INVITATION TO TENDER FOR THE PROVISION OF: SME CARE PROVIDER SURVEY

Deadline: Monday 31st October 2016 – 11.00am

ITT Reference: 60306

**PART B –** Tender Schedules

 (To be returned by Tenderers)

1. Specification
2. Executive Summary

1.1 The market for Adult Social Care (ASC) provision currently faces a number of challenges. The Department of health is concerned to understand the extent of market fragility arising from increasing demand and pressures on supply.

1.2 The Department, which has the Government lead for national stewardship of ASC markets has, needs to ensure it has an appropriate understanding of the market and current risks which is be based on reliable data and robust analysis, triangulated with reliable qualitative intelligence.

1.3 The SME care sector represents a large segment of the care provider market and risks in this area are not as well understood as they are for large corporate providers. The residential care market is largely comprised of myriad small providers with approximately 8,000 providers of residential care, with the largest 10 organisations holding only approximately 25% of the market share.[[1]](#footnote-1) It is a distribution with a very large tail of very small provider organisations which are difficult to get information about. In the home care sector, the provider market is even more fragmented with circa 90% of providers operating from a single location.

1.4 The Department is tendering for the design and completion of a survey of SME care providers with the outcome of expanding the breadth and depth of understanding this complex market.

1. The Requirement

2.1 The requirement is for a survey of owners of smaller sized business which provide residential and domiciliary care to older people, to improve the Department’s understanding of likely changes in capacity supplied by these sectors in the short-to-medium term.

2.2 The findings should support the Department to establish likely future trends, such as towards market consolidation or business diversification. This is an initial exploratory piece of work which will inform a wider and larger project and should provide a baseline, to enable similar surveys to take place in future years.

The following outputs are required:

* Intelligence from a sample of around 3000 providers about their business confidence, sentiment, and business plans, and current operations (including information about proportion of residents funded by local authorities and in the case of residential care, occupancy rates. 3,000 is the maximum number as we would like to keep the survey focussed and a larger sample would not achieve this.
* A better understanding of the business plans of many smaller businesses, and an understanding of the proportion of providers that do not operate with plans, and risks to continued provision of social care to meet the needs of the local population.
* The financial standings of providers, in terms of income and costs on the one hand, and cash flow on the other, to inform views on
	+ the current viability of the business, in profitability and in cash flow
	+ the position if the owner decided to sell, how much that might generate against the value of the underlying asset (primarily property)
	+ the likely value in the market, as against the cost of replacing it if the current owner decided to close rather than sell the business
* The extent of care providers’ plans to expand, contract, consolidate or sell their operations and the sensitivity of smaller providers’ business plans to changes to cost inputs, margins and returns. This will enable efficient targeting of support to local areas where it is most needed.

2.3 Required outputs are both the raw data and a detailed report to the Department and a summary of the key findings.

2.4 The Department requires a supplier to design the survey, under the oversight of a co-production steering group including representative bodies of small providers including the National Care Agency and the Care Association Alliance and the Department.

2.5 The information we want to survey will include, but will not be limited to;

1. The likelihood of a substantial exit from the market of capacity in terms of LA funded beds
2. The consequence and likely market response to different levels of exit from the market of LA funded capacity
3. Location of providers and care homes
4. Number of beds or hours of home care for each provider/care home
5. Number of current users, split by Local Authority and self-funder
6. Fee rates received for this year and last; running costs for the business, and capital assets, profit being made, valuation of the business (possibly from professional adviser), and value of the assets if sold separately.
7. Current thinking of owner about expanding, contracting, consolidating or selling, why and how (e.g. retirement, getting too hard, losing money)
8. Authority Responsibilities

DH will appoint a DH representative to act as the contract manager.

