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Part 3.1 Contract Management Meetings Procedure

Refer to Derbyshire Supporting People Partnership Service Standards Documents – Part 2 Sections 6.1 and 6.2

Objective

To manage the service provided, ensuring that the performance of the service is satisfactory and that meets the needs of the service users as intended:

- to ensure *good quality services, with good outcomes for Service Users*
- to minimise risk
- to ensure that Service Providers are continually seeking improvement in their service delivery
- to ensure that the requirements of the contract are being fulfilled.*

Overview of Derbyshire Supporting People Contract Management Process

- 1) Schedule of Contract Management Meetings agreed
- 2) Schedule and performance against this reviewed and reported monthly
- 3) Contract Management Meetings Carried Out
 - 3.1) Set Up Meeting with Service Provider
 - 3.2) Internal Contract Compliance Audit
 - 3.2) Contract Compliance Audit with Service Provider
 - 3.3) Report Generated following Contract Compliance Audit
 - 3.4) Carry Out the Contract Management Meeting
- 4) Outcome of Meetings Reviewed and Reported and given a Priority Level
- 5) Improvement Plan Developed
- 6) Service Provider Feedback on the Contract Management Process

Purpose

The Contract Management Meeting is a high level review of performance against the contract. If there are areas of concern that need evidencing/validating this needs to be done before the Contract Management Meeting. The Contract Management Meeting is a structured review from which actions are agreed and an "Improvement Plan" is developed. The meeting is a forum where Supporting People and Service Providers can report findings and give/receive feedback. Under the agenda item 'Added Value', Service Providers are encouraged to highlight achievements and progress that demonstrate added value and continuous improvement.

Procedure

1 Schedule of Contract Management Meetings agreed

The Contracts Manager and Purchasing Officers decide the Priority Level for Contract Management Meetings based on service monitoring as detailed in section 6.1 Service Standards Document.

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The Purchasing Officer (Lead for Contract Management) prepares a Contract Management Meetings schedule. The Contracts Manager sends this to the CSG each December for comments/approval.

2 Schedule and performance against this reviewed and reported monthly

The Contract Management Meeting Schedule is reviewed monthly by the Purchasing Officer (Lead for Contract Management).

The Contract Management Meeting Schedule is stored on the SP Drive and all Purchasing Officers are asked to update this document monthly with relevant dates etc.

The Purchasing Officer (Lead for Contract Management) provides information each month to the Contracts Manager on: Number of Contract Management Meetings planned for the month, versus number completed, % compliance to schedule. The Contracts Manager includes this in the information provided for the CSG.

3 Contract Management Meetings Carried Out

Prior to the Contract Management Meeting there is a need for both Supporting People and the Service Provider to prepare. The role of Supporting People is to co-ordinate and facilitate meetings.

3.1 Set Up Meeting with Service Provider

The Purchasing Officer agrees a date and time for the Contract Management Meeting with Service Provider and writes to inform them (preferably 4 weeks before the date of the meeting).

3.2 Internal Contract Compliance Audit

The Purchasing Officer carries out an Internal Contract Compliance Audit this is a desk-top review of all available information including:

- Performance Indicators
- QAFs
- Regular returns of monitoring information (CRFs, SUAFs etc – data from SP Data Quality Officer)
- Service Review Action Plan outstanding issues
- Any complaints or compliments that have been received directly by Social Services
- Outstanding financial information needed (SP Finance Officer to advise)
- Any reports received with positive or adverse comments (eg Audit Commission Report, Housing reports)
- Any contractual issues or contract variations currently taking place.
- Feedback from other authorities on cross-authority providers.

The Purchasing Officer ensures the annual QAF return is reviewed and reported back to the Service Provider prior to the annual Contract Management Meeting.

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The Purchasing Officers use a standard checklist to ensure the same information is being reviewed for each Service Provider. If the Purchasing Officers have any specific areas of concern for a particular Service Provider this can be added to the checklist.

The Purchasing Officer identifies any areas for concern as High, Medium or Low Risk. Medium and High risk concerns are reported to the Contracts Manager. The Contracts Manager includes this information in the monthly Contracts Update to the CSG.

See Appendix 2 for definitions of levels of risk

3.3 Contract Compliance Audit with Service Provider

In consultation with the Contracts Manager the Purchasing Officer decides whether a Contract Compliance Audit needs to be carried out. This needs to take place *in advance* of the Contract Management Meetings to follow up the High and Medium Risk issues.

The Purchasing Officer can also use this opportunity to evidence Support Plans at the same visit.

The Contracts Manager and Purchasing Officer decide whether the Contract Compliance Audit needs to involve consultation with Service Users, Staff and Stakeholders.

The Contracts Manager and Purchasing Officer decide on the appropriate level of contact with Stakeholders. This is based on the assessed level of risk and the size, type and complexity of the service contracted. This could be in the form of a standard questionnaire, by telephone or face to face.

If relevant the Purchasing Officer agrees the date and time for the Contract Compliance Audit with the Service Provider. The Purchasing Officer notifies the Service Provider those areas to be evidenced during the Contract Compliance Audit. If Staff and Service Users are to be consulted during this audit the Purchasing Officer makes this request to the Service Provider.

3.4 Report Generated following Contract Compliance Audit

For each of the High and Medium Risk issues the Purchasing Officer summarises what was evidenced and updates the checklist. The Purchasing Officer reviews the outcome of the Contract Compliance Audit with the Contracts Manager, and identifies any areas still in the High or Medium Risk category. The Purchasing Officer generates a brief summary that can be feedback to the Service Provider at the Contract Management Meeting. The Contracts Manager shall report to the CSG any Medium risk issues that may have moved to High.

3.5 Carry Out the Contract Management Meeting

The Purchasing Officer carries out the Contract Management Meeting with the Service Provider, following the standard agenda. Supporting People and the

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Service Provider can add to this agenda as appropriate. The Purchasing Officer circulates the agenda at least one day before the planned meeting.

The Service Provider should be prepared to provide information on:

- Updates on Service Information (management structure, ownership, proposed mergers)
- Feedback on internal complaints and resolution
- Added Value
- Staffing (Training and Recruitment)
- Audits/inspections by external accreditation organisations
- Service Outcomes

The Purchasing Officer notifies the Service Provider in advance those areas for concern (High and Medium Risk) and provides supporting information at the meeting.

The Purchasing Officer also provide some *quantifiable data on Service Provider performance* (eg % of PIs returned on time and summary of the KPIs, Performance on returning CRFs, QAFs etc).

All actions identified have an action owner and a target completion date. These are noted in the minutes of the meeting.

4 Outcome of Meetings Reviewed, Reported and given a Priority Level

The Purchasing Officer generates minutes of the Contract Management Meeting following the standard format. The Purchasing Officer and Contracts Manager shall review the meeting and reassign the priority level based on the outcome (see Service Standards Document Section 6.2). This decision is recorded as an appendix to the minutes.

Any Service Providers moving into RED shall have further formal Contract Management Meetings planned in accordance with the Service Standards Document Section 6.2. The need for unannounced audits will be documented. The Purchasing Officer updates the Contract Management Schedule accordingly.

The Contracts Manager reports the outcome of the Contract Management Meetings to the CSG. Those Service Providers moving into RED will be formally monitored (as described above). This shall link into the decision making process for applying a Default Notice should this become necessary.

5 Improvement Plan Developed

From the actions identified in the Contract Management Meetings the Service Provider develops an Improvement Plan. The Service Provider is responsible for driving improvements and taken appropriate actions by the agreed dates. This Improvement Plan will be a written document and Supporting People Team can provide input and support to the development of this plan. The Improvement Plan needs to be formally agreed with the Supporting People Team.

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The Improvement Plan shall be a live document which is kept up to date by the Service Provider. The Improvement Plan shall be formally reviewed at each Contract Management Meeting to ensure progress and continuous improvement.

If an improvement action has been completed the Service Provider can request that the Supporting Purchasing Officer validates/evidences that the action is complete. It would not be necessary to wait for the next Contract Management Meeting to formally close out actions. This keeps the Improvement Plan live and allows Supporting People to recognise promptly when Service Providers have made changes to improve the service.

The complexity and detail in the Improvement Plan should reflect the identified risk.

6 Service Provider Feedback on the Contract Management Meeting Process

A formal review of the Contract Management Meeting process will take place. Service Providers will be asked to feedback on the process through a survey with answers that can be summarised, quantified and reported to the CSG. The frequency of this reviewed is still to be determined.

Service Providers shall be encouraged to feedback at any time on any aspect of the Contract Management Meeting process.

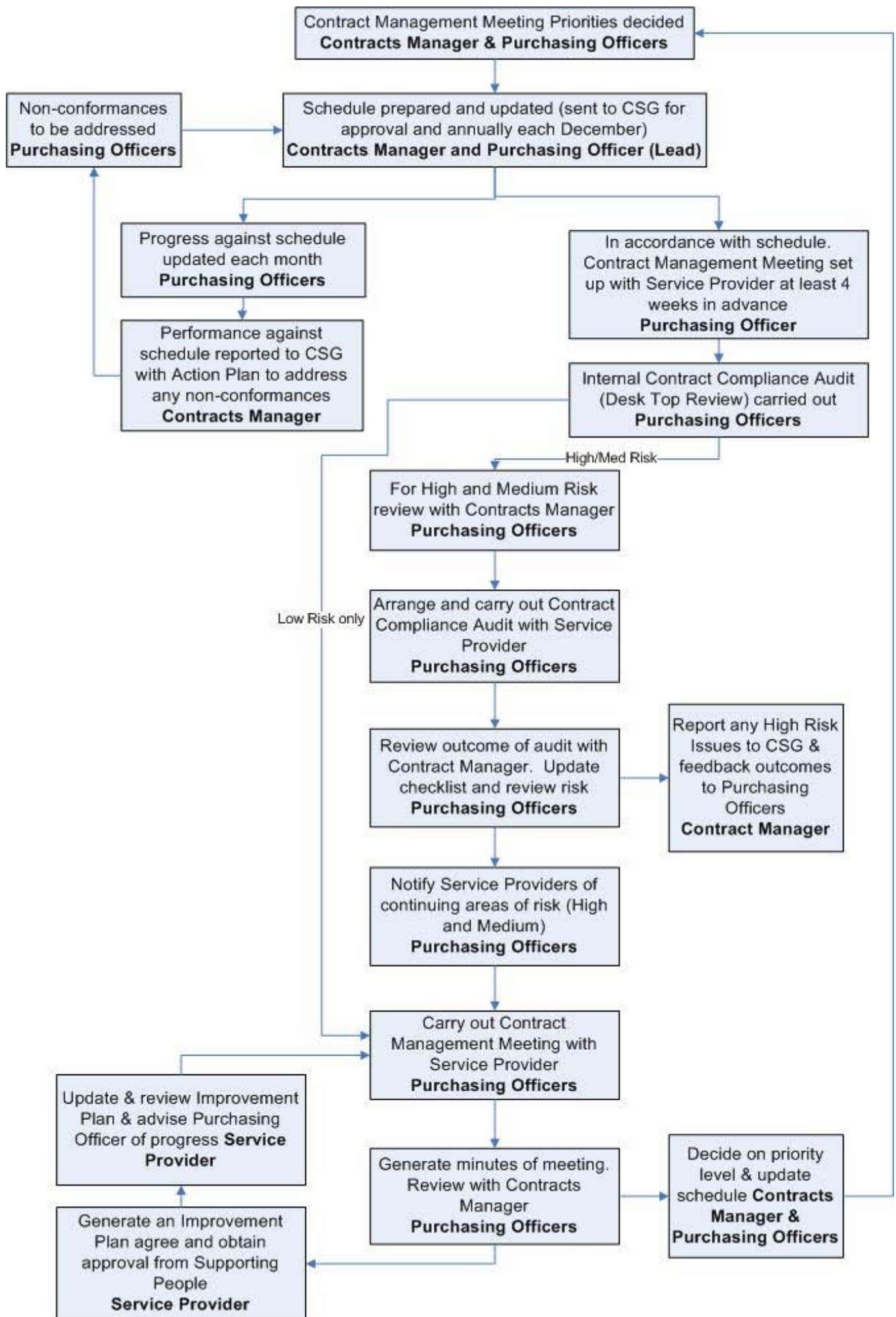
Acknowledgements

Lincolnshire Model Contract Management Presentation 16/1/07
Derby City Contract Renewal Process – January 2007

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Part 3.1 Contract Management Meetings Procedure - Appendices

- 1 Contract Management Meeting Flowchart
- 2 Compliance Audit Levels of Risk
- 3 Contract Management Meeting Checklist



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Part 3.1 Compliance Audit Levels of Risk - Appendix 2

The following are the criteria to be used in assessing the level of risk when completing the Internal Contract Compliance Audit and the Compliance Audit with the Service Provider.

Responses against each clause of the Contract Compliance Audit checklist need to be compared to the levels of risk below. If **any one** of the definitions of risk apply to that clause then that level of risk is applied to that clause **only** not to the entire section or overall grading.

Low Risk

No disruption internally within Supporting People
 No disruption to Service
 No risk to Service Users
 No reputation damage (Supporting People and Provider)
 No financial loss
 Relevant clause of the contract being complied with.

Medium Risk

Minor disruption internally within Supporting People (eg Reporting timetable not met)
 Possible disruption to Service
 Some impact on Service Users
 Minimal reputation damage
 Low financial loss (eg are Supporting People getting Value for Money or receiving the Service contracted for)
 Relevant clause of the contract not being complied with.

High Risk

Noticeable disruption to Supporting People
 Possible loss of Service (short term)
 Impact on Health and Safety of Staff and Service Users
 Reputation damage (national or local press coverage, and adverse regulatory authority reports)
 Financial implications (to Service Provider or Supporting People)
 Possibility of Default Notice being issued.

Supporting People Officers should also be aware of the Derbyshire County Council Corporate Risk Document (Assessing Risks 5x5 Matrix With Corp Tolerance Line – filed in Contract Management Folder). Any issues identified as High Risk are to be reported to the Contracts Manager in accordance with the Contract Management Procedure.

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Part 3.1 Contract Management Meetings Checklist - Appendix 3

Provider Name and Number	
Service ID Number (s)	

Date of Internal Compliance Audit (Desk-Top Review)		Date of Contract Compliance Audit with Service Provider	
Officer carrying out Internal Compliance Audit (Desk-Top Review)		Officer carrying out Contract Compliance Audit with Service Provider	

INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)			CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
Performance Indicators				
Returned on time (%)				
Staffing levels and reported hours acceptable				
Service availability and utilisation acceptable				
Local PIs being completed				

Number of planned versus unplanned departures

INTERNAL CONTRACT COMPLIANCE AUDIT (DESKTOP REVIEW)

CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER

Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
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Quality Assessment Framework

Returned on time

Validation visit carried out or self assessment

Did the Service score C or above for the 7 core objectives of the QAF?

Has the Service Provider taken action to address issue

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INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER		
Information Rev iew ed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
Service Review Acti on Pla n				
Are all of the acti ons com plet e and clos ed? Are there any acti				

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**Continuous
Improvement**

Does the Service
Provider
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INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)			CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
<p>Regular returns of monitoring information</p> <p>Is information returned in a timely manner (CRFs, SUAF etc – data from SP Data Quality Officer)</p> <p>Outstanding financial information needed (SP Finance Officer to advise)</p> <p>Any relevant benchmarking or Value for Money information to be considered?</p> <p>Is the Service Provider receiving any additional Supporting People funding?</p> <p>Any contractual issues or contract variations currently taking place.</p>				
INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)			CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	

Information Reviewed	Comments	Risk Low/Med/High	Comments / Evidence	Revised Risk Low/Med/High
<p>Any complaints or compliments that have been received directly by Social Services</p> <p>Provide brief details and progress on complaint.</p> <p>Any reports received with positive or adverse comments (e.g. Audit Commission Report, www.housingcorp.gov.uk Charities Commission)</p> <p>Provide brief details and any impact on Supporting People.</p> <p>Feedback from other authorities on cross-authority providers</p> <p>Provide brief details of any relevant concerns.</p>				

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INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)			CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
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Information Reviewed	Comments	Risk Low/Med/High	Comments / Evidence	Revised Risk Low/Med/High
<p>Stakeholder Feedback</p> <p>Have there been any issues raised by Stakeholders since the last Contract Management Meeting?</p>				

Is it necessary to contact Stakeholders?

If No justify why this decision has been made.

If yes state the level of contact (Standard Questionnaire , telephone or face to face)

Service Users

Do Service Users need to be consulted before the Contract Management Meeting?

If No justify why this decision has been made.

INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER		
Information Reviewed	Comments	Risk Low/Med/High	Comments / Evidence	Revised Risk Low/Med/High
Staff				
Is there evidence of a training plan for staff ?				
Is this being delivered ?				
Do members of staff need to be interviewed before				

e the Contract Management Meeting?

If No justify why this decision has been made.

Support Plans

Have Support Plans been reviewed with the Service Provider?

Is there evidence that they are in regular use and effective?

INTERNAL CONTRACT COMPLIANCE AUDIT (DESKTOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER		
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
Primary Client Group				
Is there evidence the				

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<p>Service is providing only for the Primary Client Group?</p>
<p>Are there any Service Users that fall outside of this group – why?</p>
<p>Eligible Tasks</p>
<p>Are only those tasks defined as eligible being carried out by staff / Service Providers?</p>
<p>Any evidence or information to support this?</p>

INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER		
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence	Revised Risk Low/Med/High
<p>Fairer Charging Do staff in the organisation understand the SP fairer Charging system?</p> <p>Does the Provider have plans in place to ensure the information is passed on when staff change?</p> <p>Is it included in staff training?</p> <p>CRB Checks Does the Provider have a system in</p>				

place for carrying out CRB checks?

Has this been evidenced?

Who in the Provider's organisation is responsible for reviewing the CRB check when it is returned?

How frequently are CRB checks carried out of members of staff?

INTERNAL CONTRACT COMPLIANCE AUDIT (DESKTOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
Information Reviewed	Comments	Risk Low/Med/High	Comments / Evidence
Fair Access and			

**Diversity
Questionnaire
sent in E-
Brief
Winter
2006**

Has the Provider returned this to Supporting People ?

Has anything been identified from the answers the Provider has given that needs following up/evidencing ?

Fire Risk

**Assessment
Questionnaire
sent in E-
Brief
Winter
2006**

Has the Provider returned this to Supporting People ?

Has anything been identified from the answer

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Has the Provider returned this to Supporting People?
Has anything been identified from the answers the Provider has given that needs following up/evidencing?

INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence
Business Continuity Questionnaire and Risk Assessment – due to be sent out July 2007 Has the Provider returned this to Supporting People? Has anything been identified from the answers the Provider has given that needs following up/evidencing?			

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Accreditation

Note: the approach to Accreditation is still under discussion by the Regional Contracts managers Forum. No further action at this stage.

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INTERNAL CONTRACT COMPLIANCE AUDIT (DESK-TOP REVIEW)		CONTRACT COMPLIANCE AUDIT WITH SERVICE PROVIDER	
Information Reviewed	Comments	Risk Low/Med/High	Comments/Evidence
Other areas to be considered as determined by Purchasing Officer			

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Part 3.2 Performance Indicators

Performance Indicators

1. Definitions

Performance Indicators (PI's) describes the collective measures put in place to be reported and monitored both at national and at local levels.

Performance Indicator Workbooks refers to the Excel document completed by the provider on a quarterly basis.

Local Performance Indicators are the measures put in place at local level.

PI Triggers are defined each year and are minimum performance thresholds on the Key Performance Indicators (KPI's) and Service Performance Indicators (SPI's) in the workbook.

