



# supporting people

Strategic Housing Services

## **Kirklees Supporting People Contract Management Policy FINAL Version – Nov 2007**



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## **Chapter 1: Background and aim**

Since Supporting People went live in April 2003 Administrative Authorities have concentrated the majority of their activity on reviewing inherited services. This process was completed in March 2006 and as a result services have been either decommissioned, remodelled and/or issued with a new contract. The Administration Authority must now concentrate around managing the contracts it has issued.

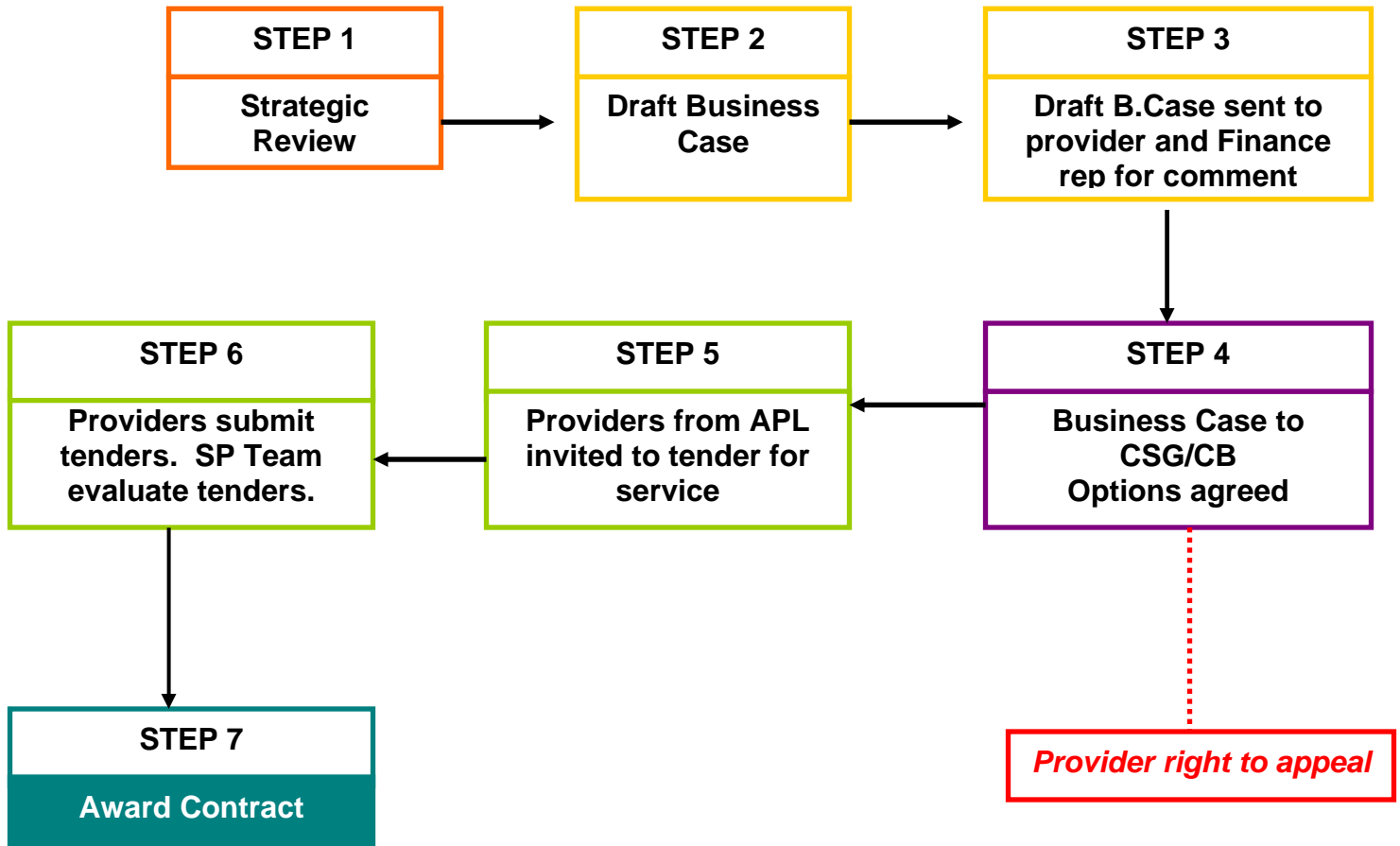
The aim of this policy is to set out how contracts will be managed by Kirklees Supporting People. This is a two way process between the AA and providers and will ensure that providers are meeting their contractual obligations to deliver support services to vulnerable people. The process will operate throughout the life of the contract and is based on working positively with providers to raise the standards of service delivery.

The aims of contract management is to:

- ensure services are delivered as agreed in the contract
- ensure risk to the contract is reduced and managed effectively
- ensure a good authority /provider relationship with clarity on roles, responsibilities and communications
- achieve value for money and continuous improvement over the life of the contract

Throughout the duration of the contract Supporting People will work in partnership with providers to ensure that the obligation of the contracts are fulfilled in relation to value for money (VFM). This will be based on a risk management approach as described in Chapter 2. At the end of the contract period a business case will be drawn up which will give the Commissioning Body options to either decommission, remodel, or extend the contract for usually up to three years. This will be subject to procurement regulations (see chapter 10).

The flowchart sets out the process which will be followed in the lead up to the contract expiry date:



The full business case review timetable is attached at Appendix A.

## Chapter 2: Risk

One of the significant benefits of a contract management policy is that it ensures that risk is managed. The AA must ensure that there is a process to identify and reduce risk relating to whether or not the service is delivering value for money (VFM). The following are the key criteria of VFM and the contract management policy will ensure that risk is managed through assessment of each criteria in relation to each service.

- **Continuous improvement** – it is essential that the AA works with the providers of services to ensure that standards are raised. This activity will centre around the Quality Assessment Framework (see Chapter 5). High standards are critical to the programme and ensure that services users are given every opportunity to live independently in the community.
- **Performance** – will ensure that services are performing to the highest standard which is measured against a set of benchmarks for each performance indicator (see Chapter 6). Supporting People must be satisfied that services are available and being utilised, that service users are helped to either sustain independence or move on in a planned way and that there is movement in and out of services to ensure they do not silt up and foster a dependency culture.
- **Cost** – the cost of the service will always be subject to scrutiny to ensure that efficiency savings are an intrinsic element of the programme. Services that are not financially viable are a risk to the programme and the AA must work with providers to consider the future sustainability of the sector whilst driving the efficiency agenda.
- **Service user feedback** – the AA must ensure that it receives and acts upon feedback from those in receipt of services. This is at the very heart of service delivery as quality, performance and costs is academic if those in receipt of it are not satisfied.

