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**Invitation to Tender**

**Atamis Contract Reference: C235641**

**Contract provision:** **Integrated Voluntary and Community Sector (VCS) Support Services**

**ATAMIS REF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Distributed to** | **Reason for issue** | **Version #** | **Issued by** | **Date** |
| Atamis (eTendering Portal) | Above Thereshold Open Procedure Tender | 1 | Dominic Caddle | 15th January 2024 |

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# Part 1 Itt

# (Background and instructions)BACKGROUND TO THE PROCUREMENT

## Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) and Camden and Islington NHS Foundation Trust (C&I) are the major mental health service providers in North London and the Partnership of the two Trusts is called North London Mental Health Partnership (NLMHP).

## We provide care and support to a population of 1.6m people in North London and also provide a range of more specialist mental health services to a wider population across London, surrounding counties and some national services.

## They include: General Adult Services (Inpatient Services, Crisis Services, Community Services, Talking Therapies), Rehabilitation Services, Children and Young People Mental Health Services, Older Adult Services, and Learning Disabilities and Autism Services. Our specialist services include Forensic and Prisons Services, Substance Misuse Services, the Perinatal and Maternal Mental Health Service, Specialist Eating Disorders Services, and Veterans’ Mental Health Services.

## We provide services to an extremely diverse population across the five boroughs of North London, each of which contains a range of population groups and communities, with different needs and different preferences on how they engage with services. The wider socio-economic determinants of health vary significantly, for example in housing, education, and employment status, all of which we know influence mental health. As a consequence, our communities face unequal health and wellbeing outcomes and overall life expectancy.

## Reducing these health inequalities is a key focus for the Partnership. We want to be known for our local preventative work with communities to improve the mental health of everyone in North London. This will mean supporting people to be resilient and have good mental health, and we will offer early intervention for those with mental health problems to prevent these problems worsening.

## The Partnership between Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) and Camden and Islington NHS Foundation Trust (C&I) was established in 2021, although the roots of collaborative working go back much further. Much good work has been done jointly to drive improvements in mental health care across North London. The two Trusts are already sharing best practice across teams and services. The voice of mental health in North London has been strengthened, bringing additional focus across the system and additional investment. We have a single Chair, Chief Executive and Partnership Executive Team, and they regularly meet as a Partnership Senior Leadership Group with senior clinicians and managers from across both Trusts. We have started our journey to become one organisation during 2024.

## Providing equality of opportunity for patients, their carers and our staff is a central element of our pursuit of excellence in care provision.

## We are committed to the elimination of unlawful and unfair discrimination and value the differences that a diverse workforce brings to the organisation.

## We aim to be a fair employer and strive to achieve equality of opportunity for all, creating inclusive workplace environments where everyone can work effectively towards the provision of better healthcare. We have a comprehensive policy, setting out how it will work to deliver high quality services to all in fair and equitable ways.

# PURPOSE OF THis document

## This is a competitive procurement conducted in accordance with the Public Contract Regulations 2015 following the Open Procedure.

## NLMHP invites you to respond to this ITT by completing and submitting a response in accordance with the requirements of this document.

## The objective of the ITT evaluation process is to assess the responses and select a Provider to provide the services to NLMHP.

## Your response will be checked for completeness and compliance with the requirements of this ITT. NLMHP reserves the right, at its absolute discretion, to reject any incomplete or non-compliant response which may prevent you from further participation in this procurement.

## NLMHP reserves the right to exclude you, at any stage of this procurement process, if it becomes aware of any omission or misrepresentation in your ITT response.

## The evaluation criteria used in this procurement comprise a combination of both financial and non-financial factors and will consider:

### criteria for the rejection of a bidder, specifically their status having regard to Public Contracts Regulations 2015;

### economic and financial standing – in accordance with Regulation 24 of the Regulations, NLMHP requires each bidder to meet certain minimum standards of economic and financial standing to participate in this procurement;

### a bidder’s technical or professional ability in accordance with Regulation 25 of the Regulations by requiring evidence of:

#### a successful track record of providing similar services to those listed in this ITT;

#### their capacity and capability, involving an assessment of the totality of resources and competences available to the bidder;

#### the completeness and suitability of the solution or proprosal put forward in response to this ITT .

## You should refer to the evaluation process that will be applied by NLMHP to all responses at paragraph 6 below for details of the questions, the marking scheme, scores and weightings.

## NLMHP reserves the right to seek third party independent advice or assistance to validate information you submit and/or to assist in the evaluation process.

## NLMHP reserves the right to conduct site visits, hold interviews and request presentations at any time during this procurement process.

# REQUIREMENTS

## The Contract awarded will be for a duration of three years with option to extend for 12 months and a further extension for 8 months.

## The detailed Specification for the required Services covered by this Procurement are set out within the [specification section](#_Part__2) of this document.

## Contractors are required to respond to all the requirements as set out within the table of specifications.

## Common Service Attributes

### Business Operations

Services will be required to be provided for a range of business operating regimes including:

* primarily business hours

### Business Continuity

Contractors will be required to offer resilient systems supported by business continuity, disaster recovery in respect to the services being provided to the Commissioner.

### Service Management

Contractors are expected to be capable of providing fully supported services with appropriate helpdesk support where relevant.

### Sustainability

The sustainability of services offered under the resultant contract will be a component part in reducing our carbon footprint, not only in energy consumption but also in enabling further wider reduction in sustainability impacts. In addition, the sustainability of your sources of supply should be a key consideration. As such, sustainability will be a common theme throughout the lifetime of the Contract.

# procurement timEtable

1. An outline timetable for this procurement is set out below. This is intended as a guide and whilst NLMHP does not intend to depart from the timetable, it reserves the right to do so at any stage.
2. **Table1**

|  |  |
| --- | --- |
| 1. **Date** | 1. **Activity** |
| 1. 15th January 2024 | 1. Publication of the Invitation to Tender Document |
| 16th January 2024 | 1. Open Clarification Questions |
| 26th February 2024 | Deadline for submission of clarification questions (**“Clarifications Deadline”**) |
| 1. 27th February 2024 | 1. Response to Clarification Questions Issued |
| 1. **11th March 2024** | 1. Deadline for the submission of ITT Responses (**“ITT Deadline”**) **by 12:00PM** |
| 1. 04th April 2024 | 1. Completion of ITT Response evaluation process |
| 1. 10th April 2024 | 1. Moderation Meeting |
| 19th April 2024 | 1. Issue of ITT results to bidders |
| 1. 29th April 2024 | 1. 10 days standstill period & Feedback to unsuccessful bidders |
| **30th April 2024** | 1. Contract Award Date |
| 1. **01st August 2024** | 1. Service Commencement Date |

# COMPLETION OF THE ITT RESPONSE

## You must submit your completed ITT Response to <https://health-family.force.com/s/Welcome> on or before the [ITT Deadline](#_procurement_timEtable).

## A completed ITT Response consists of a completed Questionnaire form completed by the Bidder as set out within table 3 in para 6.5 below. All these elements of the ITT Response must be completed.

## A Tender must remain valid and capable of acceptance by the Commissioner for a period of 120 days following the Tender Submission Deadline. A Tender with a shorter validity period may be rejected.

## You should note that the only permissible way to participate in this procurement is to submit an ITT response to the [https://health-family.force.com/s/Welcome](https://scanmail.trustwave.com/?c=8248&d=kqqs4E4CJf5cKG0sKgq2L4QQblJWHL0HuJlEGYhKzg&u=https%3a%2f%2fhealth-family%2eforce%2ecom%2fs%2fWelcome).

## ITT Responses submitted by any other means will not be accepted as part of this procurement.

## **Additional Documents and Attachments**

### No additional documentation should be submitted with a response except where such documentation is specifically required by this ITT.

### Any additional documents required by the ITT should be submitted as separate files via the eTendering portal. File formats will be specified in the relevant sections. Any documents uploaded that are not requested or in the correct file format will be rejected and not evaluated.

## **Data Entry**

### Only information entered into the appropriate answer boxes (which may be extended as necessary) will be taken into consideration for the purposes of evaluating a response, except where additional documentation is specifically requested in this ITT.

### You must not alter any questions set out in this ITT in your response. Amended questions will not be evaluated and a score of zero will be applied.

### All answers in your response should be inserted into the relevant answer box to the right of, or immediately below, the question box.

### Please answer all questions accurately and concisely.

### You should not cross reference your response to one question in your response to another, even where there is commonality.

### NLMHP will disregard any part of a response to a question provided in excess of a specified word limit (where stated).

### Where a YES or NO response is required, please clearly indicate your intended response.

## **Uploading Responses**

### Your ITT Response may be submitted at any time before the ITT Deadline.

### It is your responsibility to ensure that your ITT Response has been submitted in accordance with this ITT by the ITT Deadline.

### ITT Responses submitted after the ITT Deadline may not be considered by NLMHP. The decision on whether to accept and evaluate late ITT Responses is entirely at NLMHP ‘s discretion and is likely to be rejected unless you can provide irrefutable evidence that your ITT Response was capable of being received in full by the due date and time.

### It is your responsibility to ensure that the tender return documents (incorporating the ITT Response and any attachments) has been successfully submitted to the eTendering portal as mentioned above. It is your responsibility to ensure all documents have been uploaded correctly to the eTendering portal. NLMHP takes no responsibility for the workings of the system. Any concerns should be raised directly with the eTendering Portal supplier (contact details available on the portal).

## **Sub-Contracting Arrangements**

### If you propose a sub-contracting arrangement to deliver services under any ensuing contract following this procurement, all information provided in the ITT Response should be given in respect of the prime contractor.

### If sub-contractors will play a role in the delivery of the Services under any ensuing contract, relevant information should also be provided in relation to those sub-contractors in response to questions within **[Section 1]**.

### NLMHP recognises that arrangements in relation to sub-contracting may be subject to future change. However, you should be aware that where the nominated sub-contractors play a significant role, any changes to the sub-contracting arrangements may constitute a material change to:

#### your Tender and may affect your ability to continue in the procurement process; or

#### the Contract awarded as a result of this procurement exercise (if the change occurs after the contract has been awarded).

## **Consortium Arrangements**

### If you are bidding as a consortium, you must provide all the information sought in this ITT in respect of each of the consortium's constituent members. All this information must be included as part of a single composite response. For the avoidance of doubt NLMHP does not regard a bidder who proposes to use a prime contractor / subcontractor arrangement as a consortium.

### If you are bidding as a consortium and you have formed (or intend to form) a corporate entity (e.g. a limited company, limited liability partnership), the consortium MUST provide details of the actual or proposed percentage shareholding of the constituent members within the consortium (as requested as a question **[Section 1]** of this ITT).

### If a consortium is not proposing to form a corporate entity, full details of alternative proposed arrangements should be provided in Section 1. However, please note that NLMHP reserves the right to require a successful consortium to form a single legal entity in accordance with regulation 28 of the Regulations.

# ITT EVALUATION PROCESS

* 1. Paragraphs 6.1 to 6.4 below set out the process used by NLMHP to assess bidders’ ITT Responses. Table 3 (Evaluation Model) at paragraph 6.5 summarises the evaluation process and sets out the scores, weightings, total marks and proportion of marks available for each Scored Question.