2. The issuing of the Performance Indicator Workbook to Service Providers

2.1.1 PI workbook Template (Marking the workbook)

At the beginning of each reporting year (April to March) the contract page and each quarter page will be marked using a "DCC" code strategically positioned on each page. This enables the relevant Purchasing Officer to identify Derbyshire SP authorised workbooks that have been developed to accurately measure service performance against the data held by the Supporting People team.

2.1.2 Pre - Populating PI workbooks

The PI workbook(s) to be completed by the service provider (quarterly) for each contracted service are pre populated on the contract page by the relevant Purchasing Officer using the marked template for that year. This information used to populate the Contract page is held on the Supporting People Service Specification issued to the provider for each individual service, or variation to the contract (that may have been issued) and on Swift. The contract page of the workbook is populated by the Purchasing Officer with the following information:

- Service ID
- Service Name
- Provider ID
- Provider Name
- Primary client Group
- Service Type (Floating Support, Accommodation etc)
- Administering Authority
- Year
- Unit Numbers
- Planned Duration of service (ie under 2 years, over 2years)
- Out of Hours cover provided
- The relevant Contract Manager and contact details for the provider
- Front Line Staffing and support hours (from the previous years workbook)
- Management staffing and support (from the previous years workbook)
- Other staff including admin staff etc.

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2.1.3 Locking the contract page of the workbook

Once all the information has been entered onto the contract page of the new workbook the contract page must be locked by the Purchasing Officer to prevent any of the base data being amended by providers without prior notification to, and agreement with the Supporting People team.

2.1.4 Sending out Performance Indicator Workbooks to Service Providers

After locking the contract page the workbook is then distributed electronically by Business Support Services to the relevant provider prior to the first quarter submission. Guidance is also circulated on performance targets set by the authority. In addition to any guidance a copy of the four quarters submission deadlines must be issued to the providers.

3. PI Performance Triggers

3.1.1 PI Triggers

The Supporting People team each year will agree and set minimum performance triggers for the following measures:

- **KPI 1** Outcomes (long term and floating support services)
- **KPI 2** Outcomes (short term)
- **SPI 1** Availability
- **SPI 2** Utilisation
- **SPI 3** Staffing
- **SPI 4** Throughput.

These triggers will be built into the workbooks issued to providers at the beginning of the year and will be identified in the workbook when performance falls below the set target by the relevant performance percentage being displayed in “red” font.

The red font triggers apply to the following measures in each return:

- Availability
- Utilisation
- Staffing.

4. Checking completed quarterly PI workbook returns.

4.1.1 Returned PI workbooks

Completed PI workbooks are received by the responsible Purchasing Officer. The return will be checked by the Purchasing Officer within two weeks of receipt. The return is checked for the following:

- That the workbook is marked with the appropriate “DCC” code for that year on both the contract page and quarter (where only the quarter page of the workbook is returned by the provider only the quarter page can be checked for the code)
- All relevant sections are completed including the Local PI’s
- No adjustment has been made to the unit numbers and if so an explanation has been provided in the comments section of the return.

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- The service has not hit any of the preset performance triggers in the workbook set by the authority.
- Any comments from the provider are noted and action is taken where necessary.

Returns that are made by providers in paper form will be entered by the Reviewing Officer into the relevant electronic workbook for reviewing and the paper copy retained on the providers folder in the appropriate section. Providers will be advised within two weeks where any concerns have been identified (please see 4.1.2 and 4.1.3).

4.1.2 PI workbook incomplete

Where a return is found to be incomplete it should be returned to the provider (within two weeks of receipt) by the Purchasing Officer requesting the missing data be added to the return this should include Local PI data.

4.1.3 Poor performance against triggers

Where a service has failed to perform at or above the triggers set by the authority then the provider must provide an explanation in the “Comments” section provided on each quarter of the workbook. If the provider has failed to provide an explanation then the workbook must be returned by the Purchasing Officer and an explanation requested.

The explanation provided (or no explanation is provided) by the provider will result in one of the following actions being taken by the Purchasing Officer:

- Where the explanation is accepted by the Purchasing Officer because the shortfall in service performance is short term and should not be repeated in the next quarter, then, no further action will be necessary other than the next quarters performance is monitored.
- Where the explanation provided is likely to continue for the unforeseen future then the Purchasing Officer will advise the Contracts Manager who will then decide what action should be taken from the evidence available and the provider advised accordingly.
- Where a request has been made and the provider has failed to respond or the explanation provided is not satisfactory the Purchasing Officer will inform the Contracts Manager who will then decide what actions are to be taken which could result in a default notice being served or changes to the timing of Contract Management meetings.

4.1.4 Accepted quarterly returns

The responsible person checking the return on being satisfied that the return can be entered onto Swift then adds comments in the “For Office Use only” section at the foot of each quarters return page and identifies who has checked the return from the pickoff list built into the workbook. The Purchasing Officer then saves the workbook electronically in the appropriate year’s file and updates the PI return spread sheet located on the SP drive to show service ID number, quarter returned and date of return.

4.1.5 Data Input onto Swift

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The Data Input Clerk identifies completed returns from the PI return data base and inputs the data onto Swift within a set timeframe to ensure the team meets the target for information to be transmitted to Communities & Local Government (CLG).

4.1.6 Late and non returns

Where a provider fails to return a PI within the notified time scale and has not contacted the Supporting People team to request an extension to the deadline then the Purchasing Officer will send out an electronic reminder to ensure that the provider has the opportunity to make a late submission. Where mitigating circumstances arise for a non return or late return the Purchasing Officer will request comments from the provider, record the reason and advise the Contracts Manager.

If continued failure to make returns occurs this will be brought to the attention of the Contracts Manager by the Purchasing Officer and the Contracts Manager will take the appropriate action after considering the evidence. All late returns without an extension to the published deadlines are reported back to both the Core Strategy Group and to the Commissioning Body on a quarterly basis. Where trends are identified appropriate action will be taken to minimise late and non returns.

5. Making amendments to workbook contract data during the monitoring year

5.1.1 Changing data held on the PI contract page

When a change is notified by a provider that affects the data held on the contract page of the PI workbook the relevant Purchasing Officer needs to check that the proposed changes do not have an adverse affect on Value for Money of the service before making the changes. Where there is an adverse affect this needs to be brought to the attention of the Contracts Manager for guidance to proceed with the changes or take alternative action.

Where the proposed change has no adverse affect to the service provision or Value for Money eg change in staffing that does not affect total support provision and the workbook has not been completed for any of the quarter returns these changes can be made and the workbook locked. The workbook is then returned to the provider and saved in the relevant folder as "V2", "V3" etc with instruction to the provider to destroy the previous workbook.

5.1.2 Changes to contract page during PI workbook monitoring period

Where it becomes necessary to amend details contained on the locked contract page of a PI workbook the responsible Purchasing Officer will need to consider if any of the quarter returns have been completed and entered onto Swift. Where this is the case and the changes will affect the completed quarters a new workbook should be populated and the appropriate start date selected at the top of the quarter return when the changes have taken effect from. This will then need to be issued to the provider for the remaining monitoring period.

6. Local PI's

6.1.1 Local PI completion

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The Local PI's contained at the bottom of each quarter return page must be completed by all services unless exemption has been agreed with the Contracts Manager. Where a provider has more than one contracted service with the same client group agreement can be sought that only one of the Local PI returns will be completed to detail all referrals etc.

6.1.2 Checking Local PI's

The Purchasing Officer checks to ensure that the provider has completed the data requested and that the data balances for each section. Any discrepancy in data entered should in the first instance be queried with the provider. It is recognised that some anomalies around referrals on waiting lists may become apparent particularly in older peoples services where housing receive nominations for sheltered housing schemes. Consideration should also be given that referrals may come in the form of telephone calls to providers and it can be difficult if a service is full to ascertain ethnicity at the time of an enquiry rather than in the form of a written referral.

7. PI Reports

7.1.1 Management Reports

Performance data captured each Quarter is analysed by the designated Purchasing Officer and management reports are prepared for Core Strategy Group and the Commissioning body.

7.1.2 Contract Management meetings

The performance measures for a rolling twelve month period will be analysed by the Purchasing Officer and will form part of the agenda in the Contract Management meetings undertaken by the Purchasing Officer with the provider.

