

**APPLICATION FOR THE**

**PREFERRED PROVIDER LIST**

**for the Provision of**

**Supported Living and residential care Services**

# 2015 PPL4

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# ATTACHMENTS ON THE SOUTH EAST BUSINESS PORTAL (SEBP)

Application Form

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Specification for Residential

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Terms and Conditions for Supported Living

A. Guidance Notes for Applicants

## The purpose of this application is to assist Buckinghamshire County Council in deciding which suppliers should be considered for inclusion on the Preferred Provider List for the Provision of Supported Living and Residential Care Services.

## Applicants are advised that they are solely responsible for bearing their costs and expenses incurred in connection with the preparation of responses and submissions of the completed application and all future stages of the selection and evaluation process.

## Under no circumstances will the Council or any of its advisors be liable for any costs or expenses borne by the applicant.

## Please note that if any information supplied in this application changes in the ensuing evaluation period, you are required to notify the Council accordingly, giving details of the change.

## The Council reserves the right to reject or disqualify an Applicant where;

* the application is incomplete or fails to meet the Council’s submission requirements and conditions as set out in these Guidance Notes;
* the Applicant is guilty of serious misrepresentation in relation to its application and/or the procurement process;
* there is a change in identity, control, financial standing or other factor impacting on the selection and/or evaluation process affecting the Applicant; and/or
* there is a conflict of interest arising between the Council and the Applicant.

## The Council reserves the right to;

* cancel the selection and evaluation process at any stage;
* require the Applicant to clarify its response in writing and/or provide additional information; and/or
* amend the terms, conditions and/or requirement of the procurement process including the application evaluation.

## Applicants should note that regardless of an applications overall merits, in the event that evaluating officers (acting reasonably) consider there to be a fundamental weakness likely to impact adversely upon the intended outcome, then grounds will exist to exclude the application from further consideration

# Evaluation of Application Responses

## The submitted application will be scored using the criteria detailed in Table 1 below;

|  |  |  |
| --- | --- | --- |
| Ref | Information Requested | % of total score available |
| 1 | Basic Details of Organisation | Not Scored  Must be completed |
| 2 | Client Group | Not Scored  Must be completed |
| 3 | Financial Information | Pass/Fail |
| 4 | Required Certification | Pass/Fail  (if providing Personal Care or direct support with medication) |
| 5 | Insurance | Pass/Fail |
| 6 | Health and Safety Information | Pass/Fail |
| 7 | Quality Assurance | Pass/Fail |
| 8 | Professional and Business Standing | Pass/Fail |
| 9 | Requirement Specific Questions:  For each Client Group **5** questions will be answered; 2 generic + 3 client specific.  Each Question is a stand-alone question therefore information given in 1 answer will not be considered for another response.  Please record your word count and the end of each response.  Please do not submit appendices or policies unless the question explicitly requests further clarification or information. | 20% per question |
| 10 | Declaration | Not Scored  Must be completed |

## Every question must be answered. If the question does not apply to your organisation, please write **n/a** with a brief description as to why.

## If you do not know the answer to a question, please write **n/k**.

## The response to each question will be scored on a scale of 0 - 5 as outlined below – please see matrix in 19. The score will be multiplied by the weighting to create a total score for that question.

## The Council reserves the right to reject any provider that does not achieve 50 out of 100 for Section 9, Requirement Specific Questions.

## If any potential conflict of interest arises, the Council will assess the likelihood of any conflict affecting the robustness of the application process. If it appears that the conflict will do so, the Council will discuss the matter with the Applicant and seek to agree a method for dealing with the conflict satisfactorily. In the event that no agreement is reached on terms acceptable to the Council, the Applicant will be excluded from further consideration.

## Six Provider Lists will be established, one for each client group. The client groups are listed in Section 2. Please see E. General Information for more information on the two stage process.

## **C. Financial Appraisal**

## The financial appraisal aims to establish from formal (audited) annual accounts, and other information requested, whether:

* applicant organisations have sufficient resources to support a placement, and
* applicant organisations are financially sound and potentially stable enough to remain in-business for the duration of the placement.

## The financial strength of the organisation is assessed by looking at its turnover, gross and (pre-tax or net) profits, net worth and certain financial ratios. Consideration of the accounts for the last two years enable an opinion to be made on the continuing information, rather than just at one point in time. In general a contract value should not exceed 25% of a company’s turnover. Annual accounts should indicate appropriate levels of net worth, liquidity and profitability.

