

**Request for Quotation**

**Request for Quotation for North Northants Family Hubs Perinatal Mental Health and Parent-Infant Relationships Strategy and Infant-feeding Support Service Design Exercise**

**Contents**

[Section 1: Introduction 2](#_Toc929469708)

[1. General Requirements 3](#_Toc1805658182)

[2. Procurement Timetable 4](#_Toc2065286360)

[3. Clarification Questions 5](#_Toc1399812190)

[4. Quotation Responses 6](#_Toc1061682772)

[5. Evaluation of Quotations 6](#_Toc1994736082)

[Section 2: Specification 7](#_Toc308664195)

[1. Introduction and Background 8](#_Toc1063878369)

[Section 3: Supporting Information 19](#_Toc1166987879)

[Section 4: Pricing Sheet 25](#_Toc1746317485)

[1. Pricing and Costs 26](#_Toc65247448)

[2. Award Criteria Questionnaire Weightings 26](#_Toc1916410910)

[2. Evaluation and Moderation of Quality (Award Criteria Questionnaire) 26](#_Toc1678244750)

[3. Evaluation of Price (Award Criteria Questionnaire) 28](#_Toc344216195)

[Section 5: Freedom of Information 29](#_Toc722830500)

[Section 6: Declaration 31](#_Toc1369179117)

[Section 7: Due diligence 32](#_Toc1740601712)

[Section 8: CONTRACT AWARD 33](#_Toc185884908)

[Appendix 1: Conditions of Contract 34](#_Toc770527005)

# Section 1: Introduction

## General Requirements

* 1. North Northamptonshire Council (hereafter referred to as “The Council” or ‘’NNC’’) invites quotations for a provider to:
		1. Collaboratively develop a perinatal mental health and parent-infant relationships strategy, which will drive initiatives to enhance parent-infant relationships and promote greater awareness of preventing and addressing low to moderate perinatal mental health issues.
		2. Systematically map services and pathways for infant-feeding support, conduct a gap analysis, and formulate an action plan to meet identified needs. This will include adequate and appropriate support for families experiencing breastfeeding grief and children born with tongue-tie.
	2. The Council’s detailed requirements are defined in Section 2: Specification.
	3. Please take care in reading this document, particularly the Specification. In the event of any questions or queries in relation to this Request for Quotation (RFQ), please contact the Officer detailed in Table B.
	4. The Council reserves the right to:
		1. carry out due diligence checks on the awarded Potential Supplier;
		2. amend the Conditions of Contract included at Appendix 1;
		3. abandon the procurement process at any stage without any liability to The Council; and/or
		4. require the Potential Supplier to clarify its quotation in writing and if the Potential Supplier fails to respond satisfactorily, this may result in the Potential Supplier being rejected from the process.
	5. The Council also reserves the right, at any point and without notice, to discontinue the procurement process without awarding a contract, whether such discontinuance is related to the content of Quotation Responses or otherwise. In such circumstances, the Council will not reimburse any expenses incurred by any person in the consideration of and/or response to this document. You make all quotations, proposals and submissions relating to this RFQ entirely at your own risk.
	6. All documents and materials, which comprise the RFQ response, must be written in English only.
	7. Quotations are to remain open for acceptance for a period of 21 days from the Deadline for Submission of Bids.
	8. Potential Suppliers must be explicit and comprehensive, keeping the information provided specific to and locate within the question asked as this will be the sole source of information on which responses will be scored and ranked.
	9. **Rights of the Council in Relation to the RFQ**
		1. The Council reserves the right to:
1. Waive or change the requirements of this RFQ at any time during the procurement process without prior (or any) notice being given by the Council;
2. Make changes to the timetable, structure, or content of this RFQ or any other documents associated with this procurement process. Any such changes will be in accordance with the procurement timetable;
3. Abandon the procurement process at any stage without any liability to the Council, or to re-invite responses on the same or any alternative basis;
4. Choose not to award any contract because of this procurement process; and/or
	1. Answer fully all relevant questions and respond in accordance with any specific requests as detailed in the question e.g., maximum word/page limits, etc.
		1. Where The Council has identified word limits, Potential Suppliers are strongly requested to adhere as closely to these as possible. Whilst it is not the Council’s intention to count the number of words a Potential Supplier uses in their responses, if the Council determines that a word limit has been exceeded, it may take that into account when awarding a score for that question; i.e.; words submitted over this limit may not be evaluated.
		2. All words in any format (including but not limited to words in diagrams, pictures, maps, tables and charts) will count towards the word count. Potential Suppliers must state the number of words in any diagram, picture, map, table or chart directly underneath it. This includes any other method of presentation which is not just text. Potential Suppliers must not attempt to circumnavigate the word limit e.g., by joining up words or using special characters to join words.
		3. Submit any attachments requested in an acceptable format to the Council which includes MS Word, MS Excel, MS PowerPoint, JPEGs and PDF files or any file format as specified in the question. Potential Suppliers who wish to submit an attachment in an alternative format must first check with the Council that it will be accepted.
		4. When uploading attachments, please state the question number only in the file title.
		5. Submit any zipped files in WinZip format only.

## Procurement Timetable

* 1. This RFQ follows a clear, structured, and transparent process to ensure a fair and level playing field is always maintained, and that all Potential Suppliers are treated equally.
	2. All documents, which comprise any RFQ Response, must be received by The Council no later than the Deadline for Submission of Bids, set out in Table A, below.
	3. The RFQ process is intended to follow the timetable set out in Table A, below.

**Table A**

| Activity | TIME AND Date |
| --- | --- |
|  | Request for Quotation Documents issued | Tuesday, 21 November 2023  |
|  | Deadline for Questions from Potential Suppliers | Wednesday, 13 December 2023 |
|  | Deadline to Provide Answers to Questions from Potential Suppliers | Friday, 16 December 2023  |
|  | Deadline for Submission of Bids | 17:00 Tuesday, 19 December 2023 |
|  | Evaluation of Bids Received\* | 20 December – 11 January 2024  |
|  | Contract Award\* | Friday 12 January 2024  |
|  | Contract Start\* | Monday 15 January 2024 |
|  | Contract End | 30 June 2024  |

* 1. The Council reserves the right to amend this timetable, and items marked with an asterisk, i.e., \*, are provided for **guidance only** and are **subject to change** at short notice.
	2. Any RFQ received after the Deadline for Submission of Bids identified in Table A, may be rejected. Therefore, it is the Potential Supplier’s responsibility to ensure that the deadline is not breached.

