

23 January 2018

Dear Bidders,

Request for Quotation: Development of a strategy and finance plan across Haringey and Islington Wellbeing Partnership

I am writing to you on behalf of the Haringey and Islington Wellbeing Partnership. We are looking to develop a strategy and finance plan for the health and care systems around the boroughs of Haringey and Islington. The details of which are set out in the Annex A to this RFQ letter. The contract will be held by Islington CCG on behalf of the organisations involved in the Wellbeing Partnership.

The Wellbeing Partnership is a collaboration between eleven organisations who commission and deliver health and social care for residents in the London Boroughs of Haringey and Islington. It aims to bring a more collaborative approach to delivering health and social care whilst addressing some of the significant financial pressure we face.

We need our chosen supplier to commence the work in the week commencing in 19 February 2018. Funding is until May 2018 when we anticipate the work will be completed.

Please note the attached (Annex B) short form of the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Contract Version) (March 2015) which will apply to any contract awarded as a result of this quotation exercise.

If you are interested in quoting for this requirement, please reply with a 'bid response document' to the following email box sarah.young11@nhs.net by **12 noon on 5 February** with the following information:

- Full name and address of supplier, our reference number and your contact details;
- Details of services to be supplied including details in response to the requirements set out in the Annex A / the evaluation criteria to this letter and a referee (preferably public sector);
- Expected delivery / start / finish date, and a project time table;
- Total price excluding VAT (Annex C);
- Confirmation of acceptance of the terms and conditions of contract (Annex B);
- Annex D – Conflict of Interest Declaration.

Islington CCG will be the organisation that commissions this piece of work, on behalf of the Wellbeing Partnership. As such we are seeking quotations from a number of suppliers. The following criteria will apply to the selection of the successful supplier (referred to below as The Provider):

| # | Evaluation Criteria | | Weight |
|---|---|---|-------------|
| 1 | Quality | | 80% |
| | 1.1 | How will your organisation's experience of working with health and care systems to develop strategic and financial ensure successful delivery of this project? (Word limit: 1,000 words) | 30% |
| | 1.2 | How would you approach this work, particularly how would your infrastructure support production of a strategy and financial plan that is in line with the STP but based on local needs and our local health and care landscape? (Word limit: 1,000 words) | 20% |
| | 1.3 | Outline your implementation plan; timescales for implementation and process to ensure delivery on time? (Word limit 1,000 words) | 30% |
| 2 | Price | | 20% |
| | 2.1 | Please describe your costing model in Annex C Financial Submissions | 20% |
| | Proposed Approach + Price (+ Presentation/Interview) | | 100% |

| Scoring Matrix | |
|----------------|--|
| Score | Description |
| 0 | Unacceptable - no evidence provided. |
| 1 | Poor - Evidence provides little confidence and is below expectations. |
| 2 | Satisfactory and meets expectations. |
| 3 | Good - Evidence provides full confidence standard will be met with full description and evidence of implementation. |
| 4 | Exceptional - Evidence provides full confidence with relevant added value and additional services with full description and evidence of implementation and monitoring. |

The Quotation must be submitted in a PDF format, with pricing submitted in a separate file. Quotations received after the above date and time may not be considered.

It would be appreciated if you could advise, within 3 days of receiving this RFQ, if you intend to submit a bid or your reasons for not submitting a bid.

If the panel feels at any point that there is not sufficient evidence to score a bidder on any evaluation point then they may, at their discretion, seek clarification from any and all bidders. Bidder clarifications will at all times take account of the commercial confidence of bidders.

If a bidder scores a '0' on any sub-section then they may be eliminated at the discretion of the panel, dependent on how service critical the panel deems that sub-section to be. If a bidder scores '0' on an entire section of the evaluation, the bidder will be automatically eliminated from any further evaluation.

The pass-mark for the qualitative evaluation (Questions 1.1 – 1.9) element is 55%. If a bidder does not attain this score overall then their bid will be rejected. This process ensures that Islington CCG attain a minimum acceptable service quality. Following submission of bids, a moderation / evaluation meeting may be held. Following the moderation meeting, Islington CCG will invite the bidders scoring over 55% to a post bid submission clarification meeting / interview to establish confidence in the Evaluation Panel that you will be able to deliver what you have stated. The interview / presentation will be scored. An interview / meeting **may be held from 11.00 - 13.00 on Monday 12 February 2018.**

In the event of a tie (where two or more top scoring Bidders had the same total weighted score including both quality and price), Whittington Health and the CCG will select from amongst those Bidders, the submission of the Bidder with the highest weighted score for question 1.3. Should the proposals of bidders come to an amount beyond budget they may be excluded.

