>	Deputy Director/Joint Associate Director Integrated Strategic Commissioning, Health and Adult Social Care
<b>STATEMENT OF CONFIDENTIALITY</b>	
NOT APPLICABLE	

## **BRIEF SUMMARY**

A decision is sought to revise the existing Section 75 Partnership Agreement between Southampton City Council and NHS Southampton for the joint equipment service to enable Southampton City Council to act as host agency for the pooled fund and take on the lead commissioner responsibility for the services which will be re-commissioned against a new service specification from 1 October 2012 for a three year period (with option of a further two year extension).

## **RECOMMENDATIONS:**

- (i) To approve the revision of an existing partnership arrangement (in accordance with Section 75 (S75) of the National Health Service Act 2006) for a three year period (with the option of a further two year extension), between Southampton City Council and NHS Southampton to enable the City Council to become host agency for the pooled fund and assume lead commissioner responsibility for the services.
- (ii) To approve the revision of the service specification and re-procurement of the services to achieve improved quality and efficiencies through economies of scale.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. The Executive Director for Health and Adult Social Care is asked to approve the recommendations under a delegation granted by Cabinet on 20 December 2010. The delegation is 'To delegate to the Executive Director for Health and Adult Social Care, after consultation with the Cabinet Member for Adult Social Care and Health, authority to take any decision and/or develop approaches that commit Council resources that are within budget and policy to deliver better outcomes for local people and support the aims of the NHS White Paper – Equity and Excellence: Liberating the NHS'.
2. The benefit of a Section 75 Partnership Agreement for jointly commissioning community equipment services is that it enables a joined up approach to meeting both health and social care needs to support people to achieve rehabilitation and independence at home and offers efficiency gains through economies of scale and increased purchasing power, whilst meeting the joint priorities and objectives of the Council and the NHS.

3. The reason for revising the agreement so that the City Council takes on the role of lead commissioner is that it will enable a local commissioning focus to be maintained during a period of substantial change in the NHS. The reason for revising the scope and specification for the service and testing the market is to:
  - Set clear requirements for service quality and response times which should help decrease the frequently long delays which impede patients discharge from hospital and inhibit their safety and confidence in coping at home.
  - Achieve further economies of scale through integrating other equipment budgets and functions which currently sit outside the service.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

4. To continue the current Section 75 Agreement with NHS Southampton City as the lead commissioner – not recommended on the basis that it was felt that by transferring the lead commissioning responsibility to the City Council, the Southampton City focus could be better maintained during a period of substantial change in the NHS.
5. To work with the existing service provider to redesign the service to deliver the new service specification – not recommended on the basis that the service is being significantly redesigned and other functions/services/ budgets are being integrated, such that it would seem sensible and justifiable to test the wider market.
6. To commission the service collaboratively with other authorities/ PCTs across SHIP over a wider area – this was explored with Portsmouth and Hampshire but not recommended on the basis that the other authorities are not at the same stage as Southampton in having a S75 already in place, having reviewed the service and being ready to procure a new service and to wait would bring about an unacceptable delay.
7. To dissolve the Section 75 Agreement and commission health and social care equipment separately – not recommended on the basis that economies of scale and efficiencies would be lost and services fragmented.

#### **DETAIL (Including consultation carried out)**

8. NHS Southampton City and Southampton City Council already commission a joint community equipment service through a Section 75 Partnership Agreement, where the PCT hosts the pooled fund and acts as lead commissioner. The service is currently commissioned from Solent NHS Trust.
9. There are a number of issues with the current provision which need addressing, including poor management of demand and capacity, long waiting times, limited collection and recycling of equipment, lack of specialist clinical advisory input or arrangements in place to access this and inflexible delivery times.

10. A twelve-month notice was served to Solent NHS Trust to decommission the current service, which comes into effect on 1<sup>st</sup> October 2012 and a new procurement to test the market is planned to commence January 2012.
11. The new community equipment service specification for the service will be tighter and will particularly set clear key performance indicators for the standards of quality and performance expected.
12. In addition to the current scope of services commissioned, the new specification will in addition include:
  - Provision of equipment demonstration and advisory service (currently commissioned from the JES by the PCT outside of the S75)
  - Technician service for the fitting of fixed equipment, building of ramps etc. (currently commissioned by SCC outside of the S75)
  - Provision of Telecare equipment which has been funded through reablement monies.
  - Access for the two specialist schools (Cedar & Rosewood) to the services commissioned; these will have access to the joint equipment service through the City Council's contract but will be recharged separately for their usage.

### **Benefits**

13. Benefits of the proposed service and added value to be delivered through the pooled fund Section 75 Partnership arrangements are:
  - The Section 75 pooled fund continues to integrate services and funding thereby improving economies of scale, efficiencies and outcomes for local people.
  - It continues to offer a joined up approach to meeting both health and social care needs to support people achieve rehabilitation and independence, whilst also making the contract clearer and more specific.
  - It offers a comprehensive and consistent service, serving all residents of Southampton, regardless of where and how people access the system.
  - The change in the lead commissioner arrangement (from NHS Southampton City to Southampton City Council) will enable a local commissioning focus to be maintained during a period of substantial change in the NHS.

### **Consultation undertaken**

14. The review of the current service has been undertaken through a project management structure which has involved a number of key stakeholders including NHS Southampton commissioners, Southampton City Council commissioners, Solent NHS Trust existing service provider and prescribers and University Hospitals Services, Foundation Trust. A range of other stakeholders have also been consulted about the current service and new specification through a series of telephone calls and meetings. These have included parents and carers, special schools (Cedars and Rosewood), Specialist teacher advisory Service, Sensory Services Team, Jigsaw joint

children's disability team, Contact Centre and OT service, the Red Cross and Housing Services.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

15. See appendices 2
16. The total value of the proposed S75 agreement is £1,220,200 for which SCC will contribute £539,800 and NHS SC will contribute £680,400.
17. The proposals as set out in this report, for the provision of a Joint Equipment Service will be met from within existing ASCH Portfolio and NHS SC resources. The hosting arrangements will not impact financially on existing resources for contractual and financial support.
18. Any future contractual arrangement with a provider will be financially limited to the budget as outlined in Appendix 2. It is anticipated that any re-tendered service will maximise the existing resources to improve the service experienced by its users. A saving is not being anticipated at this time.

### **Property/Other**

19. The current service is delivered from premises rented by the PCT from a private landlord. As the lease agreement extends beyond the notice period of the existing contract, it is expected that any new incoming provider takes on the current premises.

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

20. This proposal is for a pooled fund under Section 75 National Health Services Act 2006.

### **Other Legal Implications:**

21. None

## **POLICY FRAMEWORK IMPLICATIONS**

22. The services commissioned will contribute to the Southampton Connect City Challenge for Wellbeing, in particular supporting vulnerable people and promoting long term independence, and specifically support the following two City Council KPIs:
  - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
  - Delayed transfers of care from hospital, and those that are attributable to Adult Social Care

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**KEY DECISION?** Yes

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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### SUPPORTING DOCUMENTATION

**Non-confidential appendices are in the Members' Rooms and can be accessed on-line**

#### **Appendices**

1.	Full Business Case
2.	Financial table

#### **Documents In Members' Rooms**

1.	None
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#### **Integrated Impact Assessment**

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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#### **Other Background Documents**

**Integrated Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None
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*Southampton City*

**FULL BUSINESS CASE**

PROPOSAL FOR A REVISED PARTNERSHIP  
ARRANGEMENT  
TO BE ENTERED INTO BETWEEN

SOUTHAMPTON CITY COUNCIL  
AND  
NHS SOUTHAMPTON CITY

FOR

A RE-SPECIFIED  
COMMUNITY EQUIPMENT SERVICE

USING SECTION 75 OF THE NATIONAL HEALTH  
SERVICE ACT 2006

<b>1.</b>	<b>TITLE OF SCHEME</b>
1.1	Southampton Joint Community Equipment Service Section 75 Agreement review and re-specification.
<b>2.</b>	<b>PARTNER DETAILS</b>
2.1	<p>Southampton City Council Health and Adult Social Care Marland House 17 Civic Centre Road Southampton SO14 7PR</p> <p>and</p> <p>2.2 NHS Southampton City Trust Headquarters Oakley Road Millbrook Southampton Hampshire SO16 4GX</p>
<b>3.</b>	<b>COMMENCEMENT AND DURATION</b>
3.1	The start date of the agreement will be 1 <sup>st</sup> October 2012.
3.2	It is proposed that the duration of the Section 75 Agreement is 3 years with an option to extend the agreement for a further 2 years.
<b>4.</b>	<b>HEALTH ACT FLEXIBILITIES – COMMISSIONED SERVICES</b>
4.1	It is proposed to enter into a revised partnership arrangement using a Section 75 Agreement to enable Southampton City Council to lead commission a local community equipment service on behalf of itself and NHS Southampton City, using a pooled fund.
<b>5.</b>	<b>AIMS &amp; OBJECTIVES</b>

5.1	<p>The main aim of revising the Section 75 Partnership Agreement is to enable Southampton City Council to lead commission a newly specified, jointly commissioned, community equipment service/s on behalf of the local health and social care system using a pooled fund.</p>
5.2	<p>This will deliver integrated services across health and social care which will achieve efficiency gains through economies of scale and increased purchasing power, whilst meeting the joint priorities and objectives of the council and the NHS.</p>
5.3	<p>Key joint objectives that the newly specified service will deliver are;</p> <ul style="list-style-type: none"> <li>• To enable a joined up approach to meeting both health and social needs to support people to achieve rehabilitation and independence</li> <li>• To provide improved quality, flexibility and responsiveness</li> <li>• To improve cost effectiveness and value for money by integrating other sources of funding and systems e.g. reablement funding and education equipment and making best use of total resource.</li> </ul>
5.4	<p>Reablement is one of the government's main tools in supporting rehabilitation and promoting independence. It provides funding streams to encourage greater integration between health and social care at the local level, resulting in better care and outcomes for local people and reduced costs. In Southampton, reablement funds have totalled £3.8m in 2011/12 and have been used to pump prime a range of services including community equipment, telecare and telehealth, emergency intensive support, increased therapy to support independence, education to nursing homes, alcohol prevention initiatives, and additional social work support. Further funding will be made available non-recurringly in 2012/13, although likely to be at a reduced level. Funding post March 2013 is unknown. It is proposed that the telecare equipment purchased through reablement funding is included in the S75 joint equipment service (telehealth is more specialist and will continue to sit outside).</p>
<b>6. STRATEGIC CONTEXT / NATIONAL AND LOCAL POLICIES</b>	
6.1	<p>National policies and strategies which the commissioned services will support under the Section 75 Partnership Arrangements are;</p> <ul style="list-style-type: none"> <li>• Putting People First and the Personalisation agenda (2008)</li> <li>• Aiming High for Disabled Children programme (2008)</li> <li>• Transforming Community Services (2009)</li> <li>• The National Dementia Strategy (2009)</li> <li>• The Delayed Discharges (Continuing Care) strategy (2009)</li> <li>• Integrated community equipment services (2001)</li> <li>• The End of Life Strategy (2008)</li> <li>• The National Service Framework for Child Health and Maternity (2004)</li> <li>• The National Service Framework for long term conditions (2005)</li> <li>• The National Service Framework for Older People (2001)</li> </ul>
6.2	<p>Locally the services will respond to a number of priorities identified in the Southampton Joint Strategic Needs Assessment, key priority areas being:</p>