## Clarification Questions

* 1. Any queries about this document, the procurement process, or the proposed contract itself, should be referred via e-mail to the Officer detailed in Table B, below, no later than the Deadline for Questions from Potential Suppliers date found in Table A.
	2. A copy of all requests for clarifications and the responses will be published to all potential suppliers, where the clarification and response are not considered confidential.
	3. If a potential supplier wishes the Council to treat a clarification as confidential and therefore not publish the response to all, it must state this when submitting the clarification. If in the opinion of the Council, the clarification is not confidential, the Council will publish in an anonymised format.
	4. The deadline for receipt of clarifications relating to this procurement is set out in the procurement timetable. Clarifications sent to the Council after this deadline may not be responded to.

**Table B**

|  |  |
| --- | --- |
| Name | Sorayah Mbuthia  |
| Job Title | Interim Strategic Commissioner  |
| E-Mail address | sorayah.mbuthia@northnorthants.gov.uk  |

## Quotation Responses

* 1. Should you wish to take part in the selection process please complete this RFQ and return via e-mail to the Officer detailed in Table C, below, no later than the Deadline for Submission of Bids date in Table A.

**Table C**

|  |  |
| --- | --- |
| Name | Sorayah Mbuthia  |
| Job Title | Interim Strategic Commissioner  |
| E-Mail address | sorayah.mbuthia@northnorthants.gov.uk |

## Evaluation of Quotations

* 1. **THOSE POTENTIAL SUPPLIERS WHO FAIL ANY PASS/FAIL, MANDATORY, COMPULSORY AND/OR ESSENTIAL QUESTIONS WILL be rejected from the RFQ PROCESS.**
	2. Any bids which are not compliant or not completed fully will be rejected. If a bid is eliminated for any reason, the price submitted within the quote concerned shall also be excluded from the evaluation. Based on the information provided by Potential Suppliers, each compliant RFQ Response will be evaluated based on the following criteria:
	3. The Award Criteria Questionnaire carries a total weight of 100%, split between Quality and Price.
* Quality (80%)
* Price (20%)

The allocation of points available for these criteria are set out in Table G.

1. Potential Suppliers must pass all pass/fail questions in Section 3: to be considered. Bids not meeting the minimum standards will be rejected.

# Section 2: Specification

## Introduction and Background

* 1. Since April 2021, council services in Northamptonshire have been provided by two unitary authorities instead of the previous two-tier structure and Northamptonshire Children’s Trust (NCT) was established to deliver children’s social care, early help, and youth offending services on behalf of the Council.
	2. North Northamptonshire Council was identified as one of the 75 Local Authorities designated as a ‘Family Hub Development’ authority. Consequently, the Council receives £3,728,000 in Government funding, enabling service transformation and enhancement of access to the support on offer.
	3. The National Centre for Family Hubs was launched in May 2021, led by the Anna Freud Centre, and funded by the Department of Education (DfE), to support the upscaling of Family Hubs nationally. [The Early Years Healthy Development Review Report - The Best Start for Life](https://assets.publishing.service.gov.uk/media/605c572b8fa8f545d23f8a73/Early_Years_Report.pdf), led by Dame Andrea Leadsom MP, champions Family Hubs as a place where families can access support in the early years of their child’s life through the delivery of a specific Start for Life offer, incorporating access to maternity and health services, alongside support for parenting and reducing parental conflict.
	4. The Government has published the [Family Hub Framework](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096776/Annex_E_-_family_hub_model_framework.pdf), which sets out expectations for service delivery under three delivery areas of **access, connection, and relationships**, to which multiple key success criteria are aligned.
	5. Emphasis on services for families with children aged 0-19 (and up to 25 for special educational needs and disability, SEND) requires local authorities to evolve services from the children’s centre offer focussed on babies, young children, and their families to deliver an integrated service that supports the whole family.
	6. The vision for Family Hubs is to build community resilience and self-help approaches that will empower children and families to access information and peer support to enable them to develop and grow. The programme's objective is to join up and enhance services delivered in local authority areas, ensuring all parents and carers can access the support they need when they need it.
1. **Local context**
	1. In North Northamptonshire, approximately 40.5% of children under the age of five reside in areas ranked within the 30% most deprived nationally. These children face unique challenges as growing up in poverty may negatively affect educational achievements and increases the likelihood of experiencing mental health issues.
	2. The ambition for services across North Northamptonshire is to achieve sustained outcomes for all children, including vulnerable and seldom-heard children and communities, giving all the best start to life and "leaving no one behind".