Islington CCG, as the contract holder, reserves the right to award the contract on the basis of Most Economically Advantageous Bid. The provider who attains the highest qualitative score and submits the most competitive cost will be awarded the contract.

Your response must be valid for acceptance for 90 days from the deadline for receipt of quotations. Your response constitutes an offer and if Islington CCG accepts that offer then a legally binding contract will exist between us.

Respondents accept that the Islington CCG is subject to the Freedom of Information Act and government transparency obligations which may require Islington CCG to disclose information received from you to third parties.

This RFQ letter and your response do not give rise to any contractual obligation or liability unless and until such time as Islington CCG issues a letter referencing this Request for a Quotation with a signed contract and a valid Purchase Order number accepting your quotation. Islington CCG does not make any commitment to purchase and shall have no liability for your costs in responding to this Request for a Quotation.

Canvassing and contacts

Bidders shall not in connection with this Procurement:

- Offer any inducement, fee or reward to any officer or employee of Haringey CCG, Islington CCG or Whittington Health or any person acting as an advisor to Haringey or Islington CCG or Whittington Health in connection with this Procurement
- Do anything which would constitute a breach of the Prevention of Corruption Acts 1889-1916
- Canvass any of the persons referred to above in connection with the Procurement

No attempt should be made to contact staff involved in decision-making, except the Project Team, or to contact Islington CCG or other NHS/DoH bodies as part of the procurement process. Any enquiries made to persons other than the Wellbeing Partnership Director will be regarded as prima facie evidence of canvassing.

Conflicts of interest

In order to ensure a fair and competitive procurement process, Islington CCG requires that all actual or potential conflicts of interest that a potential bidder may have are identified and resolved to the satisfaction of the CCG.

Potential Applicants should notify the CCG of any actual or potential conflicts of interest in their response to the RFQ. If the potential bidder becomes aware of an actual or potential conflict of interest following submission of the application, it should immediately notify Islington CCG by completing the Conflict of Interest form (see Annex D) for this procurement. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential bidder or bidders, such actual or potential conflict(s) are not resolved to the satisfaction of Islington CCG, Islington CCG reserves the right to exclude at any time any potential Applicants(s) from the Procurement process should any actual or potential conflict(s) of interest be found by Islington CCG to confer an unfair competitive advantage on one or more potential bidder(s), or otherwise to undermine a fair procurement process.

Examples of potential conflicts of interest are (without limitation) as follows:

- A Bidding organisation, or any person employed or engaged by or otherwise connected with a Bidding organisation, is currently carrying out any work for Islington CCG or Whittington Health, NHS England and/or the Department of Health (DH), or has done so within the last six (6) months;
- A Bidding organisation is providing services for more than one Potential Bidder, in respect of this Procurement.

The 'Conflict of Interest Declaration', provided in Annex D, must be completed by an authorised signatory, in his / her own name, on behalf of the Bidding organisation and attached in response to this section of this RFQ.

Islington CCG should be immediately notified, in the event that any actual or potential conflict of interest comes to a potential Bidder's attention at any time following the submission of the potential Bidder's 'Conflicts of Interest Declaration' and bid documents.

If you have any queries about this letter or the requirement, please contact the under signed at sarah.young11@nhs.net.

If you are unable to meet this requirement or are otherwise not intending to provide a quote, I would be grateful if you could let me know as soon as possible.

Yours sincerely,

Rachel Lissauer
Wellbeing Partnership Director
Haringey and Islington CCGs
On behalf of Whittington Health NHS Trust

Annex A

Specification / Project Brief For

A strategy and finance plan across Haringey and Islington Wellbeing Partnership

1. Introduction:
2. Objective:
3. Context:
4. Proposed Area of Considerations:
5. Deliverables:
6. Governance
7. Proposed Timetable

| For both Wellbeing procurements | |
|---|--|
| Task / Description | Dates in 2018 |
| RFQ Issued | Tuesday 23 January |
| Deadline for submitting any Clarification questions | Friday 26 January |
| RFQ Submission deadline | 12 noon on Monday 5 February |
| Assessment of submissions - qualitative and financial (including any clarifications to bidders if required) | Wednesday 7 February |
| Moderation meeting (if required) To agree on preferred bidder | 11.00 – 13.00 on Monday 12 February |
| <i>Presentations (if held)</i> | Week commencing 12 February |
| Contract award recommendation report | Thursday 15 February |
| Successful / unsuccessful bidder notifications | Thursday 15 February |
| Contract Award | Friday 16 February |
| Contract commencement | Monday 19 February |

Annex A

Specification / Project Brief For A strategy and finance plan across Haringey and Islington Wellbeing Partnership

1. Population Needs/Context

1.1 North Central London Context

The population and patients in North Central London (NCL) deserve high quality health care. The five Clinical Commissioning Groups (CCGs - Barnet, Camden Enfield, Haringey and Islington) have a shared intent to improve health outcomes, reduce inequalities and deliver financially sustainable NHS services to our population.

