

Issue number: 007 – SP00082 dated 30.09.2010

Updated Information for Providers

Item	Date Received	Nature of enquiry	Response
1	01.09.2010	<p><i>Our assumption is that you require BOTH an Outline of Delivery (for the whole county) AND a case example (localised), combined into a single answer not exceeding 1000 words per area (i-iv below inc); NOT an unspecified word count for Outline of Delivery and separately 1000 words for each case example? perhaps indicated by “1000 words per case example” from the question below?</i></p> <p>4.2 Service Delivery and Operations</p> <p>(a) Outline how you will deliver the IOM model, with specific reference to :</p> <ul style="list-style-type: none"> i) Criminal Justice Integrated Teams for specified drug and alcohol clients ii) Prolific and Priority Offenders iii) Assertive outreach and re-engagement iv) Harm reduction, including Alcohol Brief Interventions <p>Please provide a case example demonstrating delivery of services for each one of these areas. (Responses to this question have a word limit of 1000 words per case example)</p>	<p>How you choose to format your answer is at your discretion. We are clear however that each case example should hold enough evidence and no one case example should exceed 1000 words.</p>

2	01.09.2010	<p>Page 40 of Service Spec says “<i>IT equipment installed within HCC premises must be procured from HCC IT services</i>”.</p> <p>Is there a price list available to assist us in costing items of IT equipment?</p> <p>If there is no price list, will the cost to the Service Provider be without any markup by HCC IT Services?</p> <p>Does the definition of ‘IT equipment’ cover peripherals such as printers?</p>	<p>It is the intention that the Service Purchaser will directly fund reasonable costs for the provision of such IT equipment within the core bases, separate from the contracted allocation. This only applies to the commissioned provider within the Hampshire IOM Service. In relation to additional satellite sites or offices, the costs will be borne by the Service Provider, for their commissioned provision only. Where such premises are owned or under control of HCC, the integrity of existing IT systems must be maintained by procuring through HCC IT Services. Only an estimate can be provided here but supplying and installing a single computer terminal and phone line, plus service support, would cost approximately £1000 per annum. (Approx: £590 per managed PC, £122 per phone plus further estimated costs for additional users per unit, cabling and support services). There is no obligation upon HCC to provide such a service if not practical to do so. If the premises are not owned or controlled by HCC then procurement and costs are fully the responsibility of the Service Provider. Provision of any mobile equipment rests fully with the Service Provider. Costs for printers and faxes are similar to PC terminals but dependent upon final specification; the Service Purchaser will make a reasonable contribution, according to that specification, within core bases only. Consumables will be fully the responsibility of the Hampshire IOM Service; some costs will be shared with the co-located services.</p>
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3	01.09.2010	Will telephone handsets and fax machines be part of the Service Purchaser responsibilities for the core office locations?	<p>It is intended that desk telephones at core office bases will be provided by the Purchaser.</p> <p>Provision of fax machines is to be determined.</p>
4	01.09.2010	<p>Page 40 of Service Spec says “<i>The Service Provider will be responsible for ... IT support from HCC (where relevant for own equipment)</i>”.</p> <p>What are the charges for the HCC IT Support? Is this only relevant for IT equipment that the Service Provider purchases from HCC IT services?</p>	<p>IT support from HCC will only apply for IT equipment procured from or under control of HCC. Support cannot be provided for equipment sourced elsewhere. Support cannot be provided for services added to, but not provided by HCC. Charges are therefore only relevant to equipment procured through HCC; see response to Q2 for estimate of costs.</p>
5	01.09.2010	<p>What arrangements are intended for paying for Service Users’ travel costs? Would the Service Provider reimburse such costs? Should we include a provision within our budget and if so what would be the best basis for calculation?</p>	<p>Any payments to Service Users in relation to delivery of services or interventions will be a matter of discretion for the Provider, according to needs and circumstances.</p> <p>Reimbursements to Service Users, involved in developing services, is based on reasonable costs; for example, as outlined in Models of Care. This will also be the responsibility of the Provider and will form part of their budget allocation.</p>