* 1. Over the past year, specific activity has included workshops with key stakeholders to inform The Council plans for Family Hubs transformation and the funded services (parenting support, parent–child relationships and perinatal mental health support, infant feeding support and HLE services). Consultation with stakeholders has allowed the Council to define current service delivery, outcomes achieved, and service gaps; to agree on the options in and out of the scope.
	2. The workshops highlighted that:
		1. Universal health promotion had reduced post-COVID due to staff capacity, pushing services to focus on targeted high-risk support.
		2. There is no diverse universal antenatal service in children's centres or community settings, which means not all people have access to the full range of quality services they need, when and where they need them.
		3. Impact of covid has meant children's developmental needs have not been identified early, which impacts on assessments, access to services and school readiness.
		4. The current Perinatal Mental Health offer does not cover specialisms in mild-moderate perinatal mental health and child-parent relationship difficulties.
	3. In addition to the above workshops, in 2021 the Council's Public Health Team finished a mapping exercise for parent-infant relationship support and conducted surveys among parents to develop a service to offer more support to parents/carers and children, to help build and strengthen parent-infant relationships. The survey explored:
		+ Local services parents, carers and family’s may have used or are currently using in Northamptonshire.
		+ What their experience has been in accessing support and advice (either locally or elsewhere) to improve their relationship with the baby/child
		+ Any extra support parents, carers and families feel they need to help improve the emotional and mental wellbeing and development of babies/children.
	4. Public Health Northamptonshire is in the process of developing an infant feeding strategy. A multidisciplinary infant feeding strategy needs to be developed and embedded which ensures services are tailored to local communities and there is a coherent and joined-up approach between staff and organisations.
	5. The Provider will need to actively collaborate with Public Health to align this work with insights already gathered and existing programmes of work.
	6. Services have since been mobilised that will ensure the Council delivers the expected 'minimum' outputs over the course of the three-year funded programme and, where possible, 'go further' to enhance and expand the offer beyond the minimum expectation depending on the current provision, to encourage innovation and ambition.
	7. The Council is committed to embedding the DfE Family Hub Core Intentions of being “more accessible, better connected and relationship-centred” into all our family hubs. For North Northampton Family Hubs, what this means is:
		1. Strengthening the support on offer to parents and making it easier to access support.
		2. Enabling parents to do their best to make a positive difference for children and young people.
		3. Parents, carers, and families feel better connected, belonging and safe in their communities.
		4. Shared systems for sharing information across the partnership that reduces duplication and repeating information.
		5. Ensure that every child has the best start and outcome for later in life.
		6. Evidence working with communities, including marginalised groups and people with protected characteristics, to reduce health and social care inequalities.
1. **Lot 1: Perinatal Mental Health and Parent Infant Relationships strategy**
	1. **Evidence of the benefits of the benefits of perinatal mental health and parent-infant relationship support**
		1. The [Family Hubs and Start for Life programme](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf) has a strong focus on addressing mild-to-moderate perinatal mental health and parent infant relationship difficulties. This complements the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/about/) (LTP) commitments to improve specialist mental health services for moderate-to- severe perinatal mental health difficulties.
		2. North Northamptonshire Counci’s Public Health priorities include ‘[Best start in life](https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days)’ and the ‘[Saving babies’ lives version three: a care bundle for reducing perinatal mortality](https://www.england.nhs.uk/publication/saving-babies-lives-version-three/)’ These initiatives aim to enhance child outcomes, reduce perinatal mortality, and align with the Family Hubs’ goal of addressing perinatal health and parent-infant relationship challenges.
		3. Perinatal mental illness can occur during pregnancy or in the first year following the birth of a child. Approximately 20% of mothers are affected by PNMH difficulties and young mothers aged 25 and under are at an increased risk. 5-10% of fathers are reported to suffer from depression during their partners pregnancy and following birth.
		4. Recent evidence shows between 40 to 60% of expectant mothers reported symptoms of depression, anxiety, and post-traumatic stress disorder, over twice the usual incidence of these symptoms reported during pregnancies before Covid-19.[[1]](#footnote-2)
		5. Across England, there is variation in the extent of support for perinatal mental health and parent–infant relationships. In some areas dedicated Parent Infant Relationship services are commissioned within Childrens and Young Peoples Mental Health Services, aligned to specialist perinatal mental health services or operated by the third sector.
		6. In North Northamptonshire, there is currently a gap in services for parents who do not have a significant mental health condition or have mild to moderate mental health issues, but experience pronounced difficulties in their parent-infant relationships.
		7. The latest data from [Public Health Outcomes Framework - North Northamptonshire](https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E06000061.html?area-name=North%20Northamptonshire) shows in 2021/22 the proportion of two to two and half year olds achieving a good level of development and expected levels of communication and social skills is significantly worse than the England national average.
	2. **The general scope of the project**
		1. The Family Hubs Partnership seeks to appoint a research and evaluation partner to develop a comprehensive, co-created multidisciplinary perinatal mental health and parent-infant relationship three-year strategy that provides system-wide solutions and actions on the most efficient ways to improve outcomes.
		2. The PNMH and PIR strategy will outline a robust governance framework and system-wide measures to enhance outcomes for families in perinatal mental health and parent-infant relationships.
		3. The provider must examine current parent-infant relationship data and reports and undertake pathway mapping, using the strategy to consolidate insights from senior leaders, healthcare professionals, frontline staff, parents, carers, and families. This collaborative effort aims to enhance cross-organisational and multidisciplinary teamwork, aligning and strengthening pathways.
		4. Teams will need to support the mapping of the current state of their pathways, conduct a gap analysis and begin strategic planning for areas that could benefit from increased collaboration.
		5. The appointed provider will work collaboratively with the Family Hubs Partnership and identified key stakeholders to develop a PNMH and PIR strategy, which will drive initiatives to enhance parent-infant relationships and promote greater awareness of preventing and addressing mild to moderate perinatal mental health issues.
	3. **The requirements**
		1. **The three-year PNMH and PIR strategy must include:**
		2. The nature of parent-infant relationships, the benefits of safe and secure parent-infant relationships, the impact of their difficulties on children, parents, and communities over the short and long terms.
		3. The importance and benefits of good perinatal mental health and infant mental health, the impact of their difficulties on children, parents, and communities over the short and long terms.
		4. A population needs analysis (for perinatal mental health, infant mental health, and parent infant relationships). An assessment of estimated need for PIR in North Northamptonshire and by district for the population. It will need to focus on under 2’s but may provide some indication of need in 2- to 4-year-olds. There is currently no published guidance available specifically for completing this process in the context of parent-infant relationship support. However, some guidance can be found in the Parent-Infant Relationships (PAIR) Services Commissioning Toolkit, which can be utilised for reference.