## **Provider Selection Questionnaire – Information Only Questions**

1. The information you submit in response to the ITT is provided to NLMHP for information purposes, however completion of these questions is mandatory and some of the information provided will be used for an assessment of your economic and financial standing (see paragraph 6.3). If you fail to respond comprehensively and accurately to any of these mandatory questions such failure may render your ITT Response non-compliant. NLMHP reserves the right to exclude non-compliant ITT Responses from further evaluation which may prevent you from further participation in this procurement exercise.

## **Sections 2 – 4**

## **Exclusion Grounds**

### In some circumstances NLMHP is required by law to exclude you from participating in this procurement. If you cannot answer ‘no’ to every statement in Section 2 (**Part 2: Exclusion Grounds (ineligibility)**) then you should contact NLMHP for advice before completing your ITT Response. If you cannot answer ‘no’ to every statement in Section 2 it is very likely the ITT Response will be rejected and you will be excluded from participation this procurement.

### NLMHP is entitled (in its sole discretion) to exclude you from further participation in this procurement if any of the statements in Section 2 (**Part 2: Exclusion Grounds**) apply. If you cannot answer ‘no’ to every question it is possible that your ITT Response will be rejected and you may be excluded from further participation from this procurement as a result. In the event that any of the discretionary grounds for rejection do apply, please set out (in a separate Appendix in Microsoft Word format) the full facts of the relevant incident and any remedial action taken subsequently. The information provided will be taken into account by NLMHP in considering whether or not you will be permitted to proceed any further in this procurement exercise.

### NLMHP requires reassurance that should you be successful in this procurement, that you will have or will obtain the minimum insurance values specified in Section 7 in the event of being successfully awarded the contract. Question [7.1] requires a “yes” response. If you cannot answer ‘yes’ to this question your ITT Response will be rejected and you will be excluded from further participation in this procurement as a result.

### NLMHP require reassurance that should you be successful in this procurement, you will have a Quality Management System in place.

## **Economic and Financial Standing**

### The information you provide in response to the information only questions will be used for the purposes of carrying out an assessment of your economic and financial standing.  If a guarantee or performance bond is required, the Awarding Authority will perform an assessment of your guarantor’s economic and financial standing in accordance with this paragraph.

### The Awarding Authority uses a credit reference agency (Dunn and Bradstreet) as the first stage in determining financial risk.  The Awarding Authority will request a Dunn and Bradstreet financial risk score based on the information provided in your ITT Response. The report provided by Dunn and Bradstreet will be used to determine the level of financial risk that your organisation represents. If the score provided by Dunn and Bradstreet is 1 or 2 (where a standard UK score is available), or the risk level is ‘average’ or better (where a standard International score is available) then you will be allocated a ‘pass’ and your organisation will proceed to the next stage of evaluation.

### If any of the following circumstances arise:

#### the score provided by Dunn and Bradstreet (where a standard UK score is available) is more than 1 or 2; or

#### the risk level is above (i.e. worse than) average (where a standard International score is available); or

#### no standard Dunn and Bradstreet score is available for your organisation,

#### then the Awarding Authority may ask you to provide one or more of the following in respect of your organisation or your guarantor (as the case may be):

#### a copy of its audited accounts for the most recent two years;

#### a statement of its turnover profit and loss account and cash flow for the most recent year of trading;

#### a statement of its cash flow forecast for the current year and a bank letter outlining the current cash and credit position; and/or

#### an alternative means of demonstrating financial status if trading for less than a year.

### The Awarding Authority will use the information described in these paragraphs, in addition to a detailed Dunn and Bradstreet report (where available) to assess whether the organisation’s financial risk is average or better.  This will be performed using NELFT’s financial assessment template covering a range of financial risk indicators, similar to those used by credit reference agencies.

### If the Awarding Authority determines (in accordance with this paragraph that the financial risk is average or better, the bidder will be allocated a ‘pass’ and the bidder’s ITT response will proceed to the next stage of evaluation.

### If the Awarding Authority determines (in accordance with this paragraph that the financial risk is above (i.e. worse than) average, then the bidder will be allocated a ‘fail’ and the bidder’s ITT Response will NOT proceed to the next stage of evaluation.

### If the Awarding Authority carries out a financial risk assessment on your organisation and your financial risk is determined as being above (i.e. worse than) average and you did not indicate in response to Section 5 of the Standard Selection Questionnaire that a guarantee or performance bond will be provided, the Awarding Authority may (in its sole discretion) request that you nominate a guarantor.  If you nominate a guarantor the Awarding Authority will undertake a financial risk assessment in accordance with the paragraphs above in respect of the guarantor.

## **Sections C & D – Scored Questions**

### The ITT Response relating to the questions set out in [Sections C & D] of the Detailed Questionnaire will be evaluated for each section (“**Scored Questions**”).

### A marking scheme for each Scored Question is set out in the Detailed Questionnaire which describes the range of scores that can be achieved depending on the quality of your ITT Response (“**Marking Scheme**”).

### **A minimum pass mark applies to all questions, as explained in the guidance box following the question. If you score less than this minimum pass mark for those questions, your entire ITT response will be rejected and you will not be invited to participate further in this procurement**.

### ITT Responses will be evaluated and scored independently by three evaluators who will apply the Marking Scheme for each Scored Question. The evaluators used to assess the ITT Response for each Scored Question may differ. A moderator will review the scores allocated by each of the three independent evaluators. If in respect of a Scored Question:

#### the scores awarded by the evaluators are the same then you will be awarded that score for the question; or

#### any anomalies occur, then the moderator will facilitate discussion between each of the evaluators who will agree and award a consensus score in respect of your response for the question.

### Where the Questionnaire requires a 'Yes' or 'No' response to a Scored Question, the moderator alone will determine the score awarded without further discussion with the other evaluators.

### A score of 0, 1, 2 or 3 (as the case may be) for your response to a question will entitle you to receive a mark as a proportion of the ‘maximum marks available’ (as set out in Table 3 (Evaluation Model)) in the following proportions (**“Mark”**):

### **Table 2**

|  |  |
| --- | --- |
| **Score** | **Scoring Methodology** |
| **MARKING SCHEME** 0-3 marks will be awarded as follows: | |
| **0** | **Fail:** the response completely fails to meet required standard or does not provide a proposal. |
| **1** | **Poor**: (meets some of the requirement) The response meets elements of the requirement but gives concern in a number of significant areas. There are reservations because of one or all of the following:   * There is at least one significant issue meeting considerable attention. * Proposals do not demonstrate competence or understanding. * The response is light and unconvincing. * The response makes no reference to the health or academic sectors applying for but shows some general market experience. |
| **2** | **Mostly Satisfactory:** (meets most of the requirement) The response meets most of the requirement but there is at least one significant issue of concern, or several smaller issues. These would require of some further clarification or attention later in the procurement process and may arise through lack of demonstrated capability and/or appropriate evidence. The response therefore shows:   * Basic understanding of the requirements * Sufficient competence demonstrated through relevant evidence * Some areas of concern or inconsistency that require attention. * The response addresses some of the health or academic sectors applying for. |
| **3** | **Very good:** (exceeds some of the major requirements) The response meets the required standard in all material respects. There are no significant areas of concern, although there may be limited minor issues that need further exploration or attention later in the procurement process. The response therefore shows:   * Good understanding of the requirements * Sufficient competence demonstrated through relevant evidence * Some insight demonstrated into the relevant issues. * The response addresses all of the health or academic sectors applying for and also shows good market experience. |

### 

### The Marks you achieve for each of the Scored Questions will be added together to derive your total mark (“**Final Mark**”).

## **Table 3 (Evaluation Model)**

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Selection of Provider** | | |
| **Criterion:** | | **Percentage Weighting:** |
| **Technical/Quality** | Service Delivery | 15% |
|  | Mobilisation | 12% |
|  | Workforce | 9% |
|  | Service Outcomes - Engagement | 9% |
|  | Service Outcomes – Co-Production | 5% |
|  | Reporting | 5% |
|  | Equality and Diversity | 5% |
|  | Social Value | 10% |
| **Commercial** | Fixed fee basis | 30% |
|  | **Total** | **100%** |

# invitation to tender STAGE and award numbers

## Following receipt and evaluation of tenders, a Contract will be awarded the bidder offereing the Most Economically Advantegeous Tender.

# CONDUCT

## You shall ensure that each and every sub-contractor, consortium member and adviser abides by the terms of this ITT.

## Your employees who are involved in this procurement process shall not make contact with any employee, agent or consultant of NLMHP or any relevant Other Commissioner that is in any way connected with this procurement exercise during the period of this procurement exercise except as set out in this ITT or as instructed otherwise by NLMHP.

## If you or any of your subcontractors, consortium members or advisors are currently providing services to NLMHP, we reserve the right to require you (including your subcontractors, consortium members or advisors) to establish and maintain an appropriate confidentiality arrangement which shall be approved by NLMHP (such approval not to be unreasonably withheld or delayed) between your personnel (including your subcontractors’, consortium members’ or advisors’ personnel) who are involved in the provision of services to NLMHP and the personnel who are involved with this procurement exercise.

## NLMHP reserves the right to require you to put in place any procedures or undertake any such action(s) that NLMHP at its sole discretion considers necessary to prevent any collusive behaviour between you and other bidders.

## If you participate in multiple bids - by (for example) submitting a ITT Response in your own name and featuring under another Response either as a sub-contractor or as a member of a consortium – then NLMHP retains the right to make further enquiries regarding each ITT Response in which you are participating to satisfy itself that the ITT Responses and/or any subsequent response to the ITT does not cause potential or actual conflicts of interest, Provider capacity problems, restrictions or distortions to competition between bidders under this procurement and/or among those successful bidders who may be awarded a Contract. NLMHP reserves the right to ask you to amend or withdraw all or part of the ITT Responses in which you are participating if in its reasonable opinion any of the above issues have or may arise.

# QUESTIONS AND CLARIFICATIONS

## NLMHP will not enter into exclusive and/or detailed discussions on the requirements of this procurement with you.

## Unless otherwise instructed, you may raise questions regarding the ITT at any time prior to the Clarifications Deadline (see Table 1 at paragraph 4). These questions should be submitted to <https://health-family.force.com/s/Welcome>

## To ensure that all bidders have equal access to information regarding this ITT, NLMHP will publish all its responses to questions raised by you and other bidders regarding the ITT.

## If you wish to ask a question without NLMHP revealing the question and its answer, then you should notify NLMHP and provide your justification for withholding the question and any response. If NLMHP does not consider that there is sufficient justification for withholding your question and the corresponding response, NLMHP will invite you to decide whether:

### the question and response should in fact be published; or

### you wish to withdraw the question.

## It is your responsibility to monitor the ‘Questions and Answers’ document in particular for any clarifications or other information issued by NLMHP.

# CONFIDENTIALITY

## Subject to the exceptions referred to in paragraph 10.2, the contents of this ITT are being made available by NLMHP on condition that:

### you shall at all times treat the contents of this ITT and any related documents (together called the **“Information”**) as confidential, save in so far as they are already in the public domain;

### except where, and to the extent that, the Information has been publicised in accordance with the Transparency provisions in paragraph 11, you will not disclose, copy, reproduce, distribute or pass any of the Information to any other person at any time or allow any of these things to happen;

### you will not use any of the Information for any purpose other than for the purposes of responding (or deciding whether to respond) to the ITT; and

### during the procurement process, you shall not undertake any publicity activity related to this procurement within any section of the media.