6	01.09.2010	<p>ITT, page 16, question 4.2(a), states: <i>Outline how you will deliver the IOM model, with specific reference to (4 areas) ... Please provide a case example demonstrating delivery of services for each one of these areas. (Responses to this question have a word limit of 1000 words per case example)</i></p> <p>Is the word limit only for the case example? For example for the first area, can we write as much as is necessary when outlining how we will deliver the CJIT requirement, but then we must keep our case example of delivering CJIT services to 1000 words?</p>	Please see response to Q1.
7	01.09.2010	<p>Is there any separate provision for one-off year 1 setup costs e.g. TUPE redundancy costs, capital costs or premises set-up costs, or do all costs have to be covered within the £850K budget limit?</p>	<p>All costs are to be covered within the annual allocation but may be managed across the total contract period. There is no separate funding available for additional costs. The Purchaser is committed to funding certain core costs, such as core office bases, rather than pass this commitment to the Provider.</p>
8	01.09.2010	<p>Can we add rows to the budget spreadsheet, for example to show one-off satellite premises set-up costs if necessary?</p>	<p>Yes, rows may be added if it aids clarity in how costs are spread but rows cannot be deleted. All budget information required in original spreadsheet must be provided.</p>
9	01.09.2010	<p>Page 3 of the ITT states that the “indicative budget for each contract year” is £850,000. Does this mean that the budget price must be at or below £850,000 for each of the three years of the contract, i.e. with no increases for inflation?</p>	Please see response to Q7

10	01.09.2010	The budget spreadsheet appears to allow TUPE costs only in Year 1. Can TUPE and other one-off costs be spread over more than one year if necessary to stay within budget? For example, if running costs for the IOM service were £800K and TUPE and set-up costs were £100K, then the total Year 1 cost of £900K would exceed the budget limit of £850K even though the Year 2 and 3 costs would be only £800K. However if it was allowed to spread the cost over more than one year then such a budget could be £850K in Years 1 & 2 and £800K in Year 3, and therefore be within budget.	The funding available via the Purchaser is based on an annual allocation and will be paid on that basis. The Provider may spread costs over the period of the contract but remains responsible for any financial commitments as a result of that practice.
11	01.09.2010	In the budget spreadsheet there is a cell in row " <i>Recruitment</i> " and column " <i>Number of Staff</i> " marked " <i>To complete</i> ". Is it compulsory to place a value here? For explanation, our budgeting for recruitment is calculated on an average estimated cost per member of staff employed on a service since it is impossible to know in advance how many staff will have to be recruited (since this depends on numbers who choose to transfer in via TUPE).	We understand that this an estimate based on the TUPE information provided against the model proposed by the Provider; i.e. the Provider should have an estimate of staffing levels, the TUPE information provided shows potential staffing to consider. The values should reflect your proposals for the new service.
12	01.09.2010	In the budget spreadsheet there is a cell in row " <i>Management Overheads</i> " and column " <i>Number of Staff</i> " marked " <i>To complete</i> ". What value is required here?	Where there is dedicated support not directly forming part of the local service (e.g. area business manager 0.25 FTE; e.g. performance manager 0.3 FTE) then specify, plus amount. Where there is generic support across the organisation not directly forming part of the local service (e.g. Senior Management, administrative support, accountancy) then indicate those areas, plus amount

