

London Borough of Merton

Supporting People Service Monitoring and Review Framework

Policy Statement

Version 2: Issued April 2006

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PURPOSE OF DOCUMENT

The Supporting People Service Monitoring and Review Framework sets out the approach agreed by the Merton Supporting People Core Strategy Group and Commissioning Body to the monitoring, review and accreditation of Supporting People Services. The approach set out in this document will apply to all services in receipt of Supporting People funding.

The Merton Policy Framework is consistent with guidance issued by the ODPM in March 2004. This guidance is on the Supporting People web site (www.spkweb.org.uk)

From time to time the Core Strategy Group and Commissioning Body will revise this policy document in the light of further guidance from the ODPM and experience of implementing the programme in Merton. The Supporting People Team will ensure that all local stakeholders have the opportunity to comment on any revisions of the Policy Framework before the Core Strategy Group and Commissioning Body adopt any revisions.

A diagram showing the Merton Supporting People Review Decision Making Framework is set out in Appendix 1.

INTERIM CONTRACTS & PERFORMANCE MONITORING

1. Contracts

1.1 Agreeing Interim Contracts

- 1.1.1 To receive Supporting People Grant all services must have a contract or service level agreement in place. For new services opening before 31st March 2006 an Interim agreement must be signed within 3 months of the service opening.
- 1.1.2 Where the Supporting People Team and the Service Provider cannot resolve outstanding contract issues the Supporting People Team will refer the matter to the Merton Supporting People Core Strategy Group and Commissioning Body (CSG & CB).
- 1.1.3 The CSG may either agree to amend a contract or agree to bring the service forward for an early service review as required under the Supporting People Grant Conditions and Directions.
- 1.1.4 The Supporting People Team will give the service provider 2 weeks written notice of the commencement of an early service review.

1.2 Length of Interim Contracts

- 1.2.1 The expiry date of an Interim Supporting People Contract is 12 months from the date the support services review is concluded unless the London Borough of Merton and the service provider agree to vary the expiry date.
- 1.2.2 The conclusion of the review is the date on the letter sent by the Supporting People Team notifying you of the outcome of the Review.
- 1.2.3 Where a provider appeals the outcome of a service review and as a result of the appeal the original decision is changed then contract expiry date is 12 months from the date on the letter notifying you of the new outcome.
- 1.2.4 Where a provider appeals the outcome of a service review and as a result of the appeal no change is made to the original decision then the contract expiry date remains twelve months from the date on the original notification letter.

2. Interim Contract Performance Monitoring

2.1 Returning Performance Information

- 2.1.1 Service providers must use the ODPM electronic workbook.
- 2.1.2 The provider's nominated contact is responsible for the accuracy of the performance information return submitted to the local authority. The provider's nominated contact must sign the performance returns.

- 2.1.3 The provider 's nominated contact must return the quarterly performance information to the Supporting People Programme and Development Officer within two weeks of the end of each quarter.
- 2.1.4 The Supporting People Programme and Development Officer will collate performance information and monitor late performance returns. If returns are late a member of the Supporting People Team will contact the provider to discuss the reasons and offer advice on solving the problem.
- 2.1.5 If providers submit performance returns late on three consecutive quarters the Supporting People Team will arrange a meeting with the provider to establish the cause, this meeting may lead to the commencement of an early service review.

2.2 Use of Performance Information

- 2.2.1 The CSG and CB will receive quarterly performance information reports
- 2.2.2 The Supporting People Team will use the Performance Information in Stage 1 of service reviews to evaluate demand for the service and Stage 2 to evaluate the performance of specific services.
- 2.2.3 The Supporting People Team will check the quality of the performance information submitted by the provider by verifying this data with information provided by other stakeholders, service users and validation visits.
- 2.2.4 The Supporting People Monitoring and Review Officer will summarise information relating to the performance return in the service review report.

