Framework Schedule 6 (Order Form Template and Call-Off Schedules Order Form

CALL-OFF REFERENCE: AGEMCSU/TRANS/25/1921

DESCRIPTION: EAP Delivery Services for Workwell Project

THE BUYER: NHS Birmingham and Solihull Integrated Care

Board

BUYER ADDRESS First Floor, Wesleyan, Colmore Circus

Queensway, Birmingham, B4 6AR

THE SUPPLIER: Vita Health Solutions Limited

SUPPLIER ADDRESS: 3 Dorset Rise, London, EC4Y 8EN

REGISTRATION NUMBER: 03829618

DUNS NUMBER: 238379239

SID4GOV ID: DPS250745

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated 27th February 2025.

It's issued under the Framework Contract with the reference number AGEMCSU/TRANS/25/1921 for the provision of EAP Delivery Services for Workwell Project.

CALL-OFF LOT(S):

Lot 3: Employee Assistance Programmes

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. Where numbers are missing, we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.

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- 2. Joint Schedule 1(Definitions and Interpretation) RM6182.
- 3. The following Schedules in equal order of precedence:
 - Joint Schedules for RM6182
 - Joint Schedule 2 (Variation Form)
 - Joint Schedule 3 (Insurance Requirements)
 - Joint Schedule 4 (Commercially Sensitive Information)
 - Joint Schedule 6 (Key Subcontractors)
 - Joint Schedule 10 (Rectification Plan)
 - Joint Schedule 11 (Processing Data)
 - Call-Off Schedules for RM6182
 - Call-Off Schedule 1 (Transparency Reports)
 - Call-Off Schedule 3 (Continuous Improvement)
 - Call-Off Schedule 7 (Key Supplier Staff)
 - o Call-Off Schedule 8 (Business Continuity and Disaster Recovery)
 - Call-Off Schedule 10 (Exit Management)
 - Call-Off Schedule 13 (Implementation Plan and Testing)
 - Call-Off Schedule 14 (Service Levels)
 - Call-Off Schedule 15 (Call-Off Contract Management)
 - o Call-Off Schedule 20 (Call-Off Specification)
- 4. CCS Core Terms (version 3.0.8)
- 5. Joint Schedule 5 (Corporate Social Responsibility) RM6182
- 6. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS None

10th March 2025

CALL-OFF EXPIRY DATE:

CALL-OFF START DATE:

31st March 2026

CALL-OFF INITIAL PERIOD:

13 Months

CALL-OFF DELIVERABLES

See details in Call-Off Schedule 20 (Call-Off Specification)

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is up to the value of £225,000 excluding VAT.

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CALL-OFF CHARGES

Option A:



REIMBURSABLE EXPENSES

PAYMENT METHOD

Commissioned use and uptake of interventions will be monitored by both parties and reviewed monthly at scheduled contract meetings to ensure that service demand is managed within forecasted tolerances and that the authority can reconcile and monitor spend against the value of the contract.

The Authority will raise a purchase order which will be shared with the finance team of the service provider on a quarterly basis. The Service provider will subsequently invoice the authority on a quarterly basis. Payment can only be made following satisfactory delivery of pre-agreed interventions (as set out in the supplier's service proposal).

Before payment can be considered, each invoice must include a detailed elemental breakdown of work completed and the associated costs.

Invoices will be raised by the provider and invoices paid in arrears, no later than 30 days from the date of invoice.

Payment made by BACS.

BUYER'S INVOICE ADDRESS:
NHS Birmingham and Solihull Integrated Care Board
QHL PAYABLES N075
PO BOX 312
Leeds
LS11 1HP

Invoices: sbs.apinvoicing@nhs.net

BUYER'S AUTHORISED REPRESENTATIVE



BUYER'S ENVIRONMENTAL POLICY

Not applicable

BUYER'S SECURITY POLICY Not applicable

SUPPLIER'S AUTHORISED REPRESENTATIVE



SUPPLIER'S CONTRACT MANAGER



PROGRESS REPORT FREQUENCY Monthly report

PROGRESS MEETING FREQUENCY Monthly review – date to be determined.

KEY STAFF

KEY SUBCONTRACTOR(S)

COMMERCIALLY SENSITIVE INFORMATION Responses to quality questions and pricing schedule

SERVICE CREDITS
Not applicable

ADDITIONAL INSURANCES Not applicable

GUARANTEE Not applicable

SOCIAL VALUE COMMITMENT

Not applicable

For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:		d Prove B usiness	
Date:	10 March 2025	Date:	07/03/2025

Call-Off Schedule 20 (Call-Off Specification)

PURPOSE

Workwell is a Work and Health Program to A) support people to return to employment or B) Support people to stay in work, in circumstances where health challenges are the cause of their absence. An element of the new service involves the use of a multi-disciplinary team (MDT) to provide advice on how an individual's health can impact their ability to work or sustain employment and provide subsequent intervention/support to manage this.

