



## Approval to Award Report

<b>Contract Name:</b> SS16 11/12 Emotional Wellbeing and Mental Health Services (Lots 1 & 2 CYPMHS East, North and West Kent CCGs)	<b>Date:</b> 20/04/2017
<b>To:</b> CCG Governing Bodies (Part 1) HOSC	<b>From:</b> KCC Procurement acting on behalf of the Kent CCGs

### Contract Award

The decision to award the contract for the provision of Targeted and Specialist mental health services for Children and Young People in Kent was approved by each of the respective individual CCG Governing Bodies for approval during April 2017. This report sets out the process undertaken to procure the service and the rationale for awarding the contract to the appointed provider.

### 1 Executive Summary

Kent County Council Care Procurement team, in collaboration with Kent's Clinical Commissioning Groups was commissioned to manage the procurement for Children and Young People's Mental Health Service. The contract with the incumbent Provider is due to expire in August 2017, following an agreed extension. It is imperative that the new service commenced in September 2017 to align with transformation of mental health services for children and young people in line with 'Future in Mind'.

This report provides information relating to the decision to award a 5 year contract (with a further 2 years option to extend) for this service.

Driving the selection of a new Provider was their ability to transform the service and include within their solution a Single Point of Access that improved access for CYP and their families. The new model is required to deliver a "No Wrong Door" approach with the SPA responsible for signposting Children and Young People and Families to other services within the system.

To support the implementation with the whole system model, the Procurement also included two further Lots for KCC services;

- Lot 3 - Primary School Public Health Service
- Lot 4 - Adolescent Health and Targeted Emotional Wellbeing.

One of the core reasons for the procurement of 4 lots under one collaborative process was the strong desire from KCC and CCG's to ensure the new provider's had a commitment to early intervention and preventative services. Based on the complexity of the requirement, it was also agreed that the procurement route for the project would be a Competitive Dialogue process.

The procurement launched in June 2016 with a Market Engagement event where key stakeholders outlined our intentions around the new service, the project timeline and objectives for the system change, as well the procurement structure and process.

Interested parties were then invited to submit a Pre-Qualification Questionnaire (PQQ), followed by an Invitation to Submit Outline Solution (ISOS), participate in competitive dialogue sessions (CD) and finally submit an Invitation to Submit Final Tender (ISFT). At each stage of the process, evaluation criteria was set and providers could be down selected, removing them from further participation at each stage, if the threshold set was not met.

There were no restrictions within the process for how many Lots the providers could bid for.

The process started with seven providers and the final ISFT stage resulted in three providers participating. Prior to ISFT publication, the CCG's agreed that the most effective contract to deliver the new service, would be to combine Lots 1&2 together. This decision was made following dialogue with the providers reducing the potential for some key services being duplicated. .

### **Patient representative participation**

During 2016, the opportunity for young people, parents and carers to get involved in the procurement process was publicised among community, peer support, statutory and voluntary sector networks. This work resulted in the development of a set of service standards that form part of the contract awarded to the appointed provider. and the involvement of four representatives in the procurement process. With tailored support where necessary, the group contributed considered, probing and much valued feedback throughout the process, dedicating time to read the submissions, view the Competitive Dialogue videos and in o the process has been invaluable/ to participate in the three site visits over a week in February requiring extensive travel and an over-night stay. The commitment and involvement of service user representatives in the process has been invaluable. The involvement of service user representatives culminated in one nominated patient representative participating in the final presentation and interview stage; the group will continue to be involved in the mobilisation process.

### **Conclusion**

The conclusion of the procurement process resulted in the recommendation to CCG Governing Bodies that the contract for the provision of services be awarded to North East London Foundation Trust (NELFT)

NELFT successfully passed both the Selection stage and reached the minimum score (60%) required for the ISOS and ISFT (award) stage. This Provider achieved the highest quality score (85%) and the highest price per quality score.

This recommendation was considered and approved by each of the seven CCG Governing Bodies during March and April.

## 2 Procurement Summary

The overall Procurement consisted of four Lots, conducted using a Competitive Dialogue (CD) procedure, concerning itself with the provision of a county wide Children and Young People Emotional Wellbeing and Mental Health Service.

Originally the procurement was for 4 Lots:

- Lot 1 – CYPMHS North & West Kent CCGs
- Lot 2 – CYPMHS East Kent CCGs
- Lot 3 – Primary School Public Health Service KCC
- Lot 4 – Adolescent Health and Targeted Emotional Wellbeing Service KCC

A **Prior Information Notice (PIN)** was published on **29<sup>th</sup> May 2016** alerting the market that a procurement process and market engagement process was to be undertaken.

A **Market Engagement** event was held in the Masonic Hall, Tovil on **10<sup>th</sup> June 2016** advising potential providers on the proposed process, timeframes and key drivers behind the whole project.

The **OJEU advert** Ref 2016/S 110-196491 was placed on **8<sup>th</sup> June 2016**.

