1. **Service Specification**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** |  |
| **Service** | Complex Packages of Care Provider Framework |
| **Commissioner Lead** | Kelly Taylor – NHS East Lancashire Clinical Commissioning Group (CCG) |
| **Provider Lead** |  |
| **Period** | TBC |
| **Date of Review** |  |

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| **1. Population Needs** |
| * + **National/local context**   The World Health Organization (WHO) estimates that 15 out of 100 people in the world have a disability, and between two and four people in 100 will have a severe disability.  The number of disabled children in England is estimated by the Thomas Coram Research Unit (TCRU) to be between 288,000 and 513,000. The mean percentage of disabled children in English local authorities has likewise been estimated to be between 3.0 and 5.4 percent.  If applied to the population of Lancashire in 2011 this would equate to between 7,307 and 13,153 children experiencing some form of disability.  *Children with SEN and Disabilities – Intelligence for Healthy Lancashire (Joint Strategic Needs Assessment (JSNA)) October 2013 – Source:* [*http://www.lancashire.gov.uk/corporate/web/?siteid=6107&pageid=35318&e=e*](http://www.lancashire.gov.uk/corporate/web/?siteid=6107&pageid=35318&e=e)  Further headline findings from Joint Strategic Needs Assessment (JSNA):   * Improvements in perinatal care are resulting in on-going improvements in survival rates. Disability rates among extremely premature babies, show that around 50% will grow up with some form of neurological or developmental disability. * Deprivation and the level of SEN are strongly linked in Lancashire.   The Association of Public Health Observatories (APHO) publishes district level profiles which include indicators of social determinants of health, Around 17,000 children resident in East Lancashire (22.4%) are classified as living in poverty, ranging from 6.4% in Ribble Valley to 29.2% in Burnley.  *(*[*http://www.apho.org.uk/default.aspx?QN=HP\_METADATA&AreaID=50247*](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50247)*)*  In recent years, modern clinical advances and improved medical technology has seen an increase in the number of children surviving premature births, chronic illness and unusual genetic disorders and syndromes. This has resulted in increasing numbers of children with complex nursing needs and severe disability being cared for at home by their parents.  These advances in health care have actually improved the life expectancy of severely disabled children. Consequently there has been an increase in the proportion of children with complex nursing needs who are living longer into their teens *(DH 2004; ACT 2004).*  Policies and recommendations have continued to advocate for children with long term needs wherever possible to be cared for at home *(Muir and Dryden 2002).*  The policy drive is to transform the system for children and young people with special educational needs and disabilities (SEND), so that services consistently support the best outcomes for them.  **Definition of complex physical healthcare needs:**  These are children primarily with physical care needs, such as those who are technologically dependent, have a life limited or life threatening condition, acquired brain injury resulting in significant impairment and/or children with multiple impairments from birth.  Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health related services of a type or amount beyond that required by children generally.  Children with complex physical health care needs are those who require a range of additional support services beyond the type and amount required by children generally and those usually provided to children with impairments and long-term illnesses.  These are children with physical disabilities whose nursing care is so complex it is beyond the scope of universal services ability to meet their needs. It is not always that the child will require a nurse to care for them but will always require the oversight of a nurse when the care is provided by a HCSW (Healthcare Support Worker).  This is inclusive of children from birth to 18 years of age (up to 25 years of age where appropriate in line with the Children and Families Act 2014) whose conditions are progressive and where treatment is palliative and often required over many years (e.g. neuromuscular disease)  Children with conditions that are irreversible but non-progressive conditions which cause severe disability and sometimes premature death e.g. severe cerebral palsy, children who are technology dependent (that is, dependent on a technological device to sustain life or optimize health e.g. child requiring ventilator support)  Children with multiple pathologies such as epilepsy, cerebral palsy and chronic heart and lung conditions.  **Complex Packages of Care Provider Framework**  All delivery of nursing healthcare as part of a complex package of care for children and young people will be procured from a provider framework.  This provider framework will be limited to a number of providers that have evidenced and met the stringent qualification criteria that is detailed within this Tender. Once providers have passed the evaluation to be allocated a place on the framework (which is heavily weighted towards Quality/experience 85% and Price/cost 15%) then all providers will be invited to bid for individual packages of care. Within this quality criterion Providers need to have met a minimum of 60% in order to be allocated a place on the framework.  