**NHS England - East**

**Health and Justice Commissioning**

**Health and Social Care Needs Assessments - Specification March 2022**

Contents

[Introduction 2](#_Toc433122976)

[Background 2](#_Toc433122977)

[Content and scope of reports 2](#_Toc433122978)

[Deliverables 3](#_Toc433122979)

[Timetable 3](#_Toc433122980)

[PriceandPaymentTerms 3](#_Toc433122981)

[EvaluationandScoring 4](#_Toc433122982)

# Introduction

NHS England wishes to commission health and social care needs assessments for the healthcare service in some prisons in East of England.

# Background

To commission effectively, it is essential that the commissioning cycle begins with a health needs assessment which examines the health needs of the prison(s). This enables the commissioning team to understand disease prevalence, to identify services which respond to the health needs and to receive evidence-based recommendations for the services. The requirement is best practice in relation to commissioning, but is also mentioned in ‘Expectations’ (HMIP) in the section on governance:

*‘****32. Prisoners are cared for by a health service that accurately assesses and meets their health needs while in prison and which promotes continuity of health and social care on release.***

***Indicators References***

*• Health services are informed by the assessed needs of the prison population and are planned, provided and quality assured through integrated working between the prison and its local health economy.’*

In April 2015, local authorities assumed their responsibility for social care needs in prison. The HNAs must include a section on social care needs, how they are identified and how the provision of social care assessments and provision is measured, and how they can be integrated with the delivery of healthcare.

The HSCNAs required are as follows:

1. Reception prison: HMP Norwich and HMP Chelmsford. Maximum financial value: £15 000
2. Category C prisons: HMP Wayland and HMP Highpoint. Maximum financial value: £15 000
3. Category C prison: HMP The Mount. Maximum financial value: £8 500

# Content and scope of reports

Together with NHS England, UKHSA (formerly Public Health England) has developed a template for health needs assessments for prisons, which must be used for the reports.

The adult prison template can be found at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf>

Bidders must ensure that their reports include review and consideration of unmet health need. Our requirement and expectation is that met and unmet health need will not be simply on the basis of whether or not access to existing services is satisfactory. A service may have good access (short waits to appointments) but may not be meeting health needs. Furthermore, NHS England can already identify whether access is satisfactory, through monthly HJIPs reports, so bidders should ensure that they avoid offering reports which use access as understood by HJIPs reporting as the sole way of understanding met and unmet health need.

Bidders must undertake interviews of appropriate commissioners to elicit the information they need, as well as interviews of prison staff, healthcare staff and prisoners, and to access data from relevant sources. The reports must be written oriented to use by the commissioner in the commissioning of the service (and not from the point of view of the provider, in identifying areas of non-compliance with recognised standards, although this is valuable and relevant). In case of any lack of clarity, the report is to be used to inform commissioning, and not for the purposes of understanding the quality of care provided (though this may be a by-product of the report).

Bidders are specifically requested to identify whether the healthcare service is operating under a documented drug strategy for the prison, and to attach it as an appendix to the report, and also whether it is making a contribution to preventing suicide within the prison, and to attach any relevant documents (local strategy or plan) to the report. The need for a different strategy and approach for men and for women is relevant to whether or not the health needs of men and women with substance misuse issues are being met.

Please note that the local commissioning team will take on the role of steering group and there is no need for the bidder/author to form a steering group for the purpose of developing the HNA. Please also note that it will not be necessary to make a presentation of the draft report and therefore costs associated with making a presentation should be excluded from the bids.

There are some specific enquiries which need to be covered in the reports, which are:

1. There is a growing emphasis on joining up care pathways , and a prioritisation of supporting people leaving prison to receive care in the place they live when released. Each report must include details of the destinations of the population when released in the last 24 months, by region and /or by county and any attempts which are made by the healthcare team to ensure that people with ongoing health needs receive information about healthcare services in the community where they will live on release;
2. The percentage who have stated they have previously served in the armed forces, and any offers of healthcare made to those who disclose they are former service personnel eg issue of information about organisations which support former service personnel on release from prison. Each report should state whether there are effective processes in place for identifying former service personnel while at the prison, and any evidence of offer of support specifically oriented to this cohort;
3. The ethnicity of the population, and any adjustments of healthcare services which have been made to take into account ethnicity and health issues associated with ethnicity eg cardio vascular disease; diabetes.[[1]](#footnote-1) Each report should state what examples of adjustment and adaptations of service to take account of ethnicity have been seen
4. The way in which the health needs of people with disabilities, LGBT people, and people who don’t have English as a first language are being met, or not met. Each report should state what examples of adaptations for people with disabilities, LGBT people and people who don’t have English as a first language have been seen

The author of each report should look at these issues and include a section on each one, to address these issues.

**Information/data sources and management**

Bidders must state in their bid how they will ensure that

a) the requirements on the healthcare provider to provide data from the clinical system will be minimised to avoid passing off the burden of tasks associated with authoring an HSCNA to the healthcare provider

b) they comply with Section 251 of NHS Act 2006 Healthcare service control of patient information Reg 2002 and avoid access to patient identifiable data, but will also be able to state that the data used as the basis for the report is valid and reliable. Bidders must state in their bid how they will extract, transfer, store and eventually destroy data used in the authoring of the HSCNA

C) they can satisfactorily demonstrate how they will source relevant clinical advice and expertise in the development of the report; this is important in ensuring that the recommendations made are clinically justifiable and rational.