		5. Use of appropriate data sources to determine the population need: the perinatal mental health catalogue, Maternity Services Data Set (MSDS), LMNS data, ONS, and others. The Council can provide some local data, but all the other sources are readily available.
		6. Focus engagement with parents, partners and co-parents who are expecting or have given birth within the last two years including those in the least deprived 20% districts in North Northamptonshire.
		7. Ascertain the views/voices of babies and families with careful attention paid to include the voices of marginalised groups and to represent the experiences of babies. The consultation should include diverse voices, including fathers and partners, LGBTQ+ parents, sole parents, families from a range of ethnicities and cultures, younger parents, parents with babies on the edge of or in care, and those facing additional adversities such as domestic abuse and poverty.
		8. Mapping of existing perinatal mental health, infant mental health and parent-infant relationship support and interventions across the region from all relevant partners agencies including the third sector.
		9. Mapping methods might include collaborative mapping workshops, talking individually to frontline practitioners and service managers, surveys, and structured response forms, reviewing service level agreements and service data.
		10. Use appropriate mapping tools such as Early Intervention Maturity Matrices and Parent-Infant Relationships Services Mapping Tool. Mapping should focus on universal, targeted and specialist levels and include spending on services.
		11. Description of any gaps to be addressed, supported by the mapping work.
		12. Conduct research and offer guidance on ‘what good looks like’ and various service models to formulate the aims and objectives of the strategy.
		13. Develop a theory of change with stakeholders which meets the aims and objectives of the strategy.
		14. Outline how existing resources can be used to support recommended actions.
		15. Using stakeholder analysis, develop a consultation and communications strategy for promoting the PNMH/PIR strategy to stakeholders.
	4. **Deliverables**
		1. A full report of the processes and presentation of the perinatal mental health and parent infant relationship strategy including population needs assessment that meet the aims detailed above with any relevant charts/tables to be in a format compatible with Microsoft packages, for example, Word and Excel and must meet all accessibility standards.
		2. Details of the processes for and engagement with the range of communities in North Northamptonshire.
		3. Details of any stakeholders engaged with in the least deprived 20% districts in North Northamptonshire.
		4. Comprehensive overview of the identified strategic drivers and actions aimed at enhancing perinatal mental health and parent-infant relationships in North Northamptonshire, along with a well-substantiated rationale and evidence for the priorities outlined.
		5. Identify potential risks linked to the effective implementation of the proposed strategy and develop corresponding risk mitigation actions (table format). This might include a lack of awareness or understanding of the topic, insufficient engagement, pressures on time and funding, insecure funding arrangements, key stakeholder turnover, and/or local organisations developing initiatives unilaterally.
2. **Lot 2: Infant-feeding Support Service Design Exercise**
	1. **Background to the issue**
		1. The Family Hub and Start for life programme has firm commitments on supporting infant-feeding. The funding for infant feeding support should be used to promote breastfeeding and support parents to meet their infant feeding goals.
		2. There is limited evidence of the impacts and effectiveness of specific infant feeding services and interventions; nevertheless, multicomponent strategies are the most effective way to increase breastfeeding rates.
		3. In North Northamptonshire, the infant feeding support offer is split across multiple teams and organisations, each delivering similar support to parents, carers, and families. The eligibility criteria and pathways to accessing support from each service remain unclear and lacks a systematic and efficient approach to meeting the needs of all.
		4. In addition, we know that 80% of women who stop breastfeeding want to continue, and we are keen to develop a strengthened support offer that enables parents, carers, families, and professionals to work in a trauma-informed way to empower them to continue and (or) initiate breastfeeding.
		5. The prevalence of tongue-tie ranges between 0.2% and 10.7%. Tongue-tie, which restricts tongue movement, significantly affects breastfeeding. Prompt support for feeding is vital to facilitate successful establishment of breastfeeding.[[2]](#footnote-3)
		6. The Council seeks to appoint a provider to systematically map services and pathways for infant-feeding support, conduct a gap analysis, and formulate an action plan to meet identified needs.
		7. The provider must undertake pathway mapping to bring together the views and feedback from senior leaders, HCP (health care professionals), frontline staff, parents, carers, and families to work collaboratively in a cross-organisational and multidisciplinary team to sequence, align, and strengthen pathways.
		8. Teams will need to support mapping the current state of their pathways, conduct a gap analysis, and begin strategic planning for areas that could benefit from increased collaboration. This will include.
* Adequate and appropriate support for families experiencing breastfeeding grief.
* improved access and an effective treatment and support pathway for babies born with tongue tie.
	1. **The requirements**
		1. The purpose of this work is to conduct a design exercise to enhance our understanding of how, as a complex system spanning North Northamptonshire, we can collaboratively identify:
* What we are doing well and what should we stop doing?
* What are the pathways to support and are they fit for purpose?
* What processes are in place to identify and support parents, carers, and families with infant -feeding including breastfeeding grief and community tongue-tie support?
* What support is available to mothers, fathers, and co-parents, and how effective is it?
* How might we identify infant feeding support needs earlier?
* What opportunities exist for collaborative and innovative design of our services?
	+ 1. The Provider will collect comprehensive data on the existing services, infant-feeding support pathways, and treatment in North Northamptonshire. This includes gathering information on:
* The infant feeding pathway; waiting times, and accessibility of services.
* Acute and community tongue tie clinics
* Community support services available to families (including PNMH and PIR support for breastfeeding grief)
* Evidence-based resources, tools, and materials
	+ 1. The Provider will map existing infant-feeding support, breastfeeding grief support and tongue tie support and interventions across the region from all relevant partners including the third sector.
		2. Mapping methods might include collaborative mapping workshops, talking individually to frontline practitioners, service users and service managers, surveys, and structured response forms, reviewing service level agreements and service data.
		3. Use appropriate mapping tools such as Early Intervention Maturity Matrices and mapping should focus on universal, targeted and specialist levels and include spending on services.
		4. Conduct a gap analysis to identify areas where current infant feeding services and pathways fall short. This involves assessing the availability and accessibility of support services, gaps in awareness and education, barriers to accessing support, and cultural or societal factors that may impact parent/ carer experiences.
		5. Define the local vision for the future of these services, detailing opportunities for potential improvements and the associated impact and benefits of advances in service design and delivery, including potential cost savings.
	1. **Deliverables**
		1. A comprehensive report detailing the processes and methodologies employed in developing the action plan and any unexpected or incidental findings.
		2. A clear and SMART action plan to enhance access to infant feeding support services, including breastfeeding, breastfeeding grief support, tongue tie support and treatment. This plan may include service expansion and/or streamlined pathway, education and training, information for families, and adoption of policies and guidelines that support timely diagnosis and treatment of tongue tie.
		3. Identify potential risks linked to the effective implementation of the proposed action plan and develop corresponding risk mitigation actions (table format). This might include a lack of awareness or understanding of the topic, insufficient engagement, pressures on time and funding, insecure funding arrangements, key stakeholder turnover, local organisations developing initiatives unilaterally.
1. **Statement of requirements**