2.3 Supporting People Indicators - Definitions & Targets

2.3.1 Availability and Utilisation - Accommodation based services:

- **SPI 1** - Occupied units as a percentage of contracted units. The target for the first year of the programme is 90% or above.

The target for SPI 1 is not always achievable, for example in the case of major repairs/re-modelling. Where this is the case providers must notify the Supporting People Monitoring and Review Officer in advance and agree an appropriate target for occupancy levels as a percentage of contracted units.

- **SPI 2** - Occupied units as a percentage of available units. The target for the first year of the programme is 95%.

For SPI 2 the provider must submit a written explanation if the occupied units are 90% or below in more than one quarter out of the last four. This must tie in with targets you are setting below

2.3.3 Staffing Levels

- **SPI 3** – The number of support hours worked as a percentage of support hours contracted. The target for SPI 3 is 90%. Providers must submit a written explanation if this level drops below 80% in any quarter.

Providers must not include any hours spent on housing management. Providers must ensure that the contracted service capacity set out in contract schedule IIIa is staff time spent providing support and that this data matches what is provided on the performance return.

If the contracted capacity still includes time spent on housing management providers must discuss this with the Monitoring and Review Officer.

In addition Providers must notify the SP team if cover is routinely provided in the event of sickness, leave or during recruitment to staff vacancies. Providers must tell the Supporting People Monitoring and Review Officer if they are experiencing recruitment problems or have staff on long-term sick leave.

2.3.6 Validation Visits and Early Review

If service utilisation, availability or staffing levels fall below 80% on a regular basis (more than 2 quarters out of the last 4) without prior agreement this may result in a validation visit or an early service review.

3. Steady State Performance Indicators

In addition to the Interim Performance Indicators the London Borough of Merton will introduce local performance indicators and targets for steady-state contracts.

We intend to publish these for consultation with providers by September 2005.

4. Client Record Forms

From April 2003 all providers are responsible for completing client record forms for all new clients entering Supporting People services. Providers need to return these forms direct to the JCSHR (Joint Centre for Scottish Housing Research).

Copies of the information pack can be requested from the help desk on 01334 461765 or downloaded from www.core.ac.uk/SP/index.htm. If providers fail to make regular and prompt returns the JCSHR will report this to the local authority. Failure to return client record forms could be seen as an indication of poor administrative procedures and will trigger further investigation and possibly a validation visit.

In the first year of the Supporting People Programme 2003/2004 the following services are not required to submit client record forms:

- Sheltered Housing with warden support
- Very sheltered housing
- Almshouses
- Leasehold schemes
- Community Alarm services
- Peripatetic warden services
- Home Improvement Agencies (HIA).

Sample copies of Client Record Forms are included in **Section 10** of the Framework Folder.

SUPPORTING PEOPLE SERVICE REVIEWS

5. Interim Service Review Programme

The London Borough of Merton Interim Service Review Programme is arranged by client group and service type. The programme takes account of the Local Authority Best Value Review Programme particularly in relation to the Best Value Improvement Plan for Sheltered Accommodation.

Table 1

Year	Quarter	Client Group / Service Type
2003 - 2004	September - November 2003	Accommodation Services for Single Homeless, Young People Leaving Care
	December 2003 – March 2004	Accommodation Services for Young People, Teenage Parents, Ex-offenders, Women fleeing Domestic Violence, Home Improvement Agencies (HIA)
2004 - 2005	April - June 2004	Accommodation Based Services Mental Health
	July – September 2004	Adult Placements Services Mental Health and Learning Disabilities
	October - December 2004	Accommodation Services for Mental Health Learning Disabilities
	January - March 2005	Accommodation based services for Learning Disabilities and Alcohol Misuse
2005 - 2006	April - June 2005	Sheltered Housing provided by RSL
	July - September 2005	Sheltered Housing provided by London Borough of Merton LBM Community Wardens Older Peoples Floating Support Services
	October - December 2005	Sheltered Housing Schemes provided by RSL's, Sensory and Physical and HIV/Aids

5.1 Purpose of Service Reviews

The purpose of the first round of Supporting People Service Reviews is to:

- Determine if a service is meeting the strategic objectives of the Supporting People Programme at Local level.
- Check that Supporting People Grant is being used to fund services eligible under the Supporting People Grant Conditions and Directions issued by the ODPM (Office of The Deputy Prime Minister).
- Ensure that all services funded through the Supporting People Grant meet at least the minimum Core Standards set out in the QAF (Quality Assessment Framework).