	<ul style="list-style-type: none"> <li>• Palliative care</li> <li>• Vascular diseases (including heart disease, stroke and diabetes)</li> <li>• Respiratory diseases (including asthma and obstructive airways disease)</li> <li>• Alcohol harm, accidents and falls</li> </ul> <p>6.3 The services will also contribute to the Southampton Connect City Challenge for Wellbeing, in particular supporting vulnerable people and promoting long term independence, and specifically support two of the Council's "killer" KPIs:</p> <ul style="list-style-type: none"> <li>• Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services</li> <li>• Delayed transfers of care from hospital, and those that are attributable to Adult Social Care</li> </ul> <p>6.4 The commissioned services will also contribute to the following strategic goals of the PCT's Strategic Plan:</p> <ul style="list-style-type: none"> <li>• Goal 3 - To improve detection and treatment of long term conditions and improve self care, to add years to life and life to years</li> <li>• Goal 5 - Redesigning traditional models of care, so that there is greater focus on access to services in Primary Care and the Community</li> <li>• Goal 6 - Reshape unscheduled care to make best use of health resources and improve patient experience</li> </ul> <p>6.5 More specifically the services will support the delivery of the CCG's QIPP Programme for Urgent Care, in the following area, by making community equipment available in a responsive way, enabling people to remain as independent as possible in the community, avoiding hospital admission:</p> <ul style="list-style-type: none"> <li>• Improving services for those at risk and chronically ill through the day and night including patients receiving end of life care</li> </ul>
<b>7. CURRENT SERVICE PROVISION</b>	
<p>7.1</p> <p>7.2</p> <p>7.3</p>	<p>NHS Southampton City and Southampton City Council already commission a joint community equipment service through a Section 75 Partnership Agreement, where the PCT acts as lead commissioner.</p> <p>The service is currently commissioned from Solent NHS Trust. Included in the existing Section 75 Agreement are;</p> <ul style="list-style-type: none"> <li>▪ Procurement, provision, delivery, collection, cleaning and recycling of equipment for health and social care.</li> <li>▪ Maintenance of equipment which is covered under a maintenance arrangement i.e. ceiling track hoists</li> <li>▪ Use of various sub stores</li> <li>▪ Sensory equipment service</li> <li>▪ Limited telecare</li> </ul> <p>Equipment/ equipment services which are currently commissioned by <b>NHS Southampton City</b> (either directly or through its commissioned services) outside of the Section 75 arrangement are:</p>

	<ul style="list-style-type: none"> <li>▪ Equipment demonstration and advisory service (part of the joint equipment service but funded by the PCT outside the S75)</li> <li>▪ Telehealth equipment commissioned by the PCT outside of the S75</li> <li>▪ Equipment purchased by the paediatric physiotherapy community service which the PCT commissions from Solent NHS Trust</li> <li>▪ Specialist equipment purchased by the PCT's Continuing Health care teams for adults and children</li> </ul> <p>7.4 Equipment/ equipment services which are currently commissioned by <b>Southampton City Council</b> outside of the Section 75 arrangement are:</p> <ul style="list-style-type: none"> <li>▪ A technician service from Hampshire County Council (which is closely linked to the joint equipment service but is currently commissioned separately by Southampton City Council outside of the S75)</li> <li>▪ Sensory equipment purchased by the Specialist Teacher Advisors team for children within the City Council and technician employed within the team</li> <li>▪ Equipment purchased by the City Council and installed into City Council owned properties</li> </ul> <p>7.5 Also outside of the Section 75 arrangement is equipment purchased by Cedar School (which is a maintained school) and Rosewood School (which is an independent school).</p> <p>7.6 There are a number of issues with the current provision which need addressing. These include:</p> <ul style="list-style-type: none"> <li>▪ Poor management of demand and capacity</li> <li>▪ Responsiveness – waiting times for equipment, particularly non-stock equipment, can often be long and the standard stock equipment list is limited</li> <li>▪ Availability of specialist expertise in relation to sensory equipment</li> <li>▪ Lack of clear KPIs in the service specification to enable quality to be monitored</li> <li>▪ Collection and therefore recycling of equipment is limited</li> <li>▪ Lack of specialist clinical advisory input or arrangements in place to access this, eg. paediatrics, tissue viability</li> <li>▪ Fitting of equipment at time of delivery</li> <li>▪ Flexibility of delivery times and responsiveness to enable timely discharge or prevent admission</li> </ul>
<b>8.</b>	<b>PROPOSED SERVICE PROVISION</b>
8.1	It is proposed that Southampton City Council will act as the lead commissioner and host of the Section 75 pooled fund.
8.2	A twelve-month notice was served to Solent NHS Trust to decommission the current service, which comes into effect on 1 <sup>st</sup> October 2012 and a new procurement to test the market is planned to commence January 2012.
8.3	A new service specification has been developed for the community equipment service with a separate specification for the sensory service equipment element,

which it is proposed is removed from the S75 and commissioned separately.

8.4 It is also proposed that the provision of sensory equipment provided to children in schools by the City Council's Specialist Teacher Advisors and also the related technician service for this equipment is included in the sensory equipment service to be commissioned separately.

8.5 The new community equipment service will provide the procurement, loaning, delivery, demonstration and training, installation, maintenance, collection and recycling of equipment for daily living.

8.6 The specification for the service will be tighter and will particularly;

- Be specific about required response times and the availability of the service
- Have an updated, broader standard stock list, resulting in a wider choice and more efficient use of equipment, as well as ability to better monitor the performance of the provider in respect of response times
- Have a stronger focus on collection and recycling of equipment, to maximize the useful life of the equipment and achieve efficiencies
- Have a stronger focus on measuring and forecasting demand, in order to increase availability, better respond to demand and achieve efficiencies
- Have a stronger focus on monitoring spend at prescriber level, involving prescribers
- Set clear key performance indicators for the standards of quality and performance expected
- Be clearer about the respective responsibilities of the prescribers and the provider

8.7 The commissioned budget for the services will include all equipment within defined stock lists as well as non-stock equipment, which can be requested by authorised prescribers.

8.8 The service will be provided to people of all ages living within the Southampton City Council boundary or who are registered with an NHS Southampton City GP. Clients that are registered with an NHS Southampton City GP, but reside outside the city boundary, will only be able to access health equipment. Social equipment for Hampshire residents must be assessed and provided by Hampshire County Council.

8.9 Commissioned services to be **included** under the revised Section 75 Partnership arrangement are;

**All current provision ie:**

- Equipment provision for health and social care, procurement, delivery, collection, recycling etc.
- Maintenance of equipment which is covered under a maintenance arrangement i.e. ceiling track hoists
- Use of various sub stores

**Plus it is proposed that the following are also included:**

- Provision of equipment demonstration and advisory service (currently commissioned from the JES by the PCT outside of the S75)
- Technician service for the fitting of fixed equipment, building of ramps etc.

<p>8.10</p>	<p>(currently commissioned by SCC outside of the S75)</p> <ul style="list-style-type: none"> <li>• Provision of telecare equipment which has been funded through reablement monies. Telehealth is considered to be more specialist and will continue to sit outside of the community equipment service.</li> <li>• Access for the two specialist schools (Cedar &amp; Rosewood) to the services commissioned; these will have access to the joint equipment service through the City Council's contract but will be recharged separately for their usage.</li> <li>• Access for the PCT's continuing care teams (adults and children) to the services commissioned. It is proposed that funding from the continuing care budgets (based on historical spend on equipment) is transferred into the S75.</li> </ul> <p>Services to be <b>excluded</b> under the Section 75 Partnership arrangement are (as current);</p> <ul style="list-style-type: none"> <li>• The provision of wheelchairs (commissioned separately)</li> <li>• Enteral feeding, respiratory equipment and other specific nursing equipment (commissioned via Adult and Paediatric Community Nursing)</li> <li>• Telehealth equipment</li> </ul>
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<p><b>9. BENEFITS OF THE PROPOSAL</b></p>	
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<p>9.1</p>	<p>Benefits of the proposed service and added value to be delivered through the pooled fund Section 75 Partnership arrangements are;</p> <ul style="list-style-type: none"> <li>• The Section 75 pooled fund continues to integrate services and funding thereby improving economies of scale, efficiencies and outcomes for local people</li> <li>• It continues to offer a joined up approach to meeting both health and social care needs to support people achieve rehabilitation and independence, whilst also making the contract clearer and more specific.</li> <li>• It offers a comprehensive and consistent service, serving all residents of Southampton, regardless of where and how people access the system</li> <li>• The change in the lead commissioner arrangement (from NHS Southampton City to Southampton City Council) will enable a local commissioning focus to be maintained during a period of substantial change in the NHS</li> </ul>
<p>9.2</p>	<p>The added value of re-specifying and re-tendering the service to be clearer about commissioner expectations and to integrate other functions and sources of equipment (e.g. technician service, EDAS, telecare, access for special schools) is;</p> <ul style="list-style-type: none"> <li>• Stronger focus on delivering local priorities/targets through clearer key performance indicators and expectations</li> <li>• Further economies of scale and flexible use of resource</li> <li>• Increased efficiency should result in greater availability and more timely provision of service which should help decrease the frequently long delays which impede patients discharge from hospital and inhibit their safety and confidence in coping at home</li> </ul>



10.	<b>STAFFING IMPLICATIONS</b>																																							
10.1	<p>The current Solent NHS Trust service commissioned through the existing Section 75 Agreement is staffed by;</p> <table border="1" data-bbox="284 322 1174 757"> <thead> <tr> <th>BAND</th> <th>WTE</th> <th>POST</th> </tr> </thead> <tbody> <tr> <td>8A</td> <td>0.8</td> <td>Support Services Manager (JES &amp; WCS)/Clinical Advisor</td> </tr> <tr> <td>7</td> <td>1.0</td> <td>Occupational Therapist</td> </tr> <tr> <td>5</td> <td>1.0</td> <td>Warehouse Supervisor</td> </tr> <tr> <td>3</td> <td>1.0</td> <td>Driver/Fitter</td> </tr> <tr> <td>3</td> <td>1.0</td> <td>Driver/Fitter</td> </tr> <tr> <td>3</td> <td>1.0</td> <td>Driver/Fitter</td> </tr> <tr> <td>3</td> <td>1.0</td> <td>Driver/Fitter</td> </tr> <tr> <td>2</td> <td>1.0</td> <td>Admin</td> </tr> <tr> <td>2</td> <td>0.43</td> <td>Admin</td> </tr> <tr> <td>2</td> <td>1.0</td> <td>Admin Non Recurrent</td> </tr> <tr> <td>3</td> <td>0.4</td> <td>Sensory</td> </tr> <tr> <td>2</td> <td>0.2</td> <td>Sensory</td> </tr> </tbody> </table> <p>10.2 Staff involved in other elements of the proposed service, which currently sit outside of the Section 75 Agreement, are;</p> <ul style="list-style-type: none"> <li>• Two full time Occupational Therapist Technicians currently employed and funded through Southampton City Council.</li> <li>• 0.5 wte telecare technician (currently employed by Solent outside of the JES budget - the other 0.5 wte of this post being for telehealth which is considered to be outside the community equipment service)</li> </ul> <p>10.3 The proposed new service will combine all of these elements. However the detail of its staffing and structure are subject to the outcome of its procurement.</p> <p>10.4 A number of Personnel will be affected as a result of the procurement. TUPE is likely to apply and so the incoming provider will be liable for any redundancies. However the existing service providers may choose to redeploy staff if not successful through the tender.</p>	BAND	WTE	POST	8A	0.8	Support Services Manager (JES & WCS)/Clinical Advisor	7	1.0	Occupational Therapist	5	1.0	Warehouse Supervisor	3	1.0	Driver/Fitter	3	1.0	Driver/Fitter	3	1.0	Driver/Fitter	3	1.0	Driver/Fitter	2	1.0	Admin	2	0.43	Admin	2	1.0	Admin Non Recurrent	3	0.4	Sensory	2	0.2	Sensory
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11.	<b>MANAGEMENT OF SECTION 75</b>																																							
11.1	The proposed Section 75 Partnership Agreement is for a single pooled fund, which will be hosted by Southampton City Council. Southampton City Council will become the lead commissioner for the service.																																							
11.2	It is envisaged that the Fund Manager will be a member of the City Council commissioning team accountable to both the PCT and Local Authority through the joint management structure which currently exists with the jointly appointed Associate Director of Health and Social Care.																																							
11.3	<p>The S75 pooled fund will consist of:</p> <ul style="list-style-type: none"> <li>• The equipment provision and maintenance</li> <li>• Delivery of the service including salaries of staff e.g. management, administration, technicians, delivery drivers, and overheads, eg. accommodation,</li> </ul>																																							



