



Office of the
Police and Crime
Commissioner
for Warwickshire

Children and Young People's Sexual Assault Referral Service (CYPARS) Tender Award Outcome

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Report Date	6 th July 2021
Security Classification	Official
Disclosable under Freedom of Information Act?	Yes

1. Executive Summary

Following the collapse of the previous contract, the Children and Young Peoples Sexual Assault Referral Service (CYPSARS) tender commenced in late 2019 but was paused however in 2020, to enable health providers and commissioners to focus on the response to the Coronavirus pandemic.

The tender recommenced in February 2021 and this report details the outcome of the tender process and seeks approval to award.

An open tender process was undertaken, with support from NHS Arden & GEM Commissioning Support Unit (AGEMCSU). One bid¹ was received from **Mountain Healthcare Limited** (the current interim service provider).

A multiagency and multidisciplinary evaluation panel has reviewed the Mountain Healthcare bid and determined that quality and financial requirements have been met. The recommendation is therefore to move to contract award.

The total cost of the service across all available 6 years of the contract is **£13.2 million** (excluding VAT and mobilisation costs).

This is a co-commissioned service therefore all five commissioning agencies (NHS England/NHS Improvement, West Midlands OPCC, West Mercia OPCC, Staffordshire OFPCC and Warwickshire OPCC) are invited to progress requests to award.

2. Tender Background and Process

In December 2020, Mountain Healthcare was appointed as an interim service provider for a period of 12 months whilst a tender to secure a longer-term contract was completed. The appointment of a caretaker was required when the incumbent provider (Birmingham Community Healthcare NHS Trust) identified that it was no longer able to deliver the full-service requirements.

Due to the pandemic the tender was paused in April 2020 and a Single Tender Action approved to extend the contract until January 2022. The tender recommenced in February 2021.

The invitation to tender agreed in 2020 remained unchanged and was completed as an open process conducted under the Light Touch Regime (The AGEMCSU tender award report is included in *Appendix 1*).

• ¹ By comparison when this service was tendered in 2016 2 bids were received.

Oversight

A Procurement Steering Group directed and maintained oversight of the procurement process. All co-commissioners were represented along with AGEMCSU procurement leads, a project coordinator and police tactical representatives.

Evaluation Panel

A multiagency and multidisciplinary evaluation panel was reformed in 2021 and included:

- OPCC representatives
- Police Force representatives
- Public Health England
- NHS E/I Nursing and Quality
- NHS E/I Finance
- NHS E/I Commissioners

Along with the following Subject Matter Experts:

- Forensics
- Paediatrician and Designated Doctor
- Designated Nurse
- Information Management and Technology
- Information Governance
- Human Resources
- Advocate (due to illness was only able to attend the interviews)

The full evaluator list is included in *Appendix 2*.

Survivor engagement

It had been hoped to have a panel of survivors evaluate the tender however the requirement for these to be age appropriate, coupled with the nature of the service and the pandemic meant that in spite of repeated attempts by The Survivors Trust to secure volunteers this was not possible.

A panel of survivors did develop several tender questions and a service user specification was developed from patient engagement activities delivered by The Survivors Trust on behalf of the procurement project, prior to the pandemic. This was included in the tender pack.

3. Scores

The evaluated and moderated scores for the Mountain Healthcare bid are as follows:

Score	Maximum score available	Bidder score	Weighted Pass /Fail Threshold	Weighted Bidder score
Service delivery and quality (60% weighted)	100%	66.5%	36%	39.9%
Finance Score (40% weighted)	100%	100%		40%
Overall score				79.9%

4. Financial Implications

A guide bid price was included in the tender of £2,300,000 per annum, which includes an annual 1.5% service improvement / service development (CQUIN²) payment. The contract offered is for a period of 4 years, with the option to extend for up to a further 2 years.

Service Costs (Contract Price)

The submitted bid price* is:

	Bidder Price (£'s)						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	TOTAL
Pay Costs	£1,226,063	£1,207,605	£1,207,605	£1,207,605	£1,207,605	£1,207,605	
Sub-Contractor Costs ³	£170,769	£170,769	£170,769	£170,769	£170,769	£170,769	
Non-Pay Costs	£813,539	£813,539	£813,539	£813,539	£813,539	£813,539	
Total cost (pay and non-pay)	£2,210,371	£2,191,913	£2,191,913	£2,191,913	£2,191,913	£2,191,913	

Marginal Cost for activity exceeding <u>570 referrals per annum</u> by over 10%	£2,000
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² Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to link a proportion (%) of providers' income to the achievement of quality improvement goals. In 2020/21 this was set at 1.25%

³ Psychological Therapies

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* To note:

- The bid price excludes VAT (as advised by NHS E/I in the tender instructions)
- The bid price excludes annual CQUIN payments, as specified under the NHS standard contract and paid at the rate specified in annual NHS planning guidance
- The bid price excludes inflation which will be applied in accordance with published NHS E/I national planning guidance.
- Staff police vetting costs are not included and will be met as a pass-through cost, split across the five co-commissioning partners.
- CYPsARS premises costs are excluded from the tender and will be included in the contract as a pass-through cost to NHS E/I. This has been approved in a separate paper by NHS E/I in relation to the Darlaston Primary Care Centre.
- The bid was submitted in accordance with current Laws and Regulations (including current Forensic Science Regulator guidance)
- In line with current arrangements the Police will be required to continue to provide all forensic modules and cleaning agents/equipment required for the cleaning of the forensic rooms at the acute hub.

Compared with the advertised estimated service cost the submitted bid provides total savings across all co-commissioning partners of **£630,000** (excluding VAT⁴, inflation and CQUIN payments) across the 6 years of the contract.