1. Contractor Responsibilities

The Contractor shall:

* + 1. Appoint a Contract Manager to oversee the work and liaise with / report as DH requires to DH’s Contract Manager;
		2. Perform quality assurance on all aspects of the programme;
		3. Provide the Department with timely and ongoing evaluation and quality assurance information relating to the programme; and
		4. Provide on a monthly basis updates on costs.
1. Contract Management and Monitoring

The contractor shall:

* + 1. Monitor the quality of the service provision to ensure customer satisfaction in accordance with the key performance indicators outlined in the Contract, unless otherwise approved by the Project Manager;
		2. Provide a report on progress in delivering the requirement to the Project Manager on a regular basis,
		3. Attend meetings on site to review progress and discuss the service, as required by the Project Manager; and
		4. Attend a post contract review with the Department to review whether the objectives of the contract were met, to review the benefits achieved and to identify any lessons learnt for future projects*.*
1. Timetable

 The Project will be completed by 31 March 2017.

1. Skills and Knowledge Transfer

It is vital to ensure that all skills and knowledge gained by this requirement are retained by the DH for the longer term. The successful Contractor will be required to provide either a final report or seminar detailing lessons learned sessions between DH and the Contractor.

1. Tenderer Response
2. Organisation details
3. Tenderer name

Please confirm the name of the Tenderer\*:

|  |  |
| --- | --- |
| Tenderer Name: |       |

* Full name of organisation tendering (or of organisation acting as the lead contact where a consortium bid is being submitted)
1. Contact details\*

Tenderers must provide contact details for this tender.

|  |  |
| --- | --- |
| Contact Name\* |       |
| Telephone number |       |
| Email address: |       |
| Address: |       |

* Contact is the person responsible for any queries relating to this proposal
1. Organisational status

Please confirm whether (or not) the Tenderer is a Small & Medium Enterprise[[2]](#footnote-2) (**SME**).

|  |  |
| --- | --- |
| The Tenderer is an SME (Yes / No) |       |

1. Solution Proposal
2. Overview

Tenderers must provide a concise summary highlighting the key aspects of the proposal.

(This response is not evaluated and should be used to contextualise the Tenderer’s response.)

| Response (maximum 250 words) |
| --- |
|       |

1. Leadership

Provide details of the qualifications and experience of the individual whose responsibility will be to ensure that the requirement is delivered.

| Response |
| --- |
|       |

1. Method statement

Describe (with specific reference to the elements of the requirements and the outcomes expected) how it is intended to deliver the requirements of the specification.

| Response |
| --- |
|       |

1. Resource Plan

Provide a complete resource plan for the delivery of the Specification including details of the team involved, what these individuals will be doing and why these individuals are suitable for this requirement.

| Response |
| --- |
|       |

1. Exit Strategy & Skills Transfer

Describe the processes and deliverables of the exit phase of the service and how skills will be retained within the Authority.

| Response |
| --- |
|       |

1. Pricing Schedule
2. General Instructions
	1. The rates contained within the Pricing Schedule are, unless otherwise expressly agreed between the parties, firm.
	2. The rates entered shall be deemed to include complete provision for full compliance with the requirements of the Contract.
	3. The rates exclude VAT.
	4. The rates entered in the Pricing Schedule shall include all travel and subsistence costs. Expenses will only be approved if supported by original receipts. The Authority will only pay for expenses claimed that are in line with the Department’s guidelines for expenses. Original receipts will need to be provided.
	5. The Authority will only make payment for overnight stays that have been authorised beforehand in writing by the Authority's Representative.
	6. Any extra expenses other than travel and subsistence must be priced separately in the Pricing Schedule. The Department will only pay for expenses claimed that are included in this pricing schedule and are deemed to be reasonable for delivery of the requirement.
	7. Tenderers must include in the pricing schedules any discounts or any reduced pricing they are proposing to offer to the Authority in delivery of this requirement.
3. Contract Monitoring
4. General Instructions
	1. Tenderers must provide all the information requested in the following section as part of their tender proposal. Supporting documents may be submitted but must be clearly referenced back to the appropriate section.
5. Representatives
	1. Name of Authority's Representative(s): (Authority to complete)
	2. Name of Contractor's Representative(s): (Tenderer to complete)
6. Deliverables
	1. List of deliverables, outputs and reports Contractor is to supply: See Specification
	2. Period(s) over which each deliverable, output and report is to be supplied: See Specification
	3. Information requirements: See Specification
	4. Milestones: To be confirmed
7. Meetings
	1. Frequency of contract management meetings: To be confirmed
	2. Location of contract management meetings: To be confirmed
	3. Checking performance against anticipated plan: To be confirmed
8. Remedies
	1. Remedies for below par performance: To be confirmed
9. Confidential & Commercially Sensitive Information
10. General
	1. All the information that the Authority supplies as part of this Contract may be regarded as Confidential Information as defined in Condition 1 (Definitions) of Section Three – Conditions of Contract.
	2. The Contractor considers that the type of information listed in paragraph 2.1 below is Confidential Information.
	3. The Contractor considers that the type of information listed in paragraph 2.2 below is Commercially Sensitive Information.
11. Types of Information that the Contractor Considers to be Confidential
	1. Type 1: Confidential information:

