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Application Guide

Midlands and Lancashire Commissioning Support Unit (MLCSU)

Complex Care (Staffordshire)



Midlands and Lancashire Commissioning Support Unit (MLCSU) - Application Guide

The Midlands and Lancashire Commissioning Support Unit (MLCSU) will be working with adam HTT Ltd to manage the commissioning and contracting arrangements for individual packages of care or ongoing support for people with Section 117 entitlement and complex mental health needs including individuals with Acquired Brain Injuries. This was previously managed by North Staffordshire and Stoke-on-Trent CCGs directly.

Contractual agreements and Financial payment arrangements will be uploaded by the MLCSU and *adam*, but in order to be paid from 01.09.2019 you will need to register as a Provider and complete an Accreditation and Enrolment on SProc.net. During this process you will be asked to provide basic company details, answer questions about your organisation and upload relevant insurance documents and contractual documents.

A part of this change will be the introduction of an automated, efficient and paperless invoicing process including the following:

- Fully online process for submitting service receipts to receive payment for work completed.
- Multiple support and communications channels for assistance completing service receipt submissions.
- Comprehensive online records and auditable detail of all current active service agreements with the functionality to update information and terms of the contract where necessary.
- Service receipts can be modified after the fact to account for any necessary corrections to be approved by MLCSU.
- Live updates on progress though the payment cycle for each invoice, detailing when a Supplier can expect to be paid across all service agreements and how much they will receive.
- The opportunity to run live reports from SProc.Net.

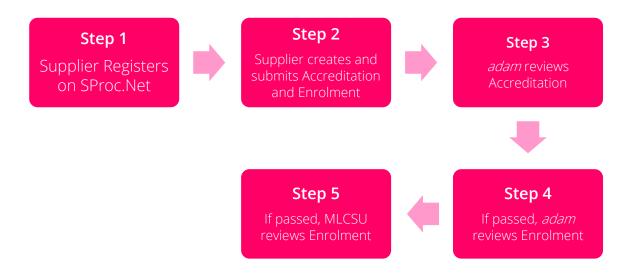
This document will cover the following:

- How to join SProc.Net
- Registration
 - Add users
 - Add locations
- Accreditation information required
- Enrolment information required
- Next Steps



How to join SProc.Net

The step by step process to be completed online is as follows:



Please note that if either the Accreditation or the Enrolment is failed, the provider will receive feedback from *adam* so amendments can be made. Typically, the cycle of these steps will take a maximum of 10 working days.

The below table shows the person/s responsible for completing each of the steps which are explained in further detail throughout this document.

| Person Responsible for completing | Register on SProc.Net | Add Care Home Location | Accreditation (Company based) | Enrolment (Location based) |
|--|--------------------------|---------------------------|----------------------------------|-------------------------------|
| Head Office or designated Care home e.g. ABC Ltd | Yes | Yes | Yes | |
| Individual Care Provider / Facility location e.g. ABC Care Home London | | | | Yes |



Step 1: Registration

Register

You must register your business on the system (https://www.sproc.net). If your care home is part of a larger parent group, then head office or the care provider/facility responsible for admin processes will need to register on SProc.Net. The below shows what is required:

- Business name
- Registered trading name (if different from the above)
- Business tax/VAT number
- Charity registration number (charities only)
- Company registration number (companies only)
- SME status
- Registered business address (Address line 1, City, Postcode etc.)
- Telephone number
- Email address

Add a System User

Once the company details have been filled in, you will be taken to a page to create a system User for head office which will require the following:

- First name
- Last name
- Job title
- Email address

Once the above fields have been completed and the first user has been created, they will receive a username and temporary password. Upon logging into SProc.Net, the user will be prompted to change their password. The user will have the ability to create other users for their organisation.



Add a Care Provider / Facility Location

Individual care provider / facility locations will need to be added by head office once the company has been registered on SProc.Net. Locations need to be added so that the individual care homes can complete the Enrolment at a later stage.

To add a care home location, go to the admin tab – my company – locations – new, and then follow the steps to fill in the details for the care home. This will include:

- Location display name
- Address

For further details and support on how to complete this registration process, please visit the 'Contact us' page at http://demand.sproc.net or email our supplier engagement team directly at supplier.engagement@useadam.co.uk.