All providers as part of the Complex Packages of Care Provider Framework shall:   * Meet and maintain national quality standards and any other national quality requirements that may from time to time be specified   *Department for Health (2016) National Framework for Children and Young People’s Continuing Care* – details the process that organisations should go through in assessing needs and putting in place bespoke packages of continuing care for those children and young people who require it because their needs cannot be met by existing universal or specialist services. The Framework was first published in 2010 and has since been revised to take account of the new structures of  NHS commissioning created by the Health and Social Care Act 2012 and the new  integrated approach to the commissioning of services for children and young people with  SEND which the Children and Families Act 2014 introduced.  The Framework sets out a children and young people’s continuing care process:   * Adhere to a set of core values, key principles and timetables * Make the child or young person and their family the focus of the continuing care process and facilitate the provision of personalized packages of care * Be developed and owned locally by a multi-agency team * Cross organisational and inter-agency boundaries, thus reducing the possibility of fragmented care * Include measurement of outcomes and promote continuous quality improvement   The use of the National Framework ensures that:   * Children, young people and their families are actively engaged in the continuing care process * The continuing care process is coordinated and consistent between organisations * Health and social care practitioners, including those working in the independent and third sectors, and the public understand the continuing care process   The Continuing Care Process is a four-phase process, namely assessment, decision-making, arrangement of provision and ongoing review. Provider services that are part of this provider framework will be approached to provide direct nursing care to children and young people and their families.  Direct nursing/healthcare for individual children with multiple/complex needs will be provided by organisations that are part of this overarching provider framework. This will be in addition to any mainstream community service provision, be that in the home, school, nursery or any other community setting.  The nursing/healthcare is expected to be provided by a team of qualified and unqualified staff that have specific skills and training in the delivery of nursing care to children with multiple/complex health care needs, and who can support parents and families in the community setting in the delivery of their child’s needs.  **Evidence base:**   * The Children Act (1989); (2004) * Working Together to Safeguard Children (2015) * Every Disabled Child Matters (2006) * National Service Framework for Children and Maternity Services (2004) Standard 8 – Disabled Children and Young People and those with Complex Health Needs * DH – Healthy Lives/Brighter Futures (2009) * Nursing and Midwifery Council (NMC) – Standards and Codes of Practice * National Framework For Children and Young People – Continuing Care (2016) * The Marmot Review (2010) Fair Society Healthy Lives * Valuing People (2011) * Department of Health (2012) Personal Health Budgets Guide: Implementing effective care planning. Best Practice Guidance (Gateway reference 17753) * Healthy Lancashire JSNA (2013) * Children and Families Act (2014)DH, DfE (March 2015) [Statutory Guidance on Promoting the Health and Well-being of Looked After Children](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf) (2015 ) * Prevent Strategy (2011) HM Government * The Children and Young Peoples Health Outcomes Strategy (DH 2012) * Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London * Ministry of Justice (2008) Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005, London TSO * The Human Rights Act (1998) * The Care Act (2014) |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **X** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **X** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **X** | | **Domain 4** | **Ensuring people have a positive experience of care** | **X** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **X** |   **2.2 Local defined outcomes**   * High quality bids are submitted within the specified timescales * Reduction in the number of complex packages of care breaking down * Effective patient/parent/carer experience; reduction in the disruption to normal family life   Reporting requirements for all providers accepted onto the Complex Packages of Care Framework are set out in Appendix 3.  Providers must supply the CCG with such information as it may reasonably request for the purposes of monitoring the providers’ performance of its obligations under this specification. |
| **3. Scope** |
| **3.1 Aims**  The aims of this complex packages of care provider framework are:   * to improve the quality of life for children and young people with complex needs and their families/carers * to facilitate the delivery of direct nursing care as part of children and young people’s complex packages of care within specified timescales * to enable commissioners to identify and procure high quality, safe, cost effective nursing care services as part of complex packages of care * to streamline the procurement process for all complex packages of care * to enable smooth and timely discharge from hospital to the home setting to ensure continuity of care and effective case management for children receiving complex packages of care   **Objectives**   * To provide a quality service for children, young people and families/carers * To work with the appropriate medical teams to provide flexible and sensitive support for the child and family in accordance with their wishes during end of life planning. * To provide cost-effective care with minimum disruption to family life. * To provide a consistent pathway and approach to the procurement of all complex packages of care * To share information with all providers as part of the framework in order for them to be able to develop business case proposals for packages of care * To provide a clear, transparent process for the procurement of packages of care * To provide communications to all providers and families on the award of packages of care in an effective, timely manner * To ensure that there is effective oversight and co-ordination of services for each package of care * To provide personalised packages of care that meet the specific needs of the child   **3.2 Service description/care pathway**  The service offered through the framework will provide focused packages of care for children and young people within the home setting in accordance with the needs of the child. Support will be provided in order to assist the child and family within their home and community, enabling access to education and to prevent social isolation, reducing further time spent in hospital and maximising quality of life experiences and opportunities of the child and their family, ensuring a timely discharge from hospital to home.  The principles of care, irrespective of the child’s physical environment, are to enhance the quality of life and the level of independence. The continued involvement of the family is crucial as there are many agencies involved and all children will need a secure foundation to identify with and from which they can develop maximum potential.  The provider will be responsible for ensuring all clinical support workers maintain specific skills and necessary levels of training in the delivery of nursing care to children with multiple/complex health care needs, The provider will be responsible for training and support care staff in meeting the needs of the child within the responsibility of the service.  Provision of all medical equipment, and the co-ordinating of servicing and maintenance of this medical equipment and consumables is the responsibility of the assessment team.  The provider must demonstrate that if as part of their service provision they are sub-contracting another service, that they have robust contractual arrangements in place with the contracted provider to ensure that the standards laid out within this specification are met.  **3.3 Awarding packages of care to providers**  For all providers that have been selected as part of the Complex Packages of Care provider framework, the following process will be adhered to regarding the award of packages of care.  Completed assessments and recommendations for all eligible children and young people for a complex package of care will be completed by the assessment service and will be submitted to the children’s team within the Commissioning Support Unit (CSU) via the email address ([complexchildrens.lcsu@nhs.net](mailto:complexchildrens.lcsu@nhs.net)).  The CSU will then contact all of the Providers by email that are part of the Complex Packages of Care provider framework with the details of the package of care required, the complexity of nursing care required (acuity of condition/hours of delivery required).  Providers within the provider framework will then be requested to submit a bid for this specific individual work package of care. Providers will be requested to use a template within the bidding process which is set out in Annex 1, as part of **Appendix 1.** These submissions will be time-limited and **it is expected that all providers that are part of the provider framework will bid for each new package of care**. It is the expectation that completed bids from each provider will be returned to the **CSU within 5 working days, or such other timeframe as may be advised**.  Each of the bids from the providers within the provider framework will then be assessed and reviewed with a decision made as to awarding the contract to the successful provider, subject to panel approval. Details will be sent to all providers that bid for a particular package of care with clear breakdown of the scoring criteria for each individual contract, within 5 working days from notification of the decision.  The decision making process will follow a standard procedure which is detailed in **Appendix 2**. It is expected that all providers will evidence how they meet each of the criteria standards within their individual submissions. The weighting of the scoring to each of these criteria will have some flexibility dependent on the individual package of care and the degree of specialist care and acuity involved. Any variation will be confirmed at the time of bidding for the package of care. The main criterions will be around:   * Previous experience with providing care for specific condition * Relevant skills and experience * Quality standards * Price   As previously mentioned the weighting for each individual package of care will be determined by the specific details of the care package. Once providers have passed the evaluation to be allocated a place on the framework (which is heavily weighted towards Quality/experience 85% and Price/cost 15%) subsequent bids for individual packages of care will be evaluated against the following criteria:   * Quality (30%) * Price/cost (50%) * Mobilisation (20%) .   Within the evidence and the bid submitted from each of the providers that are included within the provider framework a timeline will be requested on when the package of care will be mobilised with specific start dates. This is to ensure the impact of a hospital stay is minimised for the child and their family.  In order for providers to be selected to be part of the Complex Packages of Care provider framework they will have to evidence and identify how they meet the essential criteria that are detailed within Section 4.1, Section 4.2 and Section 4.3 of this specification.  This will be an open framework for a four year period and will be re-opened on an annual basis to new providers.  As exception, due to urgent needs or extenuating circumstances commissioners may directly award a complex package of care contract to one of the providers within the framework outside of this process or outside the framework, if required, due to capacity and mobilisation timescales in relation to need.  This provider framework is for a 2 year duration – with an option to extend for a further two years at this time. The framework is also an open framework which will be re-opened periodically (possibly on an annual basis).  **3.4 Population covered**  The Complex Packages of Care provider framework will initially cater for all eligible children and young people aged 0-19 (25 for young people with SEND) who are resident and registered with a GP in the NHS East Lancashire geographical footprint (inclusive of Burnley, Pendle, Hyndburn, Rossendale and Ribble Valley localities), Chorley, South Ribble and Greater Preston and NHS Blackburn with Darwen footprint. Other Clinical Commissioning Groups are al named in the procurement and may decide to utilize the framework at a later date.    **3.5 Any acceptance and exclusion criteria and thresholds**  The Complex Packages of Care provider framework is for those packages of care that are not part of a Personal Health Budget (PHB) and are for services that are commissioned by NHS East Lancashire CCG and NHS Blackburn with Darwen CCG.  Discharge/withdrawal of package of care will occur when:   * The child reaches 18 years of age (transition of care to adult services would be negotiated prior to this and will be determined by the EHC Plan and the needs of the patient/family – potential for service to be provided to 25 years of age – transition process requires flexibility) The service will support the transition of children with complex health needs into the adult system * The family leaves the area * The assessed need is no longer for a complex package of care * The child passes away   Packages of Care will be funded for a specified period of time, subject to regular review, until such time as the package of care is no longer required. Should it be necessary to change the Provider a notice period of 28 days will be arranged.  All patients that are receiving a complex package of care will be **routinely re-assessed** by the assessment service after the **first 3 months of delivery**; they will **then receive annual re-assessments**.  Any patient/family can trigger a re-assessment at any time if their needs have changed which will be facilitated by the link-worker.  Following re-assessment if the needs have significantly changed and a new package of care is required (as detailed by the assessor), negotiation will take place with the existing provider regarding continued delivery of care. Should the existing provider be unable to support the new requirements, this will then trigger the procurement cycle and the package of care will be presented to the provider framework facilitated by the CSU.  In such circumstances where there is change in provider, every effort should be made by the existing provider to work with the family until their needs can be met to aid a smooth transition.  If there are no changes to the patient/family circumstances and the package of care requirements it is the expectation that the incumbent provider will continue with the delivery of the package of care.  Where a child leaves the service, the needs of the child change, or the child passes away, the funding is provided for a further 28 days. Any equipment remains under the ownership of the commissioner and must be returned within this period.  **3.6 Decommissioning**  Should the provider wish to service notice on the provision of an individual package, and/or serve notice on delivery against the framework in its entirety, the commissioner must be advised and a minimum of 28 days notice must be provided.  The Commissioners will provider 28 days notice to the provider should a package be withdrawn due to family/staff incompatibility. Every effort will be made to support the existing package and minimise package breakdown.  As with any change in provider every effort should be made by the existing provider to work with the family until their needs can be met to aid a smooth transition to a new provider.  **3.7 Interdependence with other services/providers**   * NHS East Lancashire CCG * NHS England Specialist Commissioning * NHS England Local Area Team (LAT) * Children’s Complex Care Team * Lancashire County Council (LCC) – Education and Social Care * Blackburn with Darwen Local Authority * GPs/Primary Care * 0-19 Public Health Nursing Service * Children’s Integrated Services * East Lancashire Hospital Trust (ELHT) * Lancashire Care Foundation Trust (LCFT) * Staffordshire and Lancashire Commissioning Support Unit (CSU) * Regional Tertiary Centres (Royal Manchester Childrens Hospital and Alder Hey Childrens Hospital) * Other regional Hospital Trusts * Private providers * Community and Voluntary Sector * North West Palliative Care Forum * Long Term Ventilation Networks (regionally and nationally) |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  All Providers as part of the Complex Packages of Care provider framework must evidence how they meet the following applicable standards:   |  |  |  | | --- | --- | --- | | **Publisher** | **Document title** | **Link** | | RCN | Caring for children and  young people  Guidance for nurses working in the independent sector | [**https://www2.rcn.org.uk/\_\_data/assets/pdf\_file/0005/571289/004580.pdf**](https://www2.rcn.org.uk/__data/assets/pdf_file/0005/571289/004580.pdf) | | Skills for Care and Skills for Health | Skills for Care and Skills for Health  **‘The care certificate’** | <http://www.skillsforhealth.org.uk/images/projects/care_certificate/Care%20Certificate%20Standards.pdf> | | Health Education England | Skills for Care and Skills for Health  **‘The care certificate- standards ’** | <http://www.hee.nhs.uk/sites/default/files/documents/HEE%20Skills%20for%20Health%20Care%20Certificate%20Standards.pdf> | | NMC | The Code  Professional standards of practice and behaviour for nurses and midwives | <http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf> | | NMC | Standards for competence for registered nurses | <http://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf> | | NMC | Standards for  medicines management | <http://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf> | | RCN | Accountability and delegation  A guide for the nursing team | <https://www2.rcn.org.uk/__data/assets/pdf_file/0006/627216/004852_HP-A-and-D_pocketguide_June2015.pdf> |   **4.3 Applicable local standards**  All Providers as part of the Complex Packages of Care provider framework must evidence how they meet the following local standards:  Clinical Governance  Record Keeping  Infection control and prevention  Medicines Management  Safeguarding   * All services commissioned will need to demonstrate compliance with BwD and East Lancashire CCG Safeguarding policy (which includes children and adults) and expected standards for service delivery. This includes: safeguarding accountability; leadership; safeguarding policies; appropriately trained staff; safe recruitment processes; information sharing protocols and staff supervision and support.      * NB: Although this is a children’s service, children with complex needs can be in the service up to the age of 25 and parents or carers can also potentially be vulnerable adults therefore it would be expected that providers are compliant with safeguarding adult training and familiar with the LSAB (Adult Board) policies and procedures * The service will ensure all staff and volunteers are appropriately qualified and supported in their work and have accessed safeguarding training to the expected level as outlined within the intercollegiate document , Royal College Paediatrics and Child Health et al (2014) [Safeguarding Children and Young people: Roles and Competencies for Health Care Staff.](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf) * The service should ensure that staff are aware of how to maintain appropriate professional relationships with families and the avoidance of collusion * Services will be delivered in line with local safeguarding policies and guidelines for both Children and Adult Board policies - to include training for all staff in local policies and procedures. Training will emphasise the additional vulnerabilities faced by this population of children and young people * Children, young people and their families will be treated with dignity and respect and as active participants throughout the assessment process. * Services will fully respect and respond to diversity and cultural differences and adhering with the Equality Act providers ensure that reasonable adjustments are made as appropriate * The service will have in place arrangements for managing pressures associated with vacancies and staff absence to ensure that service safety, quality and consistency are not compromised, including early communication with commissioners in the event of potential difficulties that may arise in order that the situation can be effectively managed. * The service will have effective risk management systems in place and report SUIs to commissioning bodies * The service will undertake audit in agreement with and sharing results with commissioners. * The provider will actively engage in the use of children and young people as experts by experience to hear the voice of the child and have effective communication pathways in place to promote inclusion * Work in partnership with other key stakeholders to help promote the welfare and safety of children and young people * The provider must be able to demonstrate that they have a robust consent policy which takes into account the assessment of mental capacity , how Best Interest decisions are made and how this is recorded / * The provider must be able to demonstrate that they have lone worker policies in place   The provider will be required to comply with the new ‘Data Protection Bill’: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/635900/2017-08-07_DP_Bill_-_Statement_of_Intent.pdf>  The provider must be able to demonstrate their escalation process i.e. clearly articulate when they will escalate concerns to the commissioner |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4 Parts [A-D])**   2. **Applicable CQUIN goals (See Schedule 4 Part [E])** |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** |
| **7. Individual Service User Placement** |
| See Appendix 1 for process. |

