**INVITATION TO SUBMIT PROPOSALS FOR EXTERNAL SUPPORT TO CARRY OUT THE DEVELOPMENT AND FACILITATION OF THE NLFC LIVED EXPERIENCE MODEL**

1. **Introduction**

The North London Provider Collaborative (NLFC) is the largest specialist mental health collaborative in England. NLFC commissions and delivers adult secure inpatient and community services for the population of North London. The collaborative is formed of 5 NHS Trusts and 2 Independent Providers, this includes Barnet Enfield and Haringey Mental Health NHS Trust (BEH), Central and North West London NHS Foundation Trust (CNWL), East London NHS Foundation Trust (ELFT), North East London NHS Foundation Trust (NELFT), West London NHS Trust (WLT), Cygnet Hospital Harrow and The Priory Hospital, working in partnership to improve services for patients, families, carers and staff.

There are currently 700 low and medium secure inpatient beds across the provider collaborative, and provision for community forensic service users provided by three Specialist Community Forensic Teams (SCFT)’s, each aligned to one of the Integrated Care Systems (ICS) in North London.

BEH as part of their lead provider responsibilities are required to establish and host a delineated commissioning team, known as ‘The Commissioning Hub’. The commissioning hub is comprised of clinical, operational, experts by experience and corporate staff, and the governance structures provide a framework through which providers can hold each other to account in a fair, transparent and constructive way (Diagram 1). Clinical networks are comprised of staff from across the collaborative, and the patient council is comprised of current patients from adult secure inpatient services, placing co-production and staff and patient engagement at the centre of quality and service development.

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**Diagram 1: BEH & NLFC Governance System**

1. **Background**

The NLFC aims to place patient experience and co-production at the centre of its commissioning model and ensure that the voices of the people who use our services, and their family, friends and carers are comprehensively and meaningfully involved in the way services are planned, delivered and quality assured. To meet this commitment, the NLFC has been working in partnership with service users, providers and staff to design, deliver and embed a user involvement model that empowers and elevates the voices of the people who use services, ensuring that they are central to the way services are commissioned and quality assured. Key achievements to date include the development of Peer Engagement Workers (PEW) roles, with 4 peers with lived experience recruited into paid positions to work alongside case managers in quality assurance roles, and the development of a patient council with representation from all the inpatient providers, established to co-create and co-deliver quality improvement and service development initiatives. Both elements have played a critical role over the last 12 months in the delivery of services that are focused on improving patient outcomes and experience.

The NLFC is keen to build on the success of the existing model and is seeking to commission a third sector provider with expertise in co production and developing peers with lived experience in forensic mental health services, working in partnership to strengthen our current model, and drive the continued development of lived experience leadership within the collaborative and expand the model to the SCFT’s.

1. **Scope**

**Specific Service Requirements: Development and Facilitation of the NLFC Lived Experience Model**

This service will require the provider to support the continuity and development of the existing lived experience model, this will include the facilitation and development of the patient council and the provision of group supervision to the (PEW)’s. There will also be a requirement to expand the model and develop a group of experts in the community to work alongside the commissioning team and ensure that people with lived experience can fully participate and co-produce the way community services are shaped and delivered, and be able to contribute and engage with each stage of the commissioning cycle, from planning to contract evaluation.

1. **AIMS AND OBJECTIVES OF CONTRACT**
   1. **Aim of the Contract**

The aim of the contract will be to develop and facilitate a lived experience model that builds on the achievements to date and places the people who use forensic inpatient and community services, their family, friends and carers at the centre of the way services are delivered and quality assured. This will be achieved through working in partnership with service users, providers and the commissioning team to strengthen the role of people with lived experience within the commissioning function of the provider collaborative. Ensuring that there is lived experience voice and leadership at each stage of the commissioning cycle and is fully embed in the NLFC governance structures.

* 1. **Objectives of the Contract**

**NLFC Patient Council**

1. Facilitation of the patient council meeting, reviewing terms of reference as the group continues to evolve and mature
2. Representation from all the providers and ensure it reflects the demographics of the people who use inpatient forensic services
3. Delivery of a training program that provides new and existing members with the skills and competencies required to carry out the function of the patient council
4. A patient council annual work plan, that aligns to the NLFC commissioning intentions
5. Continued development of lived experience leadership at an individual and group level
6. Mechanisms for evaluating and measuring outcomes.