Step 2: Accreditation & Enrolment

At the Accreditation and Enrolment stages, your business will need to supply additional information to MLCSU. The tables below show the questions which the Supplier will have to respond to. Some questions will only have to be answered depending on the response to another question.

adam HTT Ltd may carry out a credit check on your business on behalf of the Midlands and Lancashire Commissioning Support Unit as part of the Accreditation and Enrolment process for Complex Care (Staffordshire).

Accreditation

To start a new Accreditation you will need to select the following:

Client: Midlands and Lancashire Commissioning Support Unit

Category: Complex Care (Staffordshire)

You will be asked to input your CQC Provider ID.

You will be asked to download the declaration statement. You will need read this, and then go back to the Accreditation and tick:

- I agree to the terms of the document
- I am authorised to agree

This table shows the questions which will need to be completed as part of your Accreditation. Please note that every question requires an answer; if the question is not applicable to your company you must insert N/A to submit your Accreditation.

| 0 | Company Information | Trigger / |
|----|--|-----------|
| Q | | Response |
| 1 | Full name of the potential supplier submitting the information | |
| 2 | Registered office address (if applicable) | |
| 3 | Registered website address (if applicable) | |
| 4 | What is your organisation type? | |
| 5 | Please specify your trading status | 4 (Other) |
| 6 | Date of registration in country of origin | |
| 7 | Company registration number (if applicable) | |
| 8 | Charity registration number (if applicable) | |
| 9 | Head office DUNS number (if applicable) | |
| 10 | Registered VAT number | |



| | If applicable, is your organisation registered with the appropriate | |
|-----|---|----------|
| 11 | professional or trade register(s) in the member state where it is | |
| | established? | |
| 12 | Please provide the relevant details, including the registration number(s) | 11 (Yes) |
| | Is it a legal requirement in the state where you are established for you to | |
| 13 | possess a particular authorisation, or be a member of a particular | |
| | organisation in order to provide the services specified in this procurement? | |
| | Please provide additional details of what is required and confirmation that | 4.5.04 |
| 14 | you have complied with this. | 13 (Yes) |
| 15 | Trading name(s) that will be used if successful in this procurement | |
| 1.0 | Relevant classifications (state whether you fall within one of these, and if so | |
| 16 | which one) | |
| 17 | Are you a Small, Medium or Micro Enterprise (SME)? | |
| | Details of Persons of Significant Control (PSC), where appropriate: | |
| | - Name; | |
| | -Date of birth; | |
| | -Nationality; | |
| | - Country, state or part of the UK where the PSC usually lives; | |
| | - Service address; | |
| | -The date he or she became a PSC in relation to the company (for existing | |
| | companies the 6 April 2016 should be used); | |
| | - Which conditions for being a PSC are met; | |
| 4.0 | - Over 25% up to (and including) 50%, | |
| 18 | - More than 50% and less than 75%, | |
| | - 75% or more. | |
| | (Please enter N/A if not applicable) | |
| | UK companies, Societates European (SEs) and limited liability partnerships | |
| | (LLPs) will be required to identify and record the people who | |
| | own or control their company. Companies, SEs and LLPs will need to keep a | |
| | PSC register, and must file the PSC information with the | |
| | central public register at Companies House. See PSC guidance | |
| | Details of immediate parent company: | |
| | - Full name of the immediate parent company | |
| | - Registered office address (if applicable) | |
| 19 | - Registration number (if applicable) | |
| | - Head office DUNS number (if applicable) | |
| | - Head office VAT number (if applicable) | |
| | (Please enter N/A if not applicable) | |
| 20 | Details of ultimate parent company: | |



| | - Full name of the immediate parent company | |
|----|--|-----------|
| | - Registered office address (if applicable) | |
| | - Registration number (if applicable) | |
| | - Head office DUNS number (if applicable) | |
| | - Head office VAT number (if applicable) | |
| | (Please enter N/A if not applicable) | |
| 21 | Are you bidding as the lead contact for a group of economic operators? | |
| 22 | What is the name of group of economic operators. Please enter N/A if not | 21 (//os) |
| 22 | applicable. | 21 (Yes) |
| | Proposed legal structure if the group of economic operators intends to | |
| 22 | form a named single legal entity prior to signing a contract, if awarded. If | 21 ()/22) |
| 23 | you do not propose to form a single legal entity, please explain the legal | 21 (Yes) |
| | structure. | |
| 24 | Are you or, if applicable, the group of economic operators proposing to use | |
| 24 | sub-contractors? | |
| 25 | Please confirm you have uploaded additional details for each sub- | 24 ()/os) |
| 25 | contractor in the downloadable template. | 24 (Yes) |