13	01.09.2010	<p>In the Service Spec (page 15) under 4.8.1 it says in the first paragraph there are 12 custody suites. In the third paragraph it then lists 13, because Gosport is listed twice.</p> <ol style="list-style-type: none"> a. Which information is correct for Gosport, 5-6000 or 8-10000? b. The Hampshire police Authority website also lists custody suites at Winchester and Havant. Why are these omitted from the list in the Service Spec? c. Which are the nine full time custody suites mentioned in the first paragraph and which are the three for 'overspill'? 	<p>The service specification is a summary of provision and will continue to be subject to change.</p> <ol style="list-style-type: none"> a) a typing error; Gosport is in the 8-10,000 category b) a typing error; Alton, Andover and Winchester (not Gosport) should be shown as in the 5-6,000 category. Havant district is served by Waterlooville c) Of those listed; Alton is only open part time; Farnborough, Hythe and Lymington are overspill only – the remainder are full time custody suites.
14	01.09.2010	<p>The ITT asks us (P16) to outline how we will deliver the IOM model with reference to (among others) "Harm reduction, including Alcohol Brief Interventions". Is this aspect only asking for our response with regard to alcohol clients, or should we include harm reduction with regard to drug clients? The reason for this question is that on P16 the 4 requirements match four on P3, except on P3 it says "Provision of Alcohol Brief Interventions (ABI) and harm reduction support for specified alcohol related offenders".</p>	<p>Harm reduction relates to ongoing drug and alcohol advice, support and guidance for all their designated IOM clients, as part of the continuing case management process. Alcohol Brief Interventions is specific activity for any relevant offenders they may come into contact with, whether or not they are identified as IOM clients.</p>

15	03.09.2010	<p>For the DRR drug testing requirement: How many tests are currently conducted per year? Is this number expected to change next year? Is the requirement for 2-panel or 6-panel tests? What is the current budget for DRR drug testing.</p>	<p>The current target is for 240 DRR 'commencements' annually; from which approximately 100 'complete' their order. Offenders may receive a Low, Medium or High order. Low orders should be tested once per week, others twice per week, for the first 16 weeks of their programme. Subsequent testing may be subject to 'random' application and use of 'admissions'. This is all subject to individual assessment, court review and agreements with Probation.</p> <ul style="list-style-type: none"> a) It is anticipated that demand for mandatory testing will be approximately 2500 tests per annum minimum. b) The national and local policy is being reviewed but there is no current expectation that demands for mandatory testing will increase. c) National standards recommend a use of a combination of urine and mouth swabs, but this not a requirement. Offenders should usually be tested for drugs which are most closely associated with their offending behaviour but there should be capacity to vary the type of drugs tested for, if this is appropriate. d) There is no separate budget for drug testing of DRR clients. Existing services conduct mandatory tests for DRR clients and random (voluntary) testing for some PPO clients. The total expenditure is approximately £75,000 per annum.
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16	03.09.2010	<p>On P40 of the Service Spec it states “Drug testing of designated DRR clients (or other clients, subject to agreement)”. For the ‘other clients’,</p> <p>Approximately how many clients would be expected?</p> <p>How many tests would be expected?</p> <p>Would the requirement be for 2-panel or 6-panel tests?</p>	<p>The IOM service will be expected to test DRR clients as part of their specified order. The budget allocation includes provision for this activity. The service will also be encouraged to undertake testing for other designated IOM clients, only where necessary and practical to do so (for example, certain PPO clients). This does not relate to other mandatory services but may form part of the proposal from Providers. It does not remove any requirement from other services to provide this activity. (NB: testing for PPO on licence remains the responsibility of Probation; testing of offenders whilst undergoing ‘treatment’ will be the responsibility of that treatment provider.</p> <p>Please also see response to Q15.</p>
17	03.09.2010	<p>Could you provide more clarity on prison related elements of the IOM service? Is there a requirement for a Prison Link service, or will the CJIT service only acquire clients on release from prison?</p>	<p>The IOM service will form part of a holistic service, case managing designated offenders in the community but retaining some contact with offenders whilst in custody. The commissioned service will provide specialist support for its’ client groups, especially for drug and alcohol offenders, to ensure engagement with suitable services. The IOM service will manage links with the Prison, including with CARAT teams, IDTS services, and at point of release. This will be managed in conjunction with co-located Probation staff. It is envisaged that there will be shared IT facilities to exchange information to manage ‘continuity of care’ with prisons. It is expected that specified offenders will receive targeted interventions and support, rather than solely relying on referrals.</p>