### 2.1 Procurement Timetable

Publication of Advert and Pre-Qualification Questionnaire (PQQ) Documentation on the Kent Business Portal	24 <sup>th</sup> June 2016 (Tender period 30 days)
Deadline to submit requests for clarification via the Kent Business Portal Discussion facility	12:00 (noon) one week before the deadline for responses, 15 <sup>th</sup> July 2016
Deadline for PQQ Responses	12:00 (noon) 22 <sup>nd</sup> July 2016
PQQ Evaluation Period (including notifying Providers of outcomes)	23 <sup>rd</sup> July 2016 – 8 <sup>th</sup> August 2016
Publication of Invitation to Submit Outline Solution (ISOS)	3 <sup>rd</sup> August 2016
Deadline for ISOS Responses	31 <sup>st</sup> August 2016
ISOS Evaluation Period (including notifying Providers of outcomes)	1 <sup>st</sup> September 2016 – 16 September 2016
Competitive Dialogue	28 <sup>th</sup> September 2016 – 17 November 2016
Publication of Invitation to Submit Final Solution (ISFT)	17 <sup>th</sup> January 2017
Deadline ISFT Responses	26 <sup>th</sup> January 2017
Evaluation for Award (including post tender clarifications and moderation)	27 <sup>th</sup> January 2017 – 1 <sup>st</sup> March 2017
Project Board Contract Award Recommendation Report	15 <sup>th</sup> March 2017
CCG Governing Body approval West Kent CCG DGS CCG Swale CCG Canterbury Thanet CCG South Kent Coast Ashford	28th March 2017 28th March 2017 31st March 2017 6th April 2017 11th April 2017 12th April 2017 13th April 2017
<b>FINAL DATE FOR CCG APPROVAL</b>	<b>13<sup>th</sup> April 2017</b>
<b>STAND STILL PERIOD AND END DATE</b>	<b>27<sup>th</sup> April 2017</b>
Schedule of Agreements Meeting	28 <sup>th</sup> April 2017
Publication of Decision to Award	28 <sup>th</sup> April 2017
Contract Award	<b>8<sup>th</sup> May 2017</b>

Mobilisation Period	8 <sup>th</sup> May to 31 <sup>st</sup> August 2017
Contract Commencement Date	1st September 2017

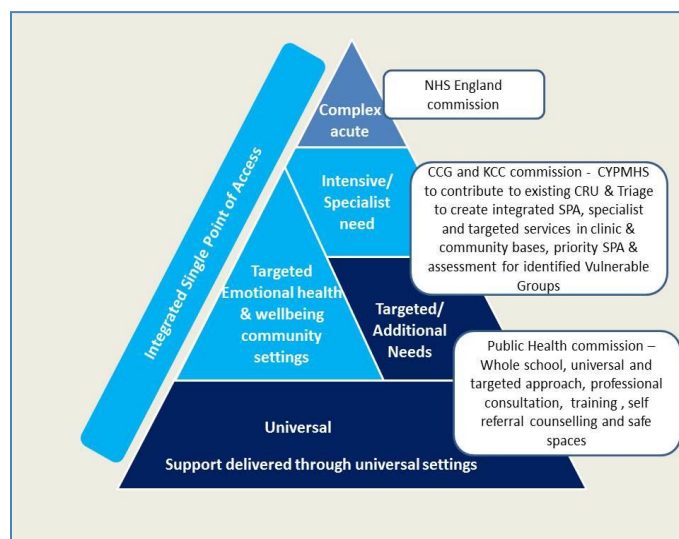
### 3 Background

Kent County Council and the Kent Clinical Commissioning Groups (the Contracting Parties) have been working together since early 2014 to improve the quality and scope of universal provision to deliver a new whole system of support that extends beyond the traditional reach of commissioned services.

As partners in Kent, the Contracting Parties want to support children, young people (CYP) and their families as they make their journey through life, and work together in helping them respond to and overcome specific challenges that they may face. Enjoying positive emotional wellbeing and mental health opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to adult independence.

The new service model and commissioning approach aims to redress the current gaps and blockages in the pathway that children, young people and their families tell us they experience when accessing mental health services in Kent.

The new model, which has been developed alongside the principles and approaches articulated within Future in Mind, outlines a whole system approach to emotional wellbeing and mental health in which there is a Single Point of Access, clear seamless pathways to support ranging from universal 'Early Help' through to highly specialist care with better transition between services.



This model represents a significant shift in the way that support and services are to be provided to children and young people across the system.

Over the lifetime of the contract there is an absolute requirement for the Providers to embed transformation of children's emotional well-being and mental health services. The service specification embraces this approach, introducing flexibility around delivery of mental health services for children.

The Emotional Health and Wellbeing (EWB) Programme envisages all Providers working together to achieve common outcomes for the benefit of CYP:

- a. It obliges Providers to use their expertise to establish, with children, young people and families, the most appropriate intervention for their current need.
- b. A key element in achieving these outcomes are the interfaces or linkages created and maintained to ensure CYP receive appropriate treatment, in the right place, at the right time.

- c. The Agreement defines how the Contracting Parties expect Providers to work together in a climate of mutual trust and support to ensure that the required service deliverables are achieved and CYP gain the required outcomes.
- d.
- e. All Providers will ensure the values and behaviours detailed in the contract apply to any subcontractors used in the delivery of the services.