### 2.1 Risk assessment

Risk is managed through assessing information from all the criteria that make up value for money. Each service will receive an overall score dependent upon quality, performance, cost and service user feedback. Scores are awarded for each criteria and given an overall rating based on a traffic light system. The overall rating for each service will be seen by Supporting People as an indication of how the service is operating. It will enable further analysis to be carried out where risk is indicated through a red light. Services with red lights will be services where there are more concerns and risks. Action plans will be developed and more management and monitoring will be required with the

provider to reduce the risk. Services with green lights will be subject to a lighter touch regime.

## **2.2 Reporting Risk**

The overall performance of services as assessed through the value for money criteria and described using the traffic lighting will be monitored and reported to the Core Strategy Group and Commissioning Body.

## **2.3 Annual Contract meeting**

Every year at the anniversary of the contract Supporting People will meet with the provider to discuss the performance of the contract. This will allow an opportunity to assess strengths and weaknesses and efficiency (see Chapter 8).

### **2.3.1 Timescales**

- a) An annual self assessment and cost analysis spreadsheet will be sent to the provider approximately 12 weeks before the anniversary of the contract.
- b) The Provider will have 6 weeks to return the documents to the SP Team
- c) Information submitted will be assessed by the SP Team in preparation for the annual contract meeting.

## **2.4 Accreditation**

The Administering Authority will only offer a future contract with an organisation that passes the accreditation process. The accreditation questionnaire and decision will be issued separately.

## Chapter 3: Strategic Review

### 3.1 Introduction

As part of the business case services will be assessed to ensure that they have relevance to the strategic direction for the sector as outlined in the strategies of the Government, the Local Authority and its partner's Probation and Health.

An assessment of strategic relevance needs to be made to ensure services are eligible within the principles of Supporting People (SP) as well as contributing to achieving the local vision for the programme. Given the programmes role as part of the preventative agenda, the assessment will also examine the relevance and contribution of SP funded services to delivering the wider strategic vision as articulated through the strategic objectives of its partner agencies.

### 3.2 Initial assessment of current services

The assessment will begin by examining what the individual services, making up a particular service sector, look like. The following data will be collated from a number of sources including the service reviews, client record form data and quarterly workbooks.

Information	Reasons
<b>Aims of service</b>	Do the aims correlate with the principles of S.P, particularly the national outcomes?
<b>Support Type</b>	Floating or supported accommodation? A major Government policy theme is providing support to people in own homes. Of course accommodation based services are still necessary in addressing some need.
<b>No. of support units available</b>	The number of service users a service can work with at any one time. Capacity analysis.
<b>The area in which a service operates</b>	Geographical analysis of where services are located.
<b>Through put</b>	The number of service users who pass through a service Are service users moving on at a sufficient rate to prevent silting up?
<b>Referrals</b>	Where do referrals come from? Are services taking referrals from strategically appropriate services?
<b>Exclusions</b>	Service users excluded from services Are services operating exclusions which interfere with attaining strategic aims?
<b>Performance Indicators</b>	Is the service performing sufficiently well to allow it to contribute to achieving strategic objectives?
<b>Client profile</b>	Characteristics of service users including primary

	client group Are the right people using the services? Are there people not using the service who should be?
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The above information will provide an initial picture of services from which a preliminary assessment of strategic relevance can be made.

### **3.3 Strategic objectives of Supporting People**

#### **3.3.1. Documentation review**

The overall strategic objectives of Supporting People will be assessed in relation to the strategic objectives of its partner agencies. This will closely align with the objectives of the Local Strategic Partnership and consider relevant outcomes as set out in the Local Area Agreements. At this stage this will consist of a documentation review.

#### **3.3.2 Consultation through interviews and working groups**

Further depth will be added to the assessment through consultation with a wide range of people and agencies; these will include, service providers, referral agencies, strategic managers and service users. This will include interviews with relevant individuals and holding a range of working groups.

#### **3.3.3 Consultation detail**

Service user consultation will be undertaken to see if, in their opinion, they are currently receiving support appropriate to their needs. Strategic partners will be asked to provide any needs data which might indicate current and/or potential future trends which could affect the demographic profile for SP clients or their needs and wants. They will be asked to provide information on any future developments, for example plans to close or remodel any care services, which might be expected to impact upon SP. Working group members will be asked to consider if, in their experience, there are any gaps in service provision which could leave vulnerable people without support.

#### **3.3.4 Complimentary service delivery**

Supporting People will assess how well services act as a network to support service users. Services will be assessed on how well they work with other SP services providing a similar support service to the same client group. Their engagement with specialist agencies working within fields such as drug abuse will also be examined. Providers will be questioned on their relationship with other agencies and be asked to provide examples of how this works in practice. These agencies will then be asked to comment on how well they believe this relationship works. Service users will be questioned on matters such as being signposted to

other services, and where appropriate, how well agencies work together to provide a package of support to meet their needs.

### **3.4 Understanding needs**

Throughout the course of the assessment of strategic relevance there will be a range of information that will contribute to understanding the need for a particular service. Information will be sought from service users, strategic partners and agencies and will include a range of sources based on predominantly qualitative data such as perception of need, referral data and balance of support type such as floating support or accommodation based. It will also give a preliminary assessment of the geographical location of services and whether there is any data of need for services in the different areas. This exercise will provide an understanding of need outside of a full needs assessment of the sector and be used to inform the relevance of the service only. Noting here that newly commissioned services are based on demand as quantified through the Strategic Assessment Matrix (SAM) process.

### **3.5 Final judgement of strategic relevance**

The judgement of strategic relevance will be made by the working group who will discuss the findings of the research set out above. The outcome will inform the Business Case for each service.

## Chapter 4: Cost

The cost of a service is seen in relation to the expense born by the service provider in delivering the service. Kirklees Supporting People has developed and will use a cost analysis spreadsheet (Appendix A) to assess the true cost of the service. This process is described under 5.4 below.

### 4.1 Regional comparison

The cost of the service is assessed using regional benchmarking figures. This provides a basis on which to judge the costs of a service in Kirklees against a regionally assessed unit cost and hourly cost for similar services in the rest of Yorkshire and Humberside.

Regional costs fall into the following 3 quartiles:

- Below the first quartile
- Between the first and the third quartile
- Above the third quartile

### 4.2 Scoring Criteria & judgement

Services are initially rated against the quartiles to give the following ratings:

Regional Benchmarking Quartiles	Ratings
Below 1 <sup>st</sup> quartile	Low
Between 1 <sup>st</sup> & 3 <sup>rd</sup> quartiles	Reasonable
Over the 3 <sup>rd</sup> quartile	High

If high or low costs are identified steps will be taken to understand the reasons for this and to ensure that these costs are justified. This will be done in partnership with the provider.