18	07.09.2010	<p>Could you provide more clarity on court referral elements of the IOM service? Will the court referrals be referring clients into the service following court appearances, or will the Provider staff be attending court in some instances to do assessments/triages or assist with Pre Sentence Reports etc?</p>	<p>It is expected that the Provider will assist the Probation staff in preparation of court papers, particularly Pre-Sentence Reports / DRR and ATR progress reports and in obtaining relevant information from other services, e.g. treatment services, which the Provider is in contact with . Consequently, there will also be opportunity to identify suitable individuals requiring assessment/ triage or individual support whilst at court. On these occasions, attendance at court will be as a result of individual need and meet the aims of the IOM service. As the IOM service is established, the court services will become more familiar with routing of referrals into IOM directly."</p>
19	07.09.2010	<p>If Provider staff will be required to be present at court premises in some instances, how many applicable court locations are there in Hampshire and where are they located?</p>	<p>Hampshire Courts serve the whole of Hampshire and the IOW and are not restricted by local geographic boundaries. There are three Crown Courts located at Winchester, Portsmouth and Southampton, plus six Magistrates Courts located at Alton, Basingstoke, Aldershot, Andover, Lyndhurst and Fareham; Alton, Basingstoke and Andover also feature as Specialist Domestic Violence Courts. It is not expected that staff from the Hampshire IOM Service will automatically be available at these courts.</p>
20	08.09.10	<p>Regarding word counts in the Questionnaire, if we use diagrams in our response (for example organisation charts or process maps), will any words within the diagrams be included in the word count when checking if we have exceeded the allowable word total?</p>	<p>How you choose to format your responses is at your discretion (unless specified in the question). Text within diagrams will not be included in the word count.</p>

21	09.09.10	<p>Regarding your answer to Q1 and Q6 on word counts for 4.2(a), the response has left us still slightly unclear as to your requirements. For clarity:</p> <ul style="list-style-type: none"> a. We have assumed a '<i>case example demonstrating delivery of services for each one of these areas</i>' means an example demonstrating how and where a bidder has previously delivered services for that area. Is that assumption correct? b. We are assuming that the word limits for 4.2(a) mean that, for example, a total answer of 6,000 words for 4.2(a) would be acceptable as long as none of the four 'case examples' given in the answer exceeded 1000 words. Is that assumption correct? 	<ul style="list-style-type: none"> a) The ITT covers delivery of the IOM model. The case examples are required to demonstrate how delivery of this model will be undertaken for these particular areas. b) How you format the response is at your discretion. As long as each case example does not exceed 1000 words then this would fit in the word limit specified
22	09.09.10	<p>Can you be more specific as to what you mean by specialist housing related support? Is it just advice and signposting or direct delivery?</p>	<p>It is expected that the Provider will offer advice, guidance and support for a range of issues identified as part of the assessment and ongoing case management of specified offenders, including referral and signposting to housing related services. It is expected that the Provider will establish links with a range of housing providers in order that their client group may have improved access to housing support or other forms of settled accommodation.</p>