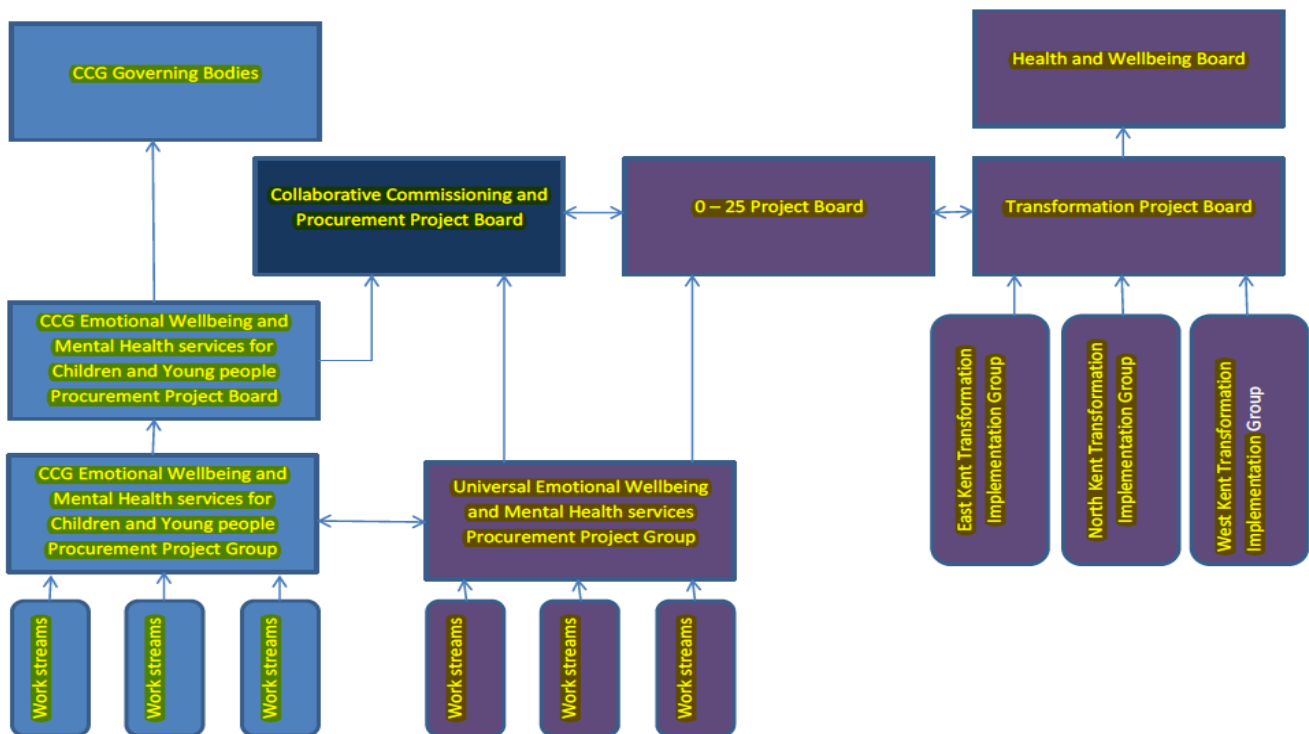
The Provider of these services will act as the Strategic Partner for the programme and will operate the Single Point of Access.

Year 1 is part year funded due to the parallel service throughout mobilisation with the incumbent Provider. It is recommended that the contract is awarded for a 5 year term with an option to extend for up to a further 2 years.

### 3.1 Project Organisation and Responsibilities

Prior to the commencement of the procurement a Project Initiation Document (PID) was developed. The PID outlined a number of key principles around the project and most importantly the project governance and approval mechanisms in place for the project.

The diagram below shows the structure of Project Governance and Approval Process.



## 4 The Procurement Process

The procurement process was facilitated using the online ProContract facility on the Kent Business Portal:

The **Pre-Qualification Questionnaire** stage (PQQ) closed on 22<sup>nd</sup> July 2016 with 7 providers having submitted a response. The evaluation resulted in 2 providers failing, 2 Opt outs and the remaining 3 proceeding to ISOS, through CD, ISFT and finally considered for award.

### 4.1 Evaluation Process

Providers that expressed an interest in this opportunity were automatically invited to participate in the PQQ and in subsequent stages of ISOS and ISFT, if successful at each stage. The same scoring methodology was applied across PQQ, ISOS and ISFT:

Score	Assessment	Interpretation
4	Excellent	Response is completely relevant and provides an excellent understanding of the issues. The response is comprehensive, unambiguous and provides above requirement details of how the requirement will be met. Offers significant beneficial added value
3	Good	Response is relevant and good. It demonstrates a good understanding of the requirement and provides additional details on how the requirements will be fulfilled. Offers additional beneficial added value
2	Acceptable	Response is relevant and acceptable and meets the requirement. The response addresses a broad understanding of the requirements and addresses the need
1	Poor	Response is partially relevant but lacks sufficient detail. The response addresses some elements of the requirement but contains insufficient or limited detail or explanation on how the requirement will be fulfilled.
0	Unacceptable	Nil or inadequate response. Fails to demonstrate an ability to meet any of the requirements. Does not have any understanding of the need.

Some questions within the ISOS and ISFT stages also had minimum threshold scores set. Providers were required to achieve these scores to be considered for the next stage. Had a response not met a minimum score during the evaluation process, the Contracting Parties reserved the right to disqualify a tender submission. NELFT, SPFT and Virgin Care achieved all the necessary minimum scores throughout the PQQ and ISOS evaluation to be considered for award.

### 4.2 PQQ Selection

Following a structured 'Meet the Market' event and advertising the CD, providers were able to express an interest in the opportunity. Those that did were automatically issued with a PQQ. Providers had to submit compliant answers and pass all pass/fail questions and score a minimum of 50% in each area to progress to ISOS.

The PQQ questionnaire consisted of the following sections;

Pre-Qualification Questionnaire: the questionnaire is a standard compliance document for providers to complete, which consisted of

- Section 1 – Supplier Information;
- Section 2 – Grounds for Mandatory Exclusion;
- Section 3 – Grounds for Discretionary Exclusion;
- Section 5 – Economic and Financial Standing;
- Section 6 – Technical and Professional Ability
- Section 7A – Insurance;
- Section 7B – Equality Legislation;
- Section 7C – Environmental Management;
- Section 7D – Health and Safety;
- Section 7E – Safeguarding
- Section 8 – Declaration

Technical and Professional Ability: this part tests the provider's previous experience around service delivery. This part is weighted and providers had to achieve a threshold score to continue to the next stage.

Case Studies:

- (1) Service Delivery
- (2) Partnership
- (3) Mobilisation
- (4) Service User

Case Study Appendices

- Appendix 1 – Case Study evaluation criteria and weightings
- Sub-Contracting Arrangements (if applicable)
- Consortia Arrangements (if applicable)

### **4.3 PQQ Evaluation**

This section had agreed predetermined criteria which was developed with commissioners and published as part of the PQQ.

A broad range of stakeholders, including service user representatives were involved in the evaluation process

Evaluation took place between 26th and 28th July 2016.

Each section was evaluated by the relevant subject matter experts.

## 5 Invitation to Submit Outline Solution (ISOS)

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Following the PQQ, successful Providers were invited to respond to an outline specification and answer a series of 14 questions across 5 sections, this was to determine the provider's capability and capacity for delivering the service and to prepare commissioners for dialogue stage of the process: A vision document outlining commissioning intentions was issued as part of the ISOS.