#### 4.2.1 High Cost Services

Where a service has been assessed as high cost they will be looked at in more detail to see if the costs are justified. There can be several reasons why costs can be high, including:

- Specialist services requiring more qualified and experienced staff.
- High running costs due to the nature of the service (e.g. addressing diversity and inclusion).
- Staffing levels.
- A need to operate a service at less than maximum utilisation in order to be able to respond to periods of high demand for emergency referrals e.g. domestic violence refuge or a direct access hostel.

- Management inefficiencies.
- High overheads.

#### 4.2.2 Low Cost Services

When a service is assessed as low cost this equally raises concerns as it is important to ensure that all services are financially sound. Considerations will be made for the future stability of the service and whether the service is sustainable at a low running cost. Factors to consider that may result in a low cost service include:

- Use of volunteer staff.
- Under resourcing leading to staffing levels that are too low to provide a quality service.
- Highly effective use of staff.
- High levels of staff vacancies.
- Low paid staff leading to recruitment and retention problems.
- High staff to service user ratios (economies of scale).
- Funding from other sources.
- Efficiency gains or economies of scale achieved which have not been replicated or are not possible within other services.
- Market conditions where a large number of suitable providers have been competing for business.
- Low overheads.
- Poor quality services.

If the high or low cost services are justified the scoring matrix is amended to show this: and the scores are plotted as follows:

Quartile	No Justification	Justification
Over 3 <sup>rd</sup>	1	2
1 <sup>st</sup> – 3 <sup>rd</sup>	3	3
Under 1st	1	2

The scores are then plotted on the value for money matrix as follows:

Good	3
Acceptable	2
Poor	1

The score is calculated with scores from the other VFM criteria and used as part of the overall assessment of the performance of the service (see 2.1).

### **4.3 Benchmarking**

When benchmarking services several factors will be taken into account:

#### **4.3.1 Weekly Unit Cost**

The total annual cost (Direct Staff + Direct Non Staff + Business Support Overheads) will be augmented into a weekly unit figure, using the following calculation:

$$(\text{Total Annual Cost} \div 365) \times 7 \div \text{Household Units}^*$$

\* Providers should confirm the number of household units, however the calculation will be based on the number of household units in the contract.

The weekly unit cost will be compared against the DCLG national and Yorkshire and Humberside regional quartiles for that client group and model type.

It is expected that Direct Staffing should be between 75-80% of the total service cost (before overheads).

#### **4.3.2 Hourly Support Rates**

In assessing cost it is important to know how many hours are being delivered and the hourly rate. This will help establish the amount of support a service user will receive in relation to the management and other on costs such as training and travel. It will also help provide a benchmark against similar services in the region.

Cost per hour of service is calculated as the weekly unit cost  $\div$  direct staff hours per week spent on support.

#### **4.3.3 Staff to Service User Ratios**

The staff / service user ratio sets out the number of staff compared to the number of service users. It is useful for estimating the number of service users each member of staff 'keyworks' with and can be used to analyse whether staffing levels are justified and whether service users are receiving an adequate level of face to face support.

Staff service user ratio is calculated as follows:

$$\text{Number of service users} \div \text{Number of full time equivalent direct staff}$$

This calculation can also be carried out to work out the ration of manager's time per service user. It is useful to check how many managers' hours as some services have a high number of management hours on the service.

The CLG calculate the staff service user ratio by

$1(\text{member of staff}) \div \text{number of service users}$

e.g.- 1 member staff has direct key work to 10 service users, therefore the staff /service user ratio is 0.1. ( $1 \div 10$ )

#### **4.3.4 Overheads/On costs/Office costs**

The CLG has highlighted the need for thorough assessment with regards to overheads:

'Some of the Audit Commission reports are showing some quite alarming costs in terms of overheads. Overheads are a significant issue in terms of value for money' Wendy Jarvis July 2004

Overheads are those costs of a service that result not from the direct activities of the service itself but from the activity of the organisation that provides the service. Examples might include a share of the following:

- finance department
- IT infrastructure costs
- human resources department
- administration
- insurance
- audit and accountancy
- publicity
- office accommodation
- legal costs
- quality control and policy development etc.

The activities listed above are all a necessary part of running a service.

The overheads specified in the data collection are calculated as a percentage of the other costs. The calculation is:

$\text{Overheads} \div (\text{Direct Staff} + \text{Direct Non Staff} + \text{Business Support}) \times 100$

Points to note when assessing overheads:

- It is possible for organisations to hide unjustifiable costs in their overheads, or to use overheads to create cross-subsidies between services (i.e. by unjustifiably charging higher overheads to some and lower overheads to others). It is, therefore, reasonable for administering authorities to question the overhead component of a support charge if it appears unreasonable.

- Avoid making arbitrary reductions to funding on the unsubstantiated grounds that “the overheads seem too high” .
- Following CLG guidance overheads that represent between 10-15% of direct service costs are well within the normal range. All overhead costs will be scrutinised and Providers in Kirklees will not be expected to have overheads of over 25%.
- Costs well below the 10-15% range may indicate that a provider is not adequately resourced at the centre and so may have an inadequate infrastructure to ensure the sustainability of the service. Much higher costs may be caused by many factors.
- Particular care will be exercised when comparing voluntary and private sector services with those run by local authorities because it is very common to find that local authority service budgets do not properly reflect the full cost of services. This arises from under-developed allocation of management and overhead costs to services and so can lead to unfair cost comparisons if not rectified. Administering Authorities should, therefore, assure themselves that management and support costs (MSS) have been properly included in the costs of any local authority services under consideration.
- Are the associated running costs of the service apportioned correctly between the rents and support?
- Use the benchmarking spreadsheet to compare the percentage of overheads for similar services.
- All organisations, including not-for-profit sectors (RSL, Local Authorities and Voluntary Sector agencies) need reserves to carry them through periods of financial difficulties (indeed SP providers are required to be financially sound) and meet development costs. Reserves are only built up through the accumulation of annual surpluses, which are necessary in order to ensure financial stability. Reserves should not exceed 5%.

#### **4.4 Process of assessment**

The costs will be scrutinised and discussed with the provider at the annual contract meeting in conjunction with benchmarking data and efficiency savings (see Chapter 6). This will then form part of the Business Case to recommend the future funding of the service.

Providers may be asked to provide further information or an action plan on how to reduce these costs.

## **Chapter 5: Quality**

### **5.1 Quality Assessment Framework**

The QAF (Quality Assessment Framework) is a tool designed to encourage continuous improvement and raise standards in the quality of SP funded services. It provides the SP Team with a standardised means of assessing the quality of services against a set of objectives and is also a tool for provider organisations to assess their own quality in the form of an annual self assessment.

At present, providers are required to self assess against the 6 core objectives within the QAF. From April 2008 providers will be expected to be achieving a minimum Level B on these core objectives. In order to ensure services continue to meet the needs of service users and drive performance forward, the SP Team have introduced 3 supplementary objectives. The CSG, CB and Kirklees SP team agreed to introduce the following supplementary objectives:-

### **5.2 Group 1: Empowerment**

The following supplementary objectives apply to all services.