|  |  |  |
| --- | --- | --- |
| Information considered confidential | Reason for FoIA exemption (Include paragraph reference) | Period exemption is sought (Months) |
|  |  |  |
|  |  |  |

* 1. Type 2: Commercially sensitive information:

|  |  |  |
| --- | --- | --- |
| Information considered commercially sensitive | Reason for FoIA exemption (Include paragraph reference) | Period exemption is sought (Months) |
|  |  |  |
|  |  |  |

1. Administrative Instructions
2. Authorisation
	1. The person shown below person shall act as the Authority's Representative on all matters relating to the Contract:

|  |  |
| --- | --- |
| Name  | **To be confirmed at Contract Award** |
| Contact Details  | **To be confirmed at Contract Award** |

* 1. The Department's Representative may authorise other officers to act on their behalf.
1. Notices
	1. Any notice the Contractor wishes to send the Authority shall be sent in writing to the Authority's Representative at the address shown in paragraph 1.1 above.
	2. Any notice the Authority wishes to send the Contractor shall be sent in writing to the Contractor's Representative at the address shown in paragraph 4.2 below.
2. Address for Invoices
	1. It is preferred that invoices are sent electronically to:

MB-PaymentQueries@dh.gsi.gov.uk

* 1. Alternatively invoices can be sent to the Department addressed to:

Department of Health

 Accounts Payable

Room 530

Richmond House

79 Whitehall

London

 SW1A 2NS

* 1. Invoices must not be sent to the Authority's Representative.
1. Correspondence
	1. All correspondence to the Authority except that for or relating to invoices shall be sent to the following address:

Stephen Airey

Room 313b

79 Whitehall

London, SW1A 2NS

* 1. All correspondence to the Contractor shall be sent to the following address:

**Tenderer to provide Address**

[**INSERT ADDRESS**]

**Schedule Five: Appendix A: Variation to Contract**

**(FOR INFORMATION ONLY – NOT FOR COMPLETION AT TENDER STAGE)**

|  |  |
| --- | --- |
| Contract Title:  |  |

|  |  |
| --- | --- |
| For the Provision of:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract Ref: |  | Variation No: |  | Date: |  |

BETWEEN:

The Secretary of State for Health (hereinafter called the Department) and [INSERT NAME OF CONTRACTOR] (hereinafter called the Contractor) having his main or registered office at [DN:INSERT ADDRESS]:

The Contract is varied as follows:

(DN:INSERT DETAILS OF VARIATION)

Words and expressions in this Variation shall have the meanings given to them in the Contract.

The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

SIGNED:

|  |  |  |  |
| --- | --- | --- | --- |
| For: The AUTHORITY |  | For the Contractor |  |
| By |  | By |  |
| Full name |  | Full name |  |
| Grade / Pay Band |  | Title |  |
| Date |  | Date |  |

**Schedule Five: Appendix B: Novation Agreement**

**(FOR INFORMATION ONLY – NOT FOR COMPLETION AT TENDER STAGE)**

THIS DEED (THIS AGREEMENT is made on the [dd] day of [month & year] BETWEEN

(1) THE SECRETARY OF STATE FOR HEALTH (the **Secretary of State**) whose principal place of business is at Richmond House, 79 Whitehall, London, SW1A 2NS,

(2) THE [CONTRACTOR] of [address]

(3) THE [NEW PARTY] of [address]

WHEREAS

(A) This Agreement is supplemental to an agreement dated [dd Month Year] between the Secretary of State and the Contractor (the **Contract**) under which the Contractor agreed to provide services to the Secretary of State.