STP context: The health and care system across North Central London (NCL) - clinical commissioning groups, local authorities and NHS providers - have worked together to develop an [NCL-wide sustainability and transformation plan](#) (STP). This sets out how local health and care services will transform and become sustainable over the next five years.

The Haringey and Islington Wellbeing Partnership is a collaboration between eleven organisations who commission and deliver health and social care for residents in the London Boroughs of Haringey and Islington. The partnership provides a way of making decisions together and of supporting improvement work, so that we ensure we are jointly focused on improving health outcomes for our populations whilst addressing some of the significant financial pressure we face.

The Partnership has developed a shared governance system and has articulated our ambitions and our approach within a memorandum of understanding, or '[Partnership agreement](#).'

Haringey and Islington populations are 263,386 and 215,667 respectively. The populations are expected to grow by about %% over the next 5 years but there will be a much bigger increase in the over 65 population of 12% over the same period. This is twice the national average. This rate of growth will put enormous pressure on social care and health services.

Poverty and deprivation are key determinants of poor health and wellbeing outcomes and major drivers of health inequalities. Islington and Haringey have high levels of deprivation relative to the national picture. Residents are more likely to spend less of their life healthy compared to the England average (approx. 20 years of their life living in poor health).

1.2 Background: to the Haringey and Islington Wellbeing Partnership

The partnership has been in place since 2016. The eleven organisations signed a partnership agreement in early 2017 which cemented our commitment towards a way of working that builds trust, transparency and recognition of our shared responsibility as providers and commissioners of health and social care across our boroughs. Our work programme is designed to focus our operational and strategic resource towards high need and rising risk populations in order to improve outcomes and build an efficient health and care system that is sustainable over time.

This is based on a recognition that our 'business as usual' model, in which each organisation has to have on its own goals and finances, with relationships based upon a contractual framework, continues to hinder effective collaboration, exacerbate inefficiencies and constrain our collective ability to achieve more for residents. All the organisations face potential financial deficits in future years and so continuing to operate independently is not an option. The Wellbeing Partnership members see an opportunity to achieve this by working more closely together than is possible as separate organisations under the current NHS and local government financial and contracting systems. This provides a collective mitigation of risks faced by individual organisations within the system.

The Partnership will also be better able to deliver, at a local level, the service transformation proposed in the [NCL STP Partnership](#). It will do this by building upon locally delivered initiatives such as the Care Closer to Home Integrated Networks - a key pillar of the STP which aims to deliver the right health and care locally within smaller populations.

The Partners: The Wellbeing Partnership is a collaboration between the following statutory organisations who are focused on enabling and delivering better health and care services for residents in the London Boroughs of Haringey and Islington:

- Haringey London Borough Council
- Islington London Borough Council
- NHS Haringey Clinical Commissioning Group
- NHS Islington Clinical Commissioning Group
- Haringey GP Federation
- Islington GP Federation
- Barnet Enfield and Haringey Mental Health Trust
- Camden and Islington NHS Foundation Trust
- North Middlesex Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust

The **Wellbeing Partnership objectives** are:

- To take a whole population approach to health and care commissioning and delivery.
- To support all of our residents to achieve healthier, happier and longer lives, with a focus on preventing poor health and improving outcomes when people need care and treatment.
- To support people to stay and be healthy, to reduce the level of ill health within our population.
- To simultaneously focus on improving outcomes and reducing costs for population groups who are currently high consumers of health and care.

The **Wellbeing Programme outcomes** are defined as:

- Fewer residents will die early from Cardiovascular disease (CVD), respiratory disease and cancer
- Preventing and managing long term conditions
- Preventing and managing falls and frailty in people aged 65 and over
- Decreased need for hospital services and residential and nursing care with more community support and prevention
- Improved outcomes for people with mental and learning disabilities.