Acknowledgements and References

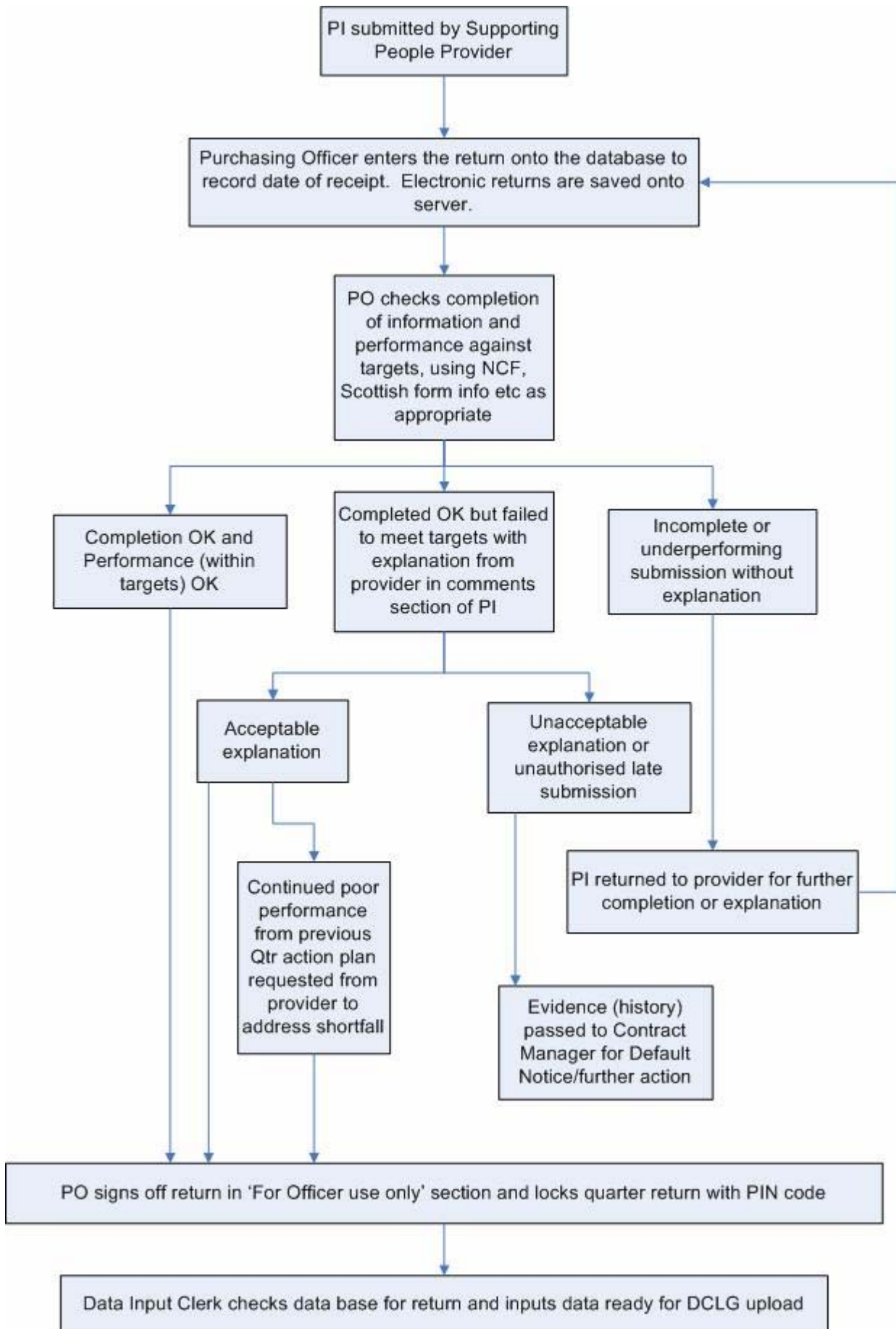
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Part 3.2 Appendices Contents

1. Flow Chart for checking PI's
2. Spreadsheet used to log return

Part 3.2 Appendix 1 Flow Chart for checking PI's



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Part 3.3 Quality Assessment Framework (QAF)

Derbyshire Supporting People Partnership

Quality Assessment Framework

1. The purpose of this procedure, definitions

Purpose

This procedure lays down the process of issuing and assessing Derbyshire Supporting People QAF documentation.

Definitions

QAF – Quality Assessment Framework – A self assessment document which is completed by Providers and enables them to assess their services against core service objectives. Derbyshire currently operates a 7 Core QAF assessment:

The 7 Core Objectives are:

- C1.1 Needs and Risk Assessment
- C1.2 Support Planning
- C1.3 Security, Health and Safety
- C1.4 Protection from Abuse
- C1.5 Fair Access, Diversity and Inclusion
- C1.6 Complaints
- C1.7 Consulting and Involving Service Users (S1.2)

Swift – Refers to Derbyshire Supporting People’s computer system that holds information relating to Derbyshire Supporting People’s Providers, Services and Clients and produces payment and remittance advice files every four weeks.

Reviewing Officers – Derbyshire Supporting People Purchasing Officers or Contracts Manager

2. The issuing of QAF documentation to Providers

QAFs will be issued to Providers in order to help ensure continuous improvement. A target Performance Level is agreed for each Financial Year by the Core Strategy Group (CSG) and the Provider Working Group and communicated to Providers through the Provider Forum and the eBrief. A reminder of the target Performance Level will be advised on issuing the QAF.

A supplementary QAF may be introduced following the approval of the CSG in any given year in order to reinforce good practice.

A QAF will be issued to a Provider annually by Purchasing Officers. If a Provider offers both long and short term services, manages widely different services or supports widely different primary client groups, two or more QAFs will be requested. The Purchasing Officer will also consider whether use of the QAF LITE document is appropriate.

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The appropriate QAF document will be issued three months in advance of the Provider's scheduled Contract Management Meeting. The Provider will be requested to complete and return the QAF by email six weeks in advance of the Contract Management Meeting.

3. Protocol for Managing Returns of Quality Assessment Forms

When carrying out the Self Assessment, the Provider needs to provide written evidence against each section of the QAF – “**ticks**” are not acceptable. Where documents are incomplete they will be returned to the Provider. There has to be evidence under every section within a Core QAF in order to justify the claimed grade. For example, if a Provider is claiming a “B” grade, all sections under grade “C” and grade “B” require completing. If a Provider is claiming an “A” grade, all sections under grade “C”, “B” and “A” require completing.

The summary sheet at the back of the QAF will need to be completed by the Provider.

Completed QAFs are expected to be received by the time of the set deadline. Failure to do so without appropriate explanation will be noted on the Provider file as a contract compliance issue. Non-return of the QAF document is a contract management issue.

3.1 Desk Top Review

Reviewing Officers will initially carry out a Desk Top Review of the latest QAF document.

In carrying out the Desk Top Review, the Reviewing Officer will complete the “QAF Review Form”. The completed QAF review form forms the basis of the decision with regard to a validation visit. On completion of the Desk Top Review, the Reviewing Officer will also complete the “Summary of QAF grading form” **3.2 Moderation**

At a local level, the Contracts Manager will review 2 QAFs per Purchasing Officer per annum.

There is no framework for moderation on a regional basis. However, QAFs are an agenda item at the Regional Contract Managers Meetings and at the Derbyshire and Derby Supporting People Working Group during which CLG guidelines and local issues are considered.

3.3 Validation Visit

The following scenarios will result in a validation visit:

1) The Provider self assessment shows a significant improvement or deterioration compared with the latest QAF held.

2) If an “A” grade is claimed on any section.

3) Concerns over the service, eg complaints or inadequate information on the Performance Indicators.

4) If services are being reviewed in accordance with the procurement timetable. All services in that category will receive a QAF validation visit.

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5) A sample of Providers will also be chosen at random for a validation visit.

A Reviewing Officer has the discretion to validate key sections of the QAF in order to address queries and concerns. This approach is expected to prove a more time effective option for both the Provider and the Reviewing Officer.

On completing the validation visit, the Reviewing Officer will complete the "QAF Review Form" and the "Summary of QAF Grading" Form as above.

3.4 Reporting to Service Provider and appeals process

Providers will be advised of the agreed grades together with a written explanation if they have been adjusted. Providers will be encouraged to discuss the position with the Reviewing Officer if they disagree with their assessment and will where appropriate be asked to provide further evidence to support their claim.

If agreement cannot be reached, all information provided will be reviewed by the Contracts Manager. A validation visit will be carried out if necessary. The Contracts Manager will be responsible for a) the final decision and b) reporting the concerns of the Provider to the CSG.

If a QAF standard is graded as "D", an improvement plan will be expected from the Provider within two weeks. The improvement plan will be reviewed by both the Purchasing Officer and the Contracts Manager.

The information presented will be validated after a further period of one month. If there is found to be no improvement, this will be reported by the Contracts Manager to the CSG and could lead to the issue of a default notice.

4. Updating Service Information

The issuing of the QAFs and the return of the same is recorded by Purchasing Officers on the Supporting People QAF database.

The "QAF Review Form" and the "QAF summary form" are filed within the Provider's electronic QAF folder.

The QAF summary form is updated onto the Supporting People QAF database by Purchasing Officers and passed onto the Data Input Clerk for uploading onto Swift.

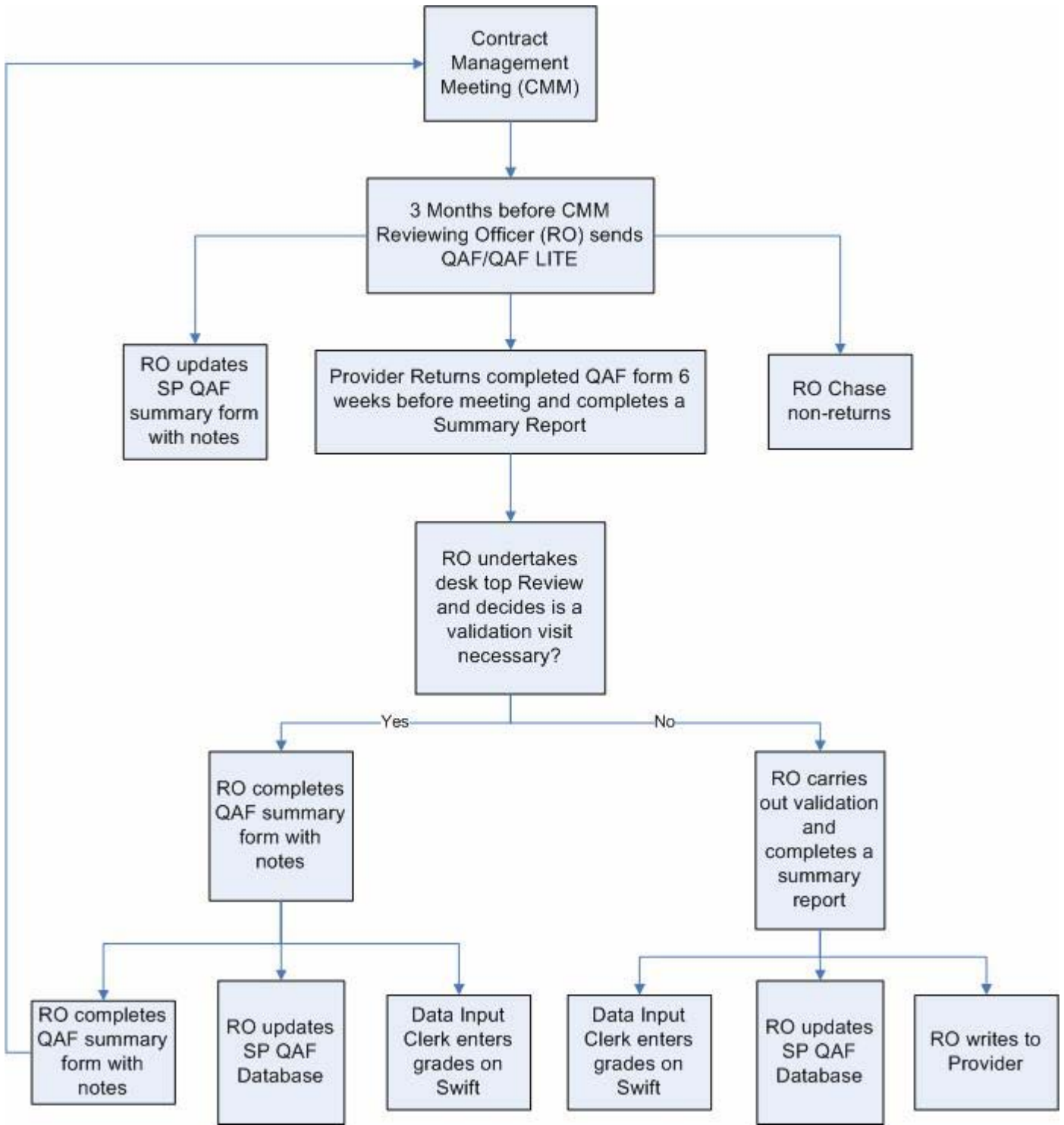
Reports with regard to QAF return and overall performance will be forwarded to the Contracts Manager who will present the same to the CSG and the Provider Working Group.

