**Independent Regulation 44 Visitors**

**(P-008228)**

**Invitation to Provider Engagement Activity – Monday 29th April 2024**

Newcastle City Council are looking to contract services for Independent Regulation 44 Visitors to our internal Children’s Homes.

As part of this commissioning activity, we would like to meet with interested Providers who feel they have the provision, skills, knowledge, and experience to support Newcastle City Council in this area.

The Council would welcome expressions of interest from organisations and/or sole traders who are operating independently or as part of a group or consortia.

Attached to this invitation Providers have been given two documents which outline the Council’s requirements.

Any Providers who are interested in this opportunity will be allocated an individual one-hour timeslot to meet with the Children’s Social Care Team to discuss the support we require and how, as a Provider, you can meet those requirements. The meetings will be held via Microsoft Teams and may be recorded for reference, the recording will be agreed at the start of each meeting.

During individual meetings with Providers, the Council will want to explore:

1. Provider’s ability to meet the Council’s requirements, as detailed in the Specification;
2. Timescales for commencement of service;
3. Potential service cost;
4. Your internal Quality Assurance processes;
5. Your Company Structure;
6. Content and format of your Regulation 44 Report template.

Providers should come to these individual meetings fully prepared to discuss all of the items above.

Following completion of this commissioning activity, the Council reserve the right to enter into direct negotiations to appoint an appropriate Provider.

**Providers must express their interest by completing the attached Expression of Interest form and returning it to the Council by emailing Charlotte Raw,** **Charlotte.Raw@newcastle.gov.uk** **no later than 17.00pm on Friday 19th April 2024.**



**Independent Regulation 44 Visitors**

**(P-008228)**

**Invitation to Provider Engagement Activity – Monday 29th April 2024**

**Expression of Interest Form**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
|  |  |
| **Details for the person to contact about this Expression of Interest** |
| **Name** |  |
| **Role** |  |
| **Phone** |  |
| **Email** |  |
|  |  |
| **Please indicate your three preferences for a time slot on Monday 29th April 2024 by indicating ‘first’, ‘second’ and ‘third’ in the preference column**The Council will allocate places based on a ‘first come first served’ basis and preferences indicated. |
|  | **Preference** |
| Monday 29th April 2024: 09:30am - 10:30am |  |
| Monday 29th April 2024: 10:30am - 11:30am |  |
| Monday 29th April 2024: 11:30am - 12:30pm |  |
| Monday 29th April 2024: 1:00pm - 2:00pm |  |
| Monday 29th April 2024: 2:00pm - 3:00pm |  |
| Monday 29th April 2024: 3:00pm - 4:00pm |  |
| Monday 29th April 2024: 4:00pm - 5:00pm |  |
|  |  |
| **Details of the person / people who will be attending the meeting from your organisation.** You may have up to three meeting attendees. |
| **Attendee One** |
| **Name** |  |
| **Role** |  |
| **Phone** |  |
| **Email** |  |
| Does this person have any communication needs that need to be considered, if so please detail |  |
| **Attendee Two** |
| **Name** |  |
| **Role** |  |
| **Phone** |  |
| **Email** |  |
| Does this person have any communication needs that need to be considered, if so please detail |  |
| **Attendee Three** |
| **Name** |  |
| **Role** |  |
| **Phone** |  |
| **Email** |  |
| Does this person have any communication needs that need to be considered, if so please detail |  |