

Date: 28 June 2019

Subject: GM “Smart Resident” Data Exchange Platform to enable public service reform

Report of: Andrew Western, Leader of Trafford Council & GMCA Portfolio Leader for Digital

PURPOSE OF REPORT

The purpose of this report is to seek support for progressing work on creating a reusable citizen centered, reusable data-sharing system for Greater Manchester - the Smart Resident Data Exchange Platform that will support multiple elements of the Greater Manchester Strategy.

The paper describes the procurement journey and position to date and document the rationale for the current procurement approaches.

The paper will outline the critical activity undertaken to award contract for the procurements and intention to present for a Key Decision at the GMCA Board on the 28th June

RECOMMENDATIONS:

The Greater Manchester Combined Authority is requested to:

1. Support the revised procurement approach for the shared data platform between GMCA and Health & Social Care Partnership and Early Years specific capabilities.
2. Where the procurement is a sole GMCA procurement, delegate authority to the GMCA Treasurer to approve contract award following the procurement process.
3. Where the procurement is a co-funded procurement between the GMCA and the GM HSCP agree to delegate authority to the GMCA Treasurer and to note that the Treasurer will work jointly with Salford Royal Foundation Trust, who also has delegated authority from NHS England, via the GM Digital Board, to approve contract award following the procurement process.

CONTACT OFFICERS:

Andrew Lightfoot, Deputy Chief Executive, GMCA
Phil Swan, Chief Information Officer, GMCA
Kieran Smith, Digital Programme Manager, GMCA

Risk Management – see section 7

Legal Considerations – see paragraph – section 8

Financial Consequences – Revenue – see sections 1 and 9

Financial Consequences – Capital – see sections 1 and 9

Number of attachments included in the report: None

BACKGROUND PAPERS:

1. “Creating a Data Sharing Platform”, GMCA, 25 January 2019

TRACKING/PROCESS		[All sections to be completed]
Does this report relate to a major strategic decision, as set out in the GMCA Constitution		Yes
EXEMPTION FROM CALL IN		
Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?		No
TfGMC	Overview & Scrutiny Committee	

1.0. **Background**

- 1.1. Recognising the need for and value of a pan GM data-sharing platform, in January 2019 the GMCA Board supported proposals to fund and procure the necessary components and services in a joint activity with the Health & Social Care Partnership (HSCP). The investment requested was £5.3M plus a contingency of £1.5M, totalling £6.8M for the initial two year build with in principle support for ongoing £700K costs over years 3-5. This was being aligned with £7.5M via the Health & Social Care Partnership to create a unique pan public service capability in line with the aspirations of the Greater Manchester Strategy and the Taking Charge Strategy.
- 1.2. The initial GMCA use of the platform is to support Early Years and School Readiness by digitising a range of processes which are currently paper based across the whole of GM.
- 1.3. Based on pilot work in Salford and wider collaboration through the School Readiness Programme, the benefits for Early Years include releasing approximately 35% of health visitor time, enabling support for more families. Whilst not cash releasing, this equates to a productivity gain over £10-12M p.a..
- 1.4. Greater Manchester has also reached an agreement on digital licensing with the providers of Ages & Stages Questionnaires used by Health Visitors and will be the first area in the UK to support this service with digital capabilities of this type.
- 1.5. Importantly, health and care professionals are equally clear that there are range of other benefits including:
 - improved transparency of support for children across early help services and
 - more accurate commissioning of related services like speech and language therapies.
- 1.6. In addition, this work enables pan GM collaborative activity to support those families and children most in need of assistance. The university led GM Early Childhood Research Group has identified that health visiting data is a critical factor in this process and this is supported by analytical work in Stockport, Manchester and Wigan.
- 1.7. This joint data sharing platform being procured here has significant other uses, some of which are being pursued by the HSCP through their joint investment with the GMCA in this initiative. These include joined up support for people with dementia, frailty or both and which represent a significant and growing proportion of Greater Manchester's population. This work is being led by Salford Royal Foundation Trust, part of the Northern Care Alliance and supported by a joint team working with the GMCA.

1.8. The wider ambition for this work and the capabilities it is creating is for it to provide an effective and unique means of supporting a range of service reform challenges in ways that enable and empower residents through better transparency and user control.

2.0 Progress since January: Procurement

2.0. Due in part to time pressures from NHS England on the NHS funded component of this work, procurement commenced rapidly in January 2019 for both the shared components of the architecture design and the GMCA specific elements through a single framework. This approach was informed by significant soft market testing and supplier activity, individually and collectively and with professional procurement support. This closed on the 7th February 2019.

2.1. Unfortunately, at that point it was deemed that the responses were insufficiently robust or value for money to progress. To understand the reasons behind this, the project team undertook a significant and intense period of evaluation and analysis with all the suppliers involved. The feedback fell into a number of different categories but focused predominantly on the complexity of the procurement, the variety of different components and level of detail required in the supporting documentation.