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3.3 Quality Assessment Framework (QAF) Appendices Contents

- 1 Flowchart QAF Procedure
- 2 Summary of QAF Grading

3.3 Appendix 1 – Flowchart QAF Procedure



3.3 Appendix 2 Summary of QAF Grading

Name of Provider				
Service ID's				
Core Service Objective	Report		2006/07	
	Provider Assessment	Reviewing Officer Assessment	Provider Assessment	Reviewing Officer Assessment
C1.1 Needs and Risk Assessment				
C1.2 Support Planning				
C1.3 Security, Health and Safety				
C1.4 Protection from Abuse				
C1.5 Fair Access, Diversity and Inclusion				
C1.6 Complaints				
C1.7 Consulting and Involving Service Users				
Desk Top: Yes /No (Circle as appropriate)	Validation: Yes / No (Circle as appropriate)		Date entered onto Swift:	

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Reviewing Officer:				
Signed:			Date:	

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Review of 7 Core QAF 2006/07

Service Provider	
Service ID Number(s)	
Reviewed by	
Date of Review	
Date of Validation Visit	

This is an internal document only to support the decision made by the Reviewing Officers on the Performance Levels in the QAF 2006/07 QAF return.

Comments on the information provided is given below each clause.

Based on the decision of the Reviewing Officer is a validation Visit necessary? **Yes/No**

C1.1 Needs and Risk Assessment

Performance Level C

Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.2 Support Planning

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Performance Level C

Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.3 Security, Health and Safety

Performance Level C

Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.4 Protection from Abuse

Performance Level C

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Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.5 Fair Access, Diversity and Inclusion

Performance Level C

Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.6 Complaints

Performance Level C

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Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

C1.7 Consulting and Involving Service Users

New Standard.

Performance Level C

Performance Level B

Performance Level A

Overall comments on decision on which Performance Level Reviewing Officer allocates.

Name
Purchasing Officer
Date

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Part 3.4 Support Plan Audits

1. The purpose of this procedure, key words and definitions

Purpose

Members of the Derbyshire Supporting People Team (Reviewing Officers) may be required to carry an audit of the system for Support Planning and Needs Assessment within a Provider's services. This would necessitate viewing Support Plans to confirm that the information the Provider has given to Supporting People is happening in practice. The Support Plan and Needs Assessment Audit will indicate whether Support Planning reflects the needs of the individual Service User and that the Support Plan and Needs Assessment is regularly reviewed to determine whether Service User's identified outcomes are achieved. The Support Plan and Needs Assessment Audit is used to confirm that the identified Housing Related Support is being provided to Service Users.

A Support Plan and Needs Assessment Audit may be required as part of

- Contract Management Meetings
- Quality Assessment Framework (QAF) Validation
- VFM Process
- Informing future commissioning decisions, during the review of services, or the re-commissioning or re-tendering of services
- Validate the National or Regional Outcomes measures reported by Providers
- Complaint investigation
- Investigation of comments from Stakeholders
- Confirm that the Provider is carrying out eligible tasks as defined by Supporting People.
- Validate information supplied by the Provider on Fair Access and Diversity

The Quality Assessment Framework Document (QAF) clearly identifies the requirements for:

- C1.1 Needs and Risk Assessment and
- C1.2 Support Planning

This procedure is not intended to repeat the information requested in the QAF document. The purpose of the procedure is to define how the Support and Needs Assessment Plan Audit is agreed with the Provider, carried out and reported. Note: Alarm services are not required to complete these sections of the QAF Lite document

Supporting People recognise that there are a range of services and primary client groups funded through the partnership. This procedure defines a common approach to validating/auditing the Support Planning and Needs Assessment process. There is an understanding that each Provider will have different policies, procedures and systems to manage the process. Support Plans and Needs Assessments may be in different format including paper-based and IT based. Supporting People are seeking to establish that Providers are meeting the minimum requirements of Performance Level C against the requirement defined in the Quality Assessment Framework.

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Definitions

Service User - A person who has received, who currently receives, or who could potentially receive, Supporting People funded services.

Support Plan – a document completed by the Support Worker in conjunction with the Service User which identifies support needs, goals and actions. This document may also be combined with a Needs Assessment document within certain services.

Needs Assessment – document completed by the Support Worker in conjunction with the Service User identifying any needs and risks. This is normally completed when the Service User enters the service.

Provider – An organisation receiving funding through the Derbyshire Supporting People Partnership to provide Housing Related Support.

Support Worker – a member of staff within the Provider’s organisation who is responsible for providing the Housing Related Support to Service Users.

Reviewing Officer – a member of the Derbyshire Supporting People Team with the responsibility for carrying out validation visits and / or audits of a Provider’s systems and procedures. This is usually the Purchasing Officers or Contracts Manager.

Audit – In the context of this procedure audit refers to the validation of the Support Plan and Needs Assessment Documents.

2. Working with the Provider to Arrange an Audit

2.1 Giving Providers sufficient notice

Supporting People will work with Providers to agree a time for the audit that is convenient for both parties.

2.1.1 The Reviewing Officer contacts the manager of the service to request that an audit is to be carried out and requests that the Provider agrees a mutually convenient date.

2.1.2 Supporting People would aim to give a minimum notice of one month.

2.1.3 However, in certain circumstances there may be a requirement to visit a service and possibly view support plans at short or no notice (reference Service Standards Document Section 6.2). This would only be for services where there are a range of concerns and issues that are ongoing about the current and future effectiveness of service provision.

2.2 Obtaining Service Users Consent for Supporting People to view their Support Plan and Needs Assessment

2.2.1 The Provider is responsible for deciding on how to manage this process. The Provider is responsible for obtaining the appropriate consent / agreement from Service Users. This may be in the form of a written consent that the provider retains on file.

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2.2.2 The Provider may decide to make the Support Plans and Needs Assessments anonymous by removing or covering up a Service Users name in any documents shown to Supporting People.

3 Confidentiality

3.1 The purpose of the audit is for the Provider to provide evidence to Supporting People that there is an effective Support Planning and Needs Assessment process in operation.

3.2 Providers are requested to assure Service Users that the audit is part of the overall assessment of the performance of a service by Derbyshire Supporting People.

3.3 Although Support Plans need to be seen the Reviewing Officer is not identifying a particular Service User's individual needs; they are looking at the process the Provider operates for Support and Needs Assessment planning.

3.4 Members of the Derbyshire Supporting People Team are subject to the Derbyshire County Council Code of Conduct Procedures for employees and Adult Social Services Procedures governing client confidentiality. All members of the Supporting People Team are subject to Criminal Records Bureau (CRB) checks.

3.5 It is not necessary for Supporting People to view any personal information relating to the Service User. The information that Supporting People need:

- Is there a Support Plan in place (Yes or No)
- Is a Needs Assessment completed when the Service User joins the service (Yes or No)
- Have these documents been reviewed within the required time-scales (Yes or No)
- Does the Service User contribute to the Support Plan and Needs Assessment (is there is a signature – Yes or No)
- Are goals and actions identified and followed up within the Support Plan (Yes or No)
- Does the Provider have procedures in place for Needs Assessment and Support Plans

Service Users may be asked to confirm some of the above.

3.6 Supporting People would recommend that a Provider's member of staff is present when the Support Plans and Needs Assessment documents are being viewed. This is suggested to protect Service User confidentiality and to answer any queries that may arise.

4 Carrying Out the Audit

The Reviewing Officer carrying out the audit will use the information supplied by the Provider in the Quality Assessment (QAF) as the basis for the audit.

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4.1 The Reviewing Officer will be looking to verify the points included in section 3.4 above.

4.2 The following will also be considered during the audit:

- Each Support Plan and Needs Assessment follows the format defined by the Provider
- Entries made by the Support Workers / Staff members are clear, legible, signed and dated
- Is the Needs Assessment and Support Plan responsive to the Service Users needs. For instance, can a review take place between the defined review dates, if a Services Users needs and support requirements change? Does this happen in practice?

5. Reporting the results of the Audit

As the purpose of the audit is to confirm that that the identified Housing Related Support is eligible and the support is being provided to Service Users as agreed in the Support Plan. In addition, the audit is to confirm that there is an effective Support Planning and Needs Assessment process in operation. The audit forms part of the overall assessment of the performance of a service by Derbyshire Supporting People.