**Appendix 1**

*Template form to complete by Providers when submitting bid for complex package of care delivery*

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| **Memorandum of Information (MOI)**  **Mini Competition:**  For the Provision of a Critical Package of Care using the CPOC Provider Framework Ref: XXXX  **Project Ref: FC\_XXX**  **Date: xxxx 2018** |

**Covering Letter**

**To:** All named Potential Bidder Organisations – Framework Agreement Ref: XXX

DATE 2018

**Invitation to Participate – Mini Tender Competition Exercise**

**Provision of a Critical Package of Care using the CPOC Provider Framework Ref: XXXX**

We are pleased to inform you that NHS xxxx CCG (‘’the Commissioner’’), wishes to invite your organisation to participate in a mini Tender Competition Exercise FC\_XXX for the provision of the above.

Following receipt of your proposal which must be submitted via the email address indicated below, the Project evaluation panel shall evaluate the proposals in accordance with the evaluation criteria outlined in this document which is scored.

The final selection and contract award shall be made to the supplier who attains the greater score in relation to price and quality.

Each Potential Bidder shall be responsible for its own costs incurred throughout each stage of the procurement process. Neither the Commissioning Authority, NHS England, the NHS nor the Department of Health shall be responsible for any costs incurred by the Potential Bidder or any other person through this process.

Please note that the contract to be entered into by the Commissioner and the selected Provider for the stated Services, shall be in accordance with the NHS Standard contract (3 parts), copies of which are attached at Annex 5a, 5b, and 5c.

A Statement of Requirements (Annex 1) is also attached for your information.

Please note that the deadline for receipt of your proposal via the email address: [complexchildrens.lcsu@nhs.net](mailto:complexchildrens.lcsu@nhs.net) is by no later than **17:00 hours on XX XXXX 2016**. Any submissions received after this date shall not be considered.

Yours faithfully



**Stephen Newton**

**Senior Procurement Manager - Lancashire**

**NHS Midlands and Lancashire Commissioning Support Unit**

**SECTION 1 - OFFER DOCUMENTATION AND QUALITY SUBMISSION**

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| 1.1 | Offers must be submitted for all services. |
| 1.2 | The services offered should be strictly in accordance with the Statement of Requirements. |
| 1.3 | In submitting an offer the Bidder must complete the questions below in total or state “Not applicable” if that is the case. |
| 1.4 | Offers submitted utilising the stated email address by the Provider shall be regarded by both parties as a bona fide offer and therefore signatures to documents normally required will be deemed to have been given. |
| 1.5 | The documents must be completed in full as any offer may be rejected which:   * Contains gaps, omissions or obvious errors; or * Is received after the closing time. |
| 1.6 | For help in completing your response or if you require any clarifications, please use the email system in every instance for this tender. |
| 1.7 | Offers must be submitted via the email address. All documents where requested must be attached and all templates must be completed and also attached. All written communications must be carried out via the email address. Failure to do this will result in your offer being rejected. |
| 1.8 | The commissioner may at its own absolute discretion extend the closing date and time specified for the receipt of Offers. |
| 1.9 | The commissioner does not bind itself to accept the lowest or any offer. |

**SECTION 2 - CONTRACT AWARD CRITERIA**

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| 2.1 | The contract shall be awarded on the basis of the best price quality ratio offer, based on the criteria, as stated in Section 3 of this document. |