How will we achieve Wellbeing Partnership objectives?

The most important way relates to a new set of behaviours from the Partners, in order to build longstanding trusting relationships that replicate those of an accountable care system. These include:

- Shifting resources over the longer term to prevention and ill health avoidance impacting directly on the health and wellbeing of the population of Haringey and Islington
- Bringing together all our resources (including budgets), sharing budget information and taking collective decisions about their most effective use.
- Working together to redesign services in a different way using all the skills available to us across our collective workforce recognising that the necessary skills are not vested in one organisation or professional approach.
- Ensuring every organisation is seen to succeed by collective success.
- Developing using our collective information to create insight into how we can improve systems as a whole, where investment needs to go and to drive innovative ways of doing things.
- Bringing teams together, acting on behalf of each other, to more efficiently use our staff.
- Working together with our communities and workforce we will accelerate the transformation of our health and care system in Haringey and Islington.
- Collectively taking budget decisions, agreement will be reached on levels of activity and cost creating joint commitment to a collective financial and activity target. This should also reduce transaction costs between organisations.

1.3 Background: to the Works specified

The organisations have signed up to a partnership agreement. We have a model of care that has been set by our Sustainability and Transformation Plan. However, as a partnership we are commissioning this piece of work because we believe we would benefit from a shared strategic approach that is rooted in our local needs and priorities. This will allow us to reflect on the needs of our population and to consider how we make the most of our opportunities to improve health outcomes as local providers and commissioners of health and care but also of housing; employment and training; education and planning.

So, to move into the next phase of the partnership we want to have a statement of our shared strategic aims and a high level outline of our model of care. This will articulate how we will look to promote health and wellbeing through supporting people to make healthy choices, how we will use emerging opportunities to build strong communities and to develop pro-active health and care services at a local level. This shared strategy will be the starting point and point of reference when we come to making decisions about how we organise resources, particularly staff, estates and funding. Through this piece of work, we aim to gain a deeper understanding of the current financial position of our health and care system and the implications of delivering the future model of care.

This piece of work will be the starting point for a further strategic document considering our financial position across Haringey and Islington and providing an insight into the resource implications of delivering the model of care outlined in the shared strategy. This work will be high level but will provide a common point of reference on the particular challenges and opportunities faced by the Haringey and Islington health and care system.

2. Outputs

The outputs of the proposed work relate to the objectives in 3.1.2 below:

1. Wellbeing Strategy

- A report that provides an overview of our collective strategic approach over the next 3-5 years.
- It is expected that this report will be shared at Board level within shared and individual organisations
- The scope of work is expected to cover all partner organisations. However, the work is likely to focus on the non-acute elements of care provision.

2. Wellbeing Financial Strategy

- Financial modelling work resulting in a report detailing key recommendations and associated supporting analysis in line with the requirements detailed above
- Expected that this report will be shared at Board level within shared and individual organisations
- The scope of work is expected to cover all partner organisations but to different degrees

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims

1. To produce a shared **strategic document**:

- To review the strategies of the organisations of the Wellbeing Partnership to distil the common features, priorities and plans, to identify any areas of divergence or discrepancy, including:
 - The key features of a shared model of care
 - Description of commonality of thinking about a shared service model through and identifying future transformation opportunities
- To reflect feedback from face-to-face interviews and meetings with groups of key stakeholders
- Emerging characteristics of a shared delivery model with timescales – this will incorporate features of STP delivery but will have greater reference to individual borough plans and priorities.

- Evidence of the impact of our proposed strategic direction, particularly the impact of maximising healthy choices, strong communities, early intervention and integrated network of care to manage population health.
 - A high level plan setting out a road map to achieve the above
 - It is expected that there will be both commonalities and also differences between organisations and boroughs reflecting their important differences in levels of resources; cultures and history; provider landscapes and decision-making.
2. To produce a shared **financial strategy** which is closely aligned to The Strategic Document in 1 above to set out a shared financial model to enable the shared service model including:
- An overview of the financial positions of organisations within the Wellbeing Partnership.
 - Quantification of the main known changes/pressures in resource allocation for services considering greatest areas of opportunity and risk (e.g. identified funding streams; opportunities for increasing productivity).
 - Inclusion of the impact of demographic trends - informed by the Joint Strategic Needs Assessment
 - Indicative resource implications of the above shared service model, identifying how investment in future transformation opportunities at scale could deliver efficiencies and/or areas for disinvestment and reinvestment.
 - Scenarios that may impact on financial sustainability over the next 3-5 years, helping us to develop an understanding of what aspects of a delivery model will have greatest impact in stabilising demand
 - To propose recommendations for approaches towards financial planning that will help system leaders to make decisions that enable delivery of our strategic aims.
 - Indicative cost benefit analysis of the above shared service/financial model, identifying how investment in future transformation opportunities at scale, including our Primary Care Network, could deliver efficiencies and/or areas for disinvestment and reinvestment.