## You may disclose, distribute or pass any of the Information to your advisers, sub-contractors, consortium members or to another person provided that:

### this is done for the sole purpose of enabling you to submit a ITT Response and the person receiving the Information undertakes in writing to keep the Information confidential on the same terms as if that person were you; or

### you obtain NLMHP’s prior written consent in relation to such disclosure, distribution or passing of Information; or

### the disclosure is made for the sole purpose of obtaining legal advice from external lawyers in relation to the procurement; or

### you are legally required to make such a disclosure; or

### the Information has been published or disclosed in accordance with paragraph 11 (Transparency and Freedom of Information).

## In paragraphs 10.1 and 10.2 above the definition of 'person' includes but is not limited to any person, firm, body or association, corporate or incorporate.

## NLMHP may disclose information received from you in relation to this ITT to its officers, employees, agents or advisers.

# TRANSPARENCY AND FREEDOM OF INFORMATION

## In accordance with the obligations and duties placed upon public authorities by the Freedom of Information Act 2000 (the 'FoIA'), NLMHP may, acting in accordance with the Secretary of State's Code of Practice on the Discharge of the Functions of Public Authorities under Part 1 of the said Act, or Environmental Information Regulations 2004 (the “EIR”) be required to disclose information you submit to NLMHP. This may include, but is not limited to, the disclosure of:

### a ITT Response (including any attachments);

### any score(s) awarded to a ITT Response;

### any evaluator comments relating to a ITT Response;

### the ranking of a ITT against the other ITT Responses; and/or

### the success (or otherwise) of a ITT Response.

## In respect of any part of the ITT Response you submit that you consider commercially sensitive you should, in a separate Appendix in Microsoft Word format:

### clearly identify such information as commercially sensitive;

### explain the potential implications of disclosure of such information; and

### provide an estimate of the period of time during which you believe that such information will remain commercially sensitive.

## Where you identify that parts of your ITT Response are commercially sensitive, NLMHP will endeavour to maintain its confidentiality. You should note, however, that, even where information is identified as commercially sensitive, NLMHP may be required to disclose such information in accordance with the FoIA or the EIR. In particular, NLMHP is required to form an independent judgement concerning whether the information is exempt from disclosure under the FoIA or the EIR and whether the public interest favours disclosure or not. Accordingly, NLMHP cannot guarantee that any information marked “confidential” or “commercially sensitive” will not be disclosed.

## If you receive a request for information under the FoIA or the EIR during the procurement process, this should be immediately passed on to NLMHP and you should not attempt to answer the request without first consulting with NLMHP

## In accordance with the UK Government's policies on transparency, NLMHP reserves the right to make all or part of the Information (referred to in paragraph 10.1 above) publicly available (subject to any redactions made at the discretion of NLMHP).

## For the avoidance of doubt, your ITT Response shall not be made publicly available unless such disclosure is required in accordance with paragraph 11.1 or 11.7.

## You should note that the terms of the proposed Contract will permit:

### NLMHP to publish the text of such Contract, subject to possible redactions at NLMHP’s discretion.

## In submitting your ITT Response, you acknowledge that information contained within your ITT Response may be incorporated into any Contract awarded to you and as such it may be subject to disclosure in accordance with this paragraph 11.

# GENERAL PROVISIONS aND DISCLAIMERS

## All material issued in connection with this ITT shall remain the property of NLMHP and shall be used only for the purpose of this procurement exercise.

## NLMHP shall not be committed to any course of action as a result of:

### issuing this ITT or any invitation to Tender in this procurement exercise;

### communicating with you or your representatives, agents or advisers in respect of this procurement exercise; or

### any other communication between NLMHP and/or any relevant Other Commissioner (whether directly or by its agents or representatives) and any other party in respect of this procurement exercise.

## You shall accept and acknowledge that by issuing this ITT, NLMHP shall (in accordance with CLthe Regulations) not be bound to accept any ITT Response.

## NLMHP reserves the right to amend, add to or withdraw all, or any part of this ITT at any time during the procurement exercise.

## No information contained in this ITT or in any communication made between NLMHP and you in connection with this ITT shall be relied upon as constituting a contract, agreement or representation that any contract shall be offered in accordance with this ITT or at all. NLMHP reserves the right, subject to the rules set out in the Regulations, to change without notice the basis of, or the procedures for, the competitive tendering process or to terminate the process at any time. Under no circumstances shall NLMHP incur any liability in respect of this ITT or any supporting documentation.

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## Direct or indirect canvassing of NLMHP or its advisers (other than in accordance with the terms of this ITT), NHS employee or agent by you or any agent or person acting on your behalf concerning this procurement, or any attempt to procure information from any NHS employee or agent concerning this ITT may result in your disqualification under this procurement exercise.

## NLMHP shall not be responsible for you or your subcontractors, consortium members or advisors costs or expenses incurred in connection with the preparation or submission of your ITT Response; including, for the avoidance of doubt, in circumstances where this procurement is cancelled.

## This ITT shall be governed by the laws of England and Wales.

## Should you be successful, the contents of this document and the NHS Standard Services Terms and Conditions with additional schedules derived from your response to the ITT, will be subject to the constitution of the contract. This will be finally determined by NLMHP.

# glossary

* 1. Unless the context otherwise requires, the following words and expressions used within this Pre-Qualification Questionnaire shall have the following meanings:
  2. **“Awarding Authority”** is North East London NHS Foundation Trust who are conducting this procurement on behalf of the Commissioner;
  3. **“Commissioner”** is Barnet, Enfield and Haringey Mental Health NHS Trust;
  4. "**Detailed Questionnaire**" means the detailed questionnaire set out in Schedule 1 of this ITT;
  5. **“EIR”** mean the Environmental Information Regulations 2004 together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such regulations;
  6. **“Final Mark”** shall have the meaning given in paragraph 6.4.8;
  7. **“FoIA”** means the Freedom of Information Act 2000 and any subordinate legislation made under such Act from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such legislation;
  8. **“Invitation to Tender” or “ITT”** meansthe invitation to tender documentation and all related documents published by NLMHP in relation to this procurement;
  9. **“Mark”** shall have the meaning in paragraph 6.4.7;
  10. **“Marking Scheme”** shall have the meaning in paragraph 6.4.2;
  11. **“Finder A Tender”** means the advertisement for this procurement published in the Find A Tender Service;
  12. **“ITT Deadline”** means the time and date set out in Table 1 at paragraph 4 (Procurement Timetable);
  13. **“ITT Response”** means your response submitted in accordance with the terms of this ITT indicating your interest in participating in the ITT;
  14. **“Regulations”** means the Public Contracts Regulations 2015 (as amended) and the Public Contracts (Scotland) Regulations 2006 (as amended);
  15. **“Scored Questions”** means those questions referenced in paragraph 6.4.1 above;

# 

# Part 2 Specification

# 

1. **Background** 
   1. TheNorth London Mental Health Partnership (the “Partnership” comprising Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Camden and Islington NHS Foundation Trust (C&I)) wishes to commission a range of mental health integrated voluntary and community sector (VCS) support in three lots for residents aged 18 and over with moderate to severe mental illness for the boroughs of Barnet, Enfield and Haringey. These services will act as a key component in the Partnership’s model for community mental health and wellbeing support. The Partnership is seeking to award three contracts by the way of the following three lots:

* **Lot 1:** The Barnet Division covering the borough of Barnet; Community Mental Health Integrated Voluntary and Community Sector (VCS) Services
* **Lot 2:** The Enfield Division covering the borough of Enfield; Community Mental Health Integrated Voluntary and Community Sector (VCS) Services
* **Lot 3:** The Haringey Division covering the borough of Haringey; Community Mental Health Integrated Voluntary and Community Sector (VCS) Services.
  1. The contracts for the Community Mental Health Integrated Voluntary and Community Sector (VCS) Services with the Partnership will be for 2 years with the option to extend the contracts by 1 year and a further 8 months subject to finances and satisfactory performance by successful provider(s).

1. **Strategic Context**
   1. The NHS Long Term Plan[[1]](#footnote-2) and Community Mental Health Framework (CMHF)[[2]](#footnote-3) set out a transformative vision for community-based support for adults living with moderate to severe mental illness and complex needs. The Plan and Framework have set the direction for a radical redesign of services and improved quality of life for residents in England, ensuring clinical, social, and practical needs are met to improve mental health outcomes.
   2. In the boroughs of Barnet, Enfield and Haringey, a range of organisations including the NHS, the Voluntary and Community sector (VCS) and the Local Authority as well as people affected by mental illness, have been working together on delivering the vision outlined in the Long-Term Plan and Community Mental Health Framework.

* 1. The ambitions of the transformation include:
* Improving patient experience and outcomes
* People with severe mental illness have improved access to mental health support.
* Care and support are holistic and person-centred, truly orientated towards the promotion and maximisation of individuals’ health, wellbeing, and independence.
* Health inequalities often faced by people with severe mental illness are reduced.
* The new community service approach is a true integration of secondary mental health services, the VCS, primary care, social care, community assets, as well as other physical healthcare provision.
  1. Over the last 3 years, since April 2021, as part of the transformation and implementation of local plans, each borough-based division has developed the integrated ‘Core’ offer model, which involves the NHS, primary care, the VCS and social care working together to support the whole population through a combination of prevention, supporting people to stay well and responsiveness to changes in need. The Core Community Teams are now working as part of a wider network of community assets and other support structures that can play a role in a person’s health and wellbeing.
  2. The aim of the Community Transformation programme is to deliver mental and physical health support to more people in the community with SMI by ensuring all parts of the primary and secondary health and social care system, including VCSE organisations, work together. An integrated care model brings all the agencies that support people with different mental health needs closer to develop new services which help keep people safe and able to contribute and participate in their local communities to create or fulfil hopes and aspirations in line with individual wishes. This is part of delivering person-centred (population health) approaches that have an evidence-base in improving whole-life outcomes for people.

A diagram of a community

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**A whole person whole population health approach means**

**mental health needs can be met at all layers**

**of support around the person.**

1. **Outline** 
   1. The Partnership welcomes innovation and that provider(s) aim(s) set out their ambitions and vision to deliver the services being tendered in line with the specification. However, the Partnership expects the provider(s) work with the Partnership post-contract-award to work to tailor key aspects of the commissioned services to ensure services complement the specific community models of each borough. Provider(s) are reassured that any tailoring will not impact on resources and costs post the contract award. For the re-tendering of this service, we have shifted from an input (number of whole-time equivalents deployed) to an outcome-based approach. Provider(s) will be expected to deliver an Activity Based Plan to demonstrate how we are providing more help to people who need our services. (Appendix 1 - KPIs provides the detail).

* 1. This specification will be reviewed regularly and may need to be amended in response to changes in national policy, identification of changing local need, changes in best practice and changes to financial allocations. Provider(s) must be prepared to enter negotiations if such changes are required and allow for variation of this specification as a result. The aim is to commission an Integrated Voluntary Care Sector (IVCS) service(s) that reflects the local demographic and population requirements.  The current Standard Operating Policies (SOPs) for the three boroughs of Barnet, Enfield and Haringey can be found at Appendix 1 and provide the necessary service detail.
  2. Unforeseen situations may emerge which have not been planned for or included within the specification and the provider(s) may need to work beyond the remit of this specification to ensure that people’s needs are fully met. These incidences should be reported to the Partnership to inform any service and specification amendments that may be required.