The 14 questions covered the below areas;

1. Strategic Management and Oversight
  - Integration
  - Capacity
  - Social Value
  - Service User Engagement
2. Service Delivery
  - Resource
  - Service Model
  - Communication
3. Single Point of Access
  - Setup and Management
  - Interfaces and Referrals
4. Mobilisation and Transition
  - Mobilisation Planning
  - Transition
5. Quality and Performance
  - Quality
  - Contract Management and Performance

Providers were required to score a minimum of 2 (acceptable) per question and achieve a minimum threshold of 60% overall to be successful and move onto the CD stage of the process.

A Pricing Schedule was also required at this stage. Although it was not evaluated, it was essential for the Contracting Parties to understand whether the new service model was affordable.

A caveat was included to mitigate the risk of too many providers proceeding to CD, if this had happened the project would have potentially exceeded the timeline. This caveat outlined that Providers who score within 20% of the highest scoring tenderer will be guaranteed to proceed to CD and the remaining would be down selected at this stage. However, as only 3 Providers submitted an ISOS response this was not required.

### 5.1 ISOS Evaluation

This section had agreed predetermined criteria which was developed and published as part of the ISOS.

Evaluation took place between 2nd and 13th September 2016.

A broad range of stakeholders, including service user representatives were involved in the evaluation process

Each section was evaluated by the relevant subject matter experts. Full details of evaluators can be found in Appendix B.



## 6 Competitive Dialogue

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A competitive dialogue strategy was produced and agreed by the project board. Seven separate CD sessions covering the following areas were set up;

1. Single Point of Access (SPA)
2. Strategic Partner Interfaces/delivery network and innovation and pathways
3. Outcomes, KPIs and Activity Data
4. Mobilisation, Transition & Transformation
5. HR, TUPE and Pensions
6. Technology & Infrastructure
7. Price, Payments & Commercials

All 3 providers took part in the seven Competitive Dialogue (CD) sessions from 28 September to 17 November 2016.

Feedback from the Providers during the CD resulted in Lots 1 and 2 combining into one contract, this was agreed by commissioners and the project board to become 'Lots 1 & 2 CYPMHS East, North and West Kent CCGs'.

This was a crucial stage of the process for commissioners and providers to shape and co-design the future service, ensuring the new service was affordable for CCG's and enabled transformation of the current service.

This stage was not evaluated. As all Providers who submitted an ISOS were successful they were invited to participate in the CD.

The CD allowed the Contracting Parties to develop the final specification through a series of discussions with the providers.

The dialogue topics consisted of:

1. Single Point of Access (SPA), the SPA was deemed as the fundamental component for the new service which underpin and drives how the rest of the service would operate and transform, whilst maintaining business as usual (BAU).
2. Strategic Partner Interfaces/delivery network and innovation and pathways – this session focused on the whole system model and the provider's appetite to work together collaboratively. The project board were looking for the new provider to act as a Strategic Partner to innovate, transform and change the service. The output of this was a design and distribution of an interface agreement across all Emotional Wellbeing procured contracts.
3. Outcomes, KPIs and Activity Data – this session was to understand how and when outcomes for CYP realistically could be measured and linked to an outcomes payment. The session also looked to embed common KPI's across the EWB procured contracts.
4. Mobilisation, Transition & Transformation – this session was for commissioners to understand how they could mitigate any risks around transition of services from one provider to another. Understanding key constraints around mobilising a large scale contract within a short mobilisation period and key stages and areas that should be considered to transform the services.
5. HR, TUPE and Pensions – this session was for commissioners to understand if potential bidders foresee any issues and risks (operationally and commercially) in relation to this area.

6. Technology & Infrastructure - this session was for commissioners to fully understand how and when the use of technology for both service users and staff could enable transformation of the service.
7. Price, Payments & Commercials – this session was for procurement and finance leads to propose how we would like to structure price and payment for the future contract.

As a result of CD, the Providers advice, input and influence was collated to help inform the final specification. Additionally a 'You Said We Did' document was published to capture and advise how any recommendation/changes had been used to influence the future service model.

'You said we Did' document is available for view on request.

## **7 Invitation to Submit Final Solution (ISFT) Strategy**

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The remaining 3 providers were invited to Submit Final Solution (ISOS) by 26th January 2017.

In collaboration with commissioners, the procurement team developed the following strategy for the ISFT stage.

All providers had to reach a 60% quality threshold against the quality and capability questions.

- Quality and Capability Questions
- Commercial Model and Payment Mechanism
- Site visit and verification process
- Presentation stage

A broad range of stakeholders, including service user representatives were involved in the evaluation process.

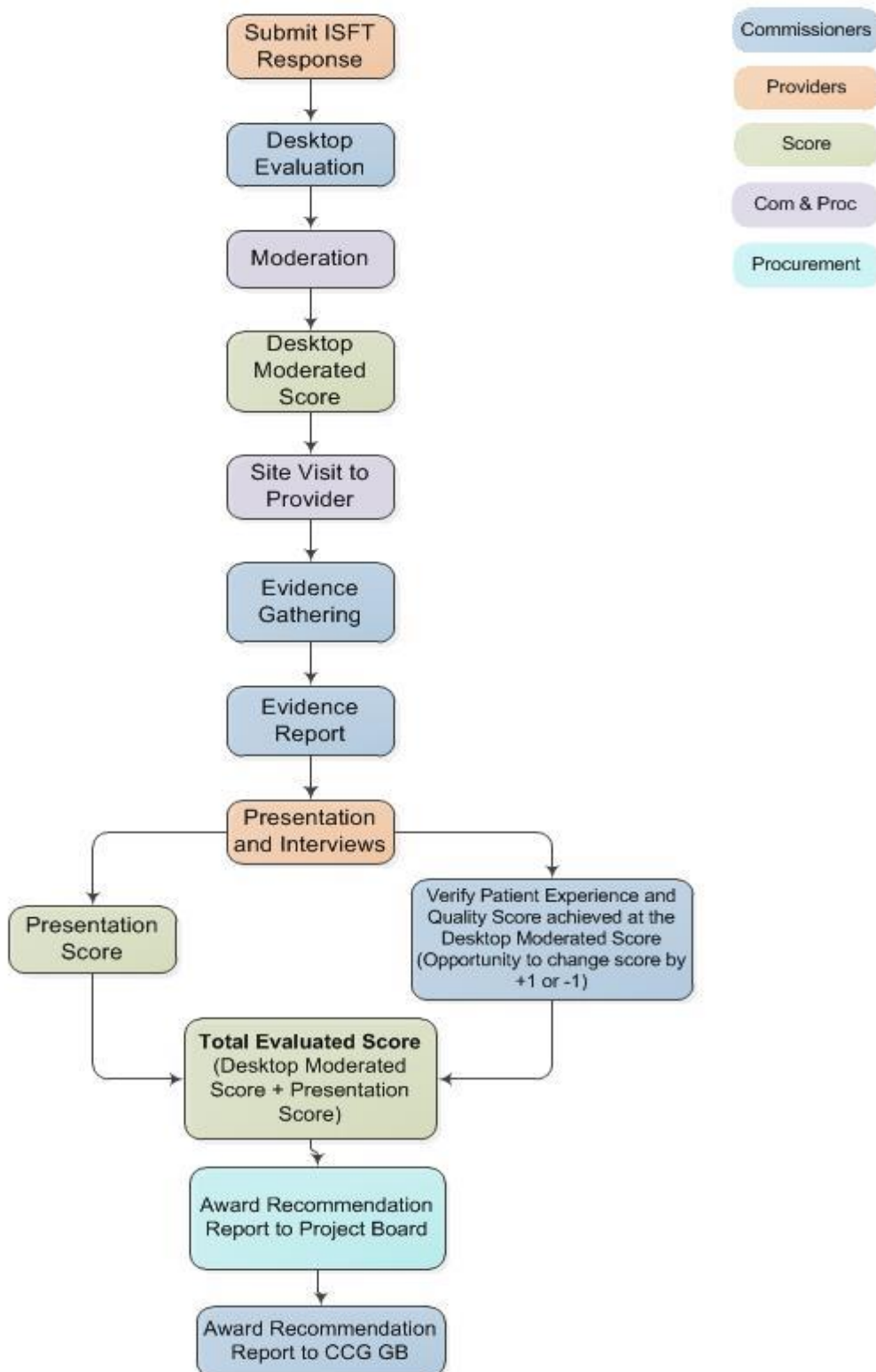
Appendix A outlines the quality and capability questions which were asked of the providers, some of which had minimum thresholds applied.

Patient representatives attended all site visits and a patient representative posed questions on the site visit to providers at the presentations/interview stage.

## 8 Invitation to Submit Final Solution Evaluation Strategy

An evaluation strategy was produced and approved by the project board prior to ISFT issue. This was to ensure that all key stages of the evaluation process were sufficiently detailed and properly understood by key evaluators and stakeholders.

### ISFT Evaluation Process



The strategy for the evaluation of this element of the procurement was split into 3 parts detailed in 8.1 – 8.3 below. All evaluation was undertaken by the relevant subject matter experts and a broad range of stakeholders, including service user representatives. Further detail can be found in Appendix B of this document.

## **8.1 Desktop Evaluation – Quality & Capability**

Provider's had to respond to questions across 7 sections:

1. Single Point of Access
  - Service Delivery
  - Access
2. Service Model
  - Targets and Specialist Services
  - Governance
  - Medicine Supply
  - Crisis
3. Technology
  - Information Management & Technology
4. Commercial
  - Add Value
  - Integration
  - Mobilisation
5. Patient Experience
  - User Centred
6. Workforce, Training & Quality
  - Organisational Structure
  - Quality Assurance
7. Leadership & Service Transformation
  - Strategic Partner
  - Escalation

Each question had an appropriate weighting that contributed to the overall quality threshold score of 60%. It was documented within the ISFT that providers would have to reach this threshold in order to be taken forward to be evaluated on price. Each of the core criteria sections contained sub criteria questions to ensure the detail and evidence required by commissioners were tested sufficiently.

All questions were weighted, evaluated and scored. These acted as the opportunity to capture the correct solution to be in place for contract award and to form part of the resultant contract.

Providers were asked to respond in two parts:

ISFT Questions Section 4, part of the quality and capability section.

## **8.2 Pricing Schedule**

Providers submitted a pricing schedule to demonstrate the cost of delivering the service over the contract lifetime for each component. Commercial evaluation looked to link the Providers written response with the costs on the Pricing schedule.

## **8.3 Site Visits and Verification Evaluation**

Following submission of ISFT responses, a verification process was undertaken through visiting a site nominated by the Provider. This stage was not weighted or scored. The purpose was to verify the tender

submissions and review the approach taken to quality and service user engagement at a local level. Areas of verification included:

- Eligibility
- Needs Assessment
- Care Planning
- Outcomes
- Complaints
- Training plans and records
- Service User Engagement

A conference call with a local commissioner, meeting service user representatives and viewing accommodation used in clinical treatment were all requested as part of the verification process.

As a result, a report containing feedback, from all those that attended, was collated and produced by the commissioning leads;

Commissioner Report Lead	Provider
Sandra Leverick	Virgin Care
Martine McCahon	NELFT
Caroline Potter Edwards	SPFT

#### **8.4 Moderation of Quality and Capability Questions (Desktop)**

The Procurement Team were responsible for management of all moderation sessions. All evaluators had to independently assess their allocated questions; provide a score and record notes to justify them. Following this, the scores were subject to moderation to ensure that the scoring methodology were robust and that the scores represented a complete and objective analysis of the submissions. This process applied at both ISOS and ISFT to result in an agreed consensus score for each question.

Due to the vast number of specialists and clinicians involved in the evaluation not all could attend moderation on the same day. Therefore, the lead commissioner for each CCG acted as a facilitator.

The lead commissioners, met with all specialist evaluators, who could not attend moderation, to discuss and fully understand their scores and commentary in advance. Procurement also collated a record of all discussions and had an option to contact evaluators directly during moderation if necessary.

All other sections, where this was not necessary, required all the evaluation team members to attend the moderation sessions they scored. This rationale ensured the evaluation process was inclusive and consistent, it also supported validation of evaluator opinions which are summarised below, and a final score being agreed at moderation by all representatives.

## 8.5 Presentations and Interviews

Presentations and interviews took place on 1st March 2017. Each provider was given the same question on arrival and then had one hour to prepare a presentation on the subject.

Only attendees at the presentation, who had already been part of the desktop evaluation for section 7, could score this element.

The question posed was:

*How will you in your role of Strategic Partner support the implementation of the Kent and Medway Sustainability and Transformation Plan at both a local (CCG and health economy) level and across Kent as a whole? In your presentation you should include (but not be limited to), the key elements of the plan that you as the CYPMHS provider will have the greatest opportunity to influence and what are the aspects of the plan that will pose the greatest challenge.*

The provider presented on this for 15 minutes followed by 15 minutes of questions from evaluation panel.

This resulted in a 'Presentation Score', which contributed up to 10% of the overall score and was added to the Stage 1 Desktop Evaluation score. A minimum score also applied. The same scoring criteria of 0 - 4 was applied to this section of the process.

The report created at Stage 2 Site Visits was used at this stage to verify any point of clarification surrounding the Patient Experience and Quality sections of the Desktop Evaluation.

This verification could have resulted in the adjustment of Providers Patient Experience and Quality Score increasing or decreasing by 1.

The results of the presentation were as follows;

	Presentation Score
NELFT	3
SPFT	1
Virgin Care	2

	Quality Question 11	Workforce Question 12	Patient Q10
NELFT	4 (+1)	4 (+1)	4 (+1)
SPFT	2 (no change)	1 (no change)	1 (-1)
Virgin Care 000	1 (-1)	2 (-1)	1 (-1)

Final scores were amended following the immediate moderation of the Presentations and verification interview questions. Scores were increased or decreased by one as indicated in the table above by +1 or -1.

## 8.6 Results ISFT:

Section	Weighting	NELFT Score	SPFT Score	Virgin Care Score
1. Single Point of Access	15%	11.25%	7.5%	7.5%
2. Service Model	25%	18.75%	14.06%	10.63%
3. IT	10%	5%	5%	5%
4. Commercial	20%	15%	5%	12%
5. Patient Experience	10%	10%	2.5%	2.5%

6. Workforce, Training & Quality	10%	10%	3.75%	3.75%
7. Leadership & Service Transformation	10%	7.5%	4.13%	5.88%
8. Presentation Score	10%	7.5%	2.50%	5%
	Total weighting 110	85	44.44	52.25
	Rank	1	3	2

The evaluation strategy proposed that a Price per Quality methodology was used for award.

### 8.7 Commercial and PQP Evaluation

To be evaluated at this stage, Providers must have achieved a minimum score of 60% for quality. It is recognised that 2 of the providers SPFT & Virgin Care, did not meet the quality threshold, however, it was agreed by the project board following the final presentation stage of the process that PQP would still be carried out for all three providers.

Commercial and cost evaluation was split into 2 sections, Section 4 Commercial within the quality and capability questions covered this area, and also Providers were required to include as an attachment a completed pricing schedule which outlined all costs to provide the service. This section was evaluated by CCG Finance leads, WK CCG Commercial Lead and KCC procurement.

The pricing schedule broke the costs down in the following way;

- **Core Cost**

Core Cost; this is broken down into two elements:

- One off costs, which are the cost associated with setting up service, (mobilisation) for both the service and single point of access (SPA).
- Operating costs for the SPA for life of the contract term, this cost will be fixed for year 1 and managed through Contract Management for subsequent years in accordance with demand and capacity within the service for the SPA following baseline.

Service Cost; this is the fixed and variable costs associated with operating the Children's Emotional Health and Wellbeing Service. These elements are identified below:

- Targeted
- Specialist
- Early Help Support
- Enhanced Priority for Looked After Children (LAC)
- Specialist Neuro
- Transformation
- Prescribing
- Overhead costs

The model also required providers to provide percentage amounts for each contract year for the following areas;

#### Inflation Assumptions

Efficiency Assumptions  
Demographic Growth Assumptions

The maximum Financial Envelope (FE) available under this agreement is **£82,504,982.00** for the 5 year contract period; this is dependent on service performance. The FE includes national CQUIN potential of 2.5%.

Over the life of the Contract the Provider will be required to deliver the stipulated volumes against the service cost and outcome within the annually agreed financial envelope.

The payment mechanism will reflect the potential increase/decrease in demand volumes after the baseline has been set in year 1.

A full year price (Year 2), as submitted in the pricing schedule, was then divided by the quality score to calculate the Price per Quality Point:

Price per Quality Point = Total Evaluated Price / Providers Quality Score



## 9 Contract Management

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### 9.1 Contract Management, Approval and Governance

Contract management principles were discussed with providers during CD stage of the procurement and a contract management schedule was issued as part of the ISFT document. The contract management schedule outlines the commissioners/contract leads expectations from the key stakeholders and providers.

### 9.2 The Project Board

The role of the Children and Young People's Mental Health Services Project Board will continue until the project closes. The Project Board is accountable for the success or failure of the project and has responsibility and authority for the project within the remit set by the CCG Governing Bodies.

Project closure is currently scheduled for December 2017, three months after mobilisation.

The Project Board will oversee and assure the mobilisation process.

The Kent CCGs have one representative per system that sits on the Project Board (East Kent, North Kent and West Kent). These representatives act on behalf of all the CCGs within each of these systems and ensure that progress reports and any actions requiring agreement by individual CCGs are undertaken accordingly.