**Community Experts by Experience (EbE)**

1. Development of a group of experts from community services to work alongside the commissioning team, SCFT and Voluntary, Community and Social Enterprise (VCSE) partners to co design and co-produce the way community services are shaped, delivered and monitored
2. Recruitment of EbE’s from each of the ICS’s, that reflect the population of the people who use community services
3. Delivery of a training program that will equip EBE’s with the required skills to participate at each stage of the commissioning cycle
4. Mechanisms for evaluating and measuring outcomes.

**Peer Engagement Workers**

1. Group supervision to the PEW’s
2. Continued development of the PEW’s at an individual and group level
3. **OUTCOMES**

The purpose is to place patient experience and co-production at the centre of commissioning adult inpatient and community forensic services, with the expected outcomes to be:

1. Strengthen user involvement and lived experience leadership
2. Involvement of experts by experience in all stages of the commissioning cycle
3. **SERVICE DESCRIPTION AND SERVICE DELIVERY**

This section provides an outline of the requirements for service delivery. The contract will be divided into three components for the purpose of describing the three distinct parts of the service, the provider will need to be able to deliver all elements.

1. **Component 1**: Facilitation and continued development of the NLFC Patient Council
2. **Component 2**: Design and implementation of a community Expert by Experience model
3. **Component 3:** Provision of group supervision for Peer Engagement Worker team
   1. **Facilitation and Continued Development of the NLFC Patient Council**

It is vital that the voices of the people who use our inpatient secure services, their families and carers are actively involved in shaping, delivering, and evaluating the services they use. One mechanism for this within our forensic inpatient services, is the NLFC patient council. The patient council was formed in Jan 2022 and has representation from each of the providers within the collaborative, representing the voices of patients from across all our services. The patient council meet weekly and is embedded in the local provider and NLFC governance structures, reporting directly to the NLFC Delivery Board and the Clinical and Quality Group ***(Diagram 1)***, with communication channels in place to enable patient council reps to feed directly into provider contract meetings and feedback to patients on the wards. The patient council play both an advisory and co-production role, working alongside the commissioning team and the clinical network groups to provide additional scrutiny on the quality of services delivered and involvement in service development and quality improvement programs.

The NLFC is committed to strengthening the collaboration between the patient council and the voices of the service users they represent, providers and the commissioning team and would like to elevate the role of the patient council so that its members can fully contribute to quality improvement and service development and able to participate in all decision-making meetings and forums. The NLFC is seeking a provider to do the following:

* Facilitate a weekly patient council meeting on Microsoft Teams, this currently takes place on a Friday between 11 – 12pm. This will also require administration duties such as setting up meetings, sharing minutes and supporting the chair and co chair to prepare an agenda in advance of the meeting
* Recruitment and induction of new members, working alongside the commissioning team to ensure that the patient council continues to represent the people who use services
* Work alongside the patient council to identify training needs for existing members and deliver an annual training program that is focused on developing skills that will support lived experience leadership
* Supporting the group to produce and present bimonthly reports for the NLFC Delivery Board and other meetings as required
* Work alongside the commissioning team to embed clear channels of communication between the patient council and all NLFC governance meetings, and that information shared is accessible and enables the service user voice to be heard.
* Co design and implement a patient council annual work plan that considers the projects that the patient council want to work on and the NLFC priorities and annual commissioning intentions
* Work alongside the commissioning team to identify platforms to engage with key stakeholders, promote and champion the success of the patient council.
* Develop a framework to measure the impact of the patient council at an individual and organisational level
  1. **Design and Implementation of a Community Expert by Experience (EBE) Model**

Community provision for this service user group is delivered through the SCFT’s. These are multidisciplinary teams, comprised of clinical and therapy staff providing a range of interventions to support mental and physical health and wellbeing, as well as building the skills and competencies of service users to enable independence and integration in their local community. The role of the SCFT is to support the transition of patients from secure inpatient services to the community, and upon discharge provide ongoing, proactive, intensive and recovery focused support to promote sustained recovery and quality of life in the community and prevent readmission.