Optional Documents

| Sub-Contractor Information | If you have selected 'Yes' to Q24, you will need to |
|----------------------------|---|
| | upload the Sub-Contractor document, complete, and |
| | then reupload in the documents field |

Enrolment

Once head office has completed the Accreditation, the Enrolment can be started. Please note that the Enrolment is location specific, and therefore the care provider/ facility location will need to have been added before starting the Enrolment as outlined in Step 1. You do not have to wait for the Accreditation to be approved however your Enrolment can only be reviewed by *adam* after you pass the Accreditation.

You will be asked to enter your CQC Location ID.

Please note that every question requires an answer; if the question is not applicable to your company you must insert N/A to submit your Accreditation.

| 0 | Company Information | Trigger / |
|---|---------------------|-----------|
| Q | | Response |



| | Has your organisation completed the European Single Procurement | |
|---|---|---------|
| | Document? https://ec.europa.eu/tools/espd/filter?lang=en | |
| 1 | (This is an electronic self-declaration document to be submitted by suppliers interested in tendering for contracts to public bodies located anywhere within the European Union. Created under the EU's 2014 Directive on Procurement the ESPD is intended to simplify the process of qualification for tendering by permitting businesses to self-declare that they meet the necessary regulatory criteria or commercial capability requirements of the public authority concerned, without needing to submit proof unless subsequently selected as the appointed contractor. The supplier must state that they are able, upon request and without delay, to provide the supporting documents necessary to prove compliance. | |
| | Regulations 57(1) and (2) | |
| | The detailed grounds for mandatory exclusion of an organisation are set out | |
| | on this web page: https://www.gov.uk/government/uploads/system/uploads/attachment_data | |
| | /file/551130/List of Mandatory and Discretionary Exclusions.pdf which | |
| | should be referred to before completing these questions. | |
| | Please indicate if, within the past five years you, your organisation or any | |
| 2 | other person who has powers of representation, decision or control in the | 1 (No) |
| | organisation been convicted anywhere in the world of any of the offences | , , |
| | within the summary below and listed on the webpage Participation in a criminal organisation | |
| | - Corruption | |
| | - Fraud | |
| | - Terrorist offences or offences linked to terrorist activities | |
| | - Money laundering or terrorist financing | |
| | - Child labour and other forms of trafficking in human beings | |
| | Please provide further details; | |
| | - Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction, | |
| 3 | - Identity of who has been convicted | 2 (Yes) |
| | - If the relevant documentation is available electronically please provide the | |
| | web address, issuing authority, precise reference of the documents. | |
| | Have measures been taken to demonstrate the reliability of the | |
| 4 | organisation despite the existence of a relevant ground for exclusion? (Self | 2 (Yes) |
| | Cleaning) | |
| _ | Regulation 57(3) | |
| 5 | Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal | |
| | decision having man and binding effect in accordance with the legal | |