The successful provider will have demonstrable recent experience of:

* + 1. Working knowledge and understanding of relevant quality standards including NICE Guidelines and Quality Standard [[1]](http://applewebdata://2467AF15-1C8D-42B2-BB93-17B015EB4756#_ftn1) NICE – antenatal and postnatal mental health: clinical management and service guidance (updated 11 February 2020) [https://www.nice.org.uk/guidance/cg192 and](https://www.nice.org.uk/guidance/cg192) antenatal and postnatal mental health <https://www.nice.org.uk/guidance/qs115>.
		2. Promoting equality and addressing health inequalities (as cited under the Equality Act 2010) throughout the development of work and associated policies and processes.
		3. Appropriate consent will need to be obtained for participants taking part to enable the sharing of information with The Family Hub Partnership and all other relevant parties and to ensure full compliance with General Data Protection Regulation (GDPR).
1. **Target participant group**
	1. The outputs of the work will be to the benefit of mothers, fathers, parents, and carers; to improve outcomes.
	2. The partners to be included in this work include.
* Perinatal mental health services
* Health Visiting
* GPs
* Primary MIMHS services
* Maternity services
* IAPT, social services
* People with lived experience. Use local engagement forums such as maternity voices partnerships and Parent/Carer Panels to engage with local families and stakeholders.
* NNC Local Authority and NCT (Northamptonshire Childrens Trust)
* Commissioners
* Public Health
* Police
* Housing Authorities
* Service providers e.g., health, adult and children social care, voluntary sector
	1. There is commitment from all partners to this work to ensure there is the level of engagement from the respective organisations to participate in and contribute to it and we will all use our extensive networks and contacts to support any engagement requirements.
	2. We anticipate there will need to be engagement with between 100 – 200 stakeholders across North Northamptonshire local authority which you are expected to outline in your proposals a range of methods for doing so.
1. **Suggested approach and analysis**
	1. The partnership is familiar with the “double diamond” methodology and is looking for the same or similar approach that enables us to reach a good design solution by challenging what we know, understand what more we need to know, iterate new approaches (or confirm current ones) and ultimately to have a joined up, potentially integrated approach to pathways to support and a system support offer for parents, carers and families with children 0 -2 years old.



* 1. There is already available an extensive library of recent qualitative, quantitative and research data that will be available and this would form the foundation of the discovery.
	2. As part of the Family Hubs and Start for Life programme, The Council has undertaken commissioned work to gather insights, including a workforce skills audit and the development of a communications and engagement strategy. The Council will share the results of these projects with the Provider to facilitate a cohesive effort in enhancing outcomes for families in North Northamptonshire.
	3. Please note that the suggested timeframes mentioned in the Procurement Timetable in Section A are the preferred dates, but there is understanding that these may be ambitious. Providers may propose realistic timelines considering the aspirational dates.
1. **Outputs**
	1. The PNMH and PIR workstreams, along with the infant feeding workstream, require regular reports that adhere to established timelines set by our design partner. These reports should be presented in easily accessible formats to ensure they inform our partners, parents, and carers effectively. The reports should include:
		1. Status of the work
		2. Findings to date
		3. Challenges
		4. Risks
		5. Financial update
2. **Liaison arrangements**
	1. The successful organisation will be expected to liaise with the Interim Strategic Commissioner and Senior Commissioning Officer for Family Hubs and be part of and report to the workstream groups of which will be made up of multiagency representatives. This should be factored into your delivery plan timelines as to how frequently you would determine is needed.
	2. Reporting by way of updates and recommendations at key stages of the work will be to the Family Hubs Partnership Boards and this will be a total of three meetings with 30-minute slots over the period of the project.
	3. Any reports, proposals and recommendations can be presented in mixed media which should be factored into your financial proposals.
	4. The finalised suite of resources (referred to as key deliverables) will be due on 31 May 2024, although flexibility may be employed within reason.
	5. The Council will provide feedback on the suite of resources and any reasonable amendments by 14 June 2024.
3. **Budget**
	1. The maximum budget for this project is £99,000.00, excluding VAT.
	2. Please table your costs in detail which should include management costs, staffing, field work, research and design methodologies, reporting methods and any other relevant costs such as financial incentives, workshop venues etc. Please model a payment schedule against a milestone timeline.
	3. Invoicing timescales are as follows:
		1. Initial invoice of 50% of the total contract value is to be sent to the Council by 31 January 2024.
		2. Final invoice of 50% of the total contract value, subject to acceptance of the strategy by NNC is to be sent to NNC by the 30 June 2024.
4. **Data Management / UK General Data Protection Regulation (UK GDPR)**
	1. As a data controller, we are committed to upholding the principles of UK GDPR and the Data Protection Act 2018 (UK Data Protection Legislation) to ensure:
* that any processing is lawful, fair, transparent, and necessary for a specific purpose;
* that data is kept accurate, up to date and removed when no longer necessary;
* that data is kept securely and safely; and
* transparency regarding use of personal (including special category) data.
	1. The data controller has overall control of the personal data that it holds. The data controller is responsible for ensuring that its data processors are competent to process personal data in line with UK GDPR requirements. Under Article 28(1) data controllers are only permitted to use data processors that can provide “sufficient guarantees” to implement appropriate technical and organisational measures, to ensure the processing complies with the UK GDPR and protects the rights of individuals.
	2. There have been no data protection implications identified for the initial provision of this service.
	3. If, at any stage following the commencement of services the supplier requires access to personal data held by the data controller; the data controller will ensure that the appropriate provisions are put in place and documented, to allow the processing to be undertaken in accordance with UK Data Protection Legislation.
	4. In this event, in accordance with Article 28 UK GDPR, the supplier as a ‘data processor’ must adhere to the following provisions:
* 28 (3)(a) only process personal data in line with the data controller’s documented instructions (including when making an international transfer of personal data) unless it is required to do otherwise by UK law.
* 28(3)(b) the data processor and its personnel must obtain a commitment of confidentiality from anyone it allows to process the personal data, unless that person is already under such a duty by statute.
* 28(3)(c) the data processor is obligated to take all security measures necessary to meet the requirements of Article 32 on the security of processing.
* 28(3)(d) the data processor should not engage another processor (a sub-processor) without the controller’s prior specific or general written authorisation. Where authorisation is received, the sub-processor must offer an equivalent level of protection for the personal data.
* 28(3)(e) the data processor must take “appropriate technical and organisational measures” to help the data controller respond to requests from individuals to exercise their data rights.
* 28(3)(f) considering the nature of the processing and the information available, the data processor must assist the data controller in meeting its obligations to investigate and report data breaches to the ICO and data subjects, where applicable.
* 28(3)(g) upon termination of services, the data processor must delete existing copies of the personal data and confirm in writing to the data controller that it has done so, unless UK law requires it to be stored. Deletion of personal data should be done in a secure manner, in accordance with the security requirements of Article 32.
* 28(3)(h) the data processor must provide the data controller with all the information that is needed to show that the obligations of Article 28 have been met; and allow for, and contribute to, audits and inspections carried out by the data controller, or by an auditor appointed by the data controller.

