

Prior Information Notice (PIN) for

Trusted Assessors – Children and Young People

1. **Background Information and Service Specification**

The following PIN is being placed to alert providers to a potential future procurement exercise for the provision of assessments of children/young people to inform the Education Health and Care Plan (EHCP) to help prevent and resolve dispute or provide information to the tribunal process within required timeframes and provide interventions where the defined criteria are met.

Any values and timescales stated within this PIN are for guideline purposes only and should not be taken as a guarantee.

NHS Devon is seeking to have a quality assured list of providers who can be called upon to undertake an **assessment** of the child/young person to inform the EHCP to help prevent and resolve dispute or provide information to the Tribunal within timeline requirements and to have a quality assured list of providers who we can call upon to provide intervention to an individual child/young person when all the following criteria is met:

* Intervention is not provided through current commissioned services
* Child/young person is the responsibility of NHS Devon Integrated Care Board
* The intervention to be provided is a Health system responsibility.
	1. Scope
1. Families with children/ young people with complex needs or who are not known to health services where there is a dispute with what has initially been written in to the EHCP and therefore be considering starting the tribunal process.
2. Families with children/ young people who are already in the tribunal process.
3. Children/young people who are not known to health services and may not be picked up within statutory timeframes.

**Key objectives of a successful service will be**

To meet statutory requirements under the Special Educational Needs and Disabilities (SEND) Code of Practice to contribute and inform EHCP for children (0 – 25 years) because

* For a small number of families with children/ young people with complex needs that maybe in dispute with what has initially been written in to the EHCP and therefore be considering starting the tribunal process or already be in the tribunal process
* Long wait lists for families and their children to access services and some may not even be known to health services and may not be picked up within statutory timeframes.
	1. Requirements

The ICB is looking to have a list of quality assured providers who can be called on to provide:

* Speech and language therapy assessments and intervention including Augmentative and Alternative Communication (AAC)
* Occupational Therapy assessment and intervention
* Physiotherapy assessment and intervention
* Psychology assessment and intervention.

We expect

* Practitioners to have the skills and competencies to carry out the requested assessment
* Decisions on the assessment needs of those referred or when a referral to another service will be needed.
* The outcome of the assessment to be shared with parents and carers, and with children and young people
* The outcome of the assessment to be shared with Designated Clinical Office (DCO) in the ICB so that it can inform the EHCP and or tribunal
* Offers information to children, young people and parents and carers about appropriate services and support within the local offer and commissioned services
* Practitioners to have a current and informed understanding of locally commissioned services.
* Professional indemnity which covers private practice
* To undertake regular quality assurance and reliability of assessment tools used
* Practitioners to have up to date GMC/HCPC or similar professional body registration
* To follow complaints procedures according to the Care Standards Act 2000

1.3 Contract

* + 1. The NHS Standard Contract will be used for this service. [NHS England » 2024/25 NHS Standard Contract](https://www.england.nhs.uk/nhs-standard-contract/24-25/)

1.4 Costs

NHS Devon anticipate that there will be a range of costs/prices associated with provision of the assessments required. We anticipate that these will be within the range of £300 to £2000 dependent on the individual circumstances and the complexity of the assessment required.

**2. Engagement Questionnaire**

2.1 Purpose

The Engagement Questionnaire (Section 5) is an information gathering exercise by NHS Devon ICB to inform the development of a procurement approach for Trusted Assessor for the provision of assessments and of children/young people to inform the Education Health and Care Plan (EHCP) to help prevent and resolve dispute or provide information to the tribunal process within required timeframes and provide interventions where the defined criteria are met.

2.2 Questions

The questions within this Engagement Questionnaire are part of an information gathering exercise by NHS Devon ICB to inform their strategic direction and decision making.

No questions in this questionnaire are scored. There are no word counts to any of the responses.

Responses to this questionnaire will not impact any evaluation of any future opportunity, in the event that any services may be tendered.

When completing this questionnaire providers are asked to ensure that they answer the questions in the appropriate space.

2.3 Submission of Response

Your submission should include the following:

* Supplier Information (Section 4)
* Engagement Questionnaire (Section 5)
* Declaration of Interest Form (Section 6)

Completed submissions are requested to be received by 12 noon (midday) on 20th August 2024.

All responses are requested to be entered into the question and submissions section in this document directly. Other formats are not required. Where supporting information is required this can be submitted as an additional attachment.

When you have completed the questionnaire, please return your response via the contracting email mailbox at d-icb.contracting@nhs.net. Please state ‘Trusted Assessor Market Engagement Questionnaire Response’ in the subject line. Any technical issues should be addressed to the CSU procurement team via the scwcsu.clinical.procurement@nhs.net email mailbox.

3. Next Steps

No further action will be required by providers after this exercise unless alerted.

Your input and effort is very much sought to help NHS Devon ICB develop the most appropriate approach procuring Trusted Assessors.

Your support is appreciated.

4. Supplier Information

|  |
| --- |
| **Organisational Information** |
| Company Name |
| INSERT HERE |
| Company Address |
| INSERT HERE |
| Company Number |
| INSERT HERE |
|  DUNS Number |
| INSERT HERE |
| Primary Contact Name  |
| INSERT HERE |
| Primary Contact Telephone Number |
| INSERT HERE |
| Primary Contact Email Address |
| INSERT HERE |
| Explanation of any consortia or other Partnership arrangements (including organisational information) for this RFQ |
| INSERT HERE |

5. Engagement Questionnaire Response

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| **Engagement Questionnaire** |
| Q1 Please provide an overview of your organisation and the services that you provide, including a description your organisations approach to the provision of the assessments required  |
| INSERT YOUR RESPONSE HERE  |
| Q2Please describe your readiness to mobilise and confirm when you would be ready to start providing the services. |
| INSERT YOUR RESPONSE HERE  |
| Q3 - Costs - Please indicate the assessments you are able to provide along with the cost of the assessments. |
| INSERT YOUR RESPONSE HERE |

6. Declaration of Interest Form

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Details of interests held:** |
| **Type of Interest** | **Details** |
| **Provision of services or other work for the ICB or NHS England** |  |
| **Provision of services or other work for any other potential supplier in respect of this project or procurement process** |  |
| **Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB ’s or any of its members’ or employees’ judgements, decisions or actions** |  |

|  |  |
| --- | --- |
| **Name of Relevant Person** | [*complete for all Relevant Persons*] |
| **Details of interests held:** |
| **Type of Interest** | **Details** | **Personal interest or that of a family member, close friend or other acquaintance?** |
| **Provision of services or other work for the ICB or NHS England** |  |  |
| **Provision of services or other work for any other potential supplier in respect of this project or procurement process** |  |  |
| **Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB ’s or any of its members’ or employees’ judgements, decisions or actions** |  |  |

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed: Title/Role:

On behalf of:

Date: