# EXPRESSION OF INTEREST FORM – DEAF EQUIPMENT SERVICE.

This guide has been produced to enable the Council to achieve the following pre-market engagement objectives:

* To engage with Contractors as early as possible to gauge the market
* To clearly state the required outputs
* To understand contractor’s interest in this contract

To indicate your interest in this contract please complete this form by **midday on 6th January 2023** and send via ProContract, attaching to the Expression of Interest question and clicking submit. This information will help the authority to formulate its procurement options and does not commit the authority to any particular procurement route.

# INSTRUCTIONS FOR COMPLETION OF THE EARLY ENGAGEMENT QUESTIONNAIRE

The “Council” means the contracting authority, or anyone acting on behalf of the contracting Council, that is seeking to invite contractors to participate in this market engagement process.

Please ensure that all questions are completed in full, and in the format requested. If the question does not apply to you, please state ‘N/A’. Should you need to provide additional information in response to the questions, please submit a clearly identified annex.

Please complete the Early Engagement Questionnaire in full, in English, and enter an answer to each question. Please do not include any promotional material, company annual reports or general marketing material for your organisation, either as answers to any of the questions in the early engagement questionnaire or for any other reason.

**Background Information**

The Council wishes to test the level of market interest in this contract. The contract period will potentially be for 24 months with an option to extend for 1 x 12 months therefore a potential three years in total. It is anticipated that the contract will begin April 2023. The estimated contract value is £90,000 per annum.

The level of interest shown in this opportunity will enable the council to determine the procurement route for this contract.

**The Service Requirements**

* 1. The primary aim of the service is to promote and enhance the independence and social inclusion of adults aged over 18 years who are deaf or hard of hearing by providing information, advice and equipment.
	2. The service will;
		1. Provide a detailed assessment in the persons home, where possible which informs the equipment that is subsequently provided or recommended.
		2. Provide access to a resource room, where people can see a range of equipment.
		3. Provide equipment and aids.
		4. Provide training and follow up support to the referred person and their family, friends or carers as appropriate in relation to the equipment prescribed.
		5. Provide and/or signpost information about other services key to establishing and/or maintaining independence and social inclusion
		6. Have an understanding of the impact of living with hearing loss through lived experience and provide practical information and advice on dealing with the challenges hearing loss brings.
	3. The service will contribute to achieving the outcomes outlined in 2018/19 Adult Social Care Outcomes Framework (ASCOF) under the following four domains:
* Enhancing quality of life for people with care and support needs
* Reducing/delaying the need for Care and Support
* Ensuring that people have a positive experience of care and support
* Safeguarding Adults whose circumstances make them vulnerable and protecting them from avoidable harm.
	1. The Provider will need to be able to put specific arrangements into place with regards to:
		1. **Communication** – A Service User with a Single or Dual Sensory Loss uses a range of communication including clear speech, sign language, tactile communication based on the alphabet. A Service User born with Dual Sensory Loss may have little or no formal communication or may have very specific and skilled modes of communication.
		2. **Access to information** – this includes difficulty with correspondence and written information such as timetables, websites, leaflets; spoken information; environmental information such as the layout of a room, finding a seat on public transport, obstacles, etc.
		3. **Mobility** – this refers to the ability to safely move around the home and outside the home including appointments at the service. A Service User with a Single or Dual Sensory Loss may appear to have no difficulty in moving around a familiar place, or taking a regular journey but be unable to safely manage an unfamiliar journey or route.

# Reason for appointment/Duties

* + 1. The Service will be provided Monday to Friday between the hours of 9am – 5pm.
		2. The Service will benefit a minimum of 350 people per year
		3. The Service will be pro-active and responsive through visiting people in their place of residence.
		4. The Service will undertake assessments of all aspects of daily life, within the skills and competencies of the role, to provide appropriate equipment and training to support people with aspects of life that relate to:
* Independent Living
* Health and Safety awareness within the home environment
* Orientation and mobility
* Communications
* Domestic tasks
* Personal care tasks

# Referrals

* 1. There is an expectation that a response time should be as indicated on Referral, acknowledgment and receipt of the referral should be within five working days.
	2. Support must start within 4 weeks of the initial referral,
	3. The referral may be from;
		1. The person themselves, or;
		2. Provider of care & support service
		3. The Council
	4. The provider will support service users to find appropriate services to meet secondary needs and goals. This will include sharing information on other support services and a ‘bridging’ telephone call to introduce a service user, when appropriate. It will include a mechanism to review if this has been effective such as a follow up email.
	5. The provider will have in place a triage policy which will be developed with the Council. As part of this triage, a consideration will be taken as to whether the service user has caring responsibilities.
	6. The provider shall manage the pathway so that eligible individuals do not have to repeat their referral information more than once, wherever possible.
	7. Where an individual has a repeat referral this will be recorded through service monitoring.
	8. The provider will develop individual plans that identify desired outcomes from the service and at close, an ‘Exit Letter’ (to referring practitioners and to the service user) that;
	+ focuses on what has worked well, and signposts to opportunities that align with goals.
	+ includes details of equipment supplied and contact details for where to get support with equipment issues/maintenance post-supply.

# Geographic coverage/boundaries

# The service will work within the boundaries of Bristol and offer a service to people who are ordinary residents of Bristol.

**Provider Information**

|  |  |
| --- | --- |
| **Official name of Organisation** |  |
| **Trading Name of Organisation making the application** |  |
| **Address of registered office** |  |
| **Postcode** |  |
| **Website address for the similar service**  |  |
| **Legal Status (Plc, Ltd, Partnership, Sole Trader, Limited Liability Partnership, Other – please specify)** |  |

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| --- |
| 1. **Are you interested in applying for this contract?**
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|  |
| 1. **Please tell us about similar current or previous services you have provided.**
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| 1. **Describe how the leadership, management and governance of your organisation will ensure the delivery of a high-quality service, based around individual needs.**
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|  |
| 1. **Explain how you will promote and enhance the independence and social inclusion of people aged 18+ who are Deaf or who have hearing loss, by providing information, advice and equipment.**
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|  |

Name, position, telephone number and email address of main contact for this project.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email** |  |

Please send this form via the ProContract system before **noon on the 6th January 2023.**