23	10.09.2010	<p>There is some confusion for us about the role of the Service Provider in DRR. In a number of key places, such as ITT section 1.5 Requirements - there is no reference to the DRR role. However, based on information contained in the Service Specification on pages 20, 22, 26, 40 and 52 (Appendix 4) there clearly is a remit around DRR and we would like a specific statement on the role/expected service for the DRR. We had initially concluded that the role for the Service Provider was to 'pick up' and try to re engage and support those who had 'dropped out' of DRR and to ensure that those who complete, remain engaged with the community Tier 3 provider.</p>	<p>The Hampshire Probation Service retain responsibility for case managing all DRR cases, however, this will be undertaken within the IOM team. The Provider will have specialist skills in working with drug misusing offenders and will apply that specialism in ensuring the DRR client remains engaged with criminal justice interventions and other services - including treatment.</p>
24	10.09.2010	<p>Can you clarify whether the Service Provider is responsible for all DRR drug testing and that the DRR clinical Treatment provider does not undertake this work?</p>	<p>DRR clients will be drug tested as part of the requirements attached to their community order; this will form part of their ongoing case management with their case manager / key worker. This testing will be undertaken by the IOM Provider and the funding for this forms part of the contract allocation. This element is not undertaken by any clinical treatment provider who may 'test' as part of their treatment at their own cost; nor is the IOM Provider expected to undertake any other testing nor any clinical treatment.</p>
25	10.09.2010	<p>If the answer to the above question is YES, can the Service Provider 'source' its own testing kit supplier?</p>	<p>The IOM Provider can source its' own testing kit supplier.</p>

26	13.09.10	Regarding the answer to Q21, we are now clear on the response to part (b), that the word limit only applies to each of the 'case examples'. However we are still unclear as to what is meant by 'case example', which is not a commonly used term nor one with a generally agreed definition. You say " <i>case examples are required to demonstrate how delivery of this model will be undertaken for these particular areas.</i> " Does this mean that the case example should (i) describe how we would deliver that aspect of the IOM service, (ii) provide an example of where we have delivered that aspect of the service elsewhere (having already described our proposed delivery in our overall response to the question outside the 'case examples'), or (iii) some combination of (i) and (ii)? We are concerned that we risk having some or all of our response to this question not scored due to our lack of understanding of what it is you require.	We expect the response to demonstrate how the Provider intends to deliver the Hampshire IOM Service by use of a case example describing proposals for each of the four core areas.
27	16.09.10	Is there scope to utilise probation service offices to undertake drug testing when offenders visit their offender managers?	The current specification is for testing of DRR clients to be undertaken by the commissioned provider, testing of other offenders is to be undertaken by suitably qualified probation officers (as part of offender management only). Once the service is operational, local agreements and arrangements may vary this according to need and availability.
28	16.09.10	How many PPOs are also on ATR?	It is estimated that approximately 10 PPO may be subject to ATR annually

29	16.09.10	Could you please list where DRR clients currently undertake their weekly testing regime?	The current specification is for testing of DRR clients to be undertaken by the commissioned provider, testing of other offenders is to be undertaken by suitably qualified probation officers (as part of offender management only). Once the service is operational, local agreements and arrangements may vary this according to need and availability.
30	16.09.10	Is there any facility to drug test clients at the OCU bases?	The reference to 'OCU bases' implies at Police premises. Hampshire is a Non Intensive DIP area and such testing is not routinely undertaken in Police custody centres.
31	16.09.10	Re: RHINO - is there any expectation that the RHINO project continues in its current form?	The Resettle and Rehabilitate elements for Prolific and Priority Offenders, currently provided through district Community Safety Partnerships, is to be delivered by the Hampshire IOM Service as from 1st April 2011; this will also include relevant Probation staff.
32	20.09.10	What is the total inclusive permitted word count for question 4.2 a)	the word limit for 4.2 a) has only been set in regards to the case studies. Applicants are able to format the response as they wish. If applicants choose to respond with additional wording/text then there is no set word limit for additional text - the only restriction is 1000 words per case study.
33	20.09.10	Is Winchester Prison the local remand prison for the purposes of this tender?	Winchester Community Prison is the local remand prison, for male offenders only.
34	20.09.10	To which prisons are female offenders sent?	HMP Bronzefield, Ashford, Middlesex is the relevant prison for female offenders.

