**NHS England – East of England**

**Health and Justice Commissioning**

**Evaluation of RECONNECT services within the East of England**

Contents

[Introduction 2](#_Toc433122976)

[Background 2](#_Toc433122977)

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

[Deliverables 4](#_Toc433122979)

[Timetable 4](#_Toc433122980)

[PriceandPaymentTerms 4](#_Toc433122981)

[EvaluationandScoring 5](#_Toc433122982)

# Introduction

NHS England wishes to commission an evaluation of the East of England RECONNECT services to improve commissioners’ understanding of the services to inform future commissioning.

We are seeking to appoint an independent provider to evaluate the services, undertake the evaluation, provide answers to the questions given and make service improvement recommendations as a consequence.

# Background

RECONNECT is a recently established care after custody service designed to improve the health outcomes of prison leavers. It is mentioned in the NHS Long term Plan (2019) but little detail is given concerning the specific service model. RECONNECT starts working with people before they leave prison and assists them with the transition to community-based services that will provide the health and care support they need. RECONNECT is not a clinical service and does not offer either a clinical assessment or a clinical intervention, but instead supports individuals to access and engage with relevant community services. RECONNECT must not duplicate the work of probation or any other agency.

The RECONNECT programme has the following aims:

1. Increase access to and uptake of healthcare or relevant support services for individuals who have health vulnerabilities upon release from prison, who would otherwise struggle to engage.
2. Reduce health inequalities for prison leavers.
3. Ensure that the health needs of individuals who are leaving prison are met.
4. Ensure a safe transition from prison to community-based healthcare and support services in England.

As there was little detail about the service delivery model at the outset, there are now different models for the RECONNECT service that have been set up around the country. In the East of England, both a prison model and a community model have been commissioned.

A RECONNECT service is now operating in all counties in the East of England. Two prisons have a prison RECONNECT service and five counties have a community RECONNECT service. Essex has a RECONNECT service for veterans.

Commissioners wish to understand how well the RECONNECT schemes are achieving their intended aims so that services can be varied if required. There is also a concern that the RECONNECT services have been set up but are underused due to a lack of understanding of their purpose. Commissioners want to gain a greater insight into levels of referrals and activity and how these can be maximised.

# Content and scope of report

The successful bidder must produce a report which evaluates each of the East of England RECONNECT services, and draws comparisons between them. Commissioners would like to understand how services are being delivered across the region and whether they are making a difference to the health outcomes of individuals leaving prison.

The report must explore the following:

Quantitative measures

1. The pathways in place within each service.
2. Total number of referrals accepted by each service, and as a percentage of referrals received.
3. Total numbers engaged with prison RECONNECT services (where these exist), and as a percentage of all eligible referrals.
4. Total numbers engaged with community RECONNECT services in each county, and as a percentage of all eligible referrals.
5. Total numbers engaged with community RECONNECT services in each county as a percentage of all releases to that county.
6. Value for money (quarterly cost per case) – methodology to be decided by the evaluator, or a simple calculation dividing the total monthly value of the service by the total monthly referrals received.
7. Number of contacts per person engaged, as a measure of resource intensiveness and individual complexity. The reasons behind these numbers should also be explored (i.e. the types of vulnerabilities people are presenting with).
8. Average number, and type, of services engaged with.
9. Equity measures illustrated as a percentage of referrals attending by demography (e.g. ethnicity, health conditions, etc.)

Qualitative measures

1. Experiences of people who do engage (qualitative).  
   The author must engage with a representative sample of people from across all East of England RECONNECT schemes to obtain detailed views of those who have accessed the service, using a semi structured approach. Findings will be analysed using simple thematic analysis and the report will give the views expressed and relevant themes. A selection of service user case studies will also be included within the report.
2. Experiences of people who don’t engage (where this is possible to obtain).   
   The author will likely need to gather this information through conversations with RECONNECT staff, exploring their experiences of non-engagement and their understanding of the reasons behind this.
3. Views of probation staff.  
   The author must engage with a representative sample of probation staff to obtain their views on the effectiveness and value of the RECONNECT programme, and any suggestions on its development to improve the contribution it makes to improving health outcomes.
4. Levels of awareness of the RECONNECT services amongst relevant partners.
5. Total number and percentage of people exiting the service following completion of RECONNECT interventions.
6. Other indicators and measures as appropriate.