**SECTION 3 - EVALUATION METHODOLOGY**

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| 3.1 | Proposals shall be assessed on the basis of the overall criteria shown below:   |  |  | | --- | --- | | Criteria | Weighting | | Quality | 30% | | Price | 50% | | Mobilisation | 20% | |
| 3.2 | Quality response questions shall be weighted with the relative weighting and sub-criteria shown below. |
|  | |  |  |  | | --- | --- | --- | | Section | Sub Criteria | Weight | | A | Potential Bidder Details | INFO ONLY | | B | Service Delivery | 30% | | C | Mobilisation | 20% | |
| 3.3 | All questions in each section have equal weight. The following scoring criteria will be used for each section: |
|  | |  |  |  | | --- | --- | --- | | Mark | Definition | | | 0 | Unacceptable | The response has been omitted or completely fails to meet the stated requirements | | 1 | Very Poor | The response significantly fails to demonstrate a level of capability and capacity to deliver the required Services that is adequate to meet the stated requirements | | 2 | Poor | The response is lacking in detail and evidence and gives rise to some (but not significant) concerns that the Bidder’s capability and capacity to deliver the required services is adequate to meet the stated requirements. | | 3 | Acceptable | The response demonstrates a level of capability and capacity and provides detail and evidence to deliver the required Services that is adequate to meet the stated requirements in most aspects | | 4 | Good | The response demonstrates a level of capability and capacity and provides detail and evidence to deliver the required Services that fully meets the stated requirements in all material respects | | 5 | Excellent | The response demonstrates a level of capability and capacity and provides detail and evidence to deliver the required Services that fully meets the stated requirements in all material respects and exceeds some or all requirements | |
| 3.4 | Within each scored quality section the scores awarded to each response shall be added together, converted to a percentage of the total marks available and the weighting for each section applied. Each weighted section score shall then be added together to give a total quality score. |
| 3.5 | Clarifications may be sought in writing, interview, and/or presentation from the Bidders, evaluation scores shall then be adjusted accordingly. |
| 3.6 | Price shall be scored with the lowest overall price, of those bids that have met the quality pass mark, awarded the highest mark (i.e. 100%). Scores for the prices submitted by other bidders shall be awarded a score as an inverse percentage and will receive a mark below 100%. The price weighting will then be applied to the price score. The commissioner reserves the right to reject any bids that are unrealistically high or low. |
| 3.7 | The Final Quality score and Price score shall be added together to calculate an overall Total Score for each bidder. |
| 3.8 | Subject to a final risk assessment, the bidder with the highest Total Score shall be recommended for contract award. |

**SECTION 4 - FINANCIAL ASSESSMENT (50% OF OVERALL SCORE)**

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| 4.1 | The Financial section shall be evaluated on the basis of: |
|  | |  |  |  | | --- | --- | --- | | Criteria | Description | Weighting | | Price | Net total cost of service  Please complete annex 6. | 100% | |
| 4.2 | Offers that in the opinion of the Commissioner are unrealistically high or low (in terms of price) may be rejected. |
| 4.3 | Please note that offers shall only be accepted in pounds sterling. |

**SECTION 5 - PROPOSED PROCUREMENT TIMETABLE**

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| 5.1 | The proposed procurement timetable is outlined below: |
|  | |  |  | | --- | --- | | Event | Date | | Publish Mini Competition documentation | xxxxx | | Deadline for clarifications | xxxxx | | Deadline for submissions | xxxxx | | Evaluations | xxxxx | | Bidder Notification | xxxxx | |
| 5.2 | It should be noted that the anticipated timelines shown above, may be subject to change. |

**SECTION 6 - CLARIFICATION PROCESS**

|  |  |
| --- | --- |
| 6.1 | A clarification question and answer process shall operate during the mini competition to give Bidders an opportunity to submit written questions to the Commissioners where they require clarification on the information contained in submission documents. |
| 6.2 | Bidders should submit clarification questions via the email address only, with the Further Competition ref and Clarification Question as the subject line. Clarification questions received by any other method will not receive a response. |
| 6.3 | Clarification requests are to be submitted no later than the stated date in the timetable as outlined at Section 5. Questions received after this date may not be answered. The commissioners will seek to answer clarification questions as soon as possible. Bidders are urged to review all documents immediately upon receipt and identify and submit any clarification questions as soon as possible. |
| 6.5 | In order to treat Bidders fairly, the Commissioning Authority shall provide an anonymous copy of any clarification questions and the answers to those questions, to all Bidders via the email address. Bidders are able to request clarification in confidence, but in responding to such requests the Commissioning Authority reserves the right to act in what it considers a fair manner and in the best interests of the Procurement, which may include circulating the response to all Bidders. |
| 6.6 | Under no circumstances should Bidders approach the Clinical Commissioning Groups, NHS England, the DH, other NHS organisations, their staff or advisers seeking further information in relation to the procurement. Any such approaches (direct or indirect) may result in the Bidder’s exclusion from further consideration in the Procurement. |

**Annex 1**

**Further Competition Questionnaire**

**Critical Packages of Care**

Please complete this document in full.

**Section A**

**SUPPLIER INFORMATION**

|  |  |
| --- | --- |
| NAME OF ORGANISATION |  |
| ADDRESS OF ORGANISATION |  |
| TELEPHONE |  |
| EMAIL ADDRESS OF INTENDED PROJECT LEAD |  |

**SPECIFICATION COMPLIANCE**

|  |  |
| --- | --- |
| Is your offer fully compliant with the  Statement of Requirement? |  |
| If not, please provide details |  |

**PART 1 - QUALITY**

**Section B - Solution**

|  |  |
| --- | --- |
| 1. Please provide an overview of how your organisation will deliver the specified service requirements including how the aims and objectives of the service will be met and providing detailed technical information about  your approach |  |
| 2. Please list the key personnel who will be involved in the delivery of the service and what their role will be involved. |  |
| 3. How will you involve key stakeholders (carers, service users and the CSU) in the design of this requirement? |  |

**Section C – Mobilisation**

|  |  |
| --- | --- |
| 1. Please provide a full mobilisation plan for the delivery of the service. The plan should include a detailed project plan that demonstrates the delivery times for each tasks and key milestones and describe contingencies for delays. |  |
| 2. Please describe the escalation process for non-delivery. |  |

**Part 2 – Price**

Please provide the prices and full costs based on the Statement of Requirements for this placement as detailed in Annex 6.

**Appendix 2**

*Decision making process for the award of complex packages of care via the provider framework*

Child or young person identified as having complex needs

Assessment of child or young person completed and submitted submitted to MLCSU Complex Case Coordinator along with statement of requirements.

Assessing service will provide timely, competent advice, guidance and support to the provider of individual packages of support, the family and commissioners.

MLCSU Case Coordinator to send statement of requirements to the providers on the framework for consideration.

Providers will be given a week to submit a bid for the package.

Panel to review bids and make recommendation to Complex Needs approval process.

MLCSU Complex Case Coordinator to arrange agreed package and contract signed.

Annual review of package undertaken by MLCSU, including re-assessment of needs by Complex Needs Core Team

**Appendix 3 – Reporting Requirements**

|  | **Quality Requirement** | **Threshold** | **Method of Measurement** |
| --- | --- | --- | --- |
| 1 | Number (%) of bids submitted in timescales | 100% | Quarterly |
| 2 | Number of packages provided |  | Quarterly |
| 3 | Number of new packages mobilised within timescales and reasons where not mobilised in timescales |  | Quarterly |
| 4 | Number of packages which have broken down |  | Quarterly |
| 5 | Service user questionnaire using Friends and Family Test feedback summary |  | Quarterly summary report and progress against actions |
| 6 | Number of missed shifts |  | Quarterly |
| 7 | Contingency put in place for missed shifts |  | Quarterly |
| 8 | Details of staff training provided including topic and attendance levels |  | Quarterly |
| 9 | Number of self-reports to CQC and Local Authority Safeguarding Team and brief detail | N.A. | Quarterly |
| 10 | Number of Complaints and SUIs with report detailing background, actions & resolutions | N.A. | Quarterly |