#### **5.2.1 S1.2 – Consulting & Involving Service Users**

Service users are consulted about services provided and are offered opportunities to be involved in their running.

#### **5.2.2 S1.3 – Empowerment & Supporting Independence**

There is a commitment to empowering service users and supporting their independence.

### **5.3 Group 3: The Service**

The following supplementary objective applies to accommodation based services only.

#### **5.3.1 S3.3 – The Living Environment**

The living environment is suitable for its stated purpose, accessible, safe and well maintained. It is appropriate for the needs of residents and meets the requirements for independence, privacy and dignity.

#### **5.4 Process of Assessment**

Providers must ensure they are working towards these new objectives and from April 2008 must incorporate the supplementary objectives into their annual self assessments and tendering documents showing how they are achieving a minimum Level C in these.

Kirklees SP Team will look to gradually introduce more supplementary objectives over time. Providers will be advised of these as and this policy will be updated once any new objectives are introduced.

The quality of services in Kirklees are judged through the analysis and validation of the QAF. Providers must provide a self-assessment for each type of service they manage. The following are the types of services funded by Supporting People:

- Supported Housing
- Sheltered Housing
- Floating Support
- Home Improvement Agencies

For example, if a provider manages both supported housing and floating support services for people with mental health problems, they must submit a QAF self-assessment for each type of service. This is because the QAF objectives differ slightly between the types of services.

The quality of services will be assessed as part of the overall value for money process using the QAF. Providers are required to submit an annual QAF self assessment 6 weeks prior to the anniversary of their contract. Providers must complete and submit the full QAF assessment, not just the summary sheet. This must include supporting information that evidences the QAF score given on their self-assessment. A desk top exercise will then be completed by the SP Team to check the evidence submitted. This desk top exercise will usually take 4 weeks from the date of submission of the self assessment.

At the end of the 4 weeks, the SP Team will form a judgment based on the evidence assessed at the desk top and make a decision as to whether a QAF validation visit will take place. Note that validation visits will not always be necessary as this will be dependent upon the information submitted as part of the desk top exercise and an analysis of previous quality scores.

Providers will be notified if a validation visit is to take place in accordance with 5.5 below. The outcome of the annual self-assessment and any validation visit will be discussed at the annual contract meeting. The information will also form part of the Business Case which will be put together at the end of the contract life.

## **5.5 Validation**

QAF Validation visits may be undertaken to validate providers self assessments. Visits will take place within 6 weeks of the providers submitting their annual self assessments wherever possible. Validation visits may be carried out for services that have self assessed as moving to the next Level, e.g. from Level B to Level A on any objective. As the QAF is a continuous improvement tool, it is expected that providers will be making steady progress to move towards the next level for each QAF objective, including the new supplementary objectives. Validation visits may also be made to any services showing no signs of improving through their self assessments.

## **5.6 QAF Scoring Criteria & Judgement**

A new scoring system has been introduced designed to recognise the improvements providers make towards achieving the next level within the QAF. The SP Team will award one point for each standard that is achieved within each core objective at each level (A, B and C).

For example, if a provider submitted a self assessment to show that in addition to meeting all of the standards for Level C on core objective C1.2 - Support Planning they also submit evidence to show they meet five of the standards for Level B and three of the standards for Level A, the SP Team would validate all of the evidence submitted and would award one point for each standard successfully validated at Level C, Level B and Level A. The same process will be applied to the new supplementary objectives.

Points will then be added together and a total awarded for the validated self assessment. This will show the improvement year on year and highlight any static or backward movement. The validated self assessment will then be awarded a red, amber or green rating dependant on the scores achieved as shown in the table below. However, in relation to the overall value for money assessment of the performance of the service, scores from fully completed objectives only will be used. Eg when all points within each standard has been achieved.

QAF Core Objective	QAF Level	Floating Support – Points Available	Accommodation – Points Available	HIA – Points Available	QAF Lite – Points Available
C1.1 Needs & Risk Assessment	Level A	4	4	4	N/A
	Level B	7	7	7	N/A
	Level C	5	5	5	N/A
C1.2 Support Planning	Level A	5	5	5	N/A
	Level B	6	6	6	N/A
	Level C	1	1	3	N/A
C1.3 Health & Safety	Level A	1	1	1	N/A
	Level B	3	3	3	N/A
	Level C	4	8	4	8
C1.4 Protection From Abuse	Level A	4	4	4	N/A
	Level B	2	2	2	N/A
	Level C	6	6	6	6
C1.5 Fair Access, Diversity & Inclusion	Level A	7	7	7	N/A
	Level B	9	10	9	N/A
	Level C	6	6	6	6
C1.6 Complaints	Level A	4	4	4	N/A
	Level B	4	4	4	N/A
	Level C	4	4	4	4

*Note: The table above shows the points available for each objective at each level. It does not show overall totals.*

<b>QAF Supplementary Objective</b>	<b>QAF Level</b>	<b>Floating Support – Points Available</b>	<b>Accommodation – Points Available</b>	<b>HIA – Points Available</b>	<b>QAF Lite – Points Available</b>
<b>S1.2 – Consulting &amp; Involving Service Users</b>	<b>Level A</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>N/A</b>
	<b>Level B</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>N/A</b>
	<b>Level C</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>N/A</b>
<b>S1.3 – Empowerment &amp; Supporting Independence</b>	<b>Level A</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>N/A</b>
	<b>Level B</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>N/A</b>
	<b>Level C</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>N/A</b>
<b>S3.3 The Living Environment</b>	<b>Level A</b>	<b>N/A</b>	<b>3</b>	<b>N/A</b>	<b>N/A</b>
	<b>Level B</b>	<b>N/A</b>	<b>12</b>	<b>8</b>	<b>N/A</b>
	<b>Level C</b>	<b>N/A</b>	<b>4</b>	<b>N/A</b>	<b>N/A</b>

*Note: The table above shows the points available for each objective at each level. It does not show overall totals.*

Providers may meet some of the requirements for the next QAF level in some or all of the objectives and will be awarded points to recognise this. The SP Team will use the results of self assessment validations to compare like for like services, benchmark poor performance and to highlight good practice.

Providers will be encouraged to share good practice with others and may be asked to help other providers in any areas of poor performance that have been highlighted. This may include sharing policies and procedures directly with other providers or highlighted as good practice through the SP newsletter. Providers will be asked for their consent before the SP Team share any information with other providers.

## **Chapter 6: Performance**

In 2003 the ODPM (now the CLG) introduced a range of Key and Service Performance Indicators as a way of measuring the performance of providers and services. The following PI's have been adopted as mandatory within Kirklees.

### **6.1 Key Performance Indicators**

#### **6.1.1 KPI 1 - Service users who are supported to establish and maintain independent living.**

This KPI measures the extent to which service users are supported to establish and maintain independent living.