## Overall, the final pass/fail for an appraisal is taken by assessing these factors and arriving at a professional view of what a company’s formal financial position is. Individual factors may sometime offer contrary indicators of a company’s position and no two companies are ever exactly the same – the accounts will often reflect the role and nature of the organisation’s business and what is acceptable in one area may not be in another.

## However, in ordinary circumstance, if a company is materially short or weak on any of the above issues, in a manner which is not compensated for elsewhere in the accounts and from the other information supplied, then the likely outcome to the financial appraisal would be a fail, eliminating the organisation from the next stage of the procurement procedure.

1. **Scoring Matrix**

## Section 9, Requirement Specific Questions, will be evaluated using the scoring method outlined below:

|  |  |  |
| --- | --- | --- |
| In the evaluating panel’s reasoned opinion, the response | | |
| **0** | Completely fails to demonstrate overall ability to deliver the service  (unacceptable) | The score will be awarded where the Tenderer has failed to provide a response or the response is not supported by credible evidence, demonstrates a lack of understanding and gives the Client Body cause for major concerns, with little or no evidence to support the response. |
| **1** | Significantly fails to demonstrate overall ability to deliver the service  (major reservations) | Response fails to meet the specification in most respects, is incomplete, not supported by a satisfactory standard of evidence and gives the Client Body major cause for concern. |
| **2** | Demonstrates ability to deliver in some aspects but fails in most  (some reservations) | The score will be awarded where a Tenderers response gives the authority cause for concern in a number of areas. The response is not comprehensive and/or demonstrates a lack of understanding of the requirements in certain areas, with little or no evidence to support the response. |
| **3** | Demonstrates ability to deliver in most aspects but fails in some aspects  (acceptable) | The score will be awarded where a Tenderer’s response is of reasonable quality, meets the specification and demonstrates a reasonable understanding of the requirements such that it does not give the Client Body cause for material concern, with a good standard of evidence to support the response. |
| **4** | Demonstrates overall ability to deliver  (good) | The score will be awarded where a Tenderer’s response is of a good quality, supported by a high standard of evidence and demonstrates a good understanding of the requirements, exceeding them in some respects. |
| **5** | Demonstrates overall ability to deliver the above in full plus offers potential added value  (excellent) | The score will be awarded where a Tenderer’s response is of exceptional quality, demonstrating a very good understanding of the requirements which exceed the Client Body’s stated requirement. Response is supported by comprehensive and robust evidence |

## **General Information**

The Preferred Provider list will be reopened every six months to allow for new applicants to join the list – the process as defined in this document will remain the same.

The Procurement process for this requirement has two distinct elements with which providers will need to be familiar.

# Stage 1 – Preferred Provider List

The Application Form – Providers need to complete the application form in order to be placed on the list. Only providers who are successful at this stage will be placed on the list. Providers must indicate which client group/s they are capable of providing. Please note that the Provider will be placed in a category based on this information and only be invited to bid for services that fall under the client group/s selected.

Six provider Lists will be established, one for each client group (listed in Section 2). The client groups are:

* Learning Disability
* Mental Health
* Acquired Brain Injury
* Physical and Sensory Disabilities (PSD)/ Long Term Neurological Conditions (LTNC)
* Young People in Transition (age 18 – 25)
* Autism

Section 2 also asks you to select the category the client group sits under: Residential; Supported Living and/or Complex Co-existing Needs. This is for information purposes only.

Specifications have been provided to enable the provider to have an overview of the service the Council would expect under that client group. There are also specifications for Residential Care and Supported Living – these are to keep the provider informed.

The Council reserves the right to reject any provider that does not achieve 50 out of 100 for Section 9.

Deadline for receipt of application forms is midday Thursday 22nd October 2015.

# Stage 2 – Mini Competition

All providers who pass the pass/fail questions and achieve over 50% for each category will be placed on the appropriate list.

**Capability Assessment**

Prior to a mini competition being published to the relevant list, providers will be contacted via email and asked to assess their capability to provide the required service, brief service information and timescales will be provided at this stage. Providers who answer positively within designated timescale to the capability assessment will receive notification via the South East Business Portal of the mini competition for any service that falls under the client group/s selected in section 2 of the questionnaire. If you answer negatively, or do not respond within the designated timescale we will not provide mini competition information.