5.1 Written Feedback

Supporting People will provide written feedback to the manager of the service within 4 weeks of the audit being carried out. Reporting may also take place through the Contract Management Meeting, which ever is the sooner.

5.2 Content of the feedback

When Supporting People report back to Providers a summary of conformance to a Provider's own procedures will be given. If the audit has been carried out to validate clauses within the QAF documents for C1.1 Needs and Risk Assessment and C1.2 Support Planning then feedback will be given as part of the overall feedback on the QAF validation process.

Supporting People will identify and report where good practice is in operation.

5.3 Providers who are not meeting the minimum standards

Providers are expected to meet the minimum requirements for Support Planning and Needs Assessment. The minimum standard is defined as the requirements for Performance Level C within the QAF document.

Should the minimum standard not be met Supporting People would request that Providers address this and agree with Supporting People a date by when this will be completed.

In these instances it will be necessary for Supporting People to visit the service again after the agreed date to audit/validate the new arrangements.

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Part 3.5 Stakeholder Feedback

1. The purpose of this procedure, key words and definitions

Purpose

Members of the Supporting People Team may be required to contact stakeholders to seek their feedback on services funded by Derbyshire Supporting People. This would form part of the overall assessment of the performance of a service and to confirm that Housing Related Support is being given to Service Users.

Stakeholder feedback would seek comments on:

Strategic Relevance eg how the service fit with local and national strategies and service planning.

Demand – eg whether there is a demand for the service in the location.

Service Outcomes – eg. does the service deliver what is expected in terms of outcomes for Service Users

Quality of Service – eg stakeholders views on the quality of the service provided with particular reference to the housing related support provided.

Costs Effectiveness eg the stakeholders views on how this service delivers value for money in comparison to other similar services.

Stakeholders will be asked to comment on where the service is particularly effective and to identify best practice. There is also the opportunity to identify areas where the stakeholder considers improvement would be appropriate.

Stakeholders views may be required to inform

- Contract Management Meetings
- Quality Assessment Framework (QAF) Validation
- VFM Process
- Informing future commissioning decisions, during the review of services, or the re-commissioning or re-tendering of services (see Derbyshire Supporting People Procurement Strategy)
- Validate the National or Regional Outcomes measures reported by Providers
- Complaint investigation or the follow up of adverse comments from stakeholders
- Confirm that the Provider is carrying out eligible tasks as defined by Supporting People.
- Validate information supplied by the Provider on Fair Access and Diversity
- Tender application

This procedure defines a common approach to seeking the views of stakeholders, analysing this information and giving feedback to Providers.

In terms of QAF validation Supporting People are seeking to establish that Providers are meeting the minimum requirements of Performance Level C against the requirements defined in the Quality Assessment Framework. To meet Performance Level B and A there is a requirement for significant stakeholder involvement within a service and it may be necessary to validate this through contact with stakeholders.

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Definitions

Provider – An organisation receiving funding through the Derbyshire Supporting People Partnership to provide Housing Related Support.

Stakeholder – in the context of this procedure a stakeholder is a person or an organisation who has been identified as having an interest or involvement with the service. This may be someone from; a statutory authority, a referral agency to the service, or a person / organisation that works closely with the service.

Supporting People officer – for the purpose of this procedure this is defined as the member of the Supporting People Team who requires information from stakeholders to support the activities defined in section 1. The members of the team would typically be: Contracts Manager, Purchasing Officers, Planning and Projects Manager, Project Officer or Administration or any other member of the team the Supporting People Manager identifies to carry out the activity.

2. Obtaining information from Providers on Stakeholder Contacts

The Supporting People officer who requires information from stakeholders will contact the manager of the service to explain why stakeholders need to be contacted (see section 1).

Providers will be asked to supply an up to date list of stakeholders. The minimum information Supporting People require is:

Name

Job Title

Organisation

Telephone Number

Address

e-mail address (if available)

Details of the professional/working relationship with the service

Providers will be requested to supply the required information in a timely manner; if this forms part of a re-commissioning or re-tendering exercise then defined dates need to be adhered to.

3 Contacting Stakeholders

- 3.1 The Supporting People Purchasing Officers or Contracts Manager will contact stakeholders a minimum of every two years to support the Contract Management Process.

Stakeholders may need to be contacted in between should the necessity arise (see Section 1 which details those circumstances when stakeholders may need to be contacted).

- 3.2 The Procurement timetable (Section 4 Derbyshire Supporting People Procurement Strategy) defines the financial year during which services are to be reviewed, re-commissioned or re-tendered. If this coincides with the year stakeholders would normally be contacted for the Contract Management Meeting Process, the Contracts Manager or Purchasing Officers will ensure that stakeholders are contacted only once.

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3.3 The Supporting People officer will contact the stakeholder initially by letter requesting that the stakeholder completes a Stakeholder Questionnaire. There following documents are available to send to stakeholders:

- Letter to stakeholders requesting information (Appendix 1)
- Questionnaire to support the Contract Management Meeting Process (Appendix 2)
- Where services are being commissioned, or tendered the Project Board may design a set of specific questions for stakeholders that directly relate to the type or service and Primary Client Group.
- Similarly, the Contracts Manager or Purchasing Officers may develop some specific questions relating to the stakeholder involvement defined in the QAF document or require some other specific information not included in the above questionnaire. Any additional stakeholder questions will be approved by the Supporting People Manager and Head of Contracts.

3.4 Stakeholders will be asked to complete the questionnaire within two weeks and return the information to the relevant Supporting People officer as Team identified in the letter.

3.5 In the event that a stakeholder does not reply to the request then the relevant Supporting People officer may contact the stakeholder by telephone. The same questions included in the questionnaire will be asked of the stakeholder and their responses will be noted. The Supporting People officer should advise the stakeholder that a written report of the telephone conversation will be made by Supporting People officer and that this will be filed electronically. The Supporting People officer will file this information within the Providers file or with the tender documents.

4. Confidentiality

4.1 Any comments received from stakeholders will be feedback to Providers in the following format which was used in the original Service Review Reports. For example “Comments from the Representative from the Probation Service were”

In the letters to stakeholders there will be a statement about confidentiality “All of the feedback received from stakeholders will be discussed with Providers and your comments may form part of a written report to the Provider, unless you specifically request that your information remains confidential”.

4.2 Should stakeholders be contacted over the telephone the Supporting People officer should ask whether the comments may be reported back to the Provider or whether they are to remain confidential. The Supporting People officer will advise the stakeholder that this is subject to clause 4.3 below.

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4.3 The above is subject to the Freedom of Information Act which may mean that any comments may need to be disclosed should there be a Freedom of Information request made.

4.4 Members of the Derbyshire Supporting People Team are subject to the Derbyshire County Council Code of Conduct Procedures for employees and Adult Social Services Procedures governing confidentiality.

5. Collating the information and giving feedback to Providers

5.1 The Supporting People officer is responsible for collating the information received from stakeholders and generating an appropriate report to give to Providers.

5.2 Supporting People will report where good practice has been identified by stakeholders.

5.3 The Contract Management Meeting will be used to give feedback to Providers in all circumstances except for where the information is required to inform commissioning decisions, during the review of services, or the re-commissioning or re-tendering of services. In these cases the process for feedback and time-scales will be defined by the Project Board or Tender Panel.

5.4 Should there be any feedback that is adverse regarding the quality of the service then the Supporting People officer will advise the manager of the service. In these circumstances the Supporting People officer will ask the Provider to investigate and reply within 10 working days.

Where necessary the Provider will be asked to identify actions to address the concerns raised. In these instances it may be necessary for a Supporting People Purchasing Officer to visit the service to validate the new arrangements.

5.5 Should any complaints arise from stakeholders these will be handled through the Supporting People Complaints Procedure.

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3.5 Stakeholder Feedback Appendices

1. Letter regarding stakeholder views and Contract Management Meeting Process
2. Stakeholder Questionnaire to support Contract Management Meeting Process

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Appendix 1 – Letter

Bill Robertson
Strategic Director
Adult Social Services
County Hall
Matlock
Derbyshire
DE4 3AG

Telephone: (01629)

Date:

Dear Name ,

Supporting People Contract Management Review – (name of provider being reviewed)

As part of our programme of contract management reviews of services in receipt of Supporting People funding, we are about to review the (insert name of service).

The review will involve an assessment of the service in a number of respects including:

- strategic relevance
- demand
- quality of service delivery
- service outcomes
- cost effectiveness

You have been identified as an important stakeholder in the service. As the Administering Authority for Supporting People resources in Derbyshire we would like to invite you to contribute to the review by commenting on the performance of the service. A questionnaire has been attached for this purpose.

An important element of this process is to engage a broad based approach to gathering information about each service. Information from stakeholders can provide valuable insight into the quality and effectiveness of a service; along with issues and difficulties a service may encounter in its attempts to meet its service objectives and responsibilities. The Supporting People Team are, therefore, keen to involve as many stakeholders as possible in their evaluation of services and value any comments you may be able to provide.

Your information will help us to gain a more comprehensive picture of the services being reviewed. The feedback received from stakeholders will be discussed with providers and your comments may form part of our review report, unless you specifically request that your information remains confidential. Please be aware: the above is subject to the Freedom of Information Act which may mean that any comments (even those you may have requested to remain confidential) may need to be disclosed should there be a Freedom of Information request made.

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I would be grateful if you could return the attached form by (date (2 weeks), name of Supporting People), Supporting PeopleTeam at the above address. If you feel that a telephone call or a one to one meeting is more appropriate to discuss the service provider and the services provided, please advise.

If you have any queries, please contact me at the telephone number at the top of this letter or alternatively by email at [name of officer@derbyshire.gov.uk](mailto: name of officer@derbyshire.gov.uk).

Your assistance in dealing with this matter is greatly appreciated, please find enclosed a Pre-paid envelope for your convenience.

