Community Services Directorate

Integrated Advocacy Service

Method Statements

Mental Health Joint Commissioning

London Borough of Lewisham

Laurence House

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London, SE6 4RU

020 8314 6275

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June 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 Advocacy 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 Person Centred Approach

MS4 Continuity of Care

MS5 Performance Management

MS6 Single Point of Access

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, how will you plan, develop and run the required service for Lewisham. In your response please describe your management and staffing structure for the service and outline any partnership or consortium arrangements. In the case of collaborative bids, please identify the proposed administrative location**.**

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

# MS2(a)Sufficiency of staff

Describe how you would employ or have access to sufficient staff to operate the Integrated Advocacy Service.

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

# MS2(b)Sufficiency of staff

Describe specific personal qualities, qualifications, knowledge, training and skills your staff will need? Please provide staffing model, relevant Job Descriptions and Person Specifications and mobilisation plan.

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| Maximum of 700 words plus diagram |

**MS3 Person Centred Approach**

Please explain how you will develop clear, person centred and outcome focussed support, taking full account of the aspirations and choices of each person. How would you address the objectives and requirements of the Service Specification (statutory duties and various Acts)

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| --- |
| Maximum of 500 words  |

**MS4 Continuity of Care**

Describe how you will manage the transition for the current service users into the new integrated service (treatment continuity, safeguarded, etc) and how will this be measured?

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| --- |
| Maximum of 500 words |

MS5 Performance Management

Outline the system(s) you will put in place to demonstrate your performance against the key performance indicators as outlined in the service specification.

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| Maximum of 800 words |

## MS6 Single Point of Access

Describe how you will work with key stakeholders to develop an effective single point of access, reducing the barriers for the service user(s) in accessing appropriate interventions.

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| 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.

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| --- |
| Maximum of 800 words |

# MS8 Equal Opportunity

Describe how you would ensure that all elements of the service are fully accessible and culturally available and appropriate for the diverse communities in Lewisham

In your response include all relevant policies, including, anti-discriminatory practice, etc.

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| 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 would put in place to ensure the safety and wellbeing of service users and staff is ensured.

In your response please include all relevant policies including but not limited to Health and Safety policy and procedures, First Aid, Emergency and Fire procedures.

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| --- |
| Maximum of 800 words |

**Signed for Tenderer:**

|  |  |  |
| --- | --- | --- |
| **Signature** | **Print name(s) in full** | **Position held by each signatory** (in the case of a company) |
|  |  |  |
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Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

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

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

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

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

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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** |
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