- Ensure that a particular service is meeting identified needs and there is sufficient evidence of current and future demand for the service.
- Ensure that services are cost effective and provide value for money in relation to measurable outcomes for service users.
- Ensure that a particular service is meeting the need and preferences of service users.

5.2 Notification of Service Review

- 5.2.1 The commencement date for each interim Service Review is set out in the Supporting People Interim Contract Schedule IIIa. The Supporting People Team must commence a service review within three months of this date unless the Supporting People Team and the provider have mutually agreed to vary the date.
- 5.2.2 The Supporting People Team will send a notification letter to providers two weeks before the commencement of a service review. This letter will tell providers:
- The service to be reviewed
 - The commencement date
 - The name and contact details of the Supporting People Officer leading the review
 - The information required and a timetable for submission
- 5.2.3 The Supporting People Team will also send a letter to other stakeholders notifying them of the commencement of the review and including a questionnaire asking for feedback on the service under review.

5.3 Conduct of Service Reviews

- 5.3.1 The London Borough of Merton Supporting People Team has overall responsibility for the administration of the Supporting People Service Review Programme.
- 5.3.2 The Merton Supporting People Team will conduct the majority of the Supporting People Service Reviews. However from time to time the London Borough of Merton may commission independent consultants or one of the Supporting People Partner Agencies (Sutton and Merton PCT or London Probation Service) to carry out reviews. In these cases the Supporting People Team will notify providers in advance of the lead agency or organisation.
- 5.3.3 For each review (except those conducted by other agencies) the Supporting People Team will allocate a named Supporting People Monitoring and Review Officer to lead the review.

5.4 Joint Service Reviews

The Supporting People Team may arrange a Joint Service Review where:

- The service is funded by another agency.

- The service is also dependent on funding from another local authority department.
- Where the service is a designated cross authority service.

In addition the London Borough of Merton has agreed a joint working protocol with the six other Boroughs in the South West London Cross Authority Group to provide cross borough support for Supporting People Service Reviews. A copy of this protocol is attached as Appendix 2 to this document

The Supporting People Team will lead Joint Service Reviews unless Para. 5.3.3 applies.

5.5 Review Timetable

Table 2 sets out the expected timescale of an individual service review. We have amended this to reflect our experience of conducting reviews over the last year. We will endeavour as far as possible to meet the timescales, however it is not always possible for either the London Borough of Merton or service providers to comply rigidly with this and we may need to amend this from time to time.

Table 2

Review Timetable		
Timeline	Event	Responsibility
Pre Review		
9 - 12 weeks before the review start date	SP Team - plan and prepare for review	SP Team Review Officers and SP Programme and Development Officer
8 - 9 weeks before review start date	Notify providers about the review submission requirements and draw up list of stakeholders <ul style="list-style-type: none"> • Checklist • Provider strategic relevance, to be returned by week 5 • Provider asked to notify stakeholders by week 5 • QAF Summary • QAF Self Assessment • QAF evidence file • Service user information and questionnaire, provider to advise if inappropriate or individual communication issues by week 7 • Reminder to ensure that all current PIs submitted. 	SP Team Administrator
7- 8 weeks before review start date	Provider to confirm receipt of notification, provide details of a named review contact and notify SP Review Officer in writing, if there are likely to be serious difficulties with	Administrator with SP Review Officer