11.4	<p>vehicles, IT</p> <ul style="list-style-type: none"> <li>Administration costs for the pooled fund in commissioning</li> </ul> <p>NOTE: The current service is delivered from premises rented by the PCT (Josian Centre) from a private landlord. The provider (Solent NHS Trust) is recharged by the PCT for the premises costs and these costs are covered within the existing service contract between PCT and Solent NHS Trust. As the lease agreement extends beyond the notice period of the existing contract, it is expected that any new incoming provider takes on the current premises.</p>																												
<b>12.</b>	<b>CONSULTATION</b>																												
12.1	<p>The review of the current Section 75 Partnership Agreement and current joint equipment service, which has led to this business case, has been undertaken over the course of 6 months (June – November 2011) through a project management structure which has involved a number of key stakeholders.</p>																												
12.2	<p>The project board overseeing the review and which has met on 16 June 2011, 25 August 2011, 13 October 2011 and 15 November 11, has included within its core membership;</p>																												
	<table border="0"> <tr> <td data-bbox="284 1532 699 1576">Donna Chapman (Chair)</td> <td data-bbox="699 1532 1497 1576">NHS Southampton City</td> </tr> <tr> <td data-bbox="284 1576 699 1621">Stephanie Ramsey</td> <td data-bbox="699 1576 1497 1621">Southampton City Council &amp; NHS</td> </tr> <tr> <td data-bbox="284 1621 699 1666"></td> <td data-bbox="699 1621 1497 1666">Southampton City, Integrated</td> </tr> <tr> <td data-bbox="284 1666 699 1711"></td> <td data-bbox="699 1666 1497 1711">Commissioning</td> </tr> <tr> <td data-bbox="284 1711 699 1756">Jane Brentor</td> <td data-bbox="699 1711 1497 1756">Southampton City Council, Head of</td> </tr> <tr> <td data-bbox="284 1756 699 1800"></td> <td data-bbox="699 1756 1497 1800">Care Provision</td> </tr> <tr> <td data-bbox="284 1800 699 1845">Lauren Caine</td> <td data-bbox="699 1800 1497 1845">NHS Southampton City</td> </tr> <tr> <td data-bbox="284 1845 699 1890"></td> <td data-bbox="699 1845 1497 1890">Commissioning, (Project Manager)</td> </tr> <tr> <td data-bbox="284 1890 699 1935">Dave Clements</td> <td data-bbox="699 1890 1497 1935">Solent NHS Trust, Associate Director</td> </tr> <tr> <td data-bbox="284 1935 699 1980">Chris Humphrey</td> <td data-bbox="699 1935 1497 1980">Southampton City Council, Service</td> </tr> <tr> <td data-bbox="284 1980 699 2024"></td> <td data-bbox="699 1980 1497 2024">Manager</td> </tr> <tr> <td data-bbox="284 2024 699 2069">Aleksandra Burlinson</td> <td data-bbox="699 2024 1497 2069">Southampton City Council Contracting</td> </tr> <tr> <td data-bbox="284 2069 699 2114">Vanessa Arnell-Cullen</td> <td data-bbox="699 2069 1497 2114">UHSFT, Care Group Manager,</td> </tr> <tr> <td data-bbox="284 2114 699 2159"></td> <td data-bbox="699 2114 1497 2159">Medicine &amp; Elderly Care</td> </tr> </table>	Donna Chapman (Chair)	NHS Southampton City	Stephanie Ramsey	Southampton City Council & NHS		Southampton City, Integrated		Commissioning	Jane Brentor	Southampton City Council, Head of		Care Provision	Lauren Caine	NHS Southampton City		Commissioning, (Project Manager)	Dave Clements	Solent NHS Trust, Associate Director	Chris Humphrey	Southampton City Council, Service		Manager	Aleksandra Burlinson	Southampton City Council Contracting	Vanessa Arnell-Cullen	UHSFT, Care Group Manager,		Medicine & Elderly Care
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	Medicine & Elderly Care																												
12.3	<p>The project team informing the review and which has been consulted about the new specification has met on 9/06/11, 30/06/11, 13/07/11, 8/09/11 and 5/10/11 and has membership from;</p>																												
	<table border="0"> <tr> <td data-bbox="284 1554 699 1599">Lauren Caine (Chair)</td> <td data-bbox="699 1554 1497 1599">Southampton City NHS Trust</td> </tr> <tr> <td data-bbox="284 1599 699 1644"></td> <td data-bbox="699 1599 1497 1644">Commissioning (Project Manager)</td> </tr> <tr> <td data-bbox="284 1644 699 1688">Paul Frampton</td> <td data-bbox="699 1644 1497 1688">Southampton City Council OT</td> </tr> <tr> <td data-bbox="284 1688 699 1733">Nick Persson</td> <td data-bbox="699 1688 1497 1733">Southampton City Council Finance</td> </tr> <tr> <td data-bbox="284 1733 699 1778">Liz Cumming</td> <td data-bbox="699 1733 1497 1778">Southampton City Council OT</td> </tr> <tr> <td data-bbox="284 1778 699 1823">Sharon Stewart</td> <td data-bbox="699 1778 1497 1823">Southampton City Council Contacts</td> </tr> <tr> <td data-bbox="284 1823 699 1868"></td> <td data-bbox="699 1823 1497 1868">Team</td> </tr> <tr> <td data-bbox="284 1868 699 1912">Adam Wells</td> <td data-bbox="699 1868 1497 1912">Southampton City Council Contracting</td> </tr> <tr> <td data-bbox="284 1912 699 1957">Sarah Perry</td> <td data-bbox="699 1912 1497 1957">Solent NHS Trust Paediatric OT</td> </tr> <tr> <td data-bbox="284 1957 699 2002">Richard Jarczyk</td> <td data-bbox="699 1957 1497 2002">Solent NHS Trust JES Service</td> </tr> </table>	Lauren Caine (Chair)	Southampton City NHS Trust		Commissioning (Project Manager)	Paul Frampton	Southampton City Council OT	Nick Persson	Southampton City Council Finance	Liz Cumming	Southampton City Council OT	Sharon Stewart	Southampton City Council Contacts		Team	Adam Wells	Southampton City Council Contracting	Sarah Perry	Solent NHS Trust Paediatric OT	Richard Jarczyk	Solent NHS Trust JES Service								
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## SECTION 75 FBC COMMUNITY EQUIPMENT VERSION 4 [1.11.11]

June Dutton  
Steve Sollitt  
Annette Robbins  
Amanda Harris

Manager  
Solent NHS Trust JES Clinical Support  
Manager  
Solent NHS Trust Finance  
Solent NHS Trust Community Nursing  
Southampton University Hospitals  
Trust

12.4 A range of other stakeholders have also been consulted about the current service and new specification through a series of telephone calls and meetings. These have included;