The purpose of this procurement is to identify a provider who can deliver the intervention recommended by the MDT. As part of the planning phase of the Workwell service an EAP-style delivery model has been considered to meet the identified delivery needs for the program as it provides the level of intervention required for the needs of the service.

Each participant in the program, who the internal multidisciplinary team deem requires a supportive intervention, may be able to access a personal budget of up to a maximum of £500. This can be spent on the purchase of interventions that the MDT deems beneficial for either sustaining or supporting the return of the participant to employment. We envisage that the bulk of this budget will be spent on health-related support and interventions such as Mental Health Support, Physiotherapy, Counselling, CBT, pain management, etc.

The participant will be reviewed at the point of referral by an in-house MDT and thus will not require a suitability assessment. We expect the successful bidder to offer a high standard of evidence-backed interventions as described (but not limited to those above), with an agreement of up to six sessions for each intervention.

We forecast that up to 450 participants may make use of these interventions throughout the period of this project with a total estimated budget allocation for the provision of any interventions of up to £225,000.

The principal requirement of this service is to provide participants with access to a range of suitably qualified and experienced Service Providers, who can offer a variety of services; which includes (but is not limited to) Mental Health Support, Physiotherapy, Counselling/CBT, Pain Counselling.

BACKGROUND TO THE AUTHORITY

The organisation is Birmingham and Solihull Integrated Care Board. The department is the Strategy Unit.

BACKGROUND TO REQUIREMENT/OVERVIEW OF REQUIREMENT

Unemployment has been a long-standing issue within the locality, with its challenges being exacerbated following the COVID-19 Pandemic. A long-term goal of the NHS is to help support and inform the Work & Health Strategy. This strategy aims to tackle the disconnect that exists between health and unemployment. one of these measures is the national WorkWell Program (Which this funding is in support of). More information about this can be found on our website (WorkWell:: Birmingham and Solihull ICS) and the recent government publication "Get Britian Working White Paper (Get Britain Working White Paper - GOV.UK).

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This is joint pilot with the Department for Work & Pensions, being delivered by the NHS. It is part of the Government and NHS long term plans, which if successful, has potential for longer term funding.

THE REQUIREMENT

The potential provider must be able to provide a range of services that can support people to return to or remain in work. This must include, but is not limited to, Physiotherapy, Mental Health Support, CBT/Counselling.

It would be advantageous if the service provider could also provide Pain Management/Pacing support.

The service provider must be able to provide their interventions in a face-to-face capacity when possible. This contract is not suitable for providers who can operate virtually only. The service provider must ensure interventions can be accessible to participants with learning or communication needs.

The service provider must be able to provide the service within 1 to 2 weeks of referral and be able to offer 6 sessions per intervention as indicated.

The service provider must be able to implement a system to communicate any updates about interventions to the referring Work & Health Coaches and Service Managers as necessary.

KEY MILESTONES

The Potential Provider should note the following project milestones that the Authority will measure the quality of delivery against:

Milestone	Description	Timeframe	
		Provider must be able to mobilise/act on referrals within a week of award.	
1	Accept client referrals for intervention	Subsequent referrals must be actioned and have an appointment/consultation booked within a week of receipt	
2	Timely communication of updates/completion of intervention to relevant parties (This can include Work & Health Coach, Lead Work & Health Coach, Service Managers)	Within a week of completion of inte	
3	Set up and agree with commissioners a system of regular reporting against key milestones. These will be agreed at the project initiation meeting, but are likely to include:	Milestones will be discussed and final-	
	Timely access to services:	ised with successful provider at the project initiation meeting	
	 Success of intervention for participant: 	project initiation meeting	
	Participant satisfaction levels		

	 Satisfaction levels from em- ployment support delivery providers 	
4.	Successful delivery provider should be able to implement systems for quality assurance and reporting to commissioners regularly and within an agreed timeframe	Timeframe to be agreed but not more frequently than monthly
5.	Successful delivery providers will have an agreed system in place for approving and reporting on interventions and accounting for spend.	Timeframe to be agreed

AUTHORITY'S RESPONSIBILITIES

The generation of the referrals is the sole responsibility of the Authority. Referrals will be raised through the MDT by the NHS, and then handed over to the provider. The Authority will also handle all, on and off boarding of clients.