The membership of the group will change to include NELFT and other members as necessary. The Procurement team will cease to be part of the Board following contract award.

A project closure report will be prepared recommending the closure of the Project Board when the mobilisation phase is complete. The report will include:

- A review of how successful the project delivered the core project objectives
- Lessons learnt
- Recommendations.

The project closure report will also set out the arrangements for the completion of any outstanding actions relating to full mobilisation that are in addition to business as usual activities. This will include the baselining exercise that will be led by the CSU contracting team.

### 9.3 Contract Management

In line with the specification NELFT will be the Strategic Partner and as such will be responsible for ensuring synergy between operation and strategic contract management.

Within the Contract Management Schedule and the subsequent Operations Manual, contract management occurs at two levels; Operation and Strategic.

#### Operational Contract Monitoring Meetings

The following people (or their nominated representative(s)) will be expected to attend regular Contract Monitoring Meetings between the Providers across Children and Young Persons Emotional Wellbeing and Mental Health Service, the Contracting Parties and any other relevant parties:

- East, West and North Kent Coordinating Commissioners/Contract Managers
- Provider Contract Manager

- Provider Operational Lead/s (such as Single Point of Access Manager)
- Provider Performance Lead
- Other relevant stakeholders (such as KCC Commissioning representatives, KCC Early Help, KCC Specialist Children's Services, etc.)

The Operational Monitoring Meetings will be organised by NELFT with the Contract Manager's. Such topics to include at the meeting are, but not limited to:

- Review Monthly Operational Reporting
- Review KPI performance and applicable RAG status
- Effectiveness of the Interface Agreement
- Service Quality (including service issues such as complaints, serious incidents, service user feedback)
- Review of Risk Registers
- Dispute Resolution
- Finance and management of efficiencies savings
- Proposed contract variations
- Issues to escalate to the Strategic Quarterly Review meeting

#### **9.4 Strategic Contract Management**

In line with the Interface Agreement, throughout the life of the Contract, Providers and the Project Board across the Children and Young Persons Emotional Wellbeing and Mental Health Service (including all relevant stakeholders) must meet quarterly. The Strategic Partner, NELFT, is responsible for organising and facilitating this with the objectives of:

- Facilitating a collaborative working relationship between the Contracting Parties, Clinical Commissioning Groups and all Providers;
- Discuss demand related aspects of the Service in relation to recommendations around increase/decreases in demand management;
- Enabling an open and transparent exchange of information and views to encourage the identification of issues and their resolution;
- Reviewing the performance of the Providers in delivering the service and achieving the required outcomes and agreeing Penalties if necessary;
- Reviewing and considering other relevant matters throughout the lifetime of the Contract;
- Reviewing and understanding the implications of the transformation agenda from a National and Local perspective;
- Reviewing performance and delivery of outcomes in line with the Interface Agreement;
- Developing, agreeing and where appropriate implementing improvements across the integrated Service;
- Developing and agreeing the key Outcomes to be measured across the service in relation to delivering the Outcomes payment required from year 2 of the Contract (September 2018, month 12 of the contract)

Additionally, the Interface Agreement document outlines the key principles of the strategic partnership working across the contracted parties.

**Appendix A – ISFT Quality Questions**

<b>Section</b>	<b>Question</b>	<b>Sub Criteria Weighting</b>
<p><b>1) Single Point of Access</b></p> <p><b>15%</b></p> <p>Minimum threshold score required.</p>	<p><b>Service Delivery</b></p> <p>1. How will your service model deliver the outcomes for this contract?</p>	<p>60%</p>
<p><b>1) Single Point of Access</b></p>	<p><b>Access</b></p> <p>2. How will you ensure the SPA enables CYP to access emotional wellbeing and mental health services in a timely and appropriate manner?</p>	<p>40%</p>
<p><b>2) Service Model</b></p> <p><b>25%</b></p>	<p><b>Targeted and Specialist Services</b></p> <p>3. How will you deliver the Targeted and Specialist Mental Health Services element of the Service?</p>	<p>50%</p>
<p><b>2) Service Model</b></p>	<p><b>Governance</b></p> <p>4. Please outline your Governance for Medicine Management</p>	<p>5%</p>

<b>2) Service Model</b>	<b>Medicine Supply</b> 5. Please provide details on how you will supply medication?	20%
<b>2) Service Model</b>	<b>Crisis</b> 6. How will you ensure CYP in crisis are treated in the right place at the right time and as close to home as possible?	25%
<b>3) Technology</b> 10%	7. Please describe the Information Management & Technology Systems you will use to deliver the Service	100%
<b>4) Commercial</b> 20%	<b>Add Value</b> 8. a) How will you drive operational and service efficiencies to manage costs and add value?	40%
<b>4) Commercial</b>	<b>Integration</b> 8. b) Please outline efficiencies created by integration of Lots 1 and 2.	40%
<b>4) Commercial</b>	<b>Mobilisation</b> 9. What is your approach to mobilisation and transition to implement the service specification in order to deliver safe and high quality services?	20%

<p><b>5) Patient Experience</b></p> <p>10%</p>	<p><b>User Centred</b></p> <p>10. Please describe how your approach to service delivery will provide a service user centred and needs led service</p>	<p>100%</p>
<p><b>6) Workforce Training &amp; Quality</b></p> <p>10%</p> <p>Minimum threshold score required.</p>	<p><b>Organisational Structure</b></p> <p>11. Please provide your proposed organisational structure for the management of the overall service</p>	<p>50%</p>
<p><b>6) Workforce Training &amp; Quality</b></p>	<p><b>Quality Assurance</b></p> <p>12. Please describe your organisational approach to quality assurance</p>	<p>50%</p>
<p><b>7) Leadership &amp; Service Transformation</b></p> <p>10%</p> <p>Minimum threshold score required</p>	<p><b>Strategic Partner</b></p> <p>13. How, in your role of strategic partner, will you seek to develop transformation plans and drive forward changes across Kent for the health economy?</p>	<p>65%</p>
<p><b>7) Leadership &amp; Service Transformation</b></p>	<p><b>Escalation</b></p> <p>14. How will you manage performance and underperformance and escalation routes including governance?</p>	<p>35%</p>

## **Appendix B – Full List of Evaluators for whole procurement process**

### **Evaluators**

The evaluators divided into groups of subject matter experts. The evaluation teams were stakeholders who represented a common understanding of the area of service delivery they were evaluating and had the correct level of clinician/expertise input as required.