#### **6.1.2 KPI 2 - Service users who have moved on in a planned way.**

This KPI measures the number of service users who have moved on in a planned way as a percentage of service users who have left the service each quarter.

### **6.2 Service Performance Indicators**

#### **6.2.1 SPI 1 - Availability**

This indicator calculates the number of units that are available as a percentage of the total contracted units.

*This indicator applies to accommodation based services only.*

#### **6.2.2 SPI 2 - Utilisation**

For accommodation based services, this indicator calculates the number of units (in days or weeks) that a service is occupied as a percentage of the total number of days or weeks that the units are available.

For floating support services, this indicator calculates the number of days that support is utilised by service users as a percentage of the total number of days the support is contracted.

#### **6.2.3 SPI 4 - Throughput**

This indicator calculates the number of service users who have received support as a percentage of the total contracted units or hours.

*(Please note SPI 3:- Staffing is no longer measured by Kirklees)*

### **6.3 Assessment of Performance Indicators**

Performance indicators are submitted by providers on a quarterly basis through the performance indicator workbooks. These indicators are assessed by the SP Team against benchmarks and the provider's previous performance. A judgement is made using all available information and a rating of red, amber or green is awarded.

The SP Team report to the Core Strategy Group and Commissioning Body on a regular basis on performance indicators highlighting the main areas of concern including, ongoing late returns, poor performance and any significantly low performance which gives the SP Team cause for concern.

### **6.4 Sanctions**

Providers are advised of the timescales and deadlines for submitting quarterly returns through the SP Newsletter. Sanctions have been introduced to deal with persistent late or non-returns of the performance indicators.

A warning letter will be sent out to providers who have failed to submit any workbooks by the required deadline, advising them they have 7 days in which to submit all outstanding workbooks before a contract default notice will be issued. Receiving more than two default notices on a contract during any consecutive 12 month period constitutes a persistent default. Persistent defaults can result in the providers SP contract being terminated as stated in the steady state contract.

### **6.5 Benchmarks**

The draft National SP Strategy introduced three clusters for client groups for KPI 1 and KPI 2. These are:

Care with Support

Independence with Support

Socially Excluded (split further by the Government Officer for the region into Very Socially Excluded and Less Socially Excluded)

Benchmarks for KPI 1 and KPI 2 have been set using guidance from the regional Government Office using these clusters as a base and the theory that as the nature of the client groups being supported by services will differ depending on the client group involved, benchmarks should be set to reflect this. The performance expectations of services supporting people with more widely accepted chaotic lifestyles to maintain independence and planned move on are different to those for services supporting people who generally have a greater degree of stability.

Benchmarks for the SPI's have been set locally apply to all services across all client groups within either KPI 1 or KPI 2.

All benchmarks have been agreed by the Commissioning Body and are set out below.

KPI1	Service Type	Good	Satisfactory	Poor
A	Long Term Accommodation and Floating Support (Older People, MH, LD, Physical & Sensory, Generic) Short-term floating support for older people	> 99%	>98 - <96%	<95%
B	Short Term Floating Support (Mental Health, Single Homeless, Single Parents, Domestic Violence, Refugees, Generic)	>80%	<79% - >61%	<60%
C	Short Term Floating Support (Drug & Alcohol)	>65%	<64% - >56%	<55%
KPI2	Service Type	Good	Satisfactory	Poor
A	Short Term Accommodation (MH, Single Homeless, Teenage Parents, Domestic Violence)	>80%	<79% - >61%	<60%
B	Short Term Accommodation (Offenders, Young People at Risk, )	>65%	<64 - >56%	<55%
SPI1	Service Type	Good	Satisfactory	Poor
NA	Capacity KPI1 only	>95%	<94%->91%	<90%
SPI2	Service Type	Good	Satisfactory	Poor
NA	Utilisation all	>95%	<94%->91%	<90%
SPI4	Service Type	Good	Satisfactory	Poor
A	Throughput long term	>100%	<99->95%	<94%
B	Throughput short term	>140%	<139%->101%	<100%

This would then equate to and be plotted on the overall VFM spreadsheet as:

### 6.5.1 Scoring Criteria & Judgement

The PI scores as assessed against the benchmarks are given a score as follows:

Good	3
Satisfactory	2
Poor	1

The score is calculated with scores from the other VFM criteria and used as part of the overall assessment of the performance of the service (see 2.1).

## 6.6 Validating Performance Indicators

### 6.6.1 The Purpose of Validating

Performance indicators are generated through completion of the P.I workbooks by providers for each service, including HIA's, with the exception of Community Alarm services only.

Whilst the performance indicators provide an indication of a service's performance, Kirklees SP team will validate this data, through KPI validation visits, to confirm accuracy. The aim of the validation process is to drive up performance and ensure the contract is being delivered effectively. The validation process will also provide a clear auditable trail that can provide evidence to support the data submission of key performance indicators. Validation visits currently relate to KPI 1 and 2 only.

### 6.6.2 Sampling

Supporting People receives performance returns for each service on a quarterly basis. KPI's will be validated from these with the percentage taken from the previous quarters returns. Kirklees SP funds 39 providers who manage a total of 120 services, with a total capacity across Kirklees of approximately 6500 units. Each service has been categorised by main client groupings. The baseline number of services to be validated each year is 10%. The category of services to be validated is based on what proportion they represent as a total number of services. The SP Team will validate over and above the baseline where there are concerns about poor performance and also where providers are achieving over and above the benchmarks in order to identify and share good practice. The exact number will be quantified each quarter.

## **6.7 The Validation Process**

The following process will be adhered to in relation to carrying out the validation.

### **6.8 Pre Visit**

- Form V1 will be completed by the contracts & monitoring officer.
- The provider will be phoned to arrange a date and time for the validation visit.
- A letter will be sent, either by email or hard copy, to the provider to confirm the date and time of the visit and detail of the validation. A copy of Form V1, V2 and an agenda for the day will be attached with the letter.
- The visit will take place within 7 working days of notification by phone. The date and time of the visit will be set out in the letter mentioned above.
- The visit will be carried out by the named contracts & monitoring officer and other officers as appropriate, as set out in the notification letter.
- The visit should take no longer than two hours, depending on sample size.
- The provider must confirm with the named officer that the date and time of visit is acceptable and must name the staff member and their position that will be present on the day.

### **6.9 The Visit**

The following information will be assessed and evidenced during the visit.