1. **Population criteria**

* 1. The Core Community Mental Health teams (‘Core Teams’) support individuals who are 18 years old and above resident within the respective boroughs (Barnet, Enfield and Haringey) and are registered with a North Central London GP, primarily presenting with care and support needs due to a mental health illness. Although the Core Teams predominantly work with clients aged 18+, Peer Workers VCS roles in the 18-25 pathway may work with some clients aged under 18.
  2. Working as part of the Core teams, the provider(s) will accept referrals from a range of professionals, which may be subject to change due to local borough guidelines/criteria.

1. **Service Principles**
   1. Working as an integrated part of the Core teams, the Partnership is seeking a dynamic, creative, innovative, outward looking provider(s) to deliver the VCS element of the Integrated Community Mental Health model.
   2. The provider(s) is expected to form a strong organisational alliance with the partnership and other community and VCS partners.
   3. The provider(s) will work alongside the Partnership to embed the VCS skills and approach into the Core teams - taking a holistic approach to ensure that everyone feels heard, understood, and treated as a full person.
   4. The provider(s) will have a flexible and innovative approach, striving continuously to improve delivery, utilising digital technology, working with local services in an integrated way and adapting their delivery based on the person’s situation and changing needs.
   5. The provider(s) will take a ‘whole person’ and needs-based approach, based on the Partnership’s overall community transformation clinical model, supporting people with their mental health in the context of the social determinants of wellbeing activities.
   6. The provider(s) will work collaboratively with partners to ensure that the context of the initial referral is understood and ensure that any support being offered fits with their care plan and any changes to this are communicated to partners in a timely manner.
   7. The provider(s) will be expected to provide support for service users in a timely manner and along the timescales agreed with the Partnership at the beginning and duration of the contract.
   8. The provider(s) will proactively work with system partners, including the wider VCS to support people who are isolated and do not usually engage with services to be as connected and as well as possible in their own homes and in their communities.
2. **Service model**
   1. **Outline**
      1. Working alongside the Partnership’s borough-based Divisions, the provider(s) must deliver a needs-based collaboration across the borough. The provider(s) will be expected to work with the Core teams as part of mobilisation to agree on integrated care delivery.
      2. The VCS services commissioned through this contract will be expected to be innovative and flexible in-service delivery. The provider(s) of these services will be expected to ensure there are good risk assessment processes in place to support delivery. They will embed the use of volunteers and peer support in their service offer to maximise delivery of excellent outcomes.
      3. The services being commissioned under each lot will include 3 main components as part of our new multi-disciplinary blended community mental health model:
         * Intensive psycho-social support and key working service
         * Targeted support to address health inequalities, including reducing barriers to residents in accessing mental health support.
         * Development of new community assets and resources to promote mental wellbeing in our communities.
   2. **Intensive psycho-social support and key working service** 
      1. The Psycho-social support service will be available to residents aged 18+ who have been identified as having a level of need which would benefit from a period of recovery-focussed 1:1 support to improve their level of resilience and prevent further deterioration in their wellbeing and reduce risk of relapse. This could be due to stepping down from in-patient or crisis services or for example being identified as appropriate to receive support from the IVCS services by our community mental health teams.
      2. Access to the IVCS service is by referral only from the Partnership’s community mental health teams, PD Service, Older Adults, CAMHS (where transition cases are appropriate for referral), Complex Emotional Need pathway (or Community Rehab Team (currently known as the Intensive Enablement Team, in Barnet)
      3. IVCS workers will be integrated into the local borough-based Divisions’ community mental health teams and expected to work alongside Partnership’s staff.
      4. A matrix management approach will apply to staff within the IVCS through both the successful provider(s) and the Partnership.
      5. IVCS workers will be expected to deliver support alongside the Partnership in line with all national guidance and will observe relevant protocols to assure the safety of staff and service users.
      6. IVCS workers will be aligned to the relevant community pathways/teams as part of the transformed community model: however, the Partnership will work with the successful provider(s) to finalise which teams from the Partnership these staffed will be embedded into.
      7. The Provider(s) of the local borough-based Division’s Community Mental Health IVCS will be responsible for recruitment and employment of these staff.
      8. The successful provider(s) will be expected to recruit to a service that delivers an agreed indicative activity plan based on contacts (both virtual and face-to-face) as well as maintain an average caseload of circa 30 per member of funded members of staff. As this service is being re-tendered and includes the TUPE Transfer of existing staff, providers will need to maintain sufficient staffing levels to meet the indicative activity-based plan requirements throughout the life of the contract.
      9. VCS workers in the IVCS service roles will be expected to hold a caseload of up to 30 cases each (i.e., working with up to 30 individuals at any one time). These cases will be allocated by the relevant team manager in the Borough-based core community team to which they are attached to and cases allocated will take into account capacity to manage the different presenting needs of individuals and input individuals require. It should be noted that some individuals that these employees work with will need lower levels of support (i.e., monthly or quarterly one-off support) and some individuals may require more intensive support (regularly weekly contact and support). All interventions will have clinical oversight by the respective team and supervisor/clinical mentor within the community team.
      10. As part of our approach to offering personalised and holistic care our Community MH Teams work with service users to create a DIALOG+ Care Plan[[3]](#footnote-4). All interventions will be based on the individuals DIALOG+ care plan to support individualised recovery-based outcomes.
      11. As part of their tender submission, bidders must provide details of the staffing / workforce model they will put in place to support the delivery of this Specification.
      12. Employees of the IVCS service will be included in induction and staff training provided by the Partnership, have clinical supervision and attend Partnership community mental health team meetings.
      13. Employees of the IVCS will be provided with honorary contracts by the Partnership once they are in post and have access to the Partnership’s electronic patient record system and other enabling tools as required (information sharing agreements will be provided by the Partnership to the successful provider(s)).
      14. The Partnership will support employed staff under the IVCS component of this contract with necessary IT equipment (computer / laptops, mobile phones etc.).
      15. IVCS staff will be co-located with the relevant borough-based teams they are attached to; however, IVCS staff may also be required to work for part of the week from the successful provider(s) premises and will also be expected to have a strong community presence – enabling prevention, step up and step down offers to support and individual’s needs, based in their community.
      16. Employees of the IVCS service will be expected to adhere to the Partnership’s appropriate lone working policies, where required to.
      17. The Partnership would welcome opportunities for their employed staff to also be able to co-locate from within the successful provider(s) premises subject to capacity of the provider(s) premises and the provider(s) agreement; therefore, where provider(s) can offer co-location from within their own premises to the Partnership’s staff, they should set out high level details of the offer within their bid submission (e.g. days available and maximum number of Partnership staff that could be accommodated). This would enable a colocation/ co working approach to social inclusion for patients receiving care, supporting a community based ‘place based’ approach. Providers will be invited to make proposals through tender submissions outlining their approach: if successful, the details included in the submission will form part of the requirements within ICVS NHS Standard Contract that will underpin service provision.
   3. **Targeted support to address health inequalities**
      1. The provider(s) will be expected to proactively work with the Partnership, PCNs and other system partners to target and develop resources to those most in need and in line with the borough Joint Strategic Needs Assessment (see Appendix 1) and local emerging health inequalities action plans to proactively address health inequalities.
      2. Staff employed within the IVCS component of the services being delivered will proactively aim to address health inequalities.
      3. The provider(s) will be expected to develop partnership and collaborative approach with small community groups, grass root organisations, faith groups and VCS organisations.
      4. The successful provider(s) will undertake a wide range of health promotion and mental health raising awareness initiatives to key population groups in their borough throughout service delivery collaborating with system and local partners as well as mainstream providers and services, for example libraries, housing, faith groups etc to ensure that the needs of people with mental health illness are addressed and people are able to access support when and where they may need them.
      5. The provider(s) will be expected to proactively evidence throughout service delivery how they are embedding addressing health inequalities into their service delivery and outcomes being achieved through their work to support addressing health inequalities.
   4. **Development of new community assets and resources to promote mental wellbeing in our communities**
      1. The provider(s) will be expected to proactively promote and develop a range of community assets and resources which promote the mental wellbeing of our communities with partners in the Borough-based Partnerships as part of the Integrated Care System (ICS)
      2. The provider(s) will be expected to proactively work with other community connector type roles already in place in our communities, e.g., primary care social prescribers, Adult Social Care (ASC) Peer and Wellbeing (P&W) Coordinators, ASC enablement network community access workers, Wellbeing Service Navigators where available.
      3. The provider(s) will also as part of this component of service delivery directly deliver a programme of activities and support to people with severe mental illness themselves which will proactively help people to be better connected to their communities, self-manage their needs and feel empowered. Provider(s) are invited as part of their bid submission to set out details of any planned programme of activities that they will deliver.

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**NLMHP Community Clinical Model and inter-relationships**

**Community Clinical Strategy – Appendix 1**

* 1. **Ways of working** 
     1. The provider(s) will support the VCS roles to:
        + Be fully integrated within the Core Community teams. For examples, co-locating within the Core Teams, attending team meetings and training.
        + Use the Partnership’s electronic patient record for recording activity, care plans and outcomes and utilising equipment provided by the Partnership.
        + Seek continuous improvement by working together, sharing learning and engaging residential and wider partners feedback to implement changes.
        + Co-produce, where possible
        + Align with the Community Mental Health Framework and its delivery objectives.
        + Utilising the new care planning tool DIALOG/DIALOG+ to work with service users to provide holistic and personalised care plans.
        + Adopting use of the Management and Clinical Supervision Tool (MaST) to identify service users who are ready to receive step down care from Community Teams
     2. The provider(s) will proactively raise any challenges or risks around embedding the offer or post(s) and work with the Partnership to ensure and enhance integrated corporate/clinical/risk governance.
     3. The provider(s) should ensure that all information meets the Health & Social Care Accessible Information Standards.
     4. It is expected that the provider(s) will:
        + Ensure that all employment checks, including enhanced DBS, have been undertaken.
        + Ensure that training, continuing professional development and clinical supervision as required are accessed by staff in accordance with the requirements of their professional body and the skills that are required for their role.
        + Ensure that all frontline staff receive regular supervision to discuss more complex cases and to maintain and enhance their clinical skills.
        + There are sufficient debrief sessions built into the weekly schedule to ensure staff are well supported.
        + Ensure that their recruitment process encourage applications from residents, underrepresented groups and people with lived experience.
  2. **Partnership working**
     1. The provider(s) will work closely alongside the local Borough with a range of system partners as part of the core team including GP practices, wider health partners, Local Authority, VCS partners, including the smaller VCS partners and other system partners to support multi-disciplinary working across the system and delivery of the model.
  3. **Reporting and record keeping** 
     1. The provider(s) will be expected to contribute to monitoring reports coordinated by the Partnership that comply with the NHS Standard Contract requirements.
     2. The provider(s) will be expected to use the Partnership’s systems to record activity, care plans and outcomes to enable seamless data collection. The Partnership will provide the successful provider(s) with IT equipment to enable this and will work with the Provider(s) to ensure appropriate governance, information sharing agreements and training, including access to the trusts case management system is in place.