Description	Individual name/s or chair	Date	Telephone call or face to face meeting
Childrens Disability forum - City wide Paediatric meeting at Jigsaw service to multiple services giving update and overview of project and how changes could impact.	Jamie Schofield	29/09/11	Meeting
Southampton City Council Specialist Teacher Advisory Service	Dr Julia Katherine	15/06/11 30/06/11 06/10/11	Meeting Meeting Meeting
Head at Cedar School	Jonathan Howell	15/06/11 30/06/11 15/10/11	Meeting Meeting Telephone Call
City OT meeting (approx 40 therapists/OTAs) – stores evaluation, collating issues		21/06/11	Meeting
Process mapping/issues	Deborah Stevens	23/06/11	Meeting
Process mapping/multiple issues	Anita Hill	24/06/11	Meeting
Process mapping/issues	Jamie Schofield	27/06/11	Meeting
Discuss JES issues.	Sandra Turnbull	08/07/11	Telephone call
SCC OTT service issues	Monica Hatley	12/07/11	Meeting
Marland House OT Service	Liz Cumming	20/07/11	Meeting
OTT Service Manager Hants CC based at Segensworth	Phil Clarke	20/07/11	Meeting
repairs/ maintenance issues.	Deborah Stevens	21/07/11	Meeting
JES user group	June Dutton	21/07/11	Meeting
Deliveries	June Dutton	25/07/11	Meeting
Best Practice	Chris Humphries	26/07/11	Meeting
Complaints Manager -re JES issues/customer experience.	Marion Woods	05/08/11 05/08/11	Telephone call
Issues Red Cross	Carol Mayers	05/08/11	Telephone call

## SECTION 75 FBC COMMUNITY EQUIPMENT VERSION 4 [1.11.11]

Sensory issues	Anita Hill	05/08/11	Telephone call
SGH with Medical/surgical	Amanda Harris	08/08/11	Meeting
SGH with Orthopaedics	Sasha Smith	08/08/11	Telephone call
SCC Team Manager	Sharon Stewart	08/08/11	Telephone call
Senior Prac Social Worker at SGH	Nicola Fox	08/08/11	Telephone call
Telecare JES	Tom Adcock	08/08/11	Telephone call
Red Cross service mapping	Jenny Smart	10/08/11	Telephone call
Mtg with at JES regarding Telecare	Tom Adcock	22/08/11	Meeting
SGH with Orthopaedics	Sasha Smith	22/08/11	Telephone call
JES OT - electro/mechanical equipment servicing repairs and scheduled maintenance (stairlifts, bath-lifts).	Deborah Stevens & Dave Smith	01/09/11	Meeting
JES Service	June Dutton	07/09/11	Meeting
Paediatric std list, Cedar School	Sandra Turnbull	09/09/11	Meeting
(Private Sector Housing Manager) re Stairlift, minor adapts.	Jason Clarke	16/09/11	Telephone call
To/from Wordsworth House/Cedar School regarding paediatric list for specification		30/09/11	Telephone call
OTT criteria and associated costs.	Barry (OTT)	30/09/11	Telephone call
Private companies to establish associated costs to determine criteria for works under/over £500 for OTT		30/09/11	Telephone call
Rapid Response issues	Rachel Everett	01/10/11	Telephone call
Paediatric specification	Sarah Perry	03/10/11	Meeting
OTT service	Monica Hatley	04/10/11	Meeting
Rapid Response -scoping service, issues and funding.	Rachel Everett	07/10/11	Telephone call
OTT service scope issues	Liz Cumming	17/10/11	Telephone call
Hants OTT - Incorporate feedback into OTT service document	Phil Clarke	17/10/11	Telephone call
Incorporate feedback into Paediatric std equipment list	Sandra Turnbull.	17/10/11	Telephone call
PT Wordsworth House	Jemma Smith	17/10/11	Telephone call

SECTION 75 FBC COMMUNITY EQUIPMENT VERSION 4 [1.11.11]

	SCC OTT	Barry	17/10/11 T/c to	Telephone call
	EDAS	Lynn Burton	18/10/11	Telephone call
	Paediatric Physio section 75 and physiotherapy equipment	Jemma Smith	18/10/11	Telephone call

**13. GOVERNANCE**

13.1	<p>A new Partnership Board will be established to oversee the new Section 75 Agreement. This will include the following membership;</p> <p>NHS Southampton Commissioning Lead          Southampton City Council Commissioning Lead and pooled fund manager          NHS Southampton Finance Lead          Southampton City Council Finance Lead          Southampton City Council contracts manager          Prescriber representatives i.e.</p> <ul style="list-style-type: none"> <li>• Occupational Therapy</li> <li>• University Hospitals Trust, Southampton</li> <li>• Community Nursing</li> <li>• Paediatrics Services</li> <li>• Education</li> <li>• Etc – TBA</li> </ul>
13.2	Terms of Reference are yet to be developed.
13.3	The existing Joint Contract Monitoring and Development Committee of NHS Southampton City and Southampton City Council will ensure effective governance arrangements are in place and receive quarterly reports from the partnership Board.

**14. OPTIONS APPRAISAL**

14.1	<p>Various proposals have been considered to deliver the required outcomes. These are as follows:</p> <ul style="list-style-type: none"> <li>• To continue the current Section 75 Agreement with NHS Southampton City as the lead commissioner – rejected on the basis that it was felt that by transferring the lead commissioning responsibility to the City Council, the Southampton City focus could be better maintained during a period of substantial change in the NHS.</li> <li>• To work with the existing service provider to redesign the service to deliver the new service specification – rejected on the basis that the service is being significantly redesigned and other functions/services/ budgets are being integrated, such that it would seem sensible and justifiable to test the wider</li> </ul>
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	<p>market.</p> <ul style="list-style-type: none"> <li>• To commission the service collaboratively with other authorities/ PCTs across SHIP over a wider area – this was explored with Portsmouth and Hampshire but rejected on the basis that the other authorities are not at the same stage as Southampton in having a S75 already in place, having reviewed the service and being ready to procure a new service and to wait would bring about an unacceptable delay. However, this does not preclude requiring the providers to collaborate across areas to achieve improved efficiencies in procurement practice and loaning of recycled equipment.</li> <li>• To dissolve the Section 75 Agreement and commission health and social care equipment separately – rejected on the basis that economies of scale and efficiencies would be lost and services fragmented.</li> </ul> <p>14.2 The preferred option of continuing with a Section 75 Agreement, but with Southampton City Council as host and lead commissioner and re-tendering the service against a broader scope, but more specific specification has been chosen because:</p> <ul style="list-style-type: none"> <li>• It retains local focus</li> <li>• It maintains an integrated joined up arrangement for meeting both health and social care needs through continued use of S75</li> <li>• It achieves further economies of scale and efficiencies by bringing together other equipment services and procurement processes which currently sit outside the service</li> <li>• It will drive up quality by standardising a wider range of equipment and introducing clear service standards, as well as a clear split in responsibilities between commissioner and provider.</li> </ul>
<b>15. RISKS</b>	
15.1	<p>The main risks are identified as follows:</p> <ul style="list-style-type: none"> <li>▪ The re-shaping and broadening of the scope of this complex service requires a clear and accurate specification of all aspects of delivery and operation of the service. The risk is that we will not be able to resolve all the issues in time, therefore leading to lack of clarity for potential providers during the tender period and beyond.</li> <li>▪ The shift of responsibility for managing access to equipment towards prescribers and commissioners requires a change in practice and relationships between commissioner and prescribers. The successful operation of the service will depend on this as much as on the performance of the provider. There is a risk of this aspect of the service not being given adequate priority, which would jeopardise the delivery of the new service and management of the budget.</li> <li>▪ The ability to secure a suitable provider who is able to deliver the required specification within the existing budget. The risk to continuity of service delivery</li> </ul>

