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Substance Use Community Services

Tender Process

**Application Form B: Service Specific Information**

**PLEASE READ THE TENDER INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

Application forms should be completed electronically. If you have any questions or need any assistance to complete the application form, please call 210422 or email andrea.nightingale@healthimprovement.gg

This Form B should be completed once for each separate service being tendered for. This applies to all services (see below) except in the case of Services 1 and 2 which may be tendered for as a combined service. In this instance, one Form B should be completed with answers to questions reflecting a proposed combined service. To allow for a description of a combined service, the stated word limits may be exceeded by 50% (e.g., a 300-word limit can be extended to 450 words) in applications which combine Services 1 and 2.

Bidders who tender for a combined service are required to explicitly state the additional benefits of a combined service including efficiencies, expected impact on effectiveness and value for money as well as potential challenges and how these will be overcome.

**ABOUT YOUR ORGANISATION\***

Name of the organisation

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Main contact for the application *(this should be a person closely involved who can discuss the application)*

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Position held in the organisation

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**\* Please note that this Form B must be submitted alongside a completed Form A which provides more detailed organisational information.**

**SERVICE TENDERED FOR**

Please indicate which Service you are tendering for in *this application*

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| --- | --- |
| **Service 1\*:** Advice, Information, Very Brief Interventions and Harm Reduction for those using Drugs, their families, carers and significant others (Core Services) and Structured Psychosocial Intervention and Community Rehabilitation for people with substance use disorder or drug misuse. |  |
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| **Service 2\*:** Advice, Information, Very Brief Interventions and Harm Reduction for those who drink at increasing or higher risk and are dependent, their families, carers and significant others (Core Services) and Structured Psychosocial Intervention and Community Rehabilitation for people at increasing risk, higher risk or experiencing alcohol dependence. |  |
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| **Service 3:** Community Needle and Syringe Exchange Service. To facilitate the cessation of sharing injecting equipment and other high-risk injecting behaviours |  |
| **Service 4:** A fully recovery orientated, integrated prison substance use treatment service both within the prison and onwards into the community to ensure continuity of care.  |  |
| **Service 5:** Criminal Justice Substance Service (CJSS): To provide treatment/interventions for people with a history of problematic drugs or alcohol use who come to the attention of the criminal justice system (including drug testing). |  |
| **Service 6:** The Drug, Alcohol and Tobacco Education Service: This service works directly in schools with students to provide classroom-based sessions on drugs, alcohol and tobacco education to increase knowledge and understanding of the issues around their use. |  |

\*Service providers can tender to provide a combined service, combining services 1 and 2 – and are expected to demonstrate benefits to efficiency, effectiveness etc of doing so.

**SERVICE DELIVERY**

1. How will your organisation deliver the Service to ensure the service users’ needs are met?

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| --- | --- | --- |
| Maximum Marks Available: 90 | Word Limit: max 500 | Contribution to quality score: 15% |
| \* to avoid duplication, it is acceptable to refer / cross-reference to sections below for details on specific areas (e.g., monitoring, service user input) |

1. Please demonstrate how current evidence-based practice and national guidance and standards are integrated into your service delivery.

|  |  |  |
| --- | --- | --- |
| Maximum Marks Available: 75 | Word Limit: max 400 | Contribution to quality score: 13% |
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1. Please describe how you will monitor the effectiveness / outcomes of the service including details on what measurement tools are used, when measures are taken (e.g., before, during and at the end of treatment) (include references or links to the sources of assessment tools where applicable).

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| --- | --- | --- |
| Maximum Marks Available: 75 | Word Limit: max 400 | Contribution to quality score: 13% |
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1. Please describe how your organisation: (a) uses innovation in service provision (provide an example of this) and (b) incorporates broader elements which add value to the service provision tendered for.

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| --- | --- | --- |
| Maximum Marks Available: 50 | Word Limit: max 300 | Contribution to quality score: 8% |
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Describe the approaches that you use to: (a) engage people who are “hard to reach” and/or disengaged from the service and (b) re-engage people who have dropped out before their treatment episode is complete.

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| Maximum Marks Available: 50 | Word Limit: max 300 | Contribution to total score: 8% |
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1. How do you include service users in the design, co-development and evaluation of the service?

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| --- | --- | --- |
| Maximum Marks Available: 50 | Word Limit: max 300 | Contribution to quality score: 8% |
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1. Please describe the care pathway that your services would use for a 19-year-old male client who is asking for a clinical intervention (e.g., from CDAT/GP), who has been assessed previously for mental health issues, and has been made homeless in the last week.

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| --- | --- | --- |
| Maximum Marks Available: 50 | Word Limit: 300 | Contribution to quality score: 8% |
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1. What personnel will be involved in the delivery of the service?

Please include the title of the post (not the post holder’s name), their relevant qualifications, recent/relevant training and number of years of practise in this or an equivalent role. Please outline arrangements for the professional development/training of the staff / volunteers who would be involved in delivering the service/s.

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| --- | --- | --- |
| Maximum Marks Available: 35 | Word Limit: max 250 | Contribution to quality score: 6% |
|  |

1. How will you work with other organisations who work within the same area or offer similar services?

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| --- | --- | --- |
| Maximum Marks Available: 35 | Word Limit: 250 | Contribution to quality score: 6% |
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**PRICING**

(Maximum marks available: 400; contribution to price score = 100%)

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| **Please state the rate that you will charge per annum for delivering the Service/s tendered for\*** | £ |
| **Please provide a breakdown of the cost-of-service provision showing costs related to for example: staff costs, equipment, training, contributions to rent or facilities costs, insurance, and other specified costs.****(please use a separate sheet if necessary, to include details and submit this with your application)*****\* If you are submitting a proposal for a combined service (i.e., Services 1 and 2), please provide pricing and breakdowns as above for the combined service and for each separate service.***  |
|  |

**DECLARATION**

The Health Improvement Commission understands and upholds its obligations under GDPR data protection regulations.

I am authorised to make the application on behalf of the above organisation.

I undertake that the amount of my quotation/tender has not been calculated by agreement or arrangement with any person other than yourselves and that the amount of my quotation/tender has not been communicated with any other person other than yourselves (except where disclosure has been made in confidence to obtain quotations necessary for the preparation of the tender response or for insurance purposes) and will not be communicated to any person until after the closing date for the submission of quotations/tenders.

I undertake that we have not entered into any agreement with any other person that they will refrain from submitting a Tender Response or cause them to alter the amount of any Offer.

I undertake that we will not make any announcement, advertise, publicise or make any reference, wholly or in part, in relation to this invitation to tender and the Services defined herein.

I confirm that the information contained in this application is correct and that if funding is awarded it will be used only for the Service(s) specified and according to the terms and conditions of the awarded contract.

The details of this application will be entered onto a Health Improvement Commission’s database to process the application. The data will not be used for any other purpose without our seeking and obtaining your consent.

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| Signed: |  | Date: |

**REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

**Please submit this form (saved as a PDF\*) along with at least 1 completed Form B**

**Send forms and enclosures to:**

**andrea.nightingale@healthimprovement.gg**

\* To save this form as a PDF, select file > Save As > and select PDF in the drop-down list of the “Save as Type” box.