- The contracts & monitoring officer will normally ask to look at a 10% sample of support plans relating to either KPI 1 or 2. The percentage and exact number and quartile date that this relates to will be set out in the pre-visit notification letter.
- The contracts & monitoring officer will request to see any other information that will evidence KPI 1 or 2. This will include:-
  1. Evidence of where the planned move has been discussed and recorded.
  2. Evidence of where the service user has moved on to (including their address if possible).
  3. Evidence of where departures from service are recorded.
  4. Evidence of why the service user has left the service and where this is recorded.
  5. Evidence that service users are being supported to establish and maintain independent living.
  6. Evidence that the service manager has signed off support plans where there is non-compliance with support.
  7. Evidence of exit interviews and where recorded.
- The contracts & monitoring officer will look to see where support plans and related information has been signed by both the service user and the

- support worker, particularly in reference to agreements with the service user about their planned support.
- Planned notes will be taken in relation to where and how information is stored i.e. spreadsheets, hard file copies etc.

Providers should note that as stated in the Steady State Contract, requests for evidence, and if required, copies of service users support plans must be made available upon request. The provider needs to ensure there is service user consent for Kirklees SP Team to see the support plans or ensure that support plans are anonymised.

### **6.10 Interviewing Service Users**

Where necessary and appropriate, the contracts & monitoring officer may wish to interview service users. This will be requested in the pre-visit notification letter. The provider must make available a suitable room in which the service user can be interviewed. Some service users may request that a support worker, advocate or friend is available during the interview. The provider must facilitate this. The provider may also wish to make clear to the service user the purpose of the interview, which is to validate their support relating to either KPI 1 or KPI 2. The provider should also ensure a risk assessment is carried out concerning the appropriateness of the interview by the contracts & monitoring officer.

### **6.11 Post Visit**

- Form V3 will be completed in draft by the contracts & monitoring officer no more than 10 working days after the visit.
- The SP Lead Officer will sign Form V3 for approval.
- A copy of Form V3 will be sent to the provider to make comments where appropriate. The provider should make comments within 10 working days. This can be verbal, written or email.
- The final version of V3 will then be issued and sent to the provider within 10 working days.
- Form V3 will list any action and deadline that must be met.
- A further validation visit may take place to ensure compliance to the action plan.
- The provider reserves the right to discuss the outcome of the validation with the SP Team and must request this in writing to the SP Lead Officer within 10 working days of receipt of Form V3.

### **6.12 Provider feedback Questionnaire**

A provider feedback questionnaire (V5) will be sent out with form V3. Providers are asked to complete the questionnaire. Comments will be used to improve the validation process.

### **6.13 Outcomes Monitoring validation**

The CLG have introduced a National service user outcomes monitoring tool which tracks the effectiveness of the programme in supporting independence. The outcomes toolkit has been split into short and long term monitoring. Providers of short term services are required to submit a monitoring form after the service user departs their service. Providers of long term services complete and submit a monitoring form for a sample of service users. The sample size is dependant on the service type and providers should check the CLG outcome website for more information on the sample sizes required; [www.spclientrecord.org.uk](http://www.spclientrecord.org.uk)

The main outcomes for both short and long term services are:-

- Achieve Economic Wellbeing
- Enjoy and Achieve
- Be Healthy
- Stay Safe
- Make a Positive Contribution

The SP Team will develop a process for validating the outcomes monitoring data in the near future. It is envisaged the outcomes validation visit will be carried out at the same time as KPI validation visits to reduce the burden on providers.

## **Chapter 7: Service user feedback**

### **7.1 Service User Feedback – Draft for Consideration**

In 2006 Kirklees SP Team bought in a consultant to undertake a piece of work around service user involvement. A report was published which included recommendations and actions Kirklees SP Team should adopt in order to successfully maximise service user involvement in all aspects of the SP programme in Kirklees. The recommendations within this report will be taken to the Commissioning Body who will ultimately have responsibility for deciding which of the recommendations are to be adopted and agreeing timescales and resources for these to be implemented.

With this in mind, the following chapter is in draft format and will be updated as and when recommendations are approved and implemented.

### **7.2 Why Involve Service Users?**

Through a range of service user involvement mechanisms, the Supporting People programme in Kirklees can support and enable diverse groups of vulnerable people to develop their capacity to live independently while being integrated into and contributing to local communities.

Service user involvement in Kirklees aims to ensure service users are central to the Supporting People programme, enabling services to be person centred and responsive to local needs. Service users know what works for them and what could be improved and this is valuable information for Kirklees SP Team to know. By involving service users in the future planning, evaluating and monitoring of services, these services will become more appropriate, accessible and sensitive to the needs of the people they support.

### **7.3 How Service Users Will Be Involved?**

#### **7.3.1 Corporate Requirements**

Service user feedback will be obtained in line with Kirklees' corporate Statement of Consultation, which states that "all consultation and involvement exercises must be wide reaching and include under represented, marginalised and hard to reach groups".

#### **7.3.2 Methods**

Kirklees SP Team will employ a range of involvement methods tailored to specific needs and will include written questionnaires telephone interviews, one to one interviews and group interviews and focus groups. Questions such as; are you happy with the service you receive, is the service meeting your needs and what you think could be done to improve the service will be asked along with questions

relating to the QAF objectives. Service user questionnaires will be sent out 3 months before the annual contract meeting with providers and a 2 week timescale for responses given. This allows the SP Team time to analyse the responses and highlight any issues or concerns that might arise from the questionnaires at the annual contract meeting. As an added incentive for service users to respond with their feedback, prize winning draws for completed questionnaires will take place and a winner will be picked out each quarter at random. Prizes will include shopping vouchers and winners will be included in the quarterly SP newsletter.

On a more strategic level service users will be asked to take part in future needs mapping and strategy development and a service user involvement forum covering all client groups, including service users from hard to reach groups, will be established. Providers will be consulted as to the best way to obtain feedback from their service users, to ensure maximum involvement and response rate. The provider forum will also be used to work with providers over the production of service user information, costs involved and sharing good practice. Kirklees SP Team will also consider what other AA's have done around service user involvement, especially those who have been commended on this area by the Audit Commission.

#### **7.4 Feedback Results**

Service user feedback will tell us a number of things such as:- whether service users are happy with the support they receive and the service they use, whether services need re-modelling to better meet the needs of the service users they support, inform future contracting for new SP services in Kirklees, give an insight into whether the SP programme in Kirklees is working – are the aims of the programme being achieved, are service users being supported to establish and maintain independent living and is the Kirklees Vision for SP working.

Service user feedback will become an integral part of sector reviews, QAF validation visits, KPI validation visits and Business Cases for all services and will be completed on a regular, ongoing basis. Service users will be told why they are being consulted, how Kirklees SP Team will take their views into account and what will be done with the feedback and outcomes from this.

## **Chapter 8: Efficiency**

### **8.1 Background**

Efficiency involves making the best use of the resources available for the provision of services. These can be such things as:

- Reduced numbers of inputs (e.g. assets or people), whilst maintaining the same level of service provision.
- Lower prices for the resources needed to provide the service.
- Additional outputs, such as those that enhance the quality or quantity of service, for the same level of inputs.
- Improved output ratios, for example support an extra person for the same cost.