The report should also include:

* Insights derived from comparison of services, both between east of England services and also a comparator service in another region.
* Recommendations and possible changes to the services which could be made to improve the effectiveness of the RECONNECT services within the East of England, with a clear foundation for the recommendation.

In order to gain the detailed understanding which is required for the review, the author must make visits to RECONNECT services and engage with:

* RECONNECT teams/staff
* Other partners, especially community offender managers, who have a key role as leaders in the rehabilitation of offenders
* People who have used the service
* Others with a role in the RECONNECT pathway, as appropriate

# Deliverables

The provider of the report must produce both an initial draft and a final draft of the report 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 final draft must be delivered to [emma-charlotte.giles@nhs.net](mailto:emma-charlotte.giles@nhs.net) in Word format by 31st March 2023.

# 

# Timetable

The opportunity will be advertised to any potential provider from 10th October 2022 for 2 weeks and bids must be submitted by 17.00 on 24th October 2022 to [emma-charlotte.giles@nhs.net](mailto:emma-charlotte.giles@nhs.net). NHS England will notify all bidders of the outcome within 2 weeks of this date. Bidders should request a receipt of their bid, and if this is not received by 17.00 on 24th October 2022, they should contact Emma Giles to request this.

The successful bidder must be in a position to begin work upon being appointed, and to complete the initial draft by 14/03/2023. Comments will be provided by NHS England within 1 week and a final draft should be provided by 31/03/2023 (unless subsequently agreed by NHS England that a later date is acceptable).

Bidders are expected to notify the commissioner of progress towards delivery of the initial and final drafts.

**Price and Payment Terms**

The maximum value of acceptable bids is £15,000 (net of VAT). Any bid which does not clearly state the price for the report will be rejected. In formulating the bid price, bidders are asked to show their daily rate, the number of days consumed in each element of the preparation of the report, and other non-pay costs. There will be no payment above the bid price for any reason, if the bid is accepted.

Interested parties are requested to advise Commissioners of their fully inclusive price for undertaking the report to the specification set out in this document. Should the report 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 when paying the final invoice. NHS England terms and condition will be applied. No payment will be made for part completion of the report.

**Evaluation and Scoring**

1. Please submit a bid using the template, ensuring that each section is completed.
2. Please provide details of similar evaluations which you have previously undertaken, including the date completed, and be prepared to provide these documents and references to NHS England on request.
3. Please ensure that the bid is submitted under the same name that will be used to invoice for the evaluation report. The purchase order for the report 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 be 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. | |
| 1. A suitable structure will be used for the evaluation report. | |
| 1. Comprehensive and suitable methodologies are proposed for all aspects of the evaluation, including patient engagement, with the rationale for each. | |
| 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. The report can be delivered against a realistic timetable, within the project deadline. | |
| **Price – Weighted at 40% of total score** | | |
| Price | | Price 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, where maximum value for an opportunity is £60,000*  *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 checklist may be helpful in developing your bid but may not be exhaustive:

* Each bid states ‘Evaluation of RECONNECT model + [bidder name]’ as a footnote on each page.
* Each bid is page numbered.
* Price for the bid has been provided, is net of VAT, and is not subject to any proposed discounting.
* Each bid excludes the cost of making a presentation to NHS England on the findings.
* Each bid states that the report will be delivered in Word.
* Each bid states the daily rate for the author and any associates, and the number of days consumed in each element of the task
* Each bid comes from the organisation which will submit the invoice for the report once complete, and the name of the invoicing organisation is clearly given.

-ends-