**Mini Competition**

The mini competition process will be carried out on the South East Business Portal. You must be registered in order to take part in this process.

Providers on the relevant list will be required to answer questions to enable the evaluation team to assess their ability to deliver the service. The Provider will also be required to put forward their price for the service.

The evaluation criteria for mini competitions will be based on the following:

Quality 60%

Price 40%

The price and quality of the submitted tenders will be evaluated and a combined score achieved by each provider. A minimum of 2 and a maximum of 4\* providers scoring the highest combined scores will be invited to the presentation and site visit stages.

*\* The Council will assess the scores at this stage and if there are either significant differences in scores or if there is a cluster of similar scores, reserves the right to vary the number of bidders invited to participate in the negotiations.*

**Presentations and Site Visits**

The presentation and site visit stages for these shortlisted providers will be used to verify the providers tenders and scores may be moderated up or down as a result.

In addition, the Council reserves the right to enter into negotiations with the 2-4\* shortlisted bidders.

A detailed service specification and further service specific terms and conditions may be attached to documentation for the mini competition.

Mini competitions will be for new provision or procurement for an existing provision when contracts are coming to an end and there is a requirement to re-commission. This will usually be on the basis of a contract for core hours (usually 105 per week background hours) plus a waking night or sleep in depending on the service specification. The personal 1:1 hours required by each individual will be specified where possible, where this is not possible then an indicative number of client hours will be described in the client profile. When clients ask The Council to procure services on their behalf we will commission these with the awarded provider. Clients will have the opportunity to take a direct payment and choose a provider of their choice for their 1:1 hours.

We anticipate asking providers for their core hours hourly rate and their 1:1 hours hourly rate as well as their waking night hourly rate and their nightly sleep in cost.

**Preferred Provider List Application for the Provision of Supported Living and Residential Care Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **BASIC DETAILS OF YOUR ORGANISATION** | | |
| 1.1 | Name of Organisation |  | |
| 1.2 | Contact Name |  | |
| 1.3 | Contact Position (Job Title) |  | |
| 1.4 | Correspondence Address |  | |
| 1.5 | Telephone Number |  | |
| 1.6 | E-mail Address |  | |
| 1.7 | Company Registration Number |  | |
| 1.8 | Other Registration Number (please clarify i.e. Charity, Housing Association) |  | |
| 1.9 | Date of Registration |  | |
| 1.10 | Registration Address if different from 1.4 |  | |
| 1.11 | Please tick the relevant description of your organisations Legal Entity | i) Public Ltd Company |  |
| ii) Limited Company |  |
| iii) Partnership |  |
| iv) Sole Trader |  |
| v) Registered Charity |  |
| vi) Provident Society |  |
| vii) Other (please specify) |  |

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| --- | --- | --- | --- | --- |
| **2** | **CLIENT GROUP**  Please tick relevant box/es | **Residential** | **Supported Living** | **Complex**  **Co-existing Needs** |
| 2.1 | Learning Disability |  |  |  |
| 2.2 | Mental Health |  |  |  |
| 2.3 | Acquired Brain Injury |  |  |  |
| 2.4 | Physical and Sensory Disabilities (PSD)/ Long Term Neurological Conditions (LTNC) |  |  |  |
| 2.5 | Young People in Transition  (age 18 – 25) |  |  |  |
| 2.6 | Autism |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **3** | **FINANCIAL INFORMATION** | | | | |
| 3.1 | What was your turnover in the last two years (if this applies) | | | | |
|  | £:\_\_\_\_\_\_\_\_  for year ended \_\_\_\_\_\_\_\_\_\_ | | £:\_\_\_\_\_\_\_\_  for year ended \_\_\_\_\_\_\_\_\_\_ | | |
| If this does not apply, what year did you commence business? \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 3.2 | Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year? | | | | **Yes / No** |
| 3.3 | If “No” what were the reasons, and what has been done to put things right? | | | | |
|  |  | | | | |
| 3.4 | Has your organisation met all its obligations to pay its creditors and staff during the past year? | | | | **Yes / No** |
| 3.5 | If “No” please explain why not: | | | | |
|  |  | | | | |
| 3.6 | What is the name and branch of your bankers (who could provide a reference)? | Name:  Branch:  Contact details: | | | |
|  | Please provide either, a copy of your most recent audited accounts (for the last two years if this applies) | | |  | |
|  | Or, a statement of your profit and loss account and balance sheet for the most recent year of trading signed off by your accountant | | |  | |

