**Capability and Capacity Assessment Form (CAF) – Key Workers Service in Bedfordshire, Luton, and Milton Keynes (BLMK)**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria:

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| **No.** | **Question** | **Yes** | **No** |
| 1. | Your organisation is able to provide a dedicated keyworkers service to work across BLMK with the aim of reducing the mental health inpatient admission rates of children and young people (CYP) with learning disability (LD) and/or an autism spectrum condition (ASC). |   |   |
| 2. | Your organisation is able to demonstrate a proven track record of providing Keyworker services across the following principles:  |
| * Improving the experience of Children and Young People
* Improving the experience of Parent/carers and families
* Improving Access to the right personalised support
* Improving Quality of Care
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| 3. | Your organisation confirms ability to meet anticipated service requirements of the Keyworkers Service in BLMK on demand for each of the following outcomes: |
| 3a.* Flexible, cross-system personalised child centred support
* Face to face interventions
* Continuity of care and support with assessment care integrated across education, health social care and voluntary community services
* Implementation of Care, Education and Treatment Review (CETR) recommendations and outcomes agreed with CYP and family
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| 3b. Demonstrate experience of delivering the Keyworker function in an ICB footprint. |  |  |
| 3c. Have in place a dedicated workplace base within BLMK to accommodate key workers and key worker managers |  |  |
| 3d. Have in place the ability to manage and deliver personal health budgets. |  |  |
| 3e. Able to deliver Keyworker service across BLMK and able to provide face to face interventions in BLMK. |  |  |
| 3f. Demonstrate a good understanding and established relationships with BLMK education, care and health system. |  |  |
| 3g. Demonstrate that your organisation’s workforce has an Autism accreditation and/or partnership arrangement to demonstrate sufficient training to support a young person who has a LD and/or ASC. |  |  |
| 4. | Your organisation has the ability to scale operations during periods of high demand. |  |  |
| 5. | Your organisation can evidence on request engagement with customers to ensure the service is meeting expectations and improvements as needed.  |  |  |
| 6. | Please confirm that you organisation will be able to provide the required services within the indicative annual contract of £800,000 per annum (excluding VAT). |  |  |
| 7. | Please confirm your organisation is able to fully mobilise and commence service by 1st October 2023. |  |  |
| 8. | Your organisation can demonstrate and can provide the required workforce Whole Time Equivalent (WTE) to meet the requirements the service, and in line with TUPE requirements.• Operational lead -1WTE (Band 8A)• Senior Keyworker – 1x WTE (Band 7)• Keyworker – 4 x WTE (Band 6)• Keyworker Support -1WTE (Band 5)• Project Support Officer – 2x WTE (Band 4) |  |  |

By submitting a fully complete and compliant CAF template, your organisation confirms that it currently meets and will continue to meet the requirements of the service specification and terms and conditions of the contract and applicable legislative and regulatory requirements (including updates).

By submitting a fully complete and compliant CAF template, your organisation also confirms its understanding that there is no minimum or guaranteed activity or contract value attached to any call-off contract arrangement.

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to agem.procurementblmk@nhs.net by no later than 4pm on 14th July 2023.