2.2. Following a thorough options review, a fresh approach which reduced complexity whilst focussing on driving out benefits in stages was adopted in March. This approach enables the health visitor and carer applications elements to remain largely on track with the data platform elements coming on stream in Q4 2019-20. The Unified Architecture Programme Board (GMCA) and the Interoperability Board (GM HSCP) supported this approach in April with technical support from the cross cutting Architecture Design Authority.

2.3. The procurement are largely divided into two area consisting of the following key features:

Function	Purpose
Part 1: GMCA specific: <ul style="list-style-type: none"> • Health Visitor Application • Carer Application 	Providing the online applications for health visitors and parents / careers through which relevant documents can be accessed, completed and stored including referrals processes. A configurable ‘Low Code Platform’ is being procured to support this with supporting professional services.
Part 2: Joint between HSCP and GMCA:	The Joint Common components procurement will provide a technical capability and services that will facilitate data-sharing within and with other organisations across Greater Manchester, in a safe, appropriate and secure manner. This includes the ability

<ul style="list-style-type: none"> • Enterprise Master Person Index • Record Locator Service • Integration Layer 	<p>to define data sets that can be shared, and to have a facility to share these easily with professionals across the wider GM public sector.</p> <p>The vision of the data sharing capability extends beyond the ability to easily share data with other professionals and care providers, but also to the citizen themselves. By having a consistent approach to the sharing of data, agreed data sets can be shared with citizens across organisational boundaries.</p>
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In addition, the HSCP are procuring several additional health specific elements separately. The procurements for each of the above are described below.

3.0 Implementation Activity and Timeline

3.1. Significant work has been undertaken at a GM level to engage with localities in support of Early Years Digitisation. Localities were asked to submit expressions of interest to be an early adopter in implementing the Early Years digital solution (Low Code and Common Components). Four localities expressed particular interest in being early adopters with three of the four being in a position to provide resource to support the activity locally.

3.2. Recognising that this is a GM wide endeavour, pan GM working groups have been established to ensure that any Early Years solution developed supports the 10 localities across Greater Manchester (and is centred around the Early Years 8 Stage Delivery Model) with the outputs of these groups feeding into the School Readiness Board to provide assurance.

3.3. The timeline for Implementation is as follows:

Activity	Date
Low Code Preferred Supplier Identified via Framework	24 th May 19
Delivery Partner for Early Years Digitisation identified via Framework	21 st June 19
Closing date for Common Components Procurement	24 th May
Preferred Suppliers for Common Components identified	7 th June
Paper for Key Decision to GMCA Board	28 th June

Start to develop Citizen and Worker App for Early Years Digitisation	July 19
Testing Period	July – August 19
Go Live in Early Adopter Locality 1 (Bury)	September 19
Go Live in Early Adopter Locality 2 (Salford)	November 19
Go Live in Early Adopter Locality 3 (Tameside)	January 2020
All Joint Components stood up and ready for integrating with the Low Code Platform	December 19
Integrate Low Code with Joint Components to provide full benefit	March 20
Remaining 7 localities Go Live	2020

4.0 Part 1: Health Visitor and Carer Application

- 4.0. The Low Code Platform approach being taken provides a flexible basis for quickly designing and creating effective capabilities that will not only support the Early Years requirements but also other opportunities. This approach was endorsed by the GM ICT Leaders Group and the Architecture Design Authority of experts which supports both this work and the Health & Social Care Partnership work
- 4.1. Due to the pace required for this implementation, a delivery partner procurement is also being undertaken with the intention to transition skills into the public sector. This will enable the project to keep largely to its initial timescales for digitisation of Health Visiting.
- 4.2. Analysis was undertaken with technical and procurement experts to determine the most appropriate frameworks that would provide access to market leaders in this area with the following being identified:

Item Procured	Procuring Organisation / s	Established Framework used
Low Code Platform	GMCA	GCloud 7 (national Government framework)
Delivery Partner	GMCA	Digital Outcomes Framework (national Government framework)

- 4.3. Following the tender exercise and thorough evaluation process, a recommended supplier has been identified for the Low Code Platform and the GMCA is undertaking contract negotiations in order to award.
- 4.4. Having identified the preferred Low Code Platform supplier, a subsequent procurement has been initiated to select a preferred delivery partner to build the Early Years applications on the chosen Low Code Platform. It is anticipated that a preferred delivery partner will have been identified mid / late June 2019 with subsequent contract negotiations and award.
- 4.5. The cost for these elements lies below the threshold for a Key Decision and is in line with budgetary expectations. The procurement processes has been led by the GMCA with support from the AGMA Procurement Hub and additional expert into from the GM Architecture Design Authority.