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| --- | --- | --- |
| **4** | **REQUIRED CERTIFICATION** | |
| Please provide electronic copies of the following documentation with your submission. Tick the relevant boxes to confirm their inclusion. | | |
| 4.1 | CQC Registration (your organisation must be registered with CQC to provide domiciliary care and/or registered services) |  |
| 4.2 | Other (please specify-examples include ISO/Investors In People) |  |

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| --- | --- | --- |
| **5** | **INSURANCE** | |
| Please provide details of your current insurance cover. If successful, we will request insurance certificates at the point of mini competition: | | |
| 5.1 | Employer’s Liability | **£** |
| 5.2 | Public Liability Insurance | **£** |
| 5.3 | Other (please provide details) | **£** |
| 5.4 | The Council requires a minimum of £10 million for this contract for each and every claim under a company’s Public Liability insurance policy. Please confirm that you will provide this level of cover if successfully awarded entry to the Preferred List. | **YES/NO** |

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| --- | --- | --- |
| **6** | **HEALTH AND SAFETY INFORMATION** | |
| You will be requested to provide the policy at the mini competition stage. | | |
| 6.1 | Does your organisation have a written health and safety at work policy? | **YES/NO** |
| 6.2 | Does your organisation have a health and safety at work system? | **YES/NO** |
| 6.3 | If “No”, to either of the above please explain why: |  |

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| --- | --- | --- |
| **7** | **QUALITY ASSURANCE** | |
| You will be requested to provide documentation at the mini competition stage. | | |
| 7.1 | Does your organisation hold a recognised quality management certification? (e.g. ISO)  If **Yes** please state name of certification  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | **YES/NO** |
| 7.2 | If **No**, does your organisation have a quality management system? If **Yes,** to pass this section, if you do not have a quality management certification please describe your system and the measures your organisation has in place to assure quality.  Maximum word count (1000)  If you do not have quality certification or a quality management system, please explain why: |  |

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| --- | --- | --- |
| **8** | **PROFESSIONAL AND BUSINESS STANDING** | |
|  | Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? | |
| 8.1 | Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes / No |
| 8.2 | Has been convicted of a criminal offence related to business or professional conduct | Yes / No |
| 8.3 | Has committed an act of grave misconduct in the course of business | Yes / No |
| 8.4 | Has not fulfilled obligations related to payment of social security contributions | Yes / No |
| 8.5 | Has not fulfilled obligations related to payment of taxes | Yes / No |
| 8.6 | Is guilty of serious misrepresentation in supplying information | Yes / No |
| 8.7 | Is not in possession of relevant licences or membership of an appropriate organisation where required by law. | Yes / No |
| 8.8 | If the answer to any of these questions is “Yes” please give brief details below, including what has been done to put things right. | |
|  |  | |

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| --- | --- |
| **9** | **REQUIREMENT SPECIFIC QUESTIONS** |
| **Applicants must answer the generic questions and all questions relating to the Client Group they have selected in section 2 of this document.**  **Please ensure you read the specifications before attempting your response** | |
| **GENERIC QUESTIONS** | |
| 9.1 | In your view, what are the three most important elements of effective service delivery? |
|  | Insert Answer (Max. 500 words please) |
| 9.2 | How do you/will you ensure that you are able to provide the Service in a cost effective and sustainable way and deliver best value for money?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |
| **LEARNING DISABILITY SPECIFIC QUESTIONS** | |
| 9.3 | In your view what are the three most important elements of providing effective care and support services to adults with learning disabilities? |
|  | Insert Answer (Max. 600 words please) |
| 9.4 | How do you/will you ensure the services you provide promote independence whilst ensuring the safety, health & well-being of your clients? Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |
| 9.5 | How do you/will you ensure people with learning disabilities who use your service have choice and control over the support they receive? Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