Yours sincerely

Name of Supporting People Officer
Derbyshire Supporting People

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Part 3.5 Stakeholder Feedback Appendix 2 –Questionnaire

Supporting People Questionnaire – (name of provider/service)

Name of person providing feedback:

Job title:

Organisation name:

Address:

Telephone number:

Fax:

Email:

Signature:

Date

In a sentence, please describe your relationship with the service e.g. funder, referral source, etc

Please rate the following aspects of the service (by ticking one box per row):

	Excellent	Good	Fair	Poor	V.Poor	Don't know
Strategic relevance						
Demand for service						
Service outcomes						
Quality of service delivery						
Cost-effectiveness						

Please comment on the reasons for your assessment (particularly where you have rated any aspects of the service as 'poor' or 'very poor').

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What suggestions do you have for improving the service (even where it is already achieving high levels of performance)?

Does the service help your organisation to meet its objectives?
(Please provide some details)

Please provide any further comments which you consider will be of value to Derbyshire Supporting People in relation to the Contract Management review.

Thank you for your assistance. Please return this form to:

Name of Supporting People Officer
Supporting People
Adult Social Services
County Hall
Matlock
Derbyshire
DE4 3AG

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3.6 Service User Questions

1. The scope and purpose of this procedure, key words and definitions

Scope

This procedure refers to Service User feedback as part of the Contract Management Process:

Purpose

Service Users views are central to the Derbyshire Supporting People Programme. Feedback from Service Users is particularly important as part of the Contract Management Process.

Members of the Derbyshire Supporting People Team (Contracts Manager or Purchasing Officers) may be required to speak with or interview Service Users within a Provider's services. This would be to ensure that the information the Provider has given to Supporting People is happening in practice. The feedback obtained from speaking with Service Users will be used in conjunction with other measures to assess the performance of a service.

For the purpose of this procedure Service User feedback may be required to support the following:

- Contract Management Meetings
- Quality Assessment Framework (QAF) Validation
- VFM Process
- Validate the National or Regional Outcomes measures reported by Providers
- Complaint investigation
- Investigation of comments from Stakeholders
- Confirm that the Provider is carrying out eligible tasks as defined by Supporting People.
- Validate information supplied by the Provider on Fair Access and Diversity; whether the service meets the Service User's needs around disability, sexuality, culture etc.

Supporting People recognise that there are a range of services and primary client groups funded through the partnership. This procedure defines the approach in terms of how the questions are developed, consultation with Service Users, carrying out the interviews and reporting back to Providers and Service Users.

Feedback from Service Users is particularly important to establish that:

- Support Plans are in place and are of value to Service Users
- Service Users are involved within the service
- Service Users understanding of how to make a complaint and would be able to do so if necessary
- Service Users are satisfied with the Housing Related Support they receive from the Provider

The Derbyshire Supporting People Service User Project Board is considering Peer Reviewing and the questions used by the Supporting People Team may form part of this.

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This procedure does not define the process for Peer Reviewing as this is currently being developed.

Consultation with Service Users in relation to the commissioning or tendering of services is outside of the scope of this procedure. Although a similar process may be followed the approach will be determined by the Project Board.

Definitions

Service User - A person who has received, who currently receives, or who could potentially receive, Supporting People funded services.

Provider – An organisation receiving funding through the Derbyshire Supporting People Partnership to provide Housing Related Support.

Purchasing Officer – This is the member of the Supporting People Team who will normally meet with Service Users to seek feedback for the Contract Management Process. The Contracts Manager may also be required to seek feedback from Service Users and will follow the activities for the Purchasing Officer defined in this procedure.

Service User Project Board - A project board with overall strategic responsibility for improving user involvement in the Derbyshire Supporting People Programme.

Supported People Involvement Forum - The Supported People Involvement Forum has been established to enable people who use Supporting People Housing Related Support services to have a greater say about how Supporting People is delivered and managed in Derbyshire.

Supported People Inclusive Forum - The Local Inclusive Forums are part of the year round Supporting People consultation process to involve local people with an interest in supported housing in the development of the Supporting People Strategy. The forums consider the outcome of needs mapping, supply mapping, scheme reviews and any specific issues affecting each sector. They also discuss and review the emerging service priorities and Supporting People Strategy.

Research Advisory Panel (RAP) – A group within Derbyshire County Council Adult Social Services which ensures that any research and consultation carried out within or on behalf of the department is done so ethically, using robust and appropriate methodologies and is carried out according to research governance framework.

Provider Forum Working Group - A group of representatives of Providers of Supporting People Services selected through a voting process. The Group manages and facilitates, in conjunction with the Derbyshire Supporting People team, the regular provider forums. Provider representatives from this group also sit on the Supporting People Core Strategy Group to ensure that Providers have an input into the continued development of the programme.

2. Principles of obtaining Service User Feedback

At the Supported People Involvement Forum of July 12th 2007 members set out and agreed a set of principles which should define a Quality Service. Whilst acknowledging

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that a quality service will mean different things to different people, the following should apply:

- Being listened to is one of the most important aspects of a quality service. People then feel valued and needed: “No point talking if no one is listening”.
- Feeling empowered, being able to stand up for yourself, building up your confidence is very important. Independent advocacy should be provided if needed.
- Support staff should always be approachable, well-trained and Service Users should be able to say what they want without being judged. People should be made to feel part of the community and be treated as a human being.
- A complaints system should be ‘above board’. People should have confidence in it. It should be confidential, and as a result people should be able to see changes. People should not feel intimidated if they wish to make a complaint. Information about a complaints system and how to use it should be made clear (this goes for making a complaint about a provider or SP itself).
- A quality service should enable people to develop life skills, offer practical advice about how to live independently and to deal with e.g. Debt prevention, money skills and making choices.
- People should feel safe within the support they receive. They should have a role in how the service is run, a role in the community and they should receive emotional support throughout.
- Communication. People should be consulted about changes within their services “No shocks”. Consultation should take place with proper discussions – “Not a done deal”. Different methods of communication should be in place so everyone, including harder to reach groups, have the opportunity to have their say.
- There should be better joint working between agencies. There should be shared care and support plans, avoiding breaks in service delivery allowing people to slip through the net. There should be single assessments.

The above are the standards identified by Service Users. The Purchasing Officers and Contracts Manager are aware of these principles and will take them into consideration when seeking Service User Feedback.

3. Developing new Questions, Consulting with Service Users and approving the questions for use

- 3.1 The Contracts Manager and Purchasing Officers are responsible for developing a proposed set of questions. These questions will relate to clauses within the 6 Core Quality Assessment Framework (QAF) document and any relevant supplementary Service Objectives within the QAF. The questions may also be designed around any requested information from the Core Strategy Group or the Supporting People Manager.

The questions may be developed for use in face to face meetings with Service Users (see section 3.2) or to be sent out as a questionnaire to Service Users.

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- 3.2 The Contracts Manager and Purchasing Officer (with responsibility for Service User questions) will present the questions to the Service User Involvement Board for consultation and comment. The Purchasing Officer will revise the questions accordingly.

When the Service User Involvement Board is satisfied with the revised questions, these questions will be presented to the User Involvement Forum for consultation. Feedback received will be used to update and revise the questions as requested.

- 3.3 The Contracts Manager will keep the Provider Forum Working Group informed of progress.

- 3.4 When the final set of questions has been approved by the Service User Project Board a Research Advisory Panel (RAP) application is completed by the Purchasing Officer responsible for Service User Questions.

When the RAP application has been approved the questions may then be used to obtain Service User feedback as described in section 1 above.

- 3.5 Existing Questions from Service Reviews

Until new questions are approved through the above process the Purchasing Officers may continue to use the original set of Service User Questions from the Service Reviews. These are national Questions supplied by the Office of the Deputy Prime Minister (ODPM) at the commencement of the Supporting People Programme.

4. Timing of obtaining Service Users Feedback

- 4.1 To support the Contract Management process the Purchasing Officers will formally seek feedback from Service Users a minimum of every two years.

There may be occasions where feedback is required from Service Users in between should the necessity arise for example: Complaint investigation.

- 4.2 It is important that Supporting People obtain relevant and timely feedback from Service Users and that Service Users views are sought only when necessary. It is also important to ensure that Service Users are not being consulted by different parts of the Supporting People Team at the same time. It is the responsibility of the Purchasing Officer to confirm this.

The Purchasing Officer should also ascertain that the timing does not conflict within any consultation the Provider or any of their stakeholders are carrying out. It is expected that the Provider would be able to advise on this.

- 4.3 The Contracts Manager will advise the Service User Project Board and the Provider Working Group of the Contract Management Meeting schedule and identify those services where Service Users will need to be consulted about the service they receive.

- 4.4 The Procurement timetable (Section 4 Derbyshire Supporting People Procurement Strategy) defines the financial year during which services are to be reviewed, re-

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commissioned or re-tendered. If this coincides with the year Service Users would normally be contacted to support the Contract Management Process then this would be postponed to the next financial year.

5. Preparing to consult with Service Users

- 5.1 The Purchasing Officer proposes the approach for obtaining Service User's views. The possible options are:

Questionnaires
 Informal gatherings (eg Coffee Mornings)
 Small Groups
 Individual Interviews

- 5.2 Questionnaires - The Purchasing Officer will propose those services where it would be appropriate to obtain Service Users views through the use of a questionnaire.

- 5.3 Face to face meetings/interviews - The Purchasing Officer will propose those services and the number of Service Users that need interviews or meetings. For guidance on the number of Service Users to be consulted see Appendix 2.

- 5.4 The above will be agreed with the Contracts Manager.

6. Working with the Provider to obtain feedback from Service Users

- 6.1 Sending Questionnaires to Service Users

The Purchasing Officer will write to the Provider advising that as part of the Contract Management Process, Service Users will be receiving a questionnaire from Supporting People to give feedback on the service they receive.

- 6.1.1 The Purchasing Officer will request that the Provider provides the names and addresses of the relevant number of Service Users. See the sample approach in appendix 2. For large services (e.g. warden and alarm services) Providers will be asked to select at random the Service Users to meet the requested sample. The Purchasing Officer will send the questionnaire to the Service Users identified by the Provider.