5.0 Part 2: Joint GMCA and HSCP components procurement

- 5.0. Analysis was undertaken with procurement experts to determine the most appropriate frameworks that would provide access to market leaders in this area with the following frameworks being identified:

Item Procured	Procuring Organisation / s	Established Framework used
Enterprise Master Person Index (Technology)	GMCA / GM HSCP	QE NHS Procurement Framework
Record Locator Service (Technology)	GMCA / GM HSCP	QE NHS Procurement Framework
Integration Platform (Technology)	GMCA	London Procurement Partnership Framework (NHS)

- 5.1. The various procurement exercises resulted in ten supplier responses. The responses have been evaluated and scored in accordance with NHS procurement guidelines.
- 5.2. The Authorities evaluated using the following criteria and associated weightings:

Evaluation criteria	Sub Criteria weighting	Weighting
Specification		70%
Solution Requirements (Annex A)	20%	

Technical Specification (Annex B)	30%	
IG & Security (Annex B)	5%	
Social Value (Annex D)	10%	
Hosting and WES (Annex C)	5%	
Pricing Scheduled (Annex B)		30%
Total		100%

5.3. Analysis of the preferred supplier costs indicate has shown that responses were within the agreed financial envelope without breaking into contingency funds. Further detail is provided in this document in Part B of this report.

5.4. In a separate procurement led by HSCP, the professional services firm ANS Group have been procured via Salford Royal Foundation Trust to provide independent evaluation and recommendation on the service management approach to all the joint components in this initiative and the health specific solutions. The output of this work will be an independent review and an options paper.

6.0 Procurement Assurance and Governance

6.0. The architecture design and procurement processes are being led by specialist resources from both the GMCA and the GM HSCP and, due to the cross-organisational nature of this procurement, supported by GMCA, AGMA and Salford Royal Foundation Trust procurement teams.

6.1. Assurance for the procurement approach has been provided by the GMCA Unified Architecture Board, HSCP Interoperability Board and Health Innovation Manchester.

6.2. Technical assurance has been provided by the Architect Design Authority (ADA), which includes representatives from Greater Manchester IT Managers and Health & Social Care Informatics Engagement Group, who have fed into the technical procurement specification and documentation.

6.3. Legal advice has been obtained to determine the feasibility of using the chosen procurement frameworks and to determine the treatment of VAT. Legal resource has also been committed within the GMCA to shape contracts and ensure that the terms and conditions are valid.

6.4. Health Innovation Manchester (HiM) have provided communication and engagement resource to develop a communication and engagement plan and supporting materials for digital and the Early Years use-case. A citizen facing user group is being established that will

work collaboratively with the project teams to ensure that any citizen facing technology developed is accessible.

6.5. Information Governance Leads from across GMCA, HSCP and wider organisations have been engaged and consulted on the impact of the technology and on the identified use cases. Working groups have been established to focus on the development of Data Protection Impact Assessments and other necessary IG activity.

6.6. To maximise on the economic, social and environmental benefit to GM, Social Value has been integrated into all Lots (10% of overall mark for each Lot) and has been led by experts at AGMA Procurement. Social value is not considered normally within tenders let by NHS organisations and this use is helping to set a precedent.

7.0. **Risk Management**

7.1. While the opportunity provided by investing in this business case is clear, the aim of this programme to provide a pan GM technology capability at scale is ambitious and will present a number of challenges. Each of these risks is being addressed to reduce the potential impact:

- There are financial challenges arising from joint work with the Health & Social Care Partnership relating to VAT efficiency and asset capitalization and depreciation. Work is underway to address these.
- The Health & Social Care Partnership commitment to funding in years 3-5 is agreed only in principle and shared costs would fall to GMCA if Health & Social Care Partnership decided not to continue to support the system at that point. The reverse is also true.
- The programme may need to work with representatives at a national level, for example with NHS England to overcome challenges on use of health funding that will also benefit the wider public sector. Work is ongoing with finance and legal colleagues re these challenges.
- The scale of the ambition requires strong leadership and a commitment to joint working to be successful over the medium term. Relevant programme boards are being aligned and officer governance is being strengthened to enable this building on exist arrangements between GMCA and Health & Social Care Partnership.
- Building on resident engagement work over 2018, further engagement activity is vital to the success of the programme of work and a detailed plan is being developed.
- Benefits realisation sits across multiple organisations making it harder to attribute initial investment vs ROI and cashable benefits. This will need to be planned and developed actively.

8.0. **Legal considerations**

8.1. The legal agreements will be based upon procurement practices and contracting arrangements agreed collectively between Health & Social Care Partnership and GMCA, amended for the specific requirements of the individual funding arrangements.

9.0 Financial Considerations – Revenue & Capital

9.1. Please refer to Part B of this report.