### **8.2. Gershon**

In August 2003, Sir Peter Gershon was asked to undertake a review of public sector efficiency. The main objective was to release resources to fund front line services that meet the public's highest priorities by improving the efficiency of service delivery.

- Gershon's report emphasised the need to ensure that efficiency gains are not delivered at the expense of quality of service delivery.
- Efficiency savings are achieved by the best use of the resources available.
- Service cuts will not count as efficiency gains.
- Efficiencies are achieved through reforms that:
  - Maintain the same level of provision while reducing the resources needed or deploying fewer staff.
  - Result in additional outputs, such as enhances quality or quantity of service, for the same resources; or
  - Remodel service provision to enable better outcomes.

### **8.3 Types of efficiency gains**

#### **8.3.1 Cashable gains**

Over half the gains identified should be "cashable"; this means there is a direct financial saving or benefit. Money released can be spent elsewhere or recycled within a service to achieve better results. This could include gains achieved through reduced property costs or the re-modeling of internal services by, for example, reducing office overhead costs, changing stationery suppliers, etc.

### 8.3.2 Non-cashable gains

The remainder of the gains are “non-cashable”; those where the gains do not necessarily lead to lower costs, but which lead to improved performance for the resources used. For example, it would include improved outputs, or frontline staff using their time more productively.

### 8.4 Purpose of efficiency gains

The outcome of efficiency is to improve the quality and breadth of local services while minimising the need for increases in payments. The more efficient a service is the more financially viable the service becomes while also increasing the value for money and quality of the service being provided.

Efficiency gains should **not be** perceived as a cost cutting exercise, it is a process for achieving better results for the public for the same level of resources.

### 8.5 Implementing efficiency savings

Two months prior to each annual contract meeting a cost analysis spreadsheet will be sent to the provider, who will need to complete it within 4-6 weeks. It is expected that during this period the providers will analyse how efficiencies can be made. The spreadsheet will then be sent to Supporting People who will assess the results. During the contract meeting efficiency savings will be discussed with a view to confirming what and how efficiencies will be made during the financial year. This may involve them working in a slightly different way; reducing overheads, improving quality, changing suppliers or by increasing the units slightly.

This information will form part of the Business Case. Year on year comparisons of data will be made; similar services within Kirklees will be compared against one another, as well as regional benchmarks. The outcomes of any efficiency gains made (both cashable and non-cashable) will be written up in a section of the business case and will aid the recommendations for the business case as the contract is coming to an end. It is expected that the majority of services should be able to make efficiency savings throughout the lifespan of the contract. If a provider has worked towards these this will be acknowledged in the business case; however if the provider has not made any savings during the life of the contract this will also be noted in the business case.

Providers will then be rated on efficiency gains made as shown in the table below:

Good	2.5% and above
Satisfactory	0% - 2.4%
Poor	Less than 0%

The ratings will then be taken forward and form part of the business case.

## **Chapter 9: Quality Assurance**

As part of the contract management policy a Business Case will be drawn up by the Contracts & Monitoring Officer to determine what recommendation should be made to the Commissioning Body about the future of the support service for example, re-contract, remodel or decommission. The Business Case will include information relating to the service's performance against quality benchmarks, performance indicators, whether the service is strategically relevant in its current state, a financial assessment including cost and efficiency savings and any feedback that has been obtained from service users.

In order to ensure the recommendation is fair and well balanced it will need to be scrutinised. The process of scrutinisation will ensure that Supporting People implements some quality assurance.

### **9.1 Process of quality assurance**

Each draft Business Case will be firstly assessed by the Supporting People Lead Officer and periodically by the Supporting People Accountable Officer. The Lead Officer will not have been involved in the detailed element of drawing together conclusions and so will offer some objective overview of the report. The same principle applies to the Accountable Officer. Comments will be made and the report amended or further action taken to address them.

The draft Business Case will then be sent to the Provider for their comments and further scrutiny. Comments will be made and the report amended or further action taken by Supporting people or the provider to address them. The Business case will then be viewed by a finance representative from the Administrating Authority before being submitted to the Core Strategy Group (CSG) and finally to the Commissioning Body (CB) for approval.

The quality assurance process will also be periodically scrutinised by Kirklees Internal Audit Department to ensure the above process is followed, is fair and accountable.

## **Chapter 10: Procurement**

### **10. Procurement Regulatory Framework**

10.1.1 The CLG has issued specific guidance on procurement advising that the decision on how services are procured is a local one.

10.1.2 The Supporting People Commissioning Body (CB) is responsible for commissioning new services, and the programme is administered by Kirklees Council on behalf of the CB. The Council therefore is accountable to standing orders and agreed policies on procurement known as Corporate Procurement Rules (CPR). It is for this reason that Supporting People in Kirklees will procure services in line with regulations set by the Council.

10.1.3 For the purposes of this document, commissioning is defined as the strategic activity of assessing need and using the available resources to meet that need. Commissioning decisions are made by the Commissioning Body.

10.1.4 For the purposes of this document procurement is defined as the operational activity, of buying services from a third party supplier under a contract in line with the commissioning priorities.

10.1.5 Although most services were already in existence prior to SP, the decision to issue a contract following a decision by the CB to re commission the service should be considered as procuring the service.

10.1.6 Decisions on the preferred procurement route cannot be made by the Commissioning Body as it is not a legal entity and does not hold the budget or financial risks. Their views however, will inform decisions on the strategic relevance of the services in question. The strategic relevance will be set out in the Business Case report.

### **10.2 Procurement Process**

In order to comply with Corporate Procurement Rules, all services provided to the Council are subject to competition, unless there is a valid exception. Recognising that SP resources are limited and that many of the contracts are small, such that the cost of administering a competitive exercise might exceed any additional value gained, competition will be prioritised.

Therefore, contracts will only be put out to tender in the following instances:-

- Services with a high unit cost
- Failing / Poor Quality services
- Services which are to be re-modeled (other than of a minor nature)
- Services not providing value for money
- Services that are not strategically relevant
- Any new services
- Any contracts with a total contract value above £500k over the life of the contract

10.2.1 Existing in house provision has some protection from competition as per the Council CPR's. However, the Council is committed to value and service quality and therefore, if it is clear to the Commissioning Body that a service provided in house is high cost, of poor quality or not otherwise providing value for money the Commissioning Body can request the Council within a reasonable time (6-12 months) must address the weakness or subject the work to competition.

10.2.2 With regards to services not providing value for money, this includes services showing as red on the overall VFM spreadsheet. Services showing as amber will be advised that current performance is not acceptable and the provider must demonstrate how improvements will be made. This may include an action plan. Failure to satisfy the SP Team that improvements will be made will result in the services going out to tender.