With commissioning intentions in 23/24 targeting the development of SCFT’s and the delivery of a Voluntary, Community and Social Enterprise (VCSE) Grant Scheme, it is crucial that the people who use community services, their families and carers are fully involved in the way these services are designed and delivered, providing an opportunity to fully co-produce these services and have involvement at each stage of the commissioning cycle, which includes strategic planning, specifying outcomes, pathway design, contracting and monitoring. The NLFC is seeking a provider who has expertise in developing people with lived experience to be involved in each stage of the commissioning cycle and will require the following:

* Design and deliver a training package that will provide people with lived experience with the knowledge and skills required to participate in all stages of the commissioning cycle
* Work alongside the commissioning team to recruit of EbE’s from each of the ICS’s and ensure that EbE’s reflect the demographics of the services commissioned
* Design and deliver a support package for the EbE’s with a focus on continued development at an individual and group level
* Support EbE’s to be able to fully participate in operational steering groups, and be able to work alongside the commissioning team, providers and VCSE partners to co design and co produce services
* Work alongside the commissioning team and providers to ensure that information is accessible and that the voices of the people who use services are meaningfully involved in the way services are planned and commissioned
* Develop a framework to measure the impact of co producing the way services are commissioned
  1. **Group supervision for Peer Engagement Worker Team**

Supportive and structured line management and supervision is vital for the PEWs to be able to conduct their role, and all the PEW’s have monthly line management supervision, regular meetings with case managers to support the quality assurance aspect of the role, as well as access to a range of wellbeing, support and training available to all staff and peers within BEH

The NLFC understand the importance of supervision and the additional value attached for peers to be able to participate in group supervision to enable individual and team development, and is seeking a provider to deliver the following:

* Facilitation of a monthly in person group supervision, with the focus on reflective practice to share any challenges in the role, support problem solving and shared learning, as well as identify any additional training and support needs

1. **PERFORMANCE MEASURES**

**Key Performance Indicators**

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| **Delivery Area** | **Performance Indicator** | **Outputs** |
| **Patient Council Meetings** | Facilitate a weekly patient council | Number of Meetings per quarter  **Target: 100%** |
|  | Number of Attendees | Average number of attendees per week  **Target: 10** |
|  | Provider Representation | Number of providers represented in the last quarter  **Target: 6 providers** |
| **Training and Development (Patient Council Reps)** | Induction Training for new members | All new members to have an induction/training session to the patient council  **Target 100%** |
|  | Training/Upskilling Sessions Conducted for existing members | Number of training sessions completed per quarter (this can include a workshop in the patient council meeting)  **Target: Min 1** |
|  | Training Needs Assessment for current members | Annual skills assessment to be conducted with current members  **Target: 100%** |
| **Training and Development (Community EbE’s)** | Training community EbE’s to participate in commissioning cycle | Training program to be delivered to all EbE’s recruited to the role**Target 100%**Additional training and support to upskill/develop them in the role**Target: 1 X Quarter** |
| **Peer Supervision** | Monthly group supervision (in person) | Number of supervision groups per quarter  **Target: 3**  Number of attendees  **Target: All peers unless on leave** |
| **Evaluation of the Impact of the User Involvement Model** | Impact on patient council members and community EbE’s | Evaluation feedback form completed by patient council reps every 6 months  **Target 100%** |
|  | Impact of patient council on the provider collaborative | Outputs and Impact to be incorporated into the annual project plan, and monitored in the quarterly contract review meeting  T**arget 100%** |
| **Quarterly contract meetings to review the delivery against the specification and key performance indicators** | Quarterly reports on progress toward outcomes and monitoring data submitted one week in advance of scheduled meeting | Report to be submitted one week in advance of quarterly review meetings  Target: 100% |

1. **CONTRACT PERIOD**

**Length of Contract**

The contract shall be for a period of 12 months with the option to extend for a further 12-month period. A contract review meeting in month 9 will be conducted to discuss contract extension and proposed contract variation, as appropriate. The contract shall be no longer than 2 years in total if the contract is extended.

The contract will be covered by the NHS Terms and Conditions for the provision of services (Appendix 1).

**Payment Terms and any Payment Incentives**

A purchase order will be issued, with the provider invoicing 1/12 of the contract value monthly in advance.

1. **CONTRACT MONITORING**
   1. Quarterly contract meetings to review the delivery against the specification and key performance indicators.
   2. Quarterly reports on progress toward outcomes and monitoring data submitted one week in advance of scheduled meeting.
   3. End of year report to be submitted three months prior to contract expiry date, to review the project and discuss terms of a contract extension.
2. **SUSTAINIBILITY**

The provider will need to be able provide assurances of organisational resilience to deliver and manage the contract, this includes contingency planning during periods of unplanned leave. Upon completion of the contract, a handover period will be applied with any and all information presented to the contracting authority against all elements of the contract.

