**NHS England - East**

**Health and Justice Commissioning**

**Health and Social Care Needs Assessments - Specification March 2018**

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# Introduction

NHS England wishes to commission health and social care needs assessments for the healthcare service in some prisons in East of England.

# Background

To commission effectively, it is essential that the commissioning cycle begins with a health needs assessment which examines the health needs of the establishment(s). This enables the commissioning team to understand disease prevalence, to identify services which respond to the health needs and to receive evidence-based recommendations for the services. The requirement is best practice in relation to commissioning, but is also mentioned in ‘Expectations’ (HMIP) in the section on governance:

*‘****32. Prisoners are cared for by a health service that accurately assesses and meets their health needs while in prison and which promotes continuity of health and social care on release.***

***Indicators References***

*• Health services are informed by the assessed needs of the prison population and are planned, provided and quality assured through integrated working between the prison and its local health economy.’*

In April 2015, local authorities assumed their responsibility for social care needs in prison. The HNAs must include a section on social care needs, how they are identified and how the provision of social care assessments and provision is measured, and how they can be integrated with the delivery of healthcare.

The HSCNAs required are as follows:

1. Cat C prison and Cat D prison: One report (delivered 1/8/ 2018) covering the health and social care needs of HMP Warren Hill and HMP Hollesley Bay **Reference 2018 HBay and WHill**

2. Cat B prison - One report (delivered 1/8/2018) covering the health and social care needs of HMP Peterborough (female) **Reference 2018 Peterborough\_F**

3. Cat B prison - One report (delivered 1/9/2018) covering the health and social care needs of HMP Bedford **Reference 2018 Bedford**

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# Content and scope of reports

Together with NHS England, Public Health England has developed a template for health needs assessments for prisons, which must be used for the reports.

The adult prison template can be found at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf>

Bidders must ensure that their reports include review and consideration of unmet health need. Our requirement and expectation is that met and unmet health need will not be simply on the basis of whether or not access to existing services is satisfactory. A service may have good access (short waits to appointments) but may not be meeting health needs. Furthermore, NHS England can already identify whether access is satisfactory, through monthly HJIPs reports.

For all HSCNAs, bidders are expected to undertake interviews of appropriate commissioners to elicit the information they need, as well as accessing data from relevant sources. The reports must be written oriented to use by the commissioner in varying the commissioning of the service (and not from the point of view of the provider, in identifying areas of non-compliance with recognised standards). In case of any lack of clarity, the report is to be used to inform commissioning, and not for the purposes of understanding the quality of care provided (though this may be a by-product of the report).

Please note that the local health and social care partnership boards will effectively be the steering group for the report. There is no need for the bidder/author to form a steering group. Please also note that it will not be necessary to make a presentation of the draft report to the steering group and therefore costs associated with making a presentation should be excluded from the bids.

Bidders must state in their bid how they will ensure that

a) the requirements on the healthcare provider to provide data from the clinical system will be minimised to avoid passing off the burden of tasks associated with authoring an HSCNA to the healthcare provider

b) they will ensure that they comply with Section 251 of NHS Act 2006 Healthcare service control of patient information Reg 2002 and avoid access to patient identifiable data, but will also be able to state that the data used as the basis for the report is valid and reliable. Bidders must state in their bid how they will extract, transfer, store and eventually destroy data used in the authoring of te HSCNA.

Please use the template to express the bid for each report.

The ‘first draft’ describes the version which meets all the requirements of the specification, has been proof checked and is error -free. It should not be interpreted to mean a rough draft or any other interpretation. NHS England will send back any comments and will expect that the bidder reflects on these and if required, make changes to the first draft to produce a ‘final draft’.

# Deliverables

The provider of each HSCNA must provide both an initial draft and a final draft of the report in Word. This allows comments to be made within the text of the initial draft, and also allows extraction of the text from the final draft for insertion into other documents. The initial and final drafts must be delivered to claire.weston2[@nhs.net](mailto:joanna.langley@nhs.net) in Word format.