# Section 3: Supporting Information

1. Please complete Section *3 below.*

| **General Information** |
| --- |
| **Question 1:** | **Scoring Methodology:** | Question Answered? Yes/No |
| 1.1. (a) | Full name of the Potential Supplier completing Information | Click to enter text. |
| 1.1. (b) (i) | Registered office address | Click to enter text. |
| 1.1 (b) (ii) | Registered website address | Click to enter text. |
| 1.1. (c) (i) | Trading Status | Choose an item. |
| 1.1. (c) (ii) | \*If you selected ‘**Other\***’, please specify | Click to enter text. |
| 1.1 (d) | Date of registration in country of origin | Click to enter date. |
| 1.1. (e) | Company registration number | Click to enter text. |
| 1.1. (f) | Charity registration number | Click to enter text. |
| 1.1 (g) | Head Officer DUNS number | Click to enter text. |
| 1.1 (h) | Registered VAT number | Click to enter text. |
| 1.1 (i) | Trading name(s) that will be used if successful in this procurement. | Click to enter text. |
| 1.1. (j) | Are you a Small, Medium or Micro Enterprise (SME)? | Choose an item. |
| 1.1 (k) | If applicable, details of immediate parent company | Click to enter text. |
| 1.1 (l) | If applicable, details of ultimate parent company | Click to enter text. |

**Please Note:** To avoid any unnecessary duplication for the Potential Supplier, by signing the Declaration at Question 2, you are also signing to confirm the following, as included in this RFQ Response, and all associated subsections therein contained:

1. Section 5: Freedom of Information; and
2. Section 6: Declaration.

| **Contact Details and Declaration** |
| --- |
| **Question 2** | **Scoring Methodology:** | Question Answered? Yes/No |
| *Potential Supplier contact details for enquiries about this RFQ Response* |
| 2.1. (a) | Contact name | Click to enter text. |
| 2.1. (b) | Name of organisation | Click to enter text. |
| 2.1. (c) | Role in organisation | Click to enter text. |
| 2.1. (d) | Phone number | Click to enter text. |
| 2.1. (e) | E-mail address | Click to enter text. |
| 2.1. (f) | Postal address*including postcode* | Click to enter text. |
| 2.1. (g) | Signature*electronic is acceptable* | Click to enter text. |
| 2.1. (h) | Date | Click to enter date. |

| **Insurance** |
| --- |
| **Question 3** **Scoring Methodology:** Pass/FailPotential Suppliers who answer ‘No’ to any of the levels below will be eliminated from this procurement process. |
| *Please confirm that your organisation already has or is prepared to obtain the level of insurance cover prior to award of the contract? The levels of insurance cover are indicated below.* |
| 3.1. | Employer’s (Compulsory) Liability Insurance at no less than £5,000,000 *It is a legal requirement that all Potential Suppliers hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Sole Traders.* | Choose an item. |
| 3.2. | Public Liability Insurance at no less than £5,000,000.  | Choose an item. |

| **Requirements under Modern Slavery Act 2015** |
| --- |
| **Question 4****Scoring Methodology:** Pass/FailPotential Suppliers who answer ‘No’ will be eliminated from this procurement process. |
| 4.1. (a) | The Council wants to ensure that within your business and its supply chain, there is no servitude or forced labour, slavery human trafficking, arranging or facilitating the travel of another person with a view that a person is being exploited or conducting any activities that contain violation of human rights.Please confirm that your supply chain with regards to this quotation response complies with the Modern Slavery Act 2015? | Choose an item. |

| **UK General Data Protection Regulations (UK GDPR)** |
| --- |
| **Question 5****Scoring Methodology:** Pass/FailPotential Suppliers who answer ‘No’ will be eliminated from this procurement process. |
| 5.1. | The Council wants to ensure that within your business and/or in its supply chain, the processing of personal data and processes in relation to this contract are complaint with the requirements of the UK General Data Protection Regulations (UK GDPR) and Data Protection Act.Please confirm that you and your supply chain with regards to this RFQ response comply with all applicable data protection legislation including but not limited to the UK General Data Protection Regulations (UK GDPR) and Data Protection Act | Choose an item. |

| **Your Organisation (weighting 20%)**  |
| --- |
| **Question 6****Scoring Methodology:** 0-4**Word Limit:** 500 words |
| * About your organisation
* Please provide details of previous experience, relevant transferable skills, and any specialist knowledge your organisation has that benefits this project.
* Working with public sector clients and a track record in building strong and successful client relationships
* Successful project management and implementation of a similar project/s
* the staffing resources assigned to the project.
* the expected competency/experience of the staff assigned to the project.
 |
| **Answer:** |
|  |
| **Word Count:** | Enter no. |

|  |
| --- |
|  **Design Methodology (40%)** |
| **Question 7****Scoring Methodology:** 0-4**Word Limit:** 1000 words |
| * Description of your proposed design methodology
* Why this approach will lend itself well to this work and perceived benefits
* Research you may need or need to undertake and how you will do that
* Who you think are the key stakeholders and how you propose to engage with them
* The support you expect from the commissioners to undertake the work
* A visual summary of the design journey
* A proposed delivery structure.

|  |
| --- |
| * How you plan to meet the requirements set out in in each of the Lots.
* How you would ensure that the strategy and action plans can be effectively implemented.