1. **Key performance Indicators**
   1. As an important part of the delivery of the Core Community teams, the activity from the VCS will contribute towards the delivery of any reporting metrics that the Partnership are required to report on to commissioners. In these cases, the Partnership will report activity from the agreed Electronic Patient Record System.
   2. The Key Performance Indicators applicable to this service are at attached at Appendix 1. The KPIs are subject to additional reviews on the current productivity and staff/recruitment trackers in place as to comply with all statutory and non-statutory reporting requirements. Performance against these KPIs will be reviewed and managed through the contract performance management process.
   3. Any revisions to the KPIs will be done periodically in line with the changes in the needs of the service and the service model, and agreed via a Contract Variation.
2. **Additional Information**
   1. **Lot 1 Barnet** 
      1. **Local Population Health Needs** – See Appendix 1
      2. **Local Context**
         * The Barnet community mental health integrated voluntary & community sector (IVCS. Commissioned as part of the three-year community transformation follows the general philosophy of providing an Integrated Voluntary and Community Service (IVCS).
         * Over the last three years IVCS service has become a key component of the Community Transformation to work collaboratively and in partnership with the Barnet division.
         * The service has been coproduced and developed in partnership with our current VCS partners.
         * The Barnet Community Mental health services are currently underway implementing co designed plans, in line with the 3-year community transformation ambition, utilising community assets and closer working within primary care. This has seen the 3 Core teams develop an integration of Barnet VCS offers as part of the trauma informed recovery Dialog + planning and the developing step-up pathways based on needs. The aim is to also support people in their communities as part of their step out of services, to ensure ongoing involvement within the community, as part of someone’s wellbeing care plan. Working closely with Barnet Council, we are also engaging in co-produced community hub projects to in reach into Barnet’s neighbourhood to build a preventative community asset for health and social care.
         * Primary Care:

* Barnet have therefore created specialised mental health roles within GP surgeries who support patients in a primary care setting. These are usually patients not currently within our Barnet mental health services. These roles enable people to access our CORE teams directly, if so require.
  + - * Step up into Mental health Services:
* Additionally, we are developing the triage and wellbeing pathway, for short term and intensive support and ensuring patients are offered the right intervention at the right time. This pathway includes our VCS colleagues to bridge the gaps and ensure people access the best community resources for their primary needs by using the Dialog+ tool.
* CORE Teams and Intensive pathways ensure patients who have more complex needs, are supported in a multidisciplinary way which includes IVCS, Psychology pathways, OT pathways, Social care and medical interventions. Peer workers and other mental health roles also support the dynamic recovery planning to ensure safe recovery is ongoing once people have moved on from Barnet mental health services. This is the key pathway for our IVCS colleagues.
* As part of the developing psychology pathways, our IVCS roles have supported the Complex Emotional Needs interventions and the 18-25 transition pathway for new referrals into adult mental health services
  + 1. **Local Service Requirements** - See Appendix 1 which details the current Standard Operating Procedure for Barnet’s IVCS Service.
  1. **Lot 2 Enfield**
     1. **Local Population Health Needs** – See Appendix 1
     2. **Local Context**
        + As part of the three-year transformation and implementation of local plans, the Enfield Adult Community Mental Health emerging model focused on development stages; phase-one, now fully implemented, focused to develop the expansion of the integrated ‘Core’ offer model, which involves the NHS, primary care, the VCS and social care working together to support the whole population through a combination of prevention, supporting people to stay well and responsiveness to changes in need.
        + The Core Community Teams are now working as part of a wider network of community assets and other support structures that can play a role in a person’s health and wellbeing. Enfield Community Mental Health emerging model is currently focusing on implementing phase-two, with the development of the Front Door team, which consists of the Single Point of Access, the Community Engagement team (Step & Thrive[[4]](#footnote-5) - Community Psychology, VCS, IPS) and ARRS pathway (in partnership with Primary Care).

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*Figure 1: Enfield Community Mental Health Model*

* + - * The Enfield Community Mental Health integrated model consists of the co-production of integrated service model and care pathways through co-production and co-design with stakeholders, partners and service users and carers. Enfield Council officers are a key partner and members of the programme; we also focused in developing the partnership with the VCS sector either by developing an integrated offer at Core and Community Engagement levels as well as expanding collaboration across several VCS, Charity, and grass root organisations across Enfield.
    1. **Local Service Requirements** - See Appendix 1 which details the current Standard Operating Procedure for Enfield’s IVCS Service.
  1. **Lot 3 Haringey**
     1. **Local Population Health Needs** – See Appendix 1
        + Haringey has a high level of prevalence of serious mental illness compared to the National Average. In 2021/22, 4,143 people living in the borough had a severe mental illness, equating to 1.3% of the population, compared to 1.1% London  and 0.9% in England:
        + There are also lower levels of self-reported well-being in Haringey:

**A graph of a number of patients with mental illness

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* + 1. **Local Context** 
       - As we have transformed Community Mental Health Services across Haringey over the past three years, the VCSE Community Engagement roles have become a key part of our new service delivery. Our three Core Community Mental Health Teams have expanded into GP Practices and we have developed new routes for Haringey residents to access Community Mental Health support through a new non-medical referral pathway.

* + - * We have developed new pathways for young people transitioning into adult services from Child & Adolescent Mental Health Services, increased support for older adults, extra capacity to undertake physical health assessments and have made stronger links with existing Haringey VCSE organisations working with residents of all ages.
      * The VCSE roles are also an integral part of ensuring that people newly referred to Haringey Core Teams receive both an assessment and a co-produced Dialog + care plan within 4 weeks of referral.
      * As we have expanded our VCSE roles across an increased number of Haringey Core & Intensive teams and pathways, we are now able to support more Haringey residents and provide more interventions. Further detail is available in Appendix 1.
      * As we have expanded our VCSE roles across an increased number of Haringey Core & Intensive teams and pathways, we are now able to support more Haringey residents and provide more interventions.
      * These VCSE roles work in partnership with other co-located roles in our teams, including Individual Placement Support officers, Floating Support workers, Adult Social Care and Haringey Housing.

****

* + - * Our VCS commissioned roles are also a key element to ensure we meet the 2023-25 Community priorities of the Haringey Mental Health Delivery Plan, including:
* Collaborate with the Council to co-design and develop **locality based integrated multi-disciplinary hubs** to improve access to help- **‘No Wrong Door’** approach.
* Preventing homeless and implementation of a ‘**Home First**’ approach to hospital admissions and discharges
* Expand support available to residents to **find and keep work**
* Expand access to evidence-based and culturally appropriate **talking therapies and trauma informed practice and interventions.**
  + 1. **Local Service Requirements** - See Appendix 1 which details the current Standard Operating Procedure for Enfield’s IVCS Service.

# Part 3 Questions

# (Standard questions, quality and commercial)

Potential Provider Information and Exclusion Grounds: Part 1 & 2

The SQ template includes a self-declaration, made by you (the potential Provider), that none of the grounds for exclusion apply[[5]](#footnote-6). If any of the grounds for exclusion do apply, there is an opportunity to explain any measures you have taken to demonstrate your reliability notwithstanding the existence of a ground for exclusion (we call this self-cleaning).

We require all the organisations that form part of your bidding group/consortium and each subcontractor that you are relying on to meet the selection criteria to provide a completed part 1 and part 2. This means that where you are joining a group of organisations, including joint ventures and partnerships, each organisation in that group must complete one of these self-declarations. Subcontractors that you rely on to meet the selection criteria, must also complete a self-declaration (although subcontractors that are not relied upon do not need to complete the self-declaration).

When completed, this form is to be sent back to the contact point given in the procurement documents along with the selection information requested in the procurement documentation.

**Provider Selection Questions: Part 3**

The procurement documents will provide instructions on the selection questions you need to respond to and how to submit those responses. If you are bidding on behalf of a group/consortium or you intend to use subcontractors, you should complete all of the selection questions on behalf of the group/consortium and/or any subcontractors.

If the relevant documentary evidence referred to in the Selection Questionnaire is not provided upon request and without delay we reserve the right to exclude you from the procurement process, including where an award decision has already been notified, and award to another Provider.

**Consequences of misrepresentation**

If you seriously misrepresent any factual information in filling in the Selection Questionnaire, and so induce a Commissioner to enter into a contract, there may be significant consequences. You may be excluded from the procurement procedure, and from bidding for other contracts for three years. If a contract has been entered into you may be sued for damages and the contract may be rescinded. If fraud, or fraudulent intent, can be proved, you or your responsible officers may be prosecuted and convicted of the offence of fraud by false representation, and you must be excluded from further procurements for five years.

**[Integrated Voluntary and Community Sector (VCS) Support Services]**

**[C235641]**

**[Open Procedure Tender]**

**Notes for completion**

1. The “Commissioner” means the contracting Commissioner, or anyone acting on behalf of the contracting Commissioner, that is seeking to invite suitable candidates to participate in this procurement process.
2. “You” / “Your” refers to the potential Provider completing this standard Selection Questionnaire i.e. the legal entity responsible for the information provided. The term “potential Provider” is intended to cover any economic operator as defined by the Public Contracts Regulations 2015 (referred to as the “regulations”) and could be a registered company; the lead contact for a group of economic operators; charitable organisation; Voluntary Community and Social Enterprise (VCSE); Special Purpose Vehicle; or other form of entity.
3. Please ensure that all questions are completed in full, and in the format requested. If the question does not apply to you, please state ‘N/A’. Should you need to provide additional information in response to the questions, please submit a clearly identified annex.
4. The Commissioner recognises that arrangements set out in section 1.2 of the standard Selection Questionnaire, in relation to a group of economic operators (for example, a consortium) and/or use of subcontractors, may be subject to change and will, therefore, not be finalised until a later date. The lead contact should notify the Commissioner immediately of any change in the proposed arrangements and ensure a completed part 1 and part 2 is submitted for any new organisation relied on to meet the selection criteria. The Commissioner will make a revised assessment of the submission based on the updated information.
5. For part 1 and part 2 every member of your bidding group/consortium, and any subcontractor that is being relied on to meet the selection criteria, must complete and submit the self-declaration.
6. For the mandatory exclusion grounds only (Q2.1(a)), you must complete the declaration for all relevant persons and entities. There are two categories of persons and entities:

* members of your administrative, management or supervisory board; secondly, entities and persons who have powers of representation, decision or control. You must decide, depending on the nature and structure of the entity or person who is bidding, which entities and persons this applies to in your particular circumstances. Clearly, members of your administrative, management or supervisory board should be easily identifiable and will cover company directors (or equivalent for other types of corporate entities) and members of an executive board.
* the second category of those with powers of representation, decision or control, is likely to be more complicated. As an illustration, entities or persons with 25% or more shareholding (or equivalent for other types of corporate entities) are likely to have powers or representation, decision or control, although those with a lower shareholding may still have the relevant powers depending on their particular rights. Similarly, your ultimate parent company (or equivalent for other types of corporate entities) is likely to have powers of representation, decision or control. Depending on your particular structure, intermediate parent companies who do not have a direct shareholding, directors or members of an executive board of your immediate parent company (for eample in the case of an SPV set up specifically to bid for a particular contract), and holders of mortgages or liens may be covered. It isn’t necessary to identify which entities and persons you think are covered but you must be satisfied that your declaration is made in respect of all of those that are covered.

*For answers to part 3 – If you are bidding on behalf of a group, for example, a consortium, or you intend to use subcontractors, you should complete all of the questions on behalf of the consortium and/ or any subcontractors, providing one composite response and declaration*.

The Commissioner confirms that it will keep confidential and will not disclose to any third parties any information obtained from a named customer contact, other than to the Cabinet Office and/or contracting authorities defined by the regulations, or pursuant to an order of the court or demand made by any competent Commissioner or body where the Commissioner is under a legal or regulatory obligation to make such a disclosure.