| | provisions of any part of the United Kingdom or the legal provisions of the | |
|---|---|---------|
| | country in which the organisation is established (if outside the UK), that the | |
| | organisation is in breach of obligations related to the payment of tax or | |
| | social security contributions? | |
| | Please provide further details. Please also confirm you have paid, or have | |
| | entered into a binding arrangement with a view to paying, the outstanding | |
| | | |
| | sum including where applicable any accrued interest and/or fines. | |
| 6 | Diagon Notes The grather with a work to a wight to a continue to a continue to | 5 (Yes) |
| | Please Note: The authority reserves the right to use its discretion to exclude | |
| | a potential supplier where it can demonstrate by any appropriate means | |
| | that the potential supplier is in breach of its obligations relating to the non- | |
| | payment of taxes or social security contributions. | |
| | Have measures been taken to demonstrate the reliability of the | |
| 7 | organisation despite the existence of a relevant ground for exclusion? (Self | 5 (Yes) |
| | Cleaning) | |
| | Regulation 57 (8) | |
| | The detailed grounds for discretionary exclusion of an organisation are set | |
| | out on this web page, which should be referred to before completing these | |
| | questions. Please indicate if, within the past three years, anywhere in the | |
| | world any of the following situations have applied to you, your organisation | |
| | or any other person who has powers of representation, decision or control | |
| | in the organisation. | |
| | - Breach of environmental obligations? | |
| | - Breach of social obligations? | |
| | - Breach of labour law obligations? | |
| | - Bankrupt or is the subject of insolvency or winding-up proceedings, where | |
| | the organisation's assets are being administered by a liquidator or by the | |
| 8 | court, where it is in an arrangement with creditors, where its business | 1 (No) |
| | activities are suspended or it is in any analogous situation arising from a | |
| | similar procedure under the laws and regulations of any State? | |
| | - Guilty of grave professional misconduct? | |
| | - Entered into agreements with other economic operators aimed at | |
| | distorting competition? | |
| | - Aware of any conflict of interest within the meaning of regulation 24 due | |
| | to the participation in the procurement procedure? | |
| | - Been involved in the preparation of the procurement procedure? | |
| | - Shown significant or persistent deficiencies in the performance of a | |
| | substantive requirement under a prior public contract, a prior contract with | |
| | | |
| | a contracting entity, or a prior concession contract, which led to early | |
| 9 | termination of that prior contract, damages or other comparable sanctions? Please provide further details. | 8 (Yes) |
|) | Ticase provide fartifer details. | 0 (163) |



| | -Date of conviction, specify which of the grounds listed the conviction was | |
|----|--|----------|
| | for, and the reasons for conviction. | |
| | -Identity of who has been convicted. | |
| | -If the relevant documentation is available electronically please provide the | |
| | web address, issuing authority, precise reference of the documents. | |
| | Have measures been taken to demonstrate the reliability of the | |
| 10 | | 9 (Voc) |
| 10 | organisation despite the existence of a relevant ground for exclusion? (Self Cleaning) | 8 (Yes) |
| | Please indicate if, within the past three years, anywhere in the world any of | |
| | the following situations have applied to you, your organisation or any other | |
| | person who has powers of representation, decision or control in the | |
| | organisation. | |
| | - The organisation is guilty of serious misrepresentation in supplying the | |
| | information required for the verification of the absence of grounds for | |
| | exclusion or the fulfilment of the selection criteria | |
| 11 | - The organisation has withheld such information | 1 (No) |
| | - The organisation is not able to submit supporting documents required | (110) |
| | under regulation 59 of the Public Contracts Regulations 2015 | |
| | - The organisation has influenced the decision-making process of the | |
| | contracting authority to obtain confidential information that may confer | |
| | upon the organisation undue advantages in the procurement procedure, or | |
| | to negligently provided misleading information that may have a material | |
| | influence on decisions concerning exclusion, selection or award | |
| | Please provide further details. | |
| | -Date of conviction, specify which of the grounds listed the conviction was | |
| | for, and the reasons for conviction. | |
| 12 | -Identity of who has been convicted. | 11 (Yes) |
| | -If the relevant documentation is available electronically please provide the | |
| | web address, issuing authority, precise reference of the documents. | |
| | Have measures been taken to demonstrate the reliability of the | |
| 13 | organisation despite the existence of a relevant ground for exclusion? (Self | 11 (Yes) |
| 13 | Cleaning) | 11 (163) |
| | Please confirm that your organisation will provide one of the following to | |
| | demonstrate its economic/financial standing; | |
| | (a) A copy of the audited accounts for the most recent two years | |
| | (b) A statement of the turnover, profit & loss account, current liabilities and | |
| 14 | · | |
| | assets, and cash flow for the most recent year of trading for this | |
| | organisation | |
| | (c) A statement of the cash flow forecast for the current year and a bank | |
| | letter outlining the current cash and credit position | |