1. **Evaluation Criteria**

The Trust will evaluate proposals to identify the most economically advantageous proposal. The Partnership has a fixed budget of up to £35,000 per annum (inclusive of VAT) for this assignment and is seeking fixed price proposals. Proposals will therefore be assessed against the evaluation criteria summarised below.

Bidders should note that any assumptions made in their proposal within the fixed price should be explicit in the proposal. The Trusts will not accept an increase in fees at a later stage because the bidder’s initial assumptions proved inaccurate unless they were clearly identified in the original proposal together with the potential cost implications.

A score of 0, 1, 2 or 3 (as the case may be) for your response to a question will entitle you to receive a mark as a proportion of the ‘maximum marks available’ (as set out in Section C (Detailed Questionnaire Marking Scheme)) in the following proportions (“Mark”) against each questions individual scoring methodology.

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| **Criterion:** | **Weighting:** |
| Resource, skills, experience: **Co Production and User Involvement** | 20% |
| Resource, skills, experience: **Training and Development** | 20% |
| **Service Delivery Method Statement** | 50% |
| **Commercials** | 10% |
| **TOTAL** | **100%** |

**SUBMISSION OF PROPOSALS AND SUPPORTING NARRATIVE**

The final submission deadline is Tuesday, **13th June 2023** at **12:00pm** All bids should be submitted via the Atamis portal.

Atamis Portal Link: [Welcome (force.com)](https://health-family.force.com/s/Welcome)

1. **Detailed Questionnaire**

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| **SECTION A - INFORMATION ONLY QUESTIONS** |

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| **A1** | **Please state whether your organisation is the ultimate parent company within its group or whether it is a subsidiary or is otherwise controlled by another entity. If your organisation is a subsidiary or is controlled by another entity, what is its relationship with its ultimate parent company (and any holding companies) or the controlling body (i.e. in terms of ownership, directorship, authority and control)?** |
| **Bidder Response:** |  |

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| **A2** | **Please provide a one-page chart illustrating your organisation's ownership structure including its relationship to any parent or other group or holding companies.** |
|  | Submit as a separate attachment, as diagrams will not be visible in web page filtered format. |

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| **A3** | **Consortia and Sub-Contracting** | | |
|  | **Please indicate by stating Yes or No in the blue boxes, whether:** | | **Yes / No** |
| **Bidder Response:** | **(a) Your organisation is bidding to provide all the services required itself, without the use of any sub-contractors or consortium members** | |  |
| **(b) Your organisation is bidding in the role of prime contractor and intends to use third parties to provide some services** | |  |
| **(c) You are bidding as part of a consortium** | |  |
| **If your answer is “Yes” in (b) or (c) please provide a separate Appendix showing the composition of the supply chain, listing the following:**   * **company/organisation name(s);** * **indication of which member of the supply chain (which may include the bidder solely or together with other providers) will be responsible for which elements of the requirement;** * **Confirmation of their commitment to provide the relevant services.** | | |
| **A4** | **If you have stated in question A3 that you are bidding as a consortium, e.g. as a corporate or a contractual joint venture please provide details of the structure of the consortium and the percentage shareholdings of each member or (in the case of contractual joint ventures) the contribution of each member to the consortium.** | | |
| **Bidder Response:** | **Details of the proposed structure (e.g. corporate joint venture – new limited liability company established by the consortium, with x and y as guarantors).** |  | |
| **Consortium Members** | **Percentage Shareholding / Contribution** | |
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| **A5** | **If you have stated in question A3 that you are bidding as a consortium, please provide the names of any members of the consortium who are also submitting a separate ITT Response (either in their own name or as part of another consortium or subcontractor to another party) as part of this procurement exercise. Please state N/A if this question does not apply.** |
| **Bidder Response:** |  |

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| **A6** | **How many staff does your organisation (including consortia members or named sub-contractors where appropriate) employ relevant to the carrying out of services similar to those required under this contract?** |
| **Bidder Response:** |  |