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| --- | --- |
| **MENTAL HEALTH SPECIFIC QUESTIONS** | |
| 9.6 | How will the service you provide enhance peoples’ quality of life and their ability to actively participate in the wider community? |
|  | Insert Answer (Max. 600 words please) |
| 9.7 | How do you/ will you work with clients and partner agencies to positively manage different types of risk to ensure that the health and wellbeing of clients is upheld and the needs of the local community well considered? |
|  | Insert Answer (Max. 600 words please) |
| 9.8 | How do you/will you ensure people with mental health support needs who use your service have choice and control over the support they receive?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

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| **ABI SPECIFIC QUESTIONS** | |
| 9.9 | In your view what are the three most important components of providing effective care and support services to adults with an Acquired Brain Injury? |
|  | Insert Answer (Max. 600 words please) |
| 9.10 | How will you ensure the services you provide positively manage the balance between promoting independence and community engagement with ensuring the safety, health & well-being of your clients? |
|  | Insert Answer (Max. 600 words please) |
| 9.11 | How do you/will you ensure people with an Acquired Brain Injury who use your service have choice and control over the support they receive?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

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| --- | --- |
| **PSD/LTNC SPECIFIC QUESTIONS** | |
| 9.12 | In your view what are the three most important components of providing effective care and support services to adults with physical/ sensory disabilities and long term neurological conditions? |
|  | Insert Answer (Max. 600 words please) |
| 9.13 | How will you ensure the services you provide positively manage the balance between promoting independence and community engagement with ensuring the safety, health & well-being of your clients |
|  | Insert Answer (Max. 600 words please) |
| 9.14 | How do you/will you ensure people with physical/sensory disabilities and long term neurological conditions who use your service have choice and control over the support they receive?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

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| --- | --- |
| **YOUNG PEOPLE IN TRANSITION (18 – 25) SPECIFIC QUESTIONS** | |
| 9.15 | In your view what are the three most important elements of providing effective care and support services to young adults with learning disabilities? |
|  | Insert Answer (Max. 600 words please) |
| 9.16 | How do you/will you ensure the services you provide promote independence whilst ensuring the safety, health & well-being of your clients?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |
| 9.17 | How do you/will you ensure young people with learning disabilities who use your service have choice and control over the support they receive?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

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| --- | --- |
| **AUTISM SPECIFIC QUESTIONS** | |
| 9.18 | In your view what are the three most important elements of providing effective care and support services to adults with an autistic spectrum disorder? |
|  | Insert Answer (Max. 600 words please) |
| 9.19 | How do you/will you ensure the services you provide promote independence whilst ensuring the safety, health & well-being of the individual’s receiving your service?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |
| 9.20 | How do you/will you ensure people with autistic spectrum disorders who use your service have choice and control over the support they receive?  Please provide practical examples. |
|  | Insert Answer (Max. 600 words please) |

**10. DECLARATION**

I declare that to the best of my knowledge the answers submitted in this Application (and any supporting modules) are correct. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be accepted on the Preferred List for the Provision of Supported Living and Residential Care Services.

|  |  |
| --- | --- |
| **FORM COMPLETED BY** |  |
| Organisation Name: |  |
| Name: |  |
| Position (Job Title): |  |
| Date: |  |
| Telephone number: |  |
| Signature: |  |

I understand that by signing this Application I accept the following:

**The Attached Terms and Conditions:**

**Question for Care and Support Providers:**

As a provider of care and support you have a duty of care to your clients. Part of this duty of care is to actively monitor the living environment and to report any safety concerns to the landlord and/or statutory enforcement authorities in order that they may discharge their statutory duties. Please tick this box to indicate that you understand this and accept this as part of your wider duty of care to your clients.

**Question for Care and Support Providers who are also landlords:**

If you are, or it is your intention to, provide care and support services to clients in properties where you are also the landlord, please tick this box to indicate that the physical housing environment is safe, that all certificates in relation to Fire, health and safety and building regulations are in place and up to date and all other regulations and minimum standards as required by your local housing department and all other relevant regulatory authorities, are met.

Please return this form via the South East Business Portal

Not later than: **Midday 22nd October 2015**

In the title please state:

* [Provider’s Name] Application for Preferred Provider List4

Please ensure you:

* list all your attachments in your submission and
* specify which of the Client Groups you are applying for.

If you have any queries about this form, please submit your questions via the messages function of the portal

Not later than: Midday 2nd October 2015

Outcome should be given late November 2015

Feedback slots will be arranged if requested.