Review Timetable		
Timeline	Event	Responsibility
	meeting the submission deadlines. Agree with provider the most appropriate form of service user involvement	Provider Review Contact
6 weeks before review start date	Preliminary Value for Money Assessment	SP Team
3 weeks before review start date	SP Review Officer makes assessment of value for money and demand for service Providers to give Supporting People Programme and Development Officer details of stakeholders who can validate self assessment	SP Review Officer SP Programme and Development Officer with Provider review officer.
Review submission date		
	All QAF evidence to be submitted by 9.00am Monday week 1.	Provider Service Review Contact
Week 1 - 4	QAF Assessment (Desktop Review) and decision about validation visit made	Supporting People Review Officer
Week 5	Set up validation visits. Agree date, venue, who needs to be involved	SP Team
Week 6 - 7	Provider prepares and submits additional evidence	Provider Service Review Contact
Week 7 - 8	Validation visits to take place Informal verbal feedback on the day	Providers and SP Team
Week 8 - 9	Final Report compiled and Review Meeting organised	SP Review Officer
End of Review	The SP Commissioning Body make a decision about the future commissioning of the service	
	Contract Meeting(s) held with providers to discuss ending current contract arrangements and/or agreeing new contract terms	SP Lead Officer SP Review Officer Provider Contract Officer

Note

The end of review meeting is not a Contract Meeting. The purpose of the end of review meeting is for the SP Review Officers to discuss the outcome of the review and future

actions that relate to individual services. Providers will choose which staff should attend the end of review meetings and this could include staff that participated in the review process. The purpose of the Contract Meeting, depending on the outcome of the review, is to discuss the ending of interim contracts and any future contract terms and conditions. The Supporting People Lead Officer and provider staff with responsibility for contract letting should attend this meeting.

6. Service Review Process

An overview of the Supporting People Review Process is at the beginning of Section 1 of this document.

6.1 Stage 1: Strategic Relevance/Demand for Services

6.1.1 Strategic Relevance

The purpose of Stage 1 of the review process is to:

- Establish if Supporting People Grant is funding 'eligible services'.
- Assess current and future demand for the service.
- Assess if the service outcomes contribute to the wider strategic objectives of the Supporting People Partnership.

The Supporting People Team will send a Strategic Relevance Questionnaire to providers to complete two months before the beginning of the service review. A copy of this questionnaire can be found in Section 1 of the Framework Folder. At this stage the Supporting People Team may also ask for additional evidence to support the assessment of strategic relevance and demand for the service before moving to Stage 2 of the Review. The team may request additional information in the following circumstances:

- Where the team has insufficient knowledge and information about the service based on existing supply data.
- Where the Supporting People supply mapping exercise has indicated a duplication or over supply of the service type or general over provision for the client group.
- One of the Supporting People Partners or other stakeholders has raised concerns about the relevance of the service.
- One of the Supporting People Partners has identified the service for change in a strategic plan or review.

6.1.2 Eligibility for Supporting People Grant

The ODPM expect local authorities to ensure that by the end of the interim period of the Supporting People Programme in 2006 only 'eligible' services remain funded by Supporting People Grant. The Supporting People Grant conditions state that local authorities should not use Supporting People Grant to:

- Fund basic housing management eligible for Housing Benefit.
- Fund Personal Care Services.
- Discharge statutory duties to provide aftercare services - where services are provided to service users under the care management system or care programme approach authorities will need to demonstrate that the duty has been discharged under Community Care legislation not through SP Grant funding.

6.1.3 Demand for the Service

Supporting People service providers have submitted performance indicators on service utilisation and availability since April 2003. The following indicators will be considered to show evidence of a lack of demand.

- Occupancy below 80% in any of the two preceding quarters.
- In Floating support services - where projected or actual service users are 20% below the contracted level.
- In accommodation based services where projected or actual occupancy is under 90%.

In Stage 1 of the service review the Supporting People Review Officer will seek further evidence of demand