	<p>during transition if the current provider, Solent NHS Trust, does not win the contract.</p> <ul style="list-style-type: none"> <li>▪ Potential issues surrounding a) commissioning from an unknown provider if the existing provider is unsuccessful in securing the contract. and b) the adjustment in working practices / attitude required from the existing provider, if the existing provider is successful in securing the contract.. The risk for both a) and b) is the mis-match of expectations between commissioner and provider.</li> <li>▪ Lack of commissioning capacity to manage the contract</li> </ul> <p>15.2 Contingency plans to alleviate the above risks will involve;</p> <ul style="list-style-type: none"> <li>• Working closely with the current provider to improve current provision and prepare for any transition to a new provider and / or a new service</li> <li>• Creating a clear and comprehensive service specification and pricing structure for the service</li> <li>• Ensuring a meaningful evaluation of tenders, based on both quality and price</li> <li>• A robust contract including strong performance management and appropriate break clauses, KPIs etc.</li> <li>• Adequate lead in times for transition</li> <li>• Development of protocols for prescribing and management of access to equipment (i.e. gate-keeping)</li> <li>• Development of communication and interface protocols between the provider and the prescribers – both will have to work closely together to make the service work</li> <li>• Training of staff who will be involved in prescribing (e.g. care managers), and creating a buy-in on the front line</li> <li>• Adequate resourcing of contract monitoring and management</li> </ul>																								
<b>16. TIMESCALES</b>																									
16.1	<table border="0"> <tr> <td>Business case approved for new S75</td> <td>End December 2011</td> </tr> <tr> <td>Service specifications finalised</td> <td>End December 2011</td> </tr> <tr> <td>Procurement strategy agreed</td> <td>End January 2012</td> </tr> <tr> <td>Advertising period</td> <td>During Feb 2012</td> </tr> <tr> <td>PQQ return</td> <td>End Feb 2012</td> </tr> <tr> <td>Short list selected</td> <td>End 3<sup>rd</sup> week March 2012</td> </tr> <tr> <td>Invitation to tender issued</td> <td>End 1<sup>st</sup> week April 2012</td> </tr> <tr> <td>Final date receipt of tenders</td> <td>End May 2012</td> </tr> <tr> <td>Bids evaluated and tenders selected</td> <td>End June 2012</td> </tr> <tr> <td>New S75 agreement finalised</td> <td>End August 2012</td> </tr> <tr> <td>Contract signed/mobilised</td> <td>End August 2012</td> </tr> <tr> <td>New contract starts</td> <td>1 October 2012</td> </tr> </table>	Business case approved for new S75	End December 2011	Service specifications finalised	End December 2011	Procurement strategy agreed	End January 2012	Advertising period	During Feb 2012	PQQ return	End Feb 2012	Short list selected	End 3 <sup>rd</sup> week March 2012	Invitation to tender issued	End 1 <sup>st</sup> week April 2012	Final date receipt of tenders	End May 2012	Bids evaluated and tenders selected	End June 2012	New S75 agreement finalised	End August 2012	Contract signed/mobilised	End August 2012	New contract starts	1 October 2012
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<b>17. FINANCE</b>																									
17.1	Current budget statement																								

<b>Current Community Equipment Service Budget &amp; Spend</b>				
<b>Joint Community Equipment Store Running costs</b>	<b>SCC Contribution to budget 2011/12</b>	<b>NHS SC Contribution to budget 2011/12</b>	<b>Total S75 Budget</b>	<b>Actual Spend 2010/11</b>
<b>STAFFING</b>				
Salaried Staff	152000	141900	293900	299765
Joint Commissioner post	15900	15900	31800	31932
Non-salaried staff		40,100	40100	42194
<b>VEHICLES &amp; FUEL</b>				
	37400	5800	43200	42313
<b>OTHER</b>				
	13200	5100	18300	33695
<b>EQUIPMENT</b>				
Adult Equipment	181400	129900	311300	253035
Sensory Equipment	33400		33400	54077
Childrens Equipment	24600	22400	47000	44616
Equipment A&C	34000		34000	76196
<b>MAINTANENCE</b>				
Equipment Maintenance	5600		5600	3599
Sensory Maintenance	22300		22300	0
Stairlift Maintenance	11200		11200	13896
Environmental Controls		26700	26700	11633
<b>ADDITIONAL BUDGET</b>				
Staffing surplus	11200	34000	45200	57067
Winter pressure funds				
<b>TOTAL</b>				
	542200	421800	<b>964000</b>	<b>964018</b>
Premises (currently funded by PCT through contract but not in S75)				
		226000		<b>226000</b>

## 17.2 Future Costs

<b>Community Equipment Service</b>			
<b>Description</b>	<b>SCC Contribution to budget 2012/13</b>	<b>NHS SC Contribution to budget 2012/13</b>	<b>Main contract S75 total 2012/13</b>
<b>STAFFING</b>			
Salaried Staff	152,000	141,900	293,900
Technicians (exc admin)	53,300	40,100	93,400
<b>VEHICLES &amp; FUEL</b>			
	37,400	5,800	43,200
<b>OTHER</b>			
	13,200	5,100	18,300
Equipment Demo & Advice Svc		12,600	12,600
<b>EQUIPMENT</b>			
Adult Equipment	181,400	129,900	311,300
Childrens Equipment	24,600	22,400	47,000