35	20.09.10	How many copies of our response you would like and in what format (hard or soft copy)?	We require 2 printed copies and 1 copy on a memory stick. Emailed or Faxed ITTs will not be accepted. A return label was attached to the ITT sent out.
36	21.09.10	We are still unclear as to the application of the word limit for question 4.2a. The question appears to ask for a description of how the service will be provided with reference to each of the four areas indicated, with no word limit applied; PLUS a case example in each of the four areas with a word limit applied of 1,000 words per case example. However, an alternative reading of the question is that there is a 4,000 word limit for the entirety of question 4.2a. Can the commissioners please confirm which of these is the required interpretation of the instructions for this question?	Please see previous answers to questions regarding 4.2a.
37	22.09.10	<p>Could you provide additional clarification on the statement in 1.2 of ITT</p> <p>In addition, a scheme to provide specialist housing related support for offenders, funded through Supporting People, is to be managed from within IOM by the commissioned provider. Is this an existing contract we will be taking over, if so what is its scope? Does this come with the additional SP funding, if so how much? Are there staff involved or is it done by those mentioned in TUPE docs?</p>	<p>The Performance Indicators applicable to the Hampshire IOM Service include an expectation for the Provider to contribute to improving outcomes for offenders under Probation supervision living in settled and suitable accommodation at the end of their order or licence. It is expected that improving access to housing and settled accommodation will form part of general needs assessment for clients. The scheme for specialist housing related support, funded through Supporting People, is not at a position to proceed within IOM and Providers are not expected to make direct provision for this specialist activity.</p>

		<p>On the budget spreadsheet there are columns headed “Year 4 (option) and Year 5 (option)”.</p> <ol style="list-style-type: none"> a. Is it compulsory to complete these columns? b. If yes, is the budget limit of £850K intended to apply to years 4 & 5 as well c. Will any values in these columns for part of the assessment and scoring process? 	<p>The proposed contract is for three years with an option to extend for a further two years, therefore this is indicated as such on the spreadsheets provided.</p> <p>There is no requirement to provide any figures for Year 4 or Year 5 at this stage. These columns may be left blank.</p> <p>The budget allocations for the contract periods depend upon the funding streams available to the Purchaser and are therefore based on current figures of £850,000 per annum.</p> <p>In light of (2) above, any values for Year 4 and Year 5 will not form part of the assessment and scoring process.</p>
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		<p>Regarding the Conditions of Contract, will the Council consider any further changes, specifically to the Termination clause?</p> <p>There are two elements of the Termination clause which amount to strikingly unequal treatment of the two parties. The first is voluntary termination, clause 29.4 allows the Service Purchaser to terminate the Contract without cause with 6 months notice, but there is no similar clause allowing the Service Provider to voluntarily terminate the contract without cause, even though that is a standard provision in contracts of this nature. Will the Council consider inserting such a clause?</p> <p>The second issue is the notice period for termination for material breach of contract. Clause 29.2 allows the Service Purchaser to terminate for material breach with 3 months notice, clause 29.1 allows the Service Provider to terminate for material breach but requires 12 months notice. Will the Council consider equalising this provision and making the notice period in the event of material breach 3 months for both sides?</p>	<p>The council is committed to working positively with the successful provider and would not use the voluntary termination clause arbitrarily. The current terms and conditions will remain.</p> <p>An amended version of Terms and conditions has been circulated to all applicants.</p>
	27.09.10	<p>Will probation cover the cost of travel for DRR clients attendance for drug testing?</p>	<p>The interventions for DRR will be jointly managed between Hampshire Probation and the designated Provider. It is envisaged that the majority of testing will be undertaken during key worker sessions, at locations minimising the need for travel. It will not be normal practice for travel costs to be met for offender interventions. If individual circumstances require any variations then this should be agreed with the relevant Probation Offender Manager.</p>

	27.09.10	Is the IOM team to manage the police associated with the PPO. If not, who is this managed by?	The Police staff will be 'link' officers to other operational police staff and relevant points within the criminal justice system. They will continue to be managed from within Hampshire Constabulary and not directly managed from within the IOM Service.
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