1. The Public Procurement Review Service allows government Providers and potential government Providers to raise concerns anonymously about unfair public sector procurement practice. The government can then investigate and resolve these concerns for contracting authorities as listed in [Schedule 1](http://www.legislation.gov.uk/uksi/2015/102/schedule/1/made) of the Public Contracts Regulations 2015. To use the Public Procurement Review Service, [read the terms](https://www.gov.uk/government/publications/mystery-shopper-scope-and-remit) and email [publicprocurementreview@cabinetoffice.gov.uk](mailto:publicprocurementreview@cabinetoffice.gov.uk) or phone 0345 010 3503.

**MARKING SCHEME AND ITT TECHNICAL QUESTIONS**

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| **Part 1: Your information and the bidding model.** |
| You must answer all questions in parts 1 and 2. If you are the Provider, you must answer all questions in part 3 as well. |
| Bidders must ensure that every organisation on which they will rely to meet the selection criteria completes and submits their own answers and declaration for part 1 and 2. |

Yes **▢**

No **▢**

N/A **▢**

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| **Section 1** | **Your information** | |
| **Question number** | **Question** | **Response** |
| 1.1(a) | Name (if registered, please give the registered name) |  |
| 1.1(b) – (i) | Registered address (if applicable) or head office address |  |
| 1.1(b) – (ii) | Registered website address (if applicable) |  |
| 1.1(c) | Trading status  a) - public limited company  b) - private limited company  c) - limited liability partnership  d) - other partnership  e) - sole trader  f) - third sector  g) - other (please specify your trading status) |  |
| 1.1(d) | Date of registration (if applicable) or date of formation. |  |
| 1.1(e) | Registration number (company, partnership, charity, etc if applicable). |  |
| 1.1(f) | Registered VAT number. |  |
| 1.1(g) - (i) | Are you registered with the appropriate professional or trade register(s) specified for this procurement in the Member State where your organisation is established? | Yes **▢**  No **▢**  N/A **▢** |
| 1.1(g) - (ii) | If you responded yes to 1.1(h) - (i), please provide the relevant details, including the name of the register and registration number(s), and if evidence of registration is available electronically, please provide  - the website address,  - issuing body  - reference number. |  |
| 1.1(h) - (i) | For procurements for services only, is it a legal requirement in the country where you are established for you to:  a) possess a particular authorisation, or  b) be a member of a particular organisation,  to provide the requirements specified in this procurement? | Yes **▢**  No **▢** |
| 1.1(h) - (ii) | If you responded yes to 1.1(j) - (i), please provide additional details of what is required, confirmation that you have complied with this and, if evidence of compliance is available electronically, please give the website address, issuing body and reference number. |  |
| 1.1(i) | Relevant classifications (state whether you fall within one of these, and if so which one)  a) Voluntary Community Social Enterprise (VCSE).  b) Sheltered Workshop.  c) Public service mutual. |  |
| 1.1(j) | Are you a Small, Medium or Micro Enterprise (SME)[[6]](#footnote-7)? | Yes **▢**  No **▢** |
| 1.1 (k) | Details of Persons with Significant Control (PSC)[[7]](#footnote-8), where appropriate[[8]](#footnote-9):  - Name  - Date of birth  - Nationality  - Country, state or part of the UK where the PSC usually lives  - Service address  - The date he or she became a PSC in relation to the company ;  - Which conditions for being a PSC are met:  - Over 25% up to (and including) 50%  - More than 50% and less than 75%  - 75% or more  (Please enter N/A if not applicable) |  |
| 1.1(l) | Details of your immediate parent company:  - Full name of immediate parent company,  - Registered or head office address,  - Registration number (if applicable),  - VAT number (if applicable),  Please enter N/A if not applicable) |  |
| 1.1(m) | Details of ultimate parent company:  - Full name of ultimate parent company,  - Registered or head office address,  - Registration number (if applicable),  - VAT number (if applicable),  ***(Please enter N/A if not applicable)*** |  |
| Please note: A criminal record check for relevant convictions may be undertaken for the preferred Provider and all relevant persons and entities (as described above). | | |

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| **Please provide the following information about your approach to this procurement:** | | |
| **Section 1 (cont.)** | **Bidding model** |  |
| **Question number** | **Question** | **Response** |
| 1.2 | Please indicate if you are bidding as a single Provider or as part of a group or consortium?  *If you are bidding as a single Provider please go to Q 1.3.*  If you are bidding as part of a group or consortium (including where you intend to establish a legal entity to deliver the contract, or you are a subcontractor), please tell us:   1. The name of the group/consortium. 2. The proposed structure of the group/consortium, including the legal structure where applicable. 3. The name of the lead member in the group/consortium. 4. Your role in the group/consortium (e.g. lead member, consortium member, subcontractor). 5. If you are the lead member in the group/consortium, whether you are relying on other consortium members to meet the selection criteria (i.e. are you relying on other consortium members for economic and technical standing and/or technical and professional ability?) and, if so, which criteria you are relying on them for |  |
| 1.3 | If you are proposing to use subcontractors please provide the details for each subcontractor[[9]](#footnote-10).  - Name  - Registration number  - Registered or head office address,  - Trading status   1. Public limited company 2. Private limited company 3. Limited liability partnership 4. Other partnership 5. Sole trader 6. Third sector 7. Other (please specify your trading status)   - Registered VAT number  - SME (Yes/No)  - The role each subcontractor will take in providing the works and /or supplies e.g. key deliverables - if known  - The approximate % of contractual obligations assigned to each subcontractor, if known  - Is the subcontractor being relied upon to meet the selection criteria (i.e. are you relying on the subcontractor for economic and technical standing and/or technical and professional ability?) and, if so, which criteria are you relying on them for? |  |
| 1.4 | **Lots**  Where applicable, please tell us which lot(s) you wish to bid for? | **Answer**  **Lot 1: Barnet**  **☐**  **Lot 2: Enfield**  **☐**  **Lot 3: Haringey**  **☐** |

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| **Part 2: Exclusion Grounds** | | |
| Please answer the following questions in full. Note that every organisation that forms part of your bidding group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria must complete and submit responses to part 1 and the declarations in part 2. | | |
| **Section 2** | **Grounds for mandatory exclusion** | |
| **Question number** | **Question** | **Declaration** |
| 2.1 (a) | Within the past five years, anywhere in the world, have you or any person who:   * is a member of the Provider’s administrative, management or supervisory body or * has powers of representation, decision or control in the Provider[[10]](#footnote-11), * been convicted of any of the offences within the summary below and listed in full on the [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf)? |  |
|  | Participation in a criminal organisation. | Yes **▢**  No **▢** |
|  | Corruption. | Yes **▢**  No **▢** |
|  | Terrorist offences or offences linked to terrorist activities. | Yes **▢**  No **▢** |
|  | Money laundering or terrorist financing. | Yes **▢**  No **▢** |
|  | Child labour and other forms of trafficking in human beings. | Yes **▢**  No **▢** |
|  | Any other offence within the meaning of Article 57(1) of the Directive as defined by the law of any jurisdiction outside England, Wales or Northern Ireland. | Yes **▢**  No **▢** |
|  | Any other offence within the meaning of Article 57(1) of the Directive created after 26th February 2015 in England, Wales or Northern Ireland. | Yes **▢**  No **▢** |
| 2.1(b) | **If you have answered yes to any part of question 2.1(a), please provide further details,** including:   * date of conviction and the jurisdiction, * which of the grounds listed the conviction was for, * the reasons for conviction, * the identity of who has been convicted.   If the relevant documentation is available electronically please provide:   * the web address, * issuing authority, * precise reference of the documents. |  |
| 2.1(c) | If you have answered yes to any part of the question above please explain what measures have been taken to demonstrate your reliability despite the existence of relevant grounds for exclusion. (Self cleaning). |  |

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| **Section 3** | **Mandatory and discretionary grounds relating to the payment of taxes and social security contributions** | |
| The detailed grounds for mandatory and discretionary exclusion of a Provider for non-payment of taxes and social security contributions, are set out on this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf),[[11]](#footnote-12) and should be referred to before completing these questions. | | |
| **Question number** | **Question** | **Declaration** |
| 3.2(a) | Please confirm that you have met all your obligations relating to the payment of taxes and social security contributions, both in the country in which you are established and in the UK.  If documentation is available electronically please provide:   * the web address, * issuing authority, * precise reference of the documents | Yes **▢**  No **▢** |
| 3.2(b) | If you have answered no to 3.2(a) please provide further details including the following:   * Country concerned, * what is the amount concerned * how the breach was established, i.e. through a judicial or administrative decision or by other means. * if the breach has been established through a judicial or administrative decision please provide the date of the decision, * if the breach has been established by other means please specify the means. |  |
| 3.3 | Please also confirm whether you have paid, or have entered into a binding arrangement with a view to paying, the outstanding sum including, where applicable, any accrued interest and/or fines. | Yes **▢**  No **▢** |
| Please Note: We reserve our right to use our discretion to exclude your bid where we can demonstrate by any appropriate means that you are in breach of your obligations relating to the payment of taxes or social security contributions | | |

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| **Section 4** | **Grounds for Discretionary Exclusion** | |
| The detailed grounds for discretionary exclusion of an organisation are set out on this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf),[[12]](#footnote-13) and should be referred to before completing these questions. | | |
| **Question number** | **Question** | **Declaration** |
| 4.1 | Within the past three years, anywhere in the world, have any of the situations summarised below and listed in full on the [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) applied to you? |  |
| 4.1(a) | Breach of environmental obligations?  To note that environmental law obligations include Health and Safety obligations. See [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf). | Yes **▢**  No **▢** |
| 4.1(b) | Breach of social law obligations? | Yes **▢**  No **▢** |
| 4.1(c) | Breach of labour law obligations? | Yes **▢**  No **▢** |
| 4.1(d) | Bankruptcy or subject of insolvency? | Yes **▢**  No **▢** |
| 4.1(e) | Guilty of grave professional misconduct? | Yes **▢**  No **▢** |
| 4.1(f) | Distortion of competition? | Yes **▢**  No **▢** |
| 4.1(g) | Conflict of interest? | Yes **▢**  No **▢** |
| 4.1(h) | Been involved in the preparation of the procurement procedure? | Yes **▢**  No **▢** |
| 4.1(i) | Prior performance issues? | Yes **▢**  No **▢** |
| 4.1(j)  4.1(j) - (i)  4.1(j) - (ii)  4.1(j) –(iii)  4.1(j)-(iv) | Do any of the following statements apply to you ?  You have been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria.  You have withheld such information.  You are not able, without delay, to submit documents if/when required.  You have undertaken to unduly influence the decision-making process of the Commissioner to obtain confidential information that may confer upon you undue advantages in the procurement procedure, or to negligently provide misleading information that may have a material influence on decisions concerning exclusion, selection or award. | Yes **▢**  No **▢**  Yes **▢**  No **▢**  Yes **▢**  No **▢**  Yes **▢**  No **▢** |
| 4.2 | You are a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015 if you carry on your business, or part of your business in the UK, supplying goods or services and you have an annual turnover of at least £36 million.  If you are a relevant commercial organisation please -   * confirm that you have published a statement as required by Section 54 of the Modern Slavery Act. * confirm that the statement complies with the requirements of Section 54 and any guidance issued under Section 54. | Yes **▢**  No **▢**  Yes **▢**  No **▢** |
| 4.3 | If your latest published statement is available electronically please provide:   * the web address, * precise reference of the documents. |  |
| 4.4 | If you have answered YES to any of the questions in 4.1, or NO to question 4.2, please explain what measures have been taken to demonstrate your reliability despite the existence of a relevant ground for exclusion. (Self cleaning) |  |