Please use the template to express the bid for the reports.

# Deliverables

The ‘first draft’ describes the version which meets all the requirements of the specification, has been proof-checked and is error -free. It should not be interpreted to mean a rough draft or any other interpretation. NHS England will send back any comments and will expect that the bidder reflects on these and if required, make changes to the first draft to produce a ‘final draft’.

The provider of the HSCNA must provide both an initial draft and a final draft of the reports in Word. This allows comments to be made within the text of the initial draft, and also allows extraction of the text from the final draft for insertion into other documents. The initial and final drafts must be delivered to claire.weston2[@nhs.net](mailto:joanna.langley@nhs.net) in Word format no later than the date given.

# 

# Timetable

Potential providers of the reports are asked to provide quotes, which must be submitted by 12.00 on 12th April 2022 to Claire.weston2@nhs.net. NHS England will notify all bidders of the outcome within 1 week of this date. Bidders should request a receipt of their bid, and if this is not received by 17.00 12th April, they should contact Claire Weston to request this.

Bidders must be in a position to provide a first draft of the report(s) they have been contracted to provide by 29th July 2022**.** Commissioners will provide comments within 1 week and a final draft must be provided by 12th August 2022. Bidders are expected to notify the commissioner of progress towards delivery of the initial and final drafts.

**Price and Payment Terms**

Providers may submit quotes for the provision of one or more reports. A separate price must be given for each report, enabling the commissioner to commission individual reports from a bidder. Any bid which does not clearly state the price for each of these reports will be rejected. In formulating the bid price, bidders are asked to show their daily rate and the number of days consumed in each element of the preparation of the report.

Interested parties are requested to advise Commissioners of their fully inclusive price for undertaking the review to the specification set out in this document. Should the review fail to fully meet the requirements of the service specification or deadline (unless due to factors outside of the Provider’s control) NHS England reserves the right to withhold up to 10% of the total contract value.

NHS England terms and condition will be applied. No payment will be made for part completion of any report.

Bidders are requested not to propose any discounting of prices for award of multiple bids. Any such proposal will be set aside and will not be considered.

**Evaluation and Scoring**

1. Please submit a separate bid (using the template) for each report for which you are bidding, completing each section.
2. Please provide details of HNAs which you have previously undertaken including the date completed, and be prepared to provide these documents to NHS England on request.
3. Please ensure that the bid to provide any HNA is the same name as the author of the report. The purchase order will be raised in the name of the bidder and the invoice must correspond to the name on the purchase order and the bid.

Applications will evaluated and scored as follows:

**Scoring Methodology**

|  |  |
| --- | --- |
|  |  |
| 0 | The Provider is unable to fulfil the requirement or no response is received |
| 1 | The Provider is only able to partly fulfil the requirement |
| 2 | The Provider is able to fulfil the requirement |
| 3 | The Provider exceeds fulfilment of the requirement |

|  |  |  |
| --- | --- | --- |
| **Quality – weighted at 60% of total score** | | |
| The Provider has demonstrated that: | | |
| Review Deliverables | 1. All the objectives and products contained within the specification will be delivered. 2. The author will adopt a rational approach to undertaking the work, so that conclusions and recommendations can be reached which are valid and can be relied on. | |
| 1. A comprehensive and suitable methodology will be used to collect/obtain the data required, and to synthesise data from different sources. | |
| 1. A suitable methodology and rationale will be adopted to collect the full range of stakeholder feedback. | |
|  | 1. Project challenges have been identified and suitable mitigations proposed. | |
| Capability | 1. Experience of undertaking a similar piece of work, delivered to timescale. | |
| 1. The availability of suitably competent staff who have relevant experience, | |
| 1. An understanding and application of, data confidentiality and information governance issues. | |
| 1. They can deliver the report within the project deadline with a realistic timetable. | |
| **Price – Weighted at 40% of total score** | | |
| Price | | Cost will be evaluated by the bid with the lowest score scoring 100 and all other bidder prices being expressed as an inverse proportion.  *For example.*  *Bid A – Price £30,000 = scores 100*  *Bid B – Price £40,000 = scores 75*  *Bid C - Price £50,000 = scores 60*  *Bid D – Price £60,000 = scores 50* |

**Checklist for bidders**

This check list may be helpful in developing your bid but may not be exhaustive:

* Each bid clearly relates to only one of the HSCNAs required
* Each bid has the reference number and bidder name as a foot note on each page
* Price for each bid has been provided, is net of VAT and is not subject to any proposed discounting.
* Each bid states that the PHE template will be used
* Each bid excludes the cost of making a presentation to the steering group
* Each bid states that the report will be delivered in Word.
* Each bid states the daily rate for the author and the number of days consumed in each element of the task
* Each bid comes from the same organisation as the organisation which will submit the invoice for the report once complete, and the name of the invoicing organisation is clearly given.

-ends-

1. <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> [↑](#footnote-ref-1)