The Provider will work closely with management leads, directors and other members of the Delivery Board to get input into and agree the strategies. Both the strategy and financial strategy will be informed by the Wellbeing Delivery Board which will act as the steering group for these works and is likely to nominate a time-limited group with financial representation to provide detailed focus on the work.

3.1.2 Objectives

- To deliver a Strategic Document that provides an overview of our collective strategic approach over the next 3-5 years
- To deliver a Financial Strategy that looks across health and care organisations to set out their existing financial positions and implications for delivering the new care model
- To handover to the team by May 2018.

3.3 Communication between the Provider and the Commissioner

The Provider will have a named point of contact, who will be available for communication with the Provider from 9am to 5pm Monday to Friday.

The Provider will be expected to produce a project plan for completion of the activities set out above and provide brief electronic updates on progress to the Commissioner on a weekly basis.

The Commissioner will have the option of weekly meetings with the Provider to discuss progress on the project.

3.4 Key Performance Indicators

Outputs and monitoring: Outputs will be approved by Wellbeing Delivery Board, which will act as the Steering Group. Release of funds will be dependent on these approvals with indicative timescales as follows:

| Description | Completion date in 2018 | Release of funds |
|---|---|------------------|
| 1. Scope of delivery for strategy and financial plan | Delivery by: 1 March WPDG: 8 Mar | [10%] |
| 2. Draft Strategy report to include the agreed service model and high level plan | Delivery by: 31 March WPDG: 25 April | [15%] |
| 3. Finance Strategy to include the financial model | Delivery by: 31 March WPDG: 25 April | [26%] |
| 4. Delivery of the final Strategy and handover to the team by May 2018 | Delivery by: 31 May WPDG: 22 June | [20%] |
| 5. Delivery of the final Financial Strategy and handover to the team by May 2018 | Delivery by: 31 May WPDG: 22 June | [30%] |
| *Meetings of the Wellbeing Partnership Delivery Board are expected to take place on: 8 th February 9am to 11am ICCG 8 th March 3pm to 5pm – TBC 25 th April 9.30am to 11.30am ICCG 25 th May 9.30am to 11.30am ICCG 22 nd June 9.30am to 11.30am ICCG | | |

The precise reporting requirements and timescales will be discussed and agreed with the service provider.

3.5 Continuity arrangements

On completion of the contract the provider will ensure that the Commissioner has use of all available products and evidence in order that Islington CCG can take forward the defined programme.

4. Applicable Service Standards

The Provider will need to set out how they will ensure they meet Information Governance standards including issues of confidentiality, patient consent and information security. The Provider will need to demonstrate that they meet IG requirements, including ISO27001 certification and scope.

The Provider will determine whether ethics approval is required for any of the services outlined in this specification and if indicated, work with the Commissioner to obtain ethics approval from the relevant national or local bodies. At present, the Commissioner does not consider the services outlined in this specification to fall within the scope of research.

5. Applicable quality requirements

5.1 Complaints

The provider will:

- have in place a formal complaints policy and procedures through which service users can raise issues with the service

- adhere to local commissioner policies and procedures regarding complaints, including the need to notify the commissioner of all complaints

5.2 Governance

The provider will demonstrate that they have clear organisational governance systems and structures in place.

This work will report into the Whittington Health Community Services Improvement Group as its steering group.

5.3 Workforce

The Provider will use suitably trained and experienced staff and volunteers and will supply to the Commissioner the qualifications and experience level of each level of staff if requested.

5.4 Management and Administrative Arrangements

The work will be undertaken between February and May 2018.

The Provider and project team for these works will be jointly accountable to Mark Inman (CFO Islington CCG) and Rachel Lissauer (Wellbeing Partnership Director).

The Provider will report to the Wellbeing Partnership Delivery Board as the responsible steering group for the work. The Provider will also be required to attend such contract meetings as reasonably required to deliver efficient operation of the service.

The Provider will provide effective management of the programme to ensure efficient and effective programme delivery and monitoring and evaluation thereof.

The Provider will be responsible for all administration arrangements and staffing to deliver the programme.