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# Timetable

The opportunity will be advertised to any potential provider in March 2018 and bids must be submitted by 17.00 on 24th April 2018 to emma.giles3@nhs.net . NHS England will notify all bidders of the outcome within 1 week of this date. Bidders should request a receipt of their bid, and if this is not received by 17.00 on 26th April, they should contact Emma Giles to request this.

Bidders must be in a position to provide a first draft of the report(s) they have been contracted to provide by **the last day of the month stated above for each report.**  Bidders are expected to notify the commissioner of progress towards delivery of the initial and final drafts.

**Price and Payment Terms**

Providers may submit quotes for the provision of one or more reports. A separate price must be given for each report, enabling the commissioner to commission individual reports from a bidder. Any bid which does not clearly state the price for each of these reports will be rejected. In formulating the bid price, bidders are asked to show their daily rate and the number of days consumed in each element of the preparation of the report.

Interested parties are requested to advise Commissioners of their fully inclusive price for undertaking the review to the specification set out in this document. Should the review fail to fully meet the requirements of the service specification or deadline (unless due to factors outside of the Provider’s control) NHS England reserves the right to withhold up to 10% of the total contract value.

NHS England terms and condition will be applied. No payment will be made for part completion of any report.

Bidders are requested not to propose any discounting of prices for award of multiple bids. Any such proposal will be set aside and will not be considered.

**Evaluation and Scoring**

1. Please submit a separate bid (using the template) for each report for which you are bidding, completing each section.
2. Please provide details of HNAs which you have previously undertaken including the date completed, and be prepared to provide these documents to NHS England on request.
3. Please ensure that the bid to provide any HNA is the same name as the author of the report. The purchase order will be raised in the name of the bidder and the invoice must correspond to the name on the purchase order and the bid.

Applications will evaluated and scored as follows:

**Scoring Methodology**

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| --- | --- |
|  |  |
| 0 | The Provider is unable to fulfil the requirement or no response is received |
| 1 | The Provider is only able to partly fulfil the requirement |
| 2 | The Provider is able to fulfil the requirement |
| 3 | The Provider exceeds fulfilment of the requirement |

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| --- | --- | --- |
| **Quality – weighted at 60% of total score** | | |
| The Provider has demonstrated that: | | |
| Review Deliverables | 1. All the objectives and products contained within the specification will be delivered. | |
| 1. A comprehensive and suitable methodology will be used to collect/obtain the data required. | |
| 1. A suitable methodology and rationale will be adopted to collect the full range of stakeholder feedback. | |
|  | 1. Project challenges have been identified and suitable mitigations proposed. | |
| Capability | 1. Experience of undertaking a similar piece of work, delivered to timescale. | |
| 1. The availability of suitably competent staff who have relevant experience, | |
| 1. An understanding and application of, data confidentiality and information governance issues. | |
| 1. They can deliver the report within the project deadline with a realistic timetable. | |
| **Price – Weighted at 40% of total score** | | |
| Price | | Cost will be evaluated by the bid with the lowest score scoring 100 and all other bidder prices being expressed as an inverse proportion.  *For example.*  *Bid A – Price £30,000 = scores 100*  *Bid B – Price £40,000 = scores 75*  *Bid C - Price £50,000 = scores 60*  *Bid D – Price £60,000 = scores 50* |

**Checklist for bidders**

This check list may be helpful in developing your bid but may not be exhaustive:

* Each bid clearly relates to only one of the HSCNAs required
* Each bid has the reference number and bidder name as a foot note on each page
* Price for each bid has been provided, is net of VAT and is not subject to any proposed discounting.
* Each bid states that the PHE template will be used
* Each bid excludes the cost of making a presentation to the steering group
* Each bid states that the report will be delivered in Word.
* Each bid states the daily rate for the author and the number of days consumed in each element of the task
* Each bid comes from the same organisation as the organisation which will submit the invoice for the report once complete, and the name of the invoicing organisation is clearly given.

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