**North East London CCG**

**Independent Mental Health Advocacy for Personal Health Budget Coordination in City & Hackney**

**Name of organisation:**

Please provide confirmation that your organisation meets the minimum essential criteria below by ticking the appropriate box (Yes/No):

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Yes** | **No** |
|  | Your organisation meets the 7 criteria for the PHB brokerage provider outlined in the additional information? |  |  |
| 1. | Able to understand the needs of and provide support to individuals with an SMI who are in recovery following a period of treatment? |  |  |
| 2. | Able to provide support and advice independent of the clinical model of treatment? |  |  |
| 3. | Able to provide impartial advice regarding services and support that can be purchased within the borough of Hackney and the City of London? |  |  |
| 4. | Able to record required PHB details, including ReQoL 10 scores, within a database system for PHB evaluation? |  |  |
| 5. | Has working relationships and have engaged with clinicians across a range of secondary mental health settings? |  |  |
| 6. | Has a service and organisational ethos of championing the user’s voice and empowering them to make decisions? |  |  |
| 7. | Is set up to provide support to people with a range of health needs including a learning disability and physical health conditions? |  |  |
|  |  |  |  |
| 8. | Your organisation is able to demonstrate a proven track record and level of expertise of working with mental health service users in an independent advocacy role or similar relationship? |  |  |
| 9. | Your organisation is able to demonstrate experience of administration of Personal Health Budgets and Direct Payments? |  |  |
| 10. | Your organisation’s EPR / CRM system can be integrated to Patients Know Best, and would be able to flow PHB related data to PKB on commencement of service provision for the transfer of data, plans and self-management tools? |  |  |
| 11. | Your organisation is able to demonstrate established relationships with the providers of mental health services, community health services, primary care and voluntary services in North East London? |  |  |
| 12. | Your organisation has experience of holding funds on trust for mental health service users and experience of issuing pre-paid credit cards to vulnerable or impressionable mental health service users? |  |  |
| 13. | Your organisation has experience of developing or administering an electronic platform for mental health personal budget holders to manage their own PHBs and wellbeing activities in a way that promotes self recovery? |  |  |
| 14. | Confirm that your organisation has both capacity and the required staff skill set to be able to take on and manage the service outlined within the financial envelope? |  |  |
| 15. | This procurement opportunity will be hosted on ProContract, the eProcurement System .Please confirm that your organisation is already registered on or will arrange for registration on ProContract.  Please provide the details of your ProContract account details or anticipated details below.  <https://procontract.due-north.com/Register> |  |  |
| 16. | Provide full contract details of similar services that your organisation either currently operate or have operated within the past three years below? | | |
| Question 16 response please provide full contract details below – as a minimum this must include:  Contract name and commissioner details  Start/ end date of contract. Any extensions that may have been applied  Contract value  Details of any contractual breaches/ performance issues/ early termination clauses invoked by either party | | | |

**ProContract Account Name:**

**ProContract Associated email Address:**

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to [cahccg.nelccgcontracting@nhs.net](mailto:cahccg.nelccgcontracting@nhs.net) by no later than 12:00noon on Friday 19th November 2021.