  **(40% weighting)** |

 |
| **Answer:** |
| Click to enter text. |
| **Word Count:** | Enter no. |

| **Timetable and project management (20%)** |
| --- |
| **Question 8****Scoring Methodology:** 0-4**Word Limit:** 1500 words |
| * Provide a project timeline, including discussion of how you will meet key deadlines throughout the project, plus any support required from the Council project team.
* Describe how and when you will meet with the Council project team, how progress will be communicated and how any issues will be handled and resolved between both parties.
* Provide details of expectations around roles and responsibilities of the family hubs steering group throughout the duration of the project. This should include details of information or support that may be required from the NNC project team, to ensure smooth project delivery.
* how many days will you allocate to the project, discussing timescales with key milestones and dependencies?
* governance, risk, and quality assurance process
* the feasibility of our preferred delivery date for the strategy
* please provide a copy of your project plan (excluded from word count), including the mobilisation period.

(40% weighting) |
| **Answer:** |
|  |
| **Word Count:** | Enter no. |

| **Risk and Ethics (20%)** |
| --- |
| **Question 9****Scoring Methodology:** 0-4**Word Limit:** 1500 words |
| * Key risks for this project and what strategies you will put in place to mitigate these.
* Describe how you will ensure the work is conducted to the highest ethical standards
* Note any key considerations related to the participants taking part.
* A strategic and/or corporate plan that includes actions relating to safeguarding adults at risk and children. This plan must be regularly reviewed to make sure that it remains relevant and appropriate
* A safeguarding adults/children policy and procedure in place that provides clear guidance on how to recognise and respond to abuse that is easily accessible and regularly updated
 |
| **Answer:** |
|  |
| **Word Count:** | Enter no. |

# Section 4: Pricing Sheet

## Pricing and Costs

* 1. Please complete the Pricing Schedule at Table E, below, ensuring that you have provided a fixed and firm cost in each of the relevant boxes.

* 1. All prices quoted must exclude VAT.
	2. We are accepting quotes up to £99,000.
	3. Should you be successful, your fixed cost for the contract must be included in your RFQ Response and any costs which are not included will not be met by the Council either before or during the contract.
	4. Where the Council considers a price to be abnormally low, it may seek clarification and/or an explanation from the Potential Supplier, and the Council may reject any RFQ Response, at its absolute discretion, if it is unreliable.

## 2. Award Criteria Questionnaire Weightings

* 1. The Award Criteria Questionnaire carries a total weight of 100%, split between Quality and Price.
* Quality (80%)
* Price (20%)

The allocation of points available for these criteria are set out in Table G.

* 1. The scores from these sections will be added together and the Potential Supplier with the highest overall score will be awarded the contract. The scores for each of these two sections will be calculated as per the methodologies described in the following sections.

## Evaluation and Moderation of Quality (Award Criteria Questionnaire)

* 1. Each Tender Response will be evaluated by an Evaluation Panel, which may include, but not be limited to, Council officers, members, technical advisors and/or stakeholders (such as members of user groups, focus groups and/or tenant/resident panels).
	2. An initial examination may be made to establish the completeness of the Tender Responses.
	3. Any moderation meetings will be attended by the Evaluation Panel and a member of the Procurement Team, who will facilitate the moderation meeting.
	4. As the result of any moderation, the Evaluation Panel may choose to revise a Potential Supplier’s score for each response to a Quality Assessment question, either up or down to reach a final score.
	5. All responses to the Award Criteria Questionnaire will be assessed against the Criteria set out in Table F, below.

**Table F**

| **Score** | **Criteria for Awarding Score** |
| --- | --- |
| 0 | Considered to be a **poor response** on the basis that:* No response is provided; or
* It does not answer the question or is completely irrelevant.
 |
| 1 | Considered to be a **limited response** on the basis that:* Overall, it lacks sufficient detail or is perceived to be unclear, meaning that evaluators are not confident that the criteria will be delivered to an acceptable level.
 |
| 2 | Considered to be an **acceptable response** on the basis that:* It addresses most of the relevant criteria; and/or
* The supporting detail is clear for the most part and provides evaluators with an understanding that the criteria it does address will be met to an acceptable level.
 |
| 3 | Considered to be a **good response** on the basis that:* It addresses all relevant criteria; and/or
* The supporting detail is clear and provides evaluators with confidence that the criteria will be delivered to a good standard.
 |
| 4 | Considered to be an **outstanding response** on the basis that:* It addresses all relevant criteria; and/or
* The supporting detail is clear and robust and provides evaluators with the utmost confidence that all criteria will be delivered to the highest standard.
 |

* 1. The evaluated score as detailed in Table F, will be divided by 4 and multiplied by the question weighting (within Total) (%), to provide a final score (%) for each question, in accordance with the following example:
		1. If the question weighting (within Total) is 20% and the Potential Supplier’s response is scored ‘2’, their final score (%) will be:
1. 2 / 4 x 20 = 10% for that question.
	* 1. The Potential Supplier’s response to each question will be evaluated and scored a maximum of 4 marks as per Table F.
	1. Should the Evaluation Panel, in its reasonable judgement, identify a fundamental failing or weakness in any Tender Response then that Tender Response may, regardless of its other merits, be excluded from further consideration.
	2. For the avoidance of doubt, there are no sub-criteria elements in the Award Criteria Questionnaire, which will be scored. The score allocated will be against the total answer submitted and factored against the maximum percentage awarded for that question in accordance with the calculation formula.
	3. Where a particular question may list “elements”, Potential Suppliers are informed that no such individual element will be scored, per se; instead, the “elements” as listed are given for information only to assist Potential Suppliers to submit their most comprehensive Response and therefore their most competitive Tender Response in all the circumstances.
	4. The award criteria questions will be evaluated, using the scheme set out in Table G, below.
2. **Evaluation of Price (Award Criteria Questionnaire)**
	1. Potential Suppliers should satisfy themselves of the accuracy of all fees, rates and prices quoted, since they will be required to hold these or withdraw their Tender Response in the event of errors being identified after the Deadline for Submission of Bids, set out in Table C.
	2. If a Potential Supplier fails to provide fully for the requirements of the RFQ it must either:
		1. absorb the costs of meeting the Council’s full requirements within its tendered price; or
		2. withdraw its tender.
	3. The following criteria will be applied to evaluate price:
		1. The Potential Supplier with the lowest overall compliant price will be awarded the full Price score, as set out in Table G. All other Tender Responses will be scored in accordance with the following calculation:

$$=Price Weighting-\left(\frac{Your submitted price-lowest submitted price}{Your submitted price}\right)x 100$$

1. An example is provided in Example 1, below. This example is based on a 40% price weighting where the lowest compliant price is £1,000,000.