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| **SECTION B – GROUNDS FOR REJECTION** | | |
| **[B1]** | **Grounds for mandatory rejection (ineligibility)** | |
| **Bidder Response:** | **Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?** | **Yes/No** |
| 1. conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA (as amended); |  |
| 1. corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended); |  |
| 1. the offence of bribery; |  |
| (ca) bribery within the meaning of section 1 or 6 of the Bribery Act 2010; |  |
| 1. fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of: | |
| * 1. the offence of cheating the Revenue; |  |
| * 1. the offence of conspiracy to defraud; |  |
| * 1. fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978; |  |
| * 1. fraudulent trading within the meaning of section 458 of the Companies Act 1985 or section 993 of the Companies Act 2006; |  |
| * 1. defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994; |  |
| * 1. an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or |  |
| * 1. destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968; |  |
| 1. money laundering within the meaning of the Money Laundering Regulations 2003 or Money Laundering Regulations 2007; or |  |
| 1. any other offence within the meaning of Article 45(1) of Directive 2004/18/EC as defined by the national law of any relevant State. |  |

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| **[B2]** | **Discretionary grounds for rejection** | |
| **Bidder Response:** | **Is any of the following true of your organisation?**  **If you answer ‘yes’ to** any of these questions please set out (in a separate Appendix in Microsoft Word format) the full facts of the relevant incident and any remedial action taken subsequently. | **Yes/No** |
| (a) being an individual, is bankrupt or has had a receiving order or administration order or bankruptcy restrictions order made against him or has made any composition or arrangement with or for the benefit of his creditors or has made any conveyance or assignment for the benefit of his creditors or appears unable to pay or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of his estate, or is the subject of any similar procedure under the law of any other state; |  |
| (b) being a partnership constituted under Scots law, has granted a trust deed or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of its estate; or |  |
| (c) being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002 has passed a resolution or is the subject of an order by the court for the company’s winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or has had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company’s business or any part thereof or is the subject of similar procedures under the law of any other state? |  |
| **Has your organisation:** | |
| (a) been convicted of a criminal offence relating to the conduct of your business or profession; |  |
| (b) committed an act of grave misconduct in the course of your business or profession; |  |
| (c) failed to fulfil obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which you are established; |  |
| (d) failed to fulfil obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which you are established; or |  |
| e) been guilty of serious misrepresentation in providing any information required of you under Regulation 23 of the Public Contracts Regulations 2006? |  |

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| **[B3]** | **INSURANCE** | |
|  | **Insurance – A 'Yes' Response to this question is mandatory.** | |
| **Bidder Response:** | **Please confirm that you have, or will obtain in the event of being successfully appointed to the Contract, the following minimum levels of insurance.** | **Yes / No** |
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| Employers liability | £5 million |
| Public Liability | £1 million |
| Professional Indemnity | £1 million |
| Product Liability | £1 million |

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| **[B4]** | **QUALITY ASSURANCE AND CERTIFICATION** | |
|  |  | **Yes / No** |
| [B4.1] | Does your organisation have a Quality Management System (QMS) based on the principles of ISO 9001 or the European Foundation for Quality Management (EFQM) Excellence Model or equivalent? |  |
| [B4.2] | Does your organisation have a valid and in-date Quality Assurance Certification or Report in the form of:  an ISO 9001 Quality Assurance Certificate - registered by a UKAS accredited organisation (see <http://www.ukas.com/about-accreditation/accredited-bodies/certification-body-schedules-QMS.asp>) or a UKAS equivalent national body for non-UK bidders; or  a current EFQM ‘Committed to Excellence’ Assessor’s Report;  or equivalent?  The Certificate/Report must be relevant to the Services required and cover the location which will supply the Services. |  |
| If “Yes”, please provide copies of any relevant Certificates/Reports as separate attachments. | |
| [B4.3] | If you have answered “Yes” to question B4.1 but “No” to question B4.2 please provide brief details of the QMS used and include copies of your ISO 9001 compliant Quality Policy, Quality Manual Index and ISO 9001 Compulsory Documents (listed beneath the Marking Scheme); or your EFQM ‘Committed to Excellence’ Self Assessment Questionnaire (or equivalent). If your answer to B4.1 or B4.2 (or both) is “Yes” in respect of an equivalent, please state the equivalent(s) below, with a brief explanation of its/their relevance. | |
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**Detailed Questionnaire**