- 6.1.2 Alternatively, after agreement with the Provider, Supporting People could send a batch of letters to the Provider. The Provider would then ensure that the letters are distributed to the Service Users in a timely manner.

- 6.1.3 In both cases; a covering letter will also be sent explaining the process and requesting the questionnaire be returned by a specific date. A stamp addressed envelope will be provided for Service Users to send their replies back to Supporting People.

- 6.1.4 The Purchasing Officer will use the following link think through the Adult Social Services web-site (Sample Size calculator by Raosoft Inc) as guidance for the number of questionnaires to be sent out.

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http://www.derbyshire.gov.uk/Social_health/research_consultation/research_governance/resources_for_your_research/research_methods/sampling/default.asp

6.2 Meeting with Service Users

Supporting People will work with Providers to agree a convenient forum, time and place to meet with Service Users.

6.2.1 The Purchasing Officer contacts the manager of the service to request that Service User interviews/meetings take place and requests that the Provider consults with Service Users and agrees a suitable time and date.

6.2.2 The Purchasing Officer would aim to give a minimum notice of one month.

6.2.3 However, in certain circumstances there may be a requirement to visit a service and meet with Service Users within a shorter notice (reference Service Standards Document Section 6.2). This would be only for services where there are a range of concerns and issues that are ongoing about the current and future effectiveness of service provision.

It is understood that a request to meet with a member of the Supporting People Team at short notice may not be appropriate for Service Users. If this was the case a request would be made to meet at the best time for the Service Users preferably within the next 5 working days.

6.2.4 Purchasing Officers would normally expect to meet with Service Users at the service.

It is not considered appropriate to meet with Service Users in their own homes.

Purchasing Officers can offer to meet with the Service User at a different location if the Service User would prefer this eg county council offices.

Consideration will be given to providing advocacy services for Service Users if this is considered appropriate by staff from the Service, Purchasing Officers or if the Service User requests this.

In the interests of obtaining appropriate feedback is expected that the Purchasing Officer would speak with the service on a one to one basis. If the Service Users requests that a Support Worker or a member of staff from the service is present this would be acceptable to Supporting People. It is understood that Service Users may feel comfortable in the presence of their Support Worker; however the Purchasing Officers may seek assurances that this was the decision of the Service User themselves.

6.3 Obtaining Service User's Consent for interviews/meetings

Service User's need to give consent before taking part in any interviews or face to face meetings with Supporting People.

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- 6.3.1 The Purchasing Officer requests that the Provider obtains the consent/agreement from Service Users. There is a Consent Form available (see Appendix 1) which will be sent to Providers in advance of the planned meeting with Service Users.
- 6.3.2 Providers are requested to explain to Service Users why Purchasing Officers would like to speak with them (see section 5 below) and complete the consent form with the Service Users in advance of the meeting with Purchasing Officers.
- 6.3.3 Providers are required to give the original signed copy of the consent form to the Purchasing Officers at the time of the interview/meeting.
- 6.3.4 The Purchasing Officers will keep the consent forms on file. Providers are asked to assure Service Users that these forms are held in confidential files within the Supporting People offices within Adult Social Services. See also section on confidentiality below.

7. Confidentiality

- 7.1 The purpose of seeking feedback from Service Users through interviews is to validate the information given by the Provider and to provide evidence to Supporting People that there is an effective service in operation and that Service Users needs and expectations for Housing Related Support are being met.
- 7.2 Providers are requested to assure Service Users that receiving their feedback is central to the Derbyshire Supporting People programme and is part of the overall assessment of the performance of the service.
- 7.3 Members of the Derbyshire Supporting People Team are subject to the Derbyshire County Council Code of Conduct Procedures for employees and Adult Social Services Procedures governing client confidentiality. All members of the Supporting People Team are subject to Criminal Records Bureau (CRB) checks.
- 7.4 It is not necessary for Supporting People to ask the Service User for any personal information relating to the Service User. The Provider will be asked to assure the Service User of this.
- 7.5 Purchasing Officers will be required to make a record of the answers given by Service Users. All answers will be recorded anonymously and will not be linked to a particular Service User.

8. Carrying Out the Interview / Meeting with Service Users

- 8.1 Obtaining feedback through informal gatherings, small groups and individual interviews.
 - 8.1.2 The Purchasing Officer receives the consent forms from the Provider, and ensures that all Service Users involved have signed the consent form.

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8.1.3 The Purchasing Officer explains to the Service User why they are being consulted and why their views are important to Derbyshire Supporting People.

The Purchasing Officer also explains the points covered in the consent form (see Appendix 2) and advises the Service User that they can stop the interview at any time if they choose to.

8.1.4 During the meeting/interview the Service User is able to ask for any questions to be repeated or explained to them. They may also decide not to any a specific question if they so choose.

8.1.5 At the end of the interview/meeting the Purchasing Officer will thank the Service User for being involved and will advise that a summary report will be made to the Provider at the end of the assessment process. The information that Service Users give Supporting People will be kept confidential and their names will not be used on any of the reports.

8.2 Dealing with concerns that may be raised by Service Users

8.2.1 During the meeting/interview should there be any feedback that is adverse regarding the quality of the service the Purchasing Officer will ask the Service User whether they want this raising as a complaint. If so, Service Users can be given the choice over whether the complaint is raised anonymously or whether their name is used. The Supporting People Complaints procedure will be followed.

8.2.2 Should any of the concerns raised be related to the health and safety, wellbeing or abuse of vulnerable adults or children then the Purchasing Officer should seek the immediate advice of the Supporting People Manager or the Head of Contracts on what action needs to be taken. In these instances the Derbyshire County Council Procedures for Safeguarding Vulnerable Adults and Safeguarding Children will to be followed.

8.2.3 Should adverse comments or complaints be raised it may be necessary for the Purchasing Officer to interview more Service Users. This will be approved by the Contracts Manager and arranged with the Provider.

9. Reporting the results of the interview/meeting/questionnaire

9.1 Reporting to the Provider

The Purchasing Officer will collate the Service User views and generate a written summary report.

9.1.1 The Purchasing Officer will provide the written report to the Provider within 6 weeks of the interviews/meetings/closing date for the receipt of the questionnaires. Reporting may also take place through the Contract Management Meeting; which ever is the sooner.

9.1.2 The report should in a format that would be appropriate for the Provider to share with the Service Users. This report shall be approved the

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Contracts Manager before it is given to the Provider. Where adverse comments or a complaint have been received, the Supporting People Manager and the Head of Contracts need to approve the report.

9.1.3 Quotes made by Service Users may be used providing they are anonymous and it is not possible to identify from the content which Service User made the comment.

9.2 Reporting and Acting on Feedback from Service Users

9.2.1 The Purchasing Officer will identify and include in the report where good practice has been identified or positive feedback has been given.

9.2.2 There may be some feedback received that the Purchasing Officer considers requires a response from the Provider. It may be appropriate for the Provider to identify actions to address the points raised. In these instances it may be necessary for the Purchasing Officer to visit the service to validate the new arrangements.

9.2.3 Any complaints raised will be handled in accordance with the Derbyshire Supporting People Complaints procedure.

9.3 Report to Service Users

The Purchasing Officer will ask the Provider to feedback to the Service User. This would include giving thanks to all of the Service Users who participated. Supporting People would expect that the written report would be shared by the Provider with Service Users.

9.4 Feedback to the Core Strategy Group and Commissioning Body

A quarterly report will be generated by the Contracts Manager summarising the results of Service User feedback. This will be reported to the Core Strategy Group and the Commissioning Body.

10. Flexibility

There may be occasions when members of the Supporting People Team are visiting the service and there is the opportunity for an informal discussion with Service Users. This would take the form of a “quick chat” and may be to ask a Service User’s view on something specific eg how to you like the House Meetings.

Examples would include:

Visits of County Councillors with a member of the Supporting People

Visits of a member of the Supporting People Team to a Service to attend an “event” organised by the Provider.

When the Purchasing Officer is visiting the service outside of the Contract Management Meeting Process.

The member of the Supporting People Team would always ensure that they have asked a member of staff at the service and the Service User’s permission to have a brief informal

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discussion. In these instances the procedure for seeking consent and providing formal feedback to the Provider and Service User is not required.

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3.6 Service User Appendices

- 1 Consent Form
- 2 Guidance for the sample of Service Users for interview / meeting

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3.6 Appendix 1 Consent Form

Interview/Meeting questionnaire

Thank you for agreeing to take part in this survey. Your help is very much appreciated.

We are concerned to protect your rights and confidentiality. Therefore, by agreeing to take part:

- Your participation in this interview is entirely voluntary
- You can refuse to answer any of the questions at any time
- You are also free to withdraw your permission to use the interview as part of the survey after the interview has taken place by contacting me as below. – **add contact**

The information you give us will be kept strictly confidential. Your name will not be used on any of the reports.

What you say will be used to help us understand what you think about the help and support you get at home.

Please sign this form, and your copy, to show that you agree to the interview.

I/and my carer* have read/had explained to me* and understand this form and I agree / do not agree* to take part in the survey

Name:.....Signed:

.....

(interviewee)

Date:.....

Name:.....Signed:

.....

(carer)

Date:.....

Name:.....Signed:

.....

(interviewer)

Date:..... Tel

no:.....

* please delete where appropriate

3.6 Appendix 2 Guidance for the number of Service Users to be consulted

Number Service Users	Minimum number of Service Users to be contacted
1 to 3	All Service Users in the service
4 to 10	Minimum 3
11 to 20	Minimum 5
21 to 40	25% of Service Users
41 to 80	20% of Service Users
80 – 100	15% of Service Users
101 to 250	10% of Service Users
250 to 500	5% of Service Users
Greater than 500 e.g. Alarm and Warde n Servic es	Questionnaires to be considered for these services.