10.2.3 SP services are considered to be Part B services under EU procurement rules. In order to comply with the EU procurement rules, the current Approved Provider List will be updated annually and a pin notice will be put in the EU journal to ensure any organisations within the EU who may be interested in tendering for SP services are given the opportunity to do so. Advertisements will also be placed in local and / or national press at the same time to allow new and existing providers to express an interest in tendering for services in Kirklees. The new Approved Provider List will be operational from April 2008 – March 2009. Prior to this date any new service will be advertised through the Council's electronic procurement system.

## **Chapter 11: The Business Case**

The Business Case is a report that sets out a number of criteria that assist the Commissioning Body in determining how well a service has performed during the life of its contract and whether or not it has the potential to continue providing the service. This is known as the overall strategic relevance. It is based on the following criteria:

- Strategic review.
  - Providing a quality service which achieves minimum of level C (level B from April 2008) of the core objectives and level C from April 2008 of the supplementary objectives under the Supporting People Quality Assessment Framework and has demonstrated that it is working toward level B and above.
  - Satisfactory performance as measured by the performance indicators.
  - Strategically relevant and satisfying customer standards as measured by service user feedback.
  - Is efficient.
- 11.1 Each Business case is submitted to the Commissioning Body for approval having been subject to the scrutiny procedures detailed in Chapter 9. At this stage the CB will determine whether or not the service should remain as it is strategically relevant, be remodeled to meet changing need or decommissioned as it is no longer strategically relevant. Any contracts subject to the procurement process detailed in Chapter 10 will then be put out to tender.
- 11.2 Providers of any services subject to de-commissioning must complete an impact assessment. The impact assessment aims to predict the likely implications arising from de-commissioning a service and the associated risks, with a view to managing these as proactively as possible. The Commissioning Body may wish to commission an alternative service and this will be subject to the procurement process set out in Chapter 10.

## Chapter 12: Business Case template

The following sets out the main headings of the Business Case and is a template that will be used consistently and in accordance with this contract management policy.

### 1.0 Provider Details

Name	
Telephone Number	
Address	

### 2.0 Service Details

Service Name	
Service ID	
Provider Type	
Primary Client Group	
Service Type	
Accommodation Type	
Annual Contract Value	
Contract Type	
Number of Units	
Number of Hours	

### 3.0 Introduction

The purpose of the Business Case is to document the performance of the service throughout the life of the supporting people contract and to make a recommendation to the Commissioning Body as to whether the contract should be renewed, re-modeled or decommissioned.

The Administering Authority will only offer a future contract with an organisation that passes the accreditation process. The accreditation questionnaire and decision will be issued separately.

### 3.1 Description of service

Give an overview of the service and synopsis of performance during the life of the contract.

### 4.0 Strategic Review

This section deals with how the service fits into the wider picture and how it works with other similar services in Kirklees to provide support.

The review will also include feedback from key stakeholders on how they feel the service is meeting the needs of service users and complementing other services in Kirklees.

The strategic review will determine whether the service is still required or needs to be re-modeled to meet the needs of service users in Kirklees.

### 5.0 Value For Money (VFM)

Value for money is a term used to understand the quality, cost and performance of the service over the lifetime of the contract. Kirklees has 4 criteria for assessing VFM as follows:

#### 5.1 Cost

- 5.1.0 Weekly unit cost
- 5.1.1 Direct Staffing
- 5.1.2 Hourly Support Rates
- 5.1.3 Staff to service user ratios
- 5.1.4 Weekly support hours per service user
- 5.1.5 Overheads / On costs / Office Costs

#### 5.2 Quality

This section looks at progress made in implementing the Quality Assessment Framework.

QAF Objectives	Self Assessment	SP Team Validation
Needs & Risk Assessment		
Support Planning		
Security, Health & Safety		
Protection of Abuse		
Fair Access, Diversity & Inclusion		
Complaints		

Detail findings of the validation visits that have taken place over the life of the contract.

## 5.3 Performance

This section deals with the performance of the service over the life of the contract. It looks at KPI's as well as SPI's.

## 5.4 Service User Feedback

This section looks at feedback obtained from service users who use the service.

## 6.0 Efficiency

Efficiency involves making the best use of the resources available for the provision of services. The outcome of efficiency is to improve the quality and breadth of local services while minimising the need for increases in payments. The more efficient a service is the more financially viable the service becomes while also increasing the value for money and quality of the service being provided.

## 7.0 Other Funding Implications

This section deals with stakeholders who also invest financially in the service. For example, jointly funded services providing care and support. This will not apply to all services funded through supporting people.

Feedback will be obtained to determine their views on the service and whether any changes need to be made.

## 9.0 Quality Assurance

Before any recommendation is made to the Commissioning Body the report must first be scrutinised by the Lead Officer and periodically by the Accountable Officer

to ensure the content of the report and its recommendation is fair and accountable.

The business case will then go to the Provider for comments and then to the Core Strategy Group and finally to the Commissioning Body.

Periodically the business case will be scrutinised by Kirklees Internal Audit to ensure the above process was followed and the decision made was fair and accountable.

## 10.0 Conclusion

This section sums up all the information contained within this report to make an informed recommendation to the Commissioning Body about the future of the contract.

## 11 Business Case Recommendation

This section makes a recommendation to the Commissioning Body. The recommendation will be either:-

- Re-commission the service
- Re-model the service
- Decommission the service
- Decommission the service and procure new service

## **Chapter 13: Appeals**

### **13.0 Appeals Process**

Appeals will be considered on the following grounds:-

- The AA has failed to consider all relevant and available information
- The AA has failed to follow the contract management policy to the demonstrable and material disadvantage of the provider.

#### **13.1 Stage 1**

The provider must write to the Supporting People Lead Officer within 15 working days of issue of the final written business case, clearly stating the grounds for appeal (see above). The Supporting People Lead Officer will examine all relevant papers that contributed to the initial outcome and respond accordingly to the provider, in writing, within 15 working days.

#### **13.2 Stage 2**

If the issues are not resolved at stage 1, the Supporting People team will arrange for an appeal hearing within 12 weeks. A minimum of 2 representatives from the Commissioning Body, who do not have a direct interest in the provider, will convene and the provider will be notified in writing of the time, date and venue of the appeal hearing. The provider has the right to attend the hearing and/or to submit a written statement in support of the case. The Supporting People Lead Officer will present the case for the AA. The decision of the Commissioning Body on the outcome of the appeal will be notified to the provider by the Supporting People team within 10 working days of the appeal hearing. A report on the appeal and the findings will be presented to the next meeting of the Commissioning Body.

#### **13.3 Stage 3**

A review of the stage 2 response by a panel of 3 people, comprising of non-executive members of the Commissioning Body accountable bodies (Health, Probation, Adult Services and Housing). The panel will make recommendations and the Chair of the Commissioning Body will write back to the provider with a decision within 10 working days.