Patient representatives were invited to express an interest in becoming involved with the evaluation of this procurement. There were three people in total who were involved with scoring the ISOS and ISFT submissions as well as attending the site visits and the presentations.

#### **Kent County Council**

- Bhavin Mistry, Procurement Trainee;
- Carol Infanti, Commissioning Officer
- Flavio Walker, Health and Safety Operations Manager;
- Jane Blenkinsop, Projects Manager;
- Kellie Pettet-Steele, Procurement Officer;
- Mark Thorn, Assistant Area Director – North Kent
- Nick Moor, Head of Service 0-25 – North Kent
- Sam Hatton, Procurement Officer;
- Samantha Bennet, Consultant in Public Health
- Theresa Barwell-Ward, Procurement Manager;

#### **Clinical Commissioning Group Representation**

- Adam Cooper, Associate Partner – Contracting, Procurement and Business Intelligence, South East CSU
- Adrian Halse, Senior Business Analyst
- Allan Petchey, Senior Contracts and Provider Delivery Manager
- Andrew Brownless, Chief Information Officer, Senior Business Analyst, NHS West Kent CCG
- Andy Oldfield, Head of Adult MH Commissioning – EK CCGs
- Antonia Knifton, Interim Senior Associate CSU Patient Engagement
- Bethan Haskins, Chief of Nursing and Quality for NHS Ashford CCG
- Caroline Potter-Edwards, Commissioning Project Manager, NHS Swale, Dartford, Gravesham and Swanley CCGs
- Celina Grant, Designated Nurse for Safeguarding Children, Ashford and Canterbury & Coastal CCG
- Clara Wessinger, Head of Performance, South Kent Coast CCG
- Clare Rolfe, Financial Commissioning Manager, NHS Ashford and Canterbury & Coastal CCGs

- Dan Campbell, Head of IM&T, NHS Dartford Gravesham and Swanley and NHS Swale CCGs
- Dave Holman, Head of Mental Health and Children's Commissioning, NHS West Kent CCG
- Denise Pepper, Senior Management Accountant, NHS Thanet CCG
- Dr Chesover, Clinical Lead for Mental Health & Vice Chair West Kent CCG
- Dr Grice, GP East Kent
- Dr Martin, GP East Kent
- Dr Pillai, GP East Kent
- Dr Wolny, GP East Kent
- Evelyn White, Programme Director CYPMHS Graham Tanner, Programme Lead – Targeted Services, Medway Council & Medway CCG
- Ian Ayres, Chair & Accountable Officer
- Jagdeep Minhas, Senior Prescribing Advisor, NHS West Kent CCG
- James Gibbons, Contracting Lead, NHS West Kent CCG
- Jane O'Rourke, Head of East Kent Children's Commissioning Support, NHS Thanet CCG
- Kim Solly, Commissioning Programme Manager, NHS Swale, Dartford, Gravesham and Swanley CCGs
- Lisa Barclay, Head of Commissioning – Mental Health, Ashford CCG
- Martine McCahon, Senior Commissioning Manager – Mental Health, NHS West Kent CCG
- Michelle Whitham, Commissioning Project Manager, Thanet CCG
- Nicola Jones, Head of Quality and Safety, North Kent CCG
- Rebecca Gibson, Senior Finance Manager, NHS West Kent CCG
- Sandra Leverick, Commissioning Support Manager (Mental Health Lead,) East Kent CCG
- Dr Sarah MacDermott, Clinical Advisor in Mental Health, Dartford, Gravesham and Swanley CCG
- Sheila Brown, Head of Medicine Management, Canterbury and Coastal CCG
- Sue Mullin, Commissioning Support Manager (Looked After Children), East Kent Children's Commissioning
- Tracey Creaton, Acting Deputy Chief Nurse, West Kent CCG
- Verinder Bhoombala, Finance Lead, North Kent

#### **Patient Representation**

- Shelley Sharman, Service User Representative
- Steph Shellock-Wells, Service User Representative
- Bradley Young, Service User

## **Appendix C –Clarification Summary**

### **Specification and Process (Provider)**

Throughout all stages of the Procurement, Providers were allowed specified time periods for asking questions relating to the service specification and the procurement process. The responses to these clarifications would help inform their submissions and were therefore made available to all Providers involved, regardless of which Provider had posed the original question. This ensured fairness and transparency as all Providers received exactly the same information.

All clarifications were sent to Procurement, via the Kent Business Portal, and no clarifications were given verbally.

Clarifications were managed by Procurement, with all service related questions, sent to commissioners for responses. Questions concerning commercials as well as the procurement process were dealt with directly by Procurement.

The main areas that required clarification were:

- Prescribing - costs and shared care arrangements
- TUPE – specifically concerning EKHUFT
- Section 136 suites – provision and expectation around the specification for future contractual arrangements
- Anticipated levels of demand across the service
- Pricing queries including mobilisation costs, transformation funds and settlement of redundancy costs

All clarifications were answered and resolved with Providers receiving responses' in a timely manner.

### **Commercial clarifications**

On receipt of the Providers financial submissions, Finance Leads and Procurement sent a number of clarifications to Providers. In general, all three commercial submissions lacked detail and commentary to support their financial offer prompting a number of clarifications to be sent.



In this instance Provider specific clarifications were sent relating to their individual pricing schedules.