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| **Part 3: Selection Questions** | | |
| **Section 5** | **Economic and Financial Standing** | |
| **Question number** | **Question** | **Response** |
| 5.1 | If documentary evidence of economic and financial standing is available electronically (e.g. financial statements filed with Companies House), please provide:   * the web address * issuing authority * precise reference of the documents |  |
| 5.2 | If documentary evidence of economic and financial standing is not available electronically, please provide a copy of your detailed accounts for the last two years (audited if required by law).  Also, for any other person or entity on whom you are relying to meet the selection criteria relating to economic and financial standing, please provide a copy of their detailed accounts for the last two years (audited if required by law). |  |
| 5.3  5.3(a)  5.3(b) | If you are not able to provide a response to questions 5.1 or 5.2, please provide any of the following alternatives.  A statement of your annual turnover, Profit and Loss Account/Income statement, Balance Sheet/statement of Financial Position and Statement of Cash Flow for the most recent year(s) of trading and a bank letter outlining the current cash and credit facility position.  Alternative information to evidence economic and financial standing (e.g. forecast financial statements and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). |  |
| 5.4 | Where we have specified a minimum level of economic and financial standing and/ or a minimum financial threshold within the evaluation criteria for this procurement, please self-certify by answering ‘Yes’ or ‘No’ that you meet the requirements set out. | Yes **▢**  No **▢** |

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| **Section 6** | **Technical and Professional Ability** |
| **Question number** | **Question** |
| **Relevant experience and contract examples**  Please provide details of up to three contracts, to meet the technical and professional ability criteria set out in the procurement documents in any combination from either the public or private sectors; voluntary, charity or social enterprise (VCSE) that are relevant to our requirement. VCSEs may include samples of grant-funded work. Where this procurement is for supplies or services, the examples must be from the past three years. Where this procurement is for works, the examples may be from the past five years.  The named contact provided should be able to provide written evidence to confirm the accuracy of the information provided below.  For consortium bids, or where you have indicated that you are relying on a subcontractor in order to meet the technical and professional ability, you should provide relevant examples of where the consortium/subcontractors have delivered similar requirements. If this is not possible (e.g. the consortium is newly formed or a Special Purpose Vehicle is to be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or members of the Special Purpose Vehicle or subcontractors (three examples are not required from each member).  Where the Provider is a Special Purpose Vehicle, or a managing agent not intending to be the main provider of the supplies or services, the information requested should be provided in respect of the main intended provider(s) or subcontractor(s) who will deliver the contract.  **For each contract please provide the following information**  If you cannot provide examples see question 7.2 |
| 6.1 |

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|  | **Contract 1** | **Contract 2** | **Contract 3** |
| Name of customer organisation who signed the contract |  |  |  |
| Name of Provider who signed the contract |  |  |  |
| Point of contact in the customer’s organisation. |  |  |  |
| Position in the customer’s organisation |  |  |  |
| E-mail address |  |  |  |
| Description of contract. |  |  |  |
| Contract Start date. |  |  |  |
| Contract completion date. |  |  |  |
| Estimated contract value |  |  |  |

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| 6.2 | If you cannot provide at least one example for questions 7.1, in no more than 500 words please provide an explanation for this and how you meet the selection criteria relating to technical and professional ability e.g. your organisation is a new start-up or you have provided services in the past but not under a contract. |
| 6.3 | Where you intend to subcontract a proportion of the contract, please demonstrate how you have previously maintained healthy supply chains with your subcontractor(s).  The description should include, but is not limited to, details of your supply chain management tracking systems to ensure performance of the contract and including prompt payment and whether you are a signatory of the UK Prompt Payment Code (or have given commitments under other equivalent schemes). |

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| **Section 7** | **Additional Questions including Project Specific Questions** | |
| **Question number** | **Question** | **Response** |
| **7.1** | **Insurance**  Please confirm whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  Employer’s (Compulsory) Liability Insurance = £5million  Public Liability Insurance = £5,000,000  Professional Indemnity Insurance = £1,000,000  \*There is a legal requirement for certain employers to hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. See the Health and Safety Executive website for more information:  http://www.hse.gov.uk/pubns/hse39.pdf | Yes **▢**  No **▢**  Yes **▢**  No **▢**  Yes **▢**  No **▢** |
| **7.2** | **Data protection** | |
| **7.2(a).** | Please confirm that you have in place, or that you will have in place by contract award, the human and technical resources to perform the contract to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects. | Yes **▢**  No **▢** |
| **7.2(b).** | Please provide details of the technical facilities and measures (including systems and processes) you have in place, or will have in place by contract award, to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects. Your response should include, but should not be limited to facilities and measures:   * to ensure ongoing confidentiality, integrity, availability and resilience of processing systems and services; * to comply with the rights of data subjects in respect of receiving privacy information, and access, rectification, deletion and portability of personal data; * to ensure that any consent based processing meets standards of active, informed consent, and that such consents are recorded and auditable; * to ensure legal safeguards are in place to legitimise transfers of personal data outside the EU (if such transfers will take place); * to maintain records of personal data processing activities; and * to regularly test, assess and evaluate the effectiveness of the above measures. | |
| **7.4** | **Payment in Contracts per annum**  If you intend to use a supply chain for this contract, you must demonstrate you have effective systems in place to ensure a reliable supply chain. This question is focused on exploring your payment systems.  If your response to (a) and (b) below is **NO** and you do not intend to use a supply chain for this contract, you are not required to complete the subsequent questions | |
| **7.4 (a)** | Please confirm if you intend to use a supply chainfor this contract (i.e. services that are used wholly or substantially for the purpose of performing or contributing to the performance of the whole or part of the contract) | Yes **▢**  No **▢**  If “No” you do not need to complete the rest of this section  NOT SCORED |
| **7.4 (b)** | Please confirm that you have systems in place to pay those in your supply chain promptly and effectively, i.e. within your agreed contractual terms. | Yes **▢**  No **▢**  PASS/FAIL |
| **7.4 (c)** | Please confirm you have procedures for resolving disputed invoices with those in your supply chain promptly and effectively.  This should include all situations where payments are due; not all payments involve an invoice[[13]](#footnote-14).  You should explain this in the tender documents | Yes **▢**  No **▢**  PASS/FAIL |
| **PUBLIC SECTOR CONTRACTS ONLY – Requirement under the Public Contracts Regulations 2015 (Regulation 113)** | | |
| **7.5** | Please confirm that for public sector contracts awarded under the Public Contract Regulations 2015 you have systems in place to include (as a minimum) 30 day payment terms in all of your supply chain contracts and require that such terms are passed down through your supply chain. | Yes **▢**  No **▢**  PASS/FAIL |
| **PUBLIC AND PRIVATE SECTOR CONTRACTS** | | |
| **7.6 (a)**  **7.6 (b)**  **7.6 (c)** | (a) Please provide the percentage of invoices[[14]](#footnote-15) paid by you to those in your immediate supply chain on all contracts for each of the two previous six month reporting periods[[15]](#footnote-16) . This should include the percentage of invoices paid within each of the following categories:  1. within 30 days  2. in 31 to 60 days  3. in 61 days or more  4. due but not paid by the last date for payment under agreed contractual terms.  It is acceptable to cross refer to information that has previously been submitted to Government or other bodies or is publicly available (provided it covers the required reporting periods), including data published in accordance with the Reporting on Payment Practices and Performance Regulations 2017.  If you do wish to cross refer, please provide details and/or insert link(s).  (b) If you are unable to demonstrate that all invoices have been paid within the agreed contractual terms, please explain why.  (c) If you are unable to demonstrate that ≥95% of invoices payable to your supply chain on all contracts have been paid within 60 days of the receipt of the invoice in at least one of the last two six months reporting periods please provide an action plan for improvement which includes (as a minimum) the following:   * Identification of the primary causes of failure to pay:   + 95% of all supply chain invoices within 60 days; and   + if relevant under question 6.4(b), all invoices within agreed terms. * Actions to address each of these causes. * A mechanism for and commitment to regular reporting on progress to the bidder’s audit committee (or equivalent). * A plan signed off by your director * Plan published on its website (this can be a shorter, summary plan).   If you have an existing action plan prepared for a different purpose, it is acceptable to attach this but it should contain the above features  **Note**: if you are required to submit an action plan under question 6.4(c), this action plan must also set out steps to address your payment within agreed terms, in order to achieve a pass for question 6.4 (c). | |
| **7.7**  **7.7 (a)**  **7.7 (b)**  **7.7 (c)**    **7.7 (d)**  **7.7 (e)**  **7.7 (e) (i)**  **7.7 (e) (ii)**  **7.7 (e) (iii)**  **7.7 (e) (iv)**  **7.7 (f) (i)**  **7.7 (f) (ii)**  **7.7 (f) (iii)**  **7.7 (f) (iv)** | **Carbon Reduction In Contracts per annum**  Please confirm that you have detailed your environmental management measures by completing and publishing a Carbon Reduction Plan which meets the required reporting  Provide a link to your most recently published Carbon Reduction Plan here:  Please confirm that your organisation is taking steps to reduce your GHG Emissions over time and is publicly committed to achieving Net Zero by 2050  Please provide your current Net Zero Target Date:  Provider Emissions Declaration | Yes **▢**  No **▢**  PASS/FAIL  Provide a web link (URL) to your CRP  Yes **▢**  No **▢**  PASS/FAIL  Year of Net Zero Target, e.g. 2050 |
| Baseline Year: |  |
| Scope 1 emissions: |  |
| Scope 2 emissions: |  |
| Scope 3 emissions: |  |
|  | |
| Current/Most Recent Reporting Year: |  |
| Scope 1 emissions: |  |
| Scope 2 emissions: |  |
| Scope 3 emissions: |  |
| **7.8**  **7.8 (a)** | **Skills and Apprentices In Contracts per annum**  Please state whether you will be supporting apprenticeships and skills development through this contract. | Yes **▢**  No **▢** |
| **7.8 (b)** | If ‘YES’ please set out how you will develop and maintain skills relevant to the contract to build a more skilled and productive workforce. Please also provide details of the process in place to ensure that your supply chain supports skills, development and apprenticeships. | |

**Contact details and declaration**

I declare that to the best of my knowledge the answers submitted and information contained in this complete document are correct and accurate, including parts 1, 2 and part 3.

I declare that, upon request and without delay I will provide the certificates and/or documentary evidence referred to in this document except where this documentation can be accessed by the Commissioner via a national database free of charge or the Commissioner already possesses the documentation.

I understand that the information will be used in the selection process to assess my suitability to participate further in this procurement.

I understand that the Commissioner may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I am aware of the consequences of serious misrepresentation.