**Example 1**

| **Potential Supplier No.** | **Tender Price** | **Price Calculation** | **Price Score** |
| --- | --- | --- | --- |
|  | £1,000,000.00 | = 40%(lowest compliant price) | 40 |
|  | £1,100,000.00 | =40 -((1,100,000-1,000,000)/1,100,000) \*100 | 30.91 |
|  | £5,000,000.00 | =40-((5,000,000-1,000,000)/5,000,000) \*100 | -40 |
|  | £1,300,000.00 | =40-((1,300,000-1,000,000)/1,300,000) \*100 | 39.77 |

1. Potential Suppliers who receive a minus score will be eliminated from the procurement process.

**Table E**

| **Pricing Schedule** |
| --- |
|  | Management costs | £Click to enter text. |
|  | Staffing - including for auditing, desktop research, design, reporting and engagement. | £Click to enter text. |
|  | Delivery costs – travel, venues, incentives.  | £Click to enter text. |
|  | Additional Costs not otherwise specified | £Click to enter text. |
|  | Total Cost (A+B+C+D+E+F)This is the figure that will be used for the price evaluation, as detailed in this document. | £Click to enter text. |

# Section 5: Freedom of Information

1. Information in relation to this RFQ may be made available on demand in accordance with the requirements of the Freedom of Information Act 2000 (“The Act”) and your organisation details will be disclosed and/or published where the expenditure is over £500, as per the Government Transparency agenda.
2. Potential Suppliers must state if any of the information supplied by them is confidential and commercially sensitive or should not be disclosed in response for the Information under The Act. Potential Suppliers must state why they consider the information to be confidential or commercially sensitive.
3. Note that inclusion below will not guarantee that the information will not be disclosed but will be examined in the light of the exemptions provided in The Act. Note that the Declaration for this Section has been completed and signed at Section 3, Question 2.1 (g) of this document.

| **Information/Document** | **Reference/Page No.** | **Reasons for Non-Disclosure** | **Duration of Confidentiality** |
| --- | --- | --- | --- |
|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
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|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

# Section 6: Declaration

1. By signing Section 3, Question 2.1. (g) I hereby declare that:
	1. I am signing on behalf of the Company named at Section 3, Question 1.1 (a) and am duly authorised to do so;
	2. to the best of my knowledge, the information provided is complete and accurate;
	3. the price in Section 4 is our best offer;
	4. no collusion with other organisations has taken place in order to fix the price;
	5. that there is no conflict of interest in relation to the Council’s requirement;
	6. the requirement be subjected to the terms and conditions set out in Conditions of Contract identified at Appendix 1;
	7. that no goods, supplies, services and/or works will be delivered or undertaken until both parties have executed the formal contract documentation as identified at Appendix 1 and an instruction to proceed has been given by the Council in writing; and
	8. I understand that the Council may reject my submission if there is a failure to answer all relevant questions fully or if I provide false and/or misleading information.

# Section 7: Due diligence

* 1. The Council will undertake its due diligence in advance of any contract award.
	2. The preferred Potential Supplier(s) will not be awarded the Contract until the Council is satisfied with any further checks and due diligence it has carried out and these will need to be acceptable to the Council before a contract can be awarded. The Council reserves the right to disqualify any Quotation Response which is incomplete.
	3. Due diligence may include credit checks in relation to the preferred Potential Supplier(s) (including each member of any consortium and of any key sub-contractor). This is important to the Council to ensure that any organisation who wishes to enter a contract with the Council will be able to provide the goods, services and/or works on an ongoing basis as agreed within any contract. The Council works with external credit agencies to provide these financial checks.
	4. The Council reserves the right to reject a Potential Supplier from the procurement process, where any findings from the Council’s due diligence reveal a serious concern or risk for the Council that cannot be remedied in a reasonable amount of time before award. Potential Suppliers are strongly encouraged to check and manage their financial score within the industry.
	5. The Council reserves the right to revisit any selection criteria questions at any time before award stage, where the Council believes there is a risk that selection responses might have changed. The Council reserves the right to disqualify any Potential Supplier who no longer meets the selection criteria if it originally led to them continuing in the procurement process.

# Section 8: CONTRACT AWARD

1. The Council will notify all Potential Suppliers of its intention to award a contract.

1. This will include details of the:
	* 1. Award criteria scores;
		2. Name of the successful provider(s).
2. The following documents shall form part of the contract between the Council and the successful provider(s):
	* 1. Specification;
		2. Terms and Conditions plus related Schedules (such as service levels, site plans, asset lists, contracts list, list of transferring employees, relevant policies, etc.);
		3. A pricing schedule (as completed by the Potential Supplier);
		4. Responses to requirements; and
		5. A list of commercially sensitive information.

## Appendix 1: Conditions of Contract



1. BMC Pregnancy and Childbirth. (2022). The mental health crisis of expectant women in the UK: effects of the COVID-19 pandemic on prenatal mental health, antenatal attachment and social support. BMC <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04387-7>. [↑](#footnote-ref-2)
2. Francis D, Krishnaswami S, McPheeters M. Treatment of Ankyloglossia and Breastfeeding Outcomes: A Systematic Review. *Pediatrics*. 2015;135(6):e1458-e1466.

	1. Power R, Murphy J. Tongue-tie and frenotomy in infants with breastfeeding difficulties: achieving a balance. *Archives of Disease in Childhood*. 2014;100(5):489-494.
	2. Segal L, Stephenson R, Dawes M, Feldman P. Prevalence, diagnosis, and treatment of ankyloglossia: methodologic review. *Canadian Family Physician.* 2007;53(7):1027-1033 [↑](#footnote-ref-3)