(B) The Secretary of State has authorised the New Party to replace the Secretary of State as the contracting Department under the Contract on the terms of this Agreement and the Contractor is willing to accept the New Party in place of the Secretary of State on those terms.

IT IS HEREBY AGREED AS FOLLOWS:

1. Subject to the following Clauses of this Agreement –

a) The Contract shall continue in full force and effect as if the New Party were named as a party to the Contract in place of the Secretary of State for Health.

b) All rights, obligations and liabilities arising under the Contract from the date of this Agreement shall be rights, obligations and liabilities between the New Party and the Contractor.

c) Any existing rights, obligations or liabilities of the Secretary of State relating to the performance of the Contract up to the date of this Agreement shall pass to the New Party and shall be enforceable between the Contractor and the New Party in place of the Secretary of State.

2. The rights, obligations and liabilities of the Contract shall be exercisable and enforceable as the rights of the New Party under this Agreement.

3. This Agreement shall be governed by and interpreted in accordance with English law and shall be subject to the jurisdiction of the courts of England.

Signed by ....................................for and on behalf of the

Secretary of State for Health in the presence of:

Signed by ....................................for and on behalf of the

Contractor in the presence of:

Signed by ....................................for and on behalf of the

New Party in the presence of:

**Schedule Five: Appendix C: Sub-Contractors**

All suppliers to the Department of Health are asked to provide details of all sub-contractors that will be used to perform the contract.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of Sub-Contractor | Service performed for Contractor | Provide details of staff numbers[[3]](#footnote-3) | Provide latest year’s turnover |
| Name:  |  |  |  |  |
| Address: |  |
| Name:  |  |  |  |  |
| Address: |  |
| Name:  |  |  |  |  |
| Address: |  |

1. Form of Tender

Declaration

**PROPOSAL FOR THE PROVISION OF SME CARE PROVIDER SURVEY**

Having examined the proposed Contract comprising of:

1. Part A – Section Two, (Conditions of Contract);
2. Part B – Schedules One, One (a), Two and Six (mandatory); and
3. Part B – Schedules Three to Five inclusive (as amended).

As enclosed in the ITT response dated (**INSERT DATE**). We do hereby tender against the requirements, and terms and conditions of the proposed Contract.

We undertake to keep the tender open for acceptance by the Authority for a period of ninety (90) days from the deadline for receipt of tenders.

We declare that this is a bona fide tender, intended to be genuinely competitive, and that we have not fixed or adjusted the amount of the tender by, or under, or in accordance with, any agreement or arrangement with any other person. We further declare that we have not done, and we undertake that we will not do, any of the following acts prior to award of this Contract:

1. Collude with any third party to fix the price of any number of tenders for this Contract;
2. Offer, pay, or agree to pay any sum of money or consideration directly or indirectly to any person for doing, having done, or promising to be done, any act or thing of the sort described herein and above.

Unless and until the Tenderer and the Authority have executed a formal agreement, the Authority's acceptance of this tender with all its enclosures shall not constitute a binding contract between us. We understand that you are not bound to accept the lowest price, or any, tender.

Name of person duly authorised to sign tenders:

Date: ..........................................

Name: ..........................................

in the capacity of: ................................................................

duly authorised to sign tenders for and on behalf of:

............................................................................

By completing this Declaration and submitting your tender you have agreed that the statements in this Form of Tender are correct.

1. Laing and Buisson: Care of Elderly People – UK Market Survey 2014/15 [↑](#footnote-ref-1)
2. To be considered an SME, an organisation must have a headcount less than 250 Annual Work Units (anyone that has worked full-time within the enterprise, or on its behalf, during the reference year counts as one unit. Part-time staff, seasonal workers and those who did not work the full year are treated as fractions of one unit) **AND** a turnover less than €50 million **OR** annual balance sheet of €48 million. [↑](#footnote-ref-2)
3. This is the average annual numbers of both staff and managerial staff employed over the last trading year [↑](#footnote-ref-3)