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| **Signature** (electronic is acceptable) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Contact details of those making the declaration** | |
|  | Response |
| Contact name |  |
| Name of organisation |  |
| Role in organisation |  |
| Phone number |  |
| E-mail address |  |
| Postal address |  |

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| **C** | **SPECIFIC TECHNICAL & SERVICE REQUIREMENTS - DETAILED QUESTIONNAIRE**  ITT Response Questions (Technical/Quality) **– 70 % WEIGHTING** |
| **[C1]** | **Service Delivery 15%** |
|  | Describe how you will deliver the service as outlined in the service specification. |
|  | **Guidance:** Include details which include but are not limited to the following:   * Managing Demand and Capacity * Approach to Quality Improvement * Risk Management * Diversion from Inpatient facilities   **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 1500): |

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| --- | --- |
| **[C2]** | **Mobilisation 12%** |
|  | Please provide a copy of a mobilisation/implementation plan for the planned service commencement date of **01 August 2024**; including key timeframes and any challenges/ risks you foresee and your plans to mitigate them. |
|  | **Guidance:**  This should include details of key activities and components to be undertaken and who is responsible for activities. This should include but is not limited to the following:   * TUPE Transfer process and associated risks & mitigations * Data Sharing Agreements * Recruitment Delivery Plan (including Onboarding/Training and TUPE (if applicable)) * Community Engagement Planning * Governance (Contract Performance and KPI reporting, appropriate representation at key meetings and forums) * Risk register and issues log (RAID)   **Please submit:**   * **Recruitment Delivery Plan** * **Mobilisation & Implementation Plan**   **as MS Excel documents (word limits will not apply to these documents)**  **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 500): |

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| --- | --- |
| **[C3]** | **Workforce 9%** |
|  | The workforce is a critical and key component of ensuring service delivery and should be noted that an effective and fully recruited staffing model is critical for the success of the service.  How will you ensure that the resource assigned to undertake the provision will:   * Ensure recruitment and other staffing challenges will be mitigated against in order to ensure contractual deliverables continue to be met * Staff have the relevant skills and opportunities to build upon current skillset for their further development |
|  | **Guidance:**  Detail how you plan to ensure effective continuity of service through foreseen and unforeseen staffing challenges over the term of the contract.  **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 750): |

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| **[C4]** | **Service Outcomes – Engagement 9%** |
|  | How will you ensure that the engagement with service users, local communities, and further stakeholders such as GPs, local authorities, and the wider VCS community can be used to further develop service outcomes? |
|  | **Guidance:** This should include examples from previous experience where you have engaged with similar stakeholder groups and utilised tools such as Dialog+ and Key Performance Indicators to showcase innovative and developing practices.  **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 1000): |

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| **[C5]** | **Service Outcomes – Co-production 5%** |
|  | Describe and evidence your organisation's approach to co-production with service users and how this will be used to deliver service outcomes. |
|  | **Guidance:** Please refer to the specification to determine challenges you foresee with co-production and how these are mitigated through your proposed approach  **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 500): |

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| **[C6]** | **Reporting 5%** |
|  | Describe how you would approach measuring your impact in delivering this service. |
|  | **Guidance:** Please refer to the specification to determine potential Key Performance Indicators and how this would be presented to the Commissioner.  **Minimum pass mark: 2**  If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 500): |
| **[C7]** | **Equality and Diversity 5%** |
|  | The Trust are committed to work towards preventing and eliminating discrimination between people on the grounds of age, disability, gender reassignment, Marriage and civil partnership, Pregnancy and maternity, race, religion or belief, sex and sexual orientation by making sure that we build equality and diversity into all our working practices and those with our Providers.  Please provide a copy of your equality and diversity policy that explicitly refers to the individual characteristics mentioned above.  Please provide a copy of your bullying and harassment policy.  Detail what training is provided to your staff on equality and diversity.  Detail what reporting and monitoring is completed on the grounds on bullying and harassment against the protected characteristics.  Are you members of good practice programmes, such as Stonewall’s Diversity Champions programme? |
|  | **Guidance:** If you do not have your own organisational Equality, Diversity and Inclusion (EDI) policies, please confirm in your written statement that would be working in line with the Trust EDI policies.  **Minimum pass mark: 1**  If you score less than 1 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 500): |

# sOCIAL VALUE Questions

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| **[C8]** | **Social Value -Equal Opportunity – Tackle Workforce Inequality 5%** |
|  | The Trust is committed to Social Value and the additional value that can benefit our communities and working practices. Please detail your strategy for employing and promoting a diverse workforce in senior management.  Provide information on the % share of members from an Ethnic Minority Group in leading positions (manager or above (Level 4)) on contract (FTE). The provided data has to be supported by official company employment statistics or other documentation. The data has to be adjusted for FTE employment to allow for comparability between different kinds of contracts. |
|  | **Guidance:** Consider the ratio between the total number of people at higher level of management and directors to those with an ethnic minority background.  **Minimum pass mark: 1**  If you score less than 1 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 750): |

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| **[C9]** | **Social Value - Wellbeing – Improve Community Integration 5%** |
|  | The Trust is committed to Social Value and the additional value that can benefit our communities and working practices.  Describe the volunteering activity/activities to be delivered and the local community projects to be supported. Provide details of any organisations you will partner with. Provide a breakdown of staff volunteering hours to be delivered to local community projects. |
|  | **Guidance:** Only regular work hours and overtime hours can be counted as volunteering hours.  For example, if 10 staff members will volunteer 3 hours each, then the total number of hours reported should be 30. Information provided should be made compliant with data protection requirements.  (GDPR).  ***Attachments to be submitted as PDF/Excel document only.***  **Minimum pass mark: 1**  If you score less than 1 for this question, your response will be rejected and you will not be invited to participate further in the procurement. |
|  | **PROVIDER RESPONSE** (MAX WORD COUNT 750): |

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| **MARKING SCHEME** 0-3 marks will be awarded as follows: | |
| **0** | **Fail:** the response completely fails to meet required standard or does not provide a proposal. |
| **1** | **Poor**: (meets some of the requirement) The response meets elements of the requirement but gives concern in a number of significant areas. There are reservations because of one or all of the following:   * There is at least one significant issue meeting considerable attention. * Proposals do not demonstrate competence or understanding. * The response is light and unconvincing. * The response makes no reference to the health or academic sectors applying for but shows some general market experience. |
| **2** | **Mostly Satisfactory:** (meets most of the requirement) The response meets most of the requirement but there is at least one significant issue of concern, or several smaller issues. These would require of some further clarification or attention later in the procurement process and may arise through lack of demonstrated capability and/or appropriate evidence. The response therefore shows:   * Basic understanding of the requirements * Sufficient competence demonstrated through relevant evidence * Some areas of concern or inconsistency that require attention. * The response addresses some of the health or academic sectors applying for. |
| **3** | **Very good:** (exceeds some of the major requirements) The response meets the required standard in all material respects. There are no significant areas of concern, although there may be limited minor issues that need further exploration or attention later in the procurement process. The response therefore shows:   * Good understanding of the requirements * Sufficient competence demonstrated through relevant evidence * Some insight demonstrated into the relevant issues. * The response addresses all of the health or academic sectors applying for and also shows good market experience. |

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| --- |
| SECTION D - COMMERCIAL REQUIREMENTS **Evaluation of Pricing** Financial Envelope - The financial envelope available for this work is up to a maximum **annual** contract value of £1,977,800.The total contract value for this work including the 3-year initial term, 1 year extension and 8 month extension period will have a maximum **total** contract value of £9,229,700.Lot 1 (Barnet) – The total annual contract value available would be up to £618,300. The Commissioner will consider annual uplifts in line with the prevailing NHS guidelines at that time.Lot 2 (Enfield) – The total annual contract value available would be up to £587,200. The Commissioner will consider annual uplifts in line with the prevailing NHS guidelines at that time.Lot 3 (Haringey) – The total annual contract value available would be up to £772,300. The Commissioner will consider annual uplifts in line with the prevailing NHS guidelines at that time.Any quotation exceeding the financial envelope will not be considered. |
| Providers are required to submit a comprehensive pricing schedule covering all costs involved with satisfying the Customer need, covering (but not restricted to) the following points:A full breakdown of staff costs which includes the role, salary and cost of whole time equivalent (WTE) for each individual who is engaged in delivery of this contract.Clearly outline the use of non-staff including consultants, contractors, sub-contractors, temps involved in the above breakdown;Detail any other necessary costs which will be required (e.g. marketing, translation, management fee, overheads, cost of providing any materials etc);The price submitted must be the total cost of the delivery of the service;All charges must be provided in GBP and must be exclusive of VAT.The charges must be inclusive of any and all additional charges which may apply. Commissioner will not accept any additional costs which are not declared.The commercial scoring will be based on the total contract value.Providers are required to complete and submit the pricing schedule as part of their submission. |
| The price (entered by Bidders in Pricing Matrix/Schedule, Appendix 2) shall be calculated by taking the total of the solution price for the contract. The pricing matrix can be allocated in each folder (see zipfile) – Appendix 2. |
| The Price per Bidder shall be compared across all Bidders and percentage scores shall be determined for each Bidder. |
| The Bidder with the best Price shall be awarded 30%, with remaining Bidders being awarded a percentage equal to their Price, relative to the best Price received by NLMHP. |
| The calculation is as follows: |
|  |

Best Price divided by other Bidder’s Price multiplied by 30% = relative score achieved for other Bidder’s Price.

# APPENDICES

## **Appendix 1** – Additional Supporting Information

|  |  |
| --- | --- |
| Community Services Clinical Strategy |  |
| Barnet Standard Operating Procedure |  |
| Enfield Standard Operating Procedure |  |
| Haringey Standard Operating Procedure |  |
| Barnet – Population Health |  |
| Enfield – Population Health |  |
| Haringey – Population Health |  |
| Indicative Activity Plan ( All Boroughs) |  |
| Proposed Key Performance Indicators |  |

## 15.2 **Appendix 2** – Commercial Schedule

|  |  |
| --- | --- |
| **Lot** | **Pricing Schedule** |
| **Lot 1 – Barnet** |  |
| **Lot 2 – Enfield** |
| **Lot 3 – Haringey** |

## **Appendix 3 –** NHS Standard Contract (Short form)

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## **Appendix 4 –** TUPE

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| --- | --- |
| **Lot** | **TUPE Information** |
| **Lot 1 – Barnet** |  |
| **Lot 2 – Enfield** |  |
| **Lot 3 – Haringey** |  |

## **Appendix 5 –** Form of Offer

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## **Appendix 6** – Please confirm you have submitted your documentation by placing a tick in the box.

|  |  |
| --- | --- |
| Potential Provider Information and Exclusion Grounds: Part 1 & 2 – Within Part 3 of ITT |  |
| Service and Quality Questions and required attachements –Within Part 3 of ITT |  |
| Social Value Questions - Within Part 3 of ITT |  |
| Commercials - Bidder to complete and submit proposed commercials – Within Appendix 2 |  |
| Form of Offer – Bidder to complete and submit acknowledging the proposed requirements and contract |  |

1. <https://www.longtermplan.nhs.uk/> [↑](#footnote-ref-2)
2. <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf> [↑](#footnote-ref-3)
3. <https://www.youtube.com/watch?v=yDTzRKaXzJg> – DIALOG and DIALOG+ YouTube Video ‘How DIALOG and DIALOG+ can help support recovery from a mental health illness [↑](#footnote-ref-4)
4. Stepped care approach to and how Enfield Services Get connected [↑](#footnote-ref-5)
5. [↑](#footnote-ref-6)
6. [↑](#footnote-ref-7)
7. [↑](#footnote-ref-8)
8. [↑](#footnote-ref-9)
9. [↑](#footnote-ref-10)
10. [↑](#footnote-ref-11)
11. [↑](#footnote-ref-12)
12. [↑](#footnote-ref-13)
13. [↑](#footnote-ref-14)
14. [↑](#footnote-ref-15)
15. [↑](#footnote-ref-16)