REPORTING

The service provider must be able to report back to the Authority and its partners in a reasonable time frame when interventions have been implemented and completed with service users (please refer to key milestones in section 5. This includes any updates that would be relevant to partner organisations and any change in circumstances and/or presentation.

CONTINUOUS IMPROVEMENT & SUSTAINABILITY

The Supplier will be expected to continually improve the way in which the required Services are to be delivered throughout the Contract duration.

The Supplier should present new ways of working to the Authority during Monthly Contract review meetings.

Changes to the way in which the Services are to be delivered must be brought to the Authority's attention and agreed prior to any changes being implemented.

The Provider must be able to provide data pertaining to their service provision on a monthly basis during contract meetings.

The Authority will monitor the quality of service provided through feedback from clients. This Feedback will be discussed on a monthly basis during contract meetings.

Providers should be able to demonstrate a focus on increasing economic and social value of their clients through their interventions. Any successful supplier will be required to join and participate in the authorities Match my Project social value programme. https://matchmyproject.org/birmingham

9. STAFF AND CUSTOMER SERVICE

Is it expected that all staff assigned to the contract have sufficient experience in delivering the interventions highlighted in section 4 of this specification. If delivering a clinical service,

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all staff are expected to have the relevant registration and qualification and abide by the standards of their governing bodies.

SERVICE LEVELS AND PERFORMANCE

The Authority will measure the quality of the Supplier's delivery by:

KPI No.	Service Area	Description	Target	Evidenced by
1	Operational Delivery	The supplier will action referrals and appointments in a timely manner and shall report back to the commissioner in a reasonable time frame when interventions have been implemented and completed.	95% of referrals shall have received initial contact from the supplier within 2 working days of receipt of referral. 95% of appointments will be made within 5 working days of initial contact with participant. 95% discharge summaries received within 5 working days of date of final appointment 98% of intervention discharge summaries available within 5 working days of dis-	Monthly data dash- board and quarterly contract report and re- view meetings
2	Participant Satisfaction	Services will be delivered to a high standard and satisfaction levels expected for quality assurance purposes should remain above the minimum available service satisfaction standards for 2024. The supplier will also work with the commissioner to develop and implement the collection and of tailored service specific qualitative feedback.	charge. * Mental Health Support (CBT, Counselling) 95% annualised average satisfaction score *Physiotherapy and Pain Management 85% annualised average satisfaction score.	Net Promotor Score (NPS) for services to be included as a part of monthly reporting. NPS score to be reviewed in annual review meeting in line with agreed annualised average benchmark.

3	Activity Reporting and Management	The supplier will set up and maintain accurate records to support the commissioner to monitor and manage contractual activity and spend against available budget. A process will be devised to approve to reconcile the raising of invoices.	A system will be in place to review activity and contract spend by 10 March 2025 and a process will be agreed to approve the raising of invoices by 31 March 2025.	Agreed recording system and invoice approval process in place. Invoices are being submitted quarterly on time and in accordance with BSOL schedule (to be provided).
4	Contract Manage- ment	The supplier monthly contract review meetings with the commissioner at a regular time to be agreed. Reporting will include, but is not limited to, in-depth service usage figures, feedback on reports, total spend and budget monitoring, participant satisfaction, delivery timescales, and success of interventions/outcome measures.	100% attendance at regular scheduled monthly business meetings and quarterly contract review meetings.	Attendance at regular scheduled meetings

PAYMENT

The Authority will raise a purchase order which will be shared with the finance team of the service provider on a quarterly basis. The Service provider will subsequently invoice the authority on a quarterly basis. The weekly usage of the service provider will be monitored by both parties on an ongoing basis and reviewed on a monthly basis during contract meetings.

Payment can only be made following satisfactory delivery of pre-agreed certified deliverables.

BEFORE PAYMENT CAN BE CONSIDERED, EACH INVOICE MUST INCLUDE A DETAILED ELEMENTAL BREAKDOWN OF WORK COMPLETED AND THE ASSOCIATED COSTS

TERM

The term of the requirement will run until 31st March 2026. Successful service providers will be subject to contract review following 3 months. However, it will be expected that any participants that have been referred prior to 31st March 2026, shall have their complete course of interventions completed. It is the successful supplier's responsibility to ensure invoicing for all interventions are received by 31st March 2026.

BUDGET

The total available budget over the lifetime of the project is £225,000 excluding VAT to provide a minimum of 450 interventions. This funding will be split proportionately between financial years 2024/2025 and 2025/2026.