**Section C**

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| **[1]** | **Resource, skills, experience: Co Production and User Involvement**  Detail your experience in the development and delivery of user involvement and co production in a mental health or forensic setting  ***Word Count: 500 words*** | **20%** |
|  | **Guidance**  Your response should provide a clear outline of your organisations experience of developing user involvement and co production models, and include your approach to engaging with service users and staff across multiple providers, to design and implement user involvement within a mental health or forensic setting  **Minimum pass mark: 1.** If you do not have experience of co production in a mental health or forensic service, your response will be rejected and you will not be invited to participate further in this procurement process. | |
| **Supplier Response:** | | |
| **Marking Scheme** | | |
| **Score** | **Marking Scheme** | |
| **0** | Unanswered, or the response does not address the requirement above. | |
| **1** | Basic response that provides brief description of the resources, skills and experience with limited details about development or delivery of co production. | |
| **2** | Clear response that provides a description resources, skills and experience with some details about the approach to the development of user involvement and working with service users and staff across multiple providers | |
| **3** | Detailed response that provides comprehensive information resources, skills and experience to delivery and development of user involvement and approach to engaging staff and service users across multiple providers, and systems and structure in place to support. | |

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| **[2]** | | **Resource, skills, experience: Training and Development**  Detail your experience in the delivery of Training, Support and Supervision for Experts by Experience with lived experience of mental health or forensic services  ***Word Count: 500 words*** | **20%** |
|  | | **Guidance**  Your response should provide a clear outline of your organisations experience of providing training, support and supervision to people with lived experience of a mental health or forensic services, and your approach to this in a commissioning team  **Minimum pass mark: 1.** If you do not have experience of working with people who have lived experience of mental health or forensic services, your response will be rejected, and you will not be invited to participate further in this procurement process. | |
| **Supplier Response:** | | | |
| **Marking Scheme** | | | |
| **Score** | **Marking Scheme** | | |
| **0** | | Unanswered, or the response does not address the requirement above. | |
| **1** | | Basic response with limited information about the resources, experience, or skills to train, support and supervise experts by experience | |
| **2** | | Clear response that provides a description about the resources, experience and skills to provide and deliver a robust supervision and training package for experts by experience | |
| **3** | | Comprehensive and complete description of resources, skills and experience to train, support and supervise experts by experience, with an emphasis on the approach in a commissioning team | |

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| **(3]** | **Service Delivery Method Statement**  Please describe how you intend to deliver this service for the duration of the contract.  ***Word Count: 1000 words*** | **50%** |
| **Mark** | **Guidance**  Your response should ensure that ALL aspects of the service specification are covered for each component as set out within the service description and include but not be limited to   * How you will work with key stakeholders across the provider collaborative to elevate the voices of the people who use services/experts by experience so that they can participate fully in decision making processes * How you will train and develop experts by experience to fully engage in the commissioning process * How you will promote inclusion and support accessibility * organisational resilience to deliver and manage the contract, this includes contingency planning during periods of unplanned leave. * Mechanisms for measuring success   **Minimum pass mark: 2.** If you score less than 2 for this question, your response will be rejected and you will not be invited to participate further in this procurement. | |
| **Supplier Response:** | | |
| **Marking Scheme** | | |
| **Score** | **Marking Scheme** | |
| **0** | Not Answered / Unacceptable - Response fails to provide a description of how the provider will deliver the service specification | |
| **1** | Significant Reservations - Response provides a limited description of all or some of the requirements | |
| **2** | Minor Reservations - Response provides a clear and comprehensive description of how the provider will deliver on all components of the service specification | |
| **3** | Fully Meets the Stated Requirement - Response provides a clear and comprehensive description of how the provider will deliver on all components of the service specification, with evidence of innovation to way the project is delivered, and outcomes will be achieved. | |

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| **(4)** | **Finance: Commercials**  **Provide a breakdown of all costs. Total Costs must be within the contract value of £35K inclusive of Vat.**  **Guidance:**  Proposals above the contract value will be rejected and you will not be invited to participate further in this procurement process. | **10 %** |
| |  | | --- | | **COMMERCIAL REQUIREMENTS**  **Evaluation of Pricing** | |  | | The price (entered by Bidders in their Pricing Model) shall be calculated by taking the total of the solution price for this requirement. | | The Price per Bidder shall be compared across all Bidders and percentage scores shall be determined for each Bidder. | | The Bidder with the best Price shall be awarded 100%, with remaining Bidders being awarded a percentage equal to their Price, relative to the best Price received by BEH. | | **The calculation is as follows:** | |  | | *Best Price divided by other Bidder’s Price multiplied by 10% = relative score achieved for other Bidder’s Price.*  ***For the purposes of the evaluation please submit your tender return in two separate documents. E.g: document one – Questionnaire Response and document two – Commercials.*** | | | |

**Appendix 1 – NHS Standard Terms and Conditions (Provision of Services)**

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