A funding formula to proportion service costs was agreed across all co-commissioning partners at the start of the tender process. Based on the submitted bid price this equates to:

	% split	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
West Midlands OPCC	14%	£309,452	£306,868	£306,868	£306,868	£306,868	£306,868	£1,843,791
West Mercia OPCC	7%	£154,726	£153,434	£153,434	£153,434	£153,434	£153,434	£921,896
Staffordshire OFPC	4%	£88,415	£87,677	£87,677	£87,677	£87,677	£87,677	£526,797
Warwickshire OPCC	2%	£44,207	£43,838	£43,838	£43,838	£43,838	£43,838	£263,399
NHS E/I	73%	£1,613,571	£1,600,096	£1,600,096	£1,600,096	£1,600,096	£1,600,096	£9,614,053

⁴ As a healthcare service this is reclaimable by NHS E/I

Mobilisation Costs

The bid includes a non-recurrent mobilisation cost of **£18,832.50** to cover new Forensic Science Regulator (FSR) requirements (registration and initial accreditation). NHS England and NHS Improvement has confirmed in writing its position regarding FSR responsibilities (*See Appendix 3*) and as such this cost will need to be met by the OPCCs. It is recommended that this is proportioned in the same way as service costs, as follows:

	% split	OPCC % only	Mobilisation Cost contribution
West Midlands OPCC	14%	14/27 = 52%	£9,792.90
West Mercia OPCC	7%	7/27 = 26%	£4,896.45
Staffordshire OFPCC	4%	4/27 = 15%	£2,824.88
Warwickshire OPCC	2%	2/27 = 7%	£1,318.28
NHS E/I	73%	N/A	N/A

5. Improvements, Developments and Reservations

The evaluation panel identified a number of elements within the bid that they considered to be of added value. These include:

- A workforce model which was designed to have added resilience through an additional nurse.
- A dedicated safeguarding and strategy manager role for the service.
- Team members having “champion” roles to enable a focus on hard to reach groups.
- Open days to improve awareness of the service.
- An extension of SARC engagement into areas such as e-safety, healthy relationships and harmful sexual behaviour.
- Additional pastoral support for staff in partnership with the Third Sector.
- Protected Forensic Nurse Examiner training time.

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- Development and implementation of a data portal that will provide access to live data.
- Benchmarking of service performance against national data and submission of additional data items over and above national requirements.
- Co-production of services with survivors.

The evaluation panel identified 2 areas of minor reservation:

- The gender relevant section did not specifically mention considering the needs of survivors who identify as non-binary, transgender, or those who are intersex, or identify with any other gender definition.
- Further details would have been liked regarding maintaining service continuity in the event of IT system failure. Paper based recording and mobile phones were mentioned, however details regarding how this would be inputted once systems are restored were missing and it was not clear whether systems would be available offline on the standalone laptops and mobile phones.

The provider will be asked to address these as part of the contract award and service mobilisation process.

6. Risks and Issues

Mountain Healthcare currently has three warning notices on the West Midlands CYPSARS from the Care Quality Commission (CQC). They have appealed and on the back of the evidence provided, the CQC have removed parts of the Warning Notices which were factually inaccurate (for example regarding activities that are not a requirement in the regulations). A revised report has been published on the CQC website and a focused re-inspection will take place (date tbc). Mountain Healthcare produced a detailed action plan which is monitored monthly and the majority of the actions have now been implemented. **There are no commissioner or nursing/quality concerns that would prevent contract award.**

The service proposed will be a mixed Forensic Doctor and Nurse Examiner led model. This remains something the Royal College of Paediatricians continues to contest and is contrary to their guidance. However, this model was agreed by the Region when Mountain Healthcare took over interim service delivery and has been in place since February 2020. No issues have been reported to date and Police colleagues report that they are happy with service delivery. A hybrid Doctor/Nurse Forensic Examiner model is in place in other regions across England and is supported nationally by NHS E/I (see *Appendix 4*). The use of the hybrid model enables 24/7 CYPSARS coverage to be provided which all co-commissioning colleagues consider to be a key service requirement.

7. Recommendations

- a) That the contract is awarded to Mountain Healthcare Limited based on an evaluation, completed against agreed criteria by a multi-agency and multi-disciplinary panel which determined that quality, service delivery and financial thresholds and requirements have been met.
- b) That in support of the proposed award of the new CYP SARS contract, the proposed new co-commissioning agreement is signed (*see draft attached at Appendix 5 – which mirrors the one we have in place for current Adult SARC and CYP SARC services and includes proposed financial payments, as set out above*).

Richard Long
Development and Policy Lead

Appendix 1 – AGEM Award Report



Appendix 2 – Evaluator Panel

Police	Staffordshire	Nicola Furlong
	Warwickshire	Lisa Sears
	West Mercia	Callie Bradley
	West Midlands	James Edmonds
OFPC	Staffordshire	Nicky Jolley
OPCC	Warwickshire	Richard Long
Service User	Advocate	Namita Prakash (interview only)
NHS England	Clinical / quality	Angela Young
	Commissioning	Stephanie Beaumont
	Commissioning	Ellie King
	Finance	Lydia Greenwood
AGEM CSU	HR	Isabelle Roost
	Information Governance	Kelly Huckvale
	IT	Kevin Tuckley
Clinical	Designated Nurse	Melanie Homer
	Community Paediatrician and Designated Doctor	Hassan Zoaka

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Forensics	Forensics	Philip Field
PHE	Public Health	Lynn Inglis

Appendix 3 – FSR Responsibilities Letter



NHSEI position
statement FSR Letter

Appendix 4 – FNE Position Statement



National Position
Statement FNEs.pdf

**Appendix 5 –
CYPARS Collaborative Commissioning Agreement
2022-28 v1**



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Collaborative Comm