| | (d) Alternative means of demonstrating financial status if any of the above | |
|-----|---|----------|
| | are not available (e.g. Forecast of turnover for the current year and a | |
| | statement of funding provided by the owners and/or the bank, charity | |
| | accruals accounts or an alternative means of demonstrating financial | |
| | status). | |
| | Please say if your organisation is part of a wider group (e.g. a subsidiary of a | |
| 15 | holding/parent company)? | |
| 16 | What is the relationship of the organisation to your organisation? | 15 (Yes) |
| 17 | Are you able to provide parent company accounts if requested to at a later stage? | 15 (Yes) |
| | Please confirm that if necessary, your organisation's parent company would | |
| Ì | be willing to provide a guarantee. (A parent company guarantee is a form of | |
| 1.0 | financial support provided by a holding company). It is a guarantee of your | 15 ()/) |
| 18 | obligations and typically a financial guarantee that, in the event that you do | 15 (Yes) |
| | not pay any obligations under your contractual arrangements then the | |
| | entity providing the guarantee will pay instead. | |
| 19 | Would your organisation be able to obtain a guarantee elsewhere (e.g. from | 18 (No) |
| 19 | a bank)? | 10 (110) |
| | Please confirm that you will upload evidence of all insurance cover | |
| 20 | documentation to include the level of cover and the value of cover you have | |
| | for each type of insurance. | |
| | Can your organisation confirm that it has read the entry guide for Midlands | |
| 21 | and Lancashire CSU for Complex Care, which is located at | |
| | http://demand.sproc.net? | |
| 22 | Does your organisation consider itself to be a Black, Asian, Minority Ethnic (BAME) organisation? | |
| 23 | Does your organisation have a licence with Monitor? | |
| 24 | What is the licence number/reference? | 25 (Yes) |
| 25 | Do you have a signed 19/20 NHS Standard Contract with the Midlands and | |
| 23 | Lancashire CSU on behalf of Staffordshire CCGs? | |
| 26 | Please enter the name and contact details of the most senior member of | |
| 20 | staff to contact in the event of a serious issue arising | |
| 27 | Please provide details of the person who is responsible for safeguarding. | |
| 28 | Does the registered location have a current registered manager? | |
| 29 | Please enter the name and contact details of the current registered manager | 28 (Yes) |
| | Please explain why your organisation does not have a current registered | |
| 30 | manager and if necessary, what steps your organisation is taking to rectify this situation | 28 (No) |
| 31 | What capacity does your registered location have? | |
| | | I |



Mandatory Documents

| [| |
|-----------------------------------|---|
| NHS Standard Contract 19/20 | Please upload a copy of the signed 19/20 NHS |
| | Standard contract for the Midlands and |
| | Lancashire CSU on behalf of the Staffordshire |
| | CCGs. |
| Evidence of Insurances | Please upload your Insurance Policy/s or |
| | Schedule/s for all types of insurance you have |
| | cover for. We would expect to see as a |
| | minimum, £10million Employer's Liability |
| | Insurance, £5million Public Liability Insurance, |
| | and £5 million Clinical Negligence or £5 million |
| | Medical Malpractice Insurance. An Employers |
| | Liability Insurance Certificate alone will not be |
| | sufficient and will fail review. |
| Financial Information | Please upload a copy of your financial |
| | information as outlined in Q14. |
| Service Provider CQC Registration | Please upload a copy of the Service Provider |
| Certificate | Certificate, NOT the Registered Manager |
| | Certificate. Pages must be uploaded to show |
| | both the Provider ID and the Location ID of the |
| | location that is being enrolled. |

Optional Documents

| N/A | Please leave this. This does not need uploading |
|-----|---|
| | at this stage. |



Service Categories

The eight Service Categories below show a breakdown of the services which the MLCSU include under Complex Care – care or ongoing support for people with Section 117 entitlement and complex mental health needs including individuals with Acquired Brain Injuries. You will need to select all of the Service Categories which apply to your facility. These are:

- o Independent Hospital Mental Health Rehabilitation
- o Independent Hospital Personality Disorder
- Nursing Care Complex Care
- Nursing Care EMI Nursing
- Nursing Care Functional Mental Health
- o Residential Care EMI
- o Residential Care Functional Mental Health
- Supported Living Functional Mental Health

Bank Details

You will also be provided with a space to enter your Bank Details for payment purposes.

Next Steps

For more details on how to create and submit your Accreditation and Enrolment information, please see the Accreditation and Enrolment User Guide available at http://demand.sproc.net under the 'Help' section.