SECTION 75 FBC COMMUNITY EQUIPMENT VERSION 4 [1.11.11]

Equipment A&C	34,000		34,000
CHC equipment - Adults		20,000	20,000
CHC equipment - children		tba	0
Other Equipment	11,200	34,000	45,200
Equipment Stock <sup>1</sup>			
<b>MAINTANENCE</b>			
Equipment Maintenance	5,600		5,600
Stairlift Maintenance	11,200		11,200
Environmental Controls		26,700	26,700
<b>S75 Provisdion Budget 2012/13</b>	<b>523,900</b>	<b>438,500</b>	<b>962,400</b>
Joint Commissioning Manager <sup>2</sup>	15,900	15,900	31,800
<b>Total S75 Fund</b>	<b>539,800</b>	<b>454,400</b>	<b>994,200</b>

<sup>1</sup> Equipment stock will transfer to the new provider. The value will be quantified at the time of transfer

<sup>2</sup> The Commissioning Manager post will be a joint appointment and will form part of the S75, but will be employed and managed by a commissioning agency. This funding will not form part of the contract with the provider

3. Sensory equipment will be removed from the S75 and commissioned separately by the City Council. It is proposed that this also includes the specialist teaching advisor technician and equipment budget. The total funding for the sensory budget includes £33,400 for the adult sensory equipment service, £50,000 for the specialist teacher advisor equipment service (plus technician) and £22,300 for sensory equipment maintenance.

**Indirect Costs - to be included in S75 when confirmed**

17.3

Description	SCC Contribution to budget 2012/13	NHS SC Contribution to budget 2012/13	Cost of premises total 2012/13
PREMISES			
Hard FM		191,000	191,000
Soft FM		35,000	35,000
<b>TOTAL</b>		<b>226,000</b>	<b>226,000</b>

17.4

Host Partner's Accountant who produced the financial details in paragraph 17.1 and 17.2 above.

Name - Nick Persson  
 E-mail - nick.persson@southampton.gov.uk  
 Telephone - 023 8083 3873

Partner's Accountant who verified their Financial Contribution as provided in paragraph 13.1 and 13.2 above.

Name – Kay Rothwell  
 E-mail – kay.rothwell@scpct.nhs.uk  
 Telephone - 023 8029 6217



<b>18.</b>	<b>EXECUTIVE APPROVAL</b>
18.1	This partnership arrangement will be approved through the South West Hampshire Urgent Care QIPP Board and Clinical Commissioning Group Board.
18.2	It will also be presented for Cabinet approval.
<b>19.</b>	<b>REPRESENTATIVES</b>
19.1	Provide the name, post title, telephone number and e-mail address of the manager responsible for the Partnership Arrangement on behalf of the <b>HEALTH Partner</b> ; NAME: POST TITLE: TELEPHONE NUMBER E MAIL ADDRESS:
19.2	Provide the name, post title, telephone number and e-mail address of the manager responsible for the Partnership Arrangement on behalf of the <b>COUNCIL PARTNER</b> ; NAME: POST TITLE: TELEPHONE NUMBER E MAIL ADDRESS:
<b>20.</b>	<b>CONCLUSION</b>
20.1	This business case proposes a revised partnership agreement under Section 75 of the Health Act 2006 for a pooled fund hosted by Southampton City Council to enable the council to act as lead commissioner for a joint community equipment service on behalf of local authority and local NHS in Southampton.
20.2	It also makes the case for re-procuring this service on the grounds that the lead commissioner is changing, the scope of the service is being broadened to include other equipment provision and functions and there would be benefits in testing the market to maximise service quality and value for money.

<b>21.</b>	<b>BUSINESS CASE COMPLETED BY:</b>
	HEALTH PARTNER  NAME: Lauren Caine POST TITLE: Commissioning manager TELEPHONE NUMBER 02380 296009

<p>E MAIL ADDRESS: lauren.caine@scpct.nhs.uk</p> <p>Signature.....</p> <p>Date.....</p> <p>COUNCIL PARTNER</p> <p>NAME: Aleksandra Burlinson POST TITLE: Principal Contracts and Partnerships Officer TELEPHONE NUMBER: 023 8083 2795 E MAIL ADDRESS: aleksandra.burlinson@southampton.gov.uk</p> <p>Signature.....</p> <p>Date.....</p>
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DRAFT

# Agenda Item 1

## Appendix 2

### Appendices 2

The pooled fund will bring together the following revenue funding streams:

<b>Community Equipment Service</b>			
<b>Description</b>	<b>SCC Contribution to budget 2012/13</b>	<b>NHS SC Contribution to budget 2012/13</b>	<b>Main contract S75 total 2012/13</b>
STAFFING			
Salaried Staff	147,900	141,900	289,800
Technicians (exc admin)	57,400	40,100	97,500
VEHICLES & FUEL			
	37,400	5,800	43,200
OTHER			
	13,200	5,100	18,300
Equipment Demo & Advice Svc		12,600	12,600
EQUIPMENT			
Adult Equipment	181,400	129,900	311,300
Childrens Equipment	24,600	22,400	47,000
Equipment A&C	34,000		34,000
CHC equipment - Adults		20,000	20,000
CHC equipment - children		TBA	0
Other Equipment	11,200	34,000	45,200
Equipment Stock <sup>1</sup>			
MAINTENANCE			
Equipment Maintenance	5,600		5,600
Stair lift Maintenance	11,200		11,200
Environmental Controls		26,700	26,700
<b>S75 Provision Budget 2012/13</b>	<b>523,900</b>	<b>438,500</b>	<b>962,400</b>
Joint Commissioning Manager <sup>2</sup>	15,900	15,900	31,800
<b>Total S75 Fund</b>	<b>539,800</b>	<b>454,400</b>	<b>994,200</b>
<b>Description</b>	<b>SCC Contribution to budget 2012/13</b>	<b>NHS SC Contribution to budget 2012/13</b>	<b>Cost of premises total 2012/13</b>
PREMISES			
Hard FM		191,000	191,000
Soft FM		35,000	35,000
<b>TOTAL</b>		<b>226,000</b>	<b>226,000</b>

<sup>1</sup> Equipment stock will transfer to the new provider. The value will be quantified at the time of transfer

<sup>2</sup> The Commissioning Manager post will be a joint appointment and will form part of the S75, but will be employed and managed by a commissioning agency. This funding will not form part of the contract with the provider