Community Services Directorate

Integrated Dementia Service

Method Statements

Mental Health Joint Commissioning

London Borough of Lewisham

Laurence House

1 Catford Road

London, SE6 4RU

020 8314 6275

**Keith.Stewart@lewisham.gov.uk**

July 2018

This document is to be completed in accordance with the Invitation and Instructions for Tendering for receipt, via the London Tenders Portal, with all relevant documentation by no later than **noon on Friday 5th October 2018.**

Integrated Dementia Service

Method Statements

# 1. LIST OF METHOD STATEMENTS REQUIRED

1.1 The Council requires Method Statements to be given so that it can see the way in which a Tenderer will provide the Service. This is one of the main ways in which the Council will assess the quality of the Service which the Tenderer is going to provide, and the successful Tenderer will have to provide the Service in the way set out in their Method Statements, once they have been agreed with the Council.

1.2 It is important that the Method Statements you provide are clear, concise and full. Explain your methodologies, processes, and time frames and cost calculations, where appropriate.

1.3 The Method Statements cover these main issues:

MS1 Management and Operational Structure

MS2(a) Sufficiency of Staff

MS2(b) Sufficiency of Staff

MS3 Mobilisation Phase

MS4 Person Centred Approach

MS5 Meaningful Activities

MS6 Performance Management

MS7 Continuous Improvement

MS8 Equal Opportunity

MS9 Health, Safety and Risk Management

1.4 Set out on the following pages are the particular areas of the Services that the Council wishes to see covered by each of the Method Statements. Your Method Statements should be provided on the following sheets provided, and should be completed using a minimum of font size 10.

1.5 As the questions and issues within each statement are essential to the evaluation process, please ensure that they are all answered. If they are not, your tender bid may not be considered further.

1.6 If separate attachments are included, to supplement your Method Statements, please clearly mark which Method Statements they refer to.

# MS1 Management and Operational Structure

Based on your experience please outline how you will deliver the Integrated Dementia Service. In your response please describe your management and staffing structure for the service and outline any partnership or consortium arrangements in case of collaborative bids.

|  |
| --- |
| Maximum of 1000 words plus diagram |

# MS2(a)Sufficiency of Staff

Describe how you will employ or have access to sufficient staff to operate the Integrated Dementia Service.

|  |
| --- |
| Maximum of 800 words plus diagram |

# MS2(b)Sufficiency of Staff

Describe specific personal qualities, qualifications, training and skills your staff will need and how you will ensure these are in place

|  |
| --- |
| Maximum of 1500 words plus diagram |

**MS3 Mobilisation Phase**

Please detail the start-up programme that will ensure the successful setting up of the Integrated Dementia Service.  The programme must include the following:

1. Liaison arrangements;
2. Management arrangements;
3. Support services;
4. Training arrangements
5. Handover arrangements
6. TUPE

|  |
| --- |
| Maximum of 2000 words (plus diagrams) |

**MS4 Person Centred Approach**

Describe how you will deliver the outcomes (as outlined in the service specification) supporting family members and friends of service users with dementia, to enable them to reside in the community for as long as feasible possible.

|  |
| --- |
| Maximum of 500 words |

## MS5 Meaningful Activities

Describe how you will provide high quality advice, information and support (including meaningful activities, such as horticulture, arts and crafts, etc.) to people with a diagnosis of dementia and their carers

|  |
| --- |
| Maximum of 800 words |

MS6 Performance Management

Outline systems you will put in place to demonstrate your performance against the key performance indicators and expectation as outlined in the service specification.

|  |
| --- |
| Maximum of 800 words |

MS7 Continuous Improvement

Describe how you will review and test the delivery of the services to show continuous improvement and how service users will be involved in this process during the length of the contract.

|  |
| --- |
| Maximum of 800 words |

# MS8 Equal Opportunity

Describe how you will ensure that all elements of the service are fully accessible and culturally available to the diverse communities in Lewisham.

|  |
| --- |
| Maximum of 1000 words |

MS9 Health, Safety and Risk Management

The safety of service users and staff is of utmost importance. Describe what measures you will put in place to ensure the safety and wellbeing of service users and staff is ensured.

|  |
| --- |
| Maximum of 800 words |

**Signed for Tenderer:**

|  |  |  |
| --- | --- | --- |
| **Signature** | **Print name(s) in full** | **Position held by each signatory** (in the case of a company) |
|  |  |  |
|  |  |  |

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

Full name of Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State whether sole proprietor YES/NO\* (delete as appropriate)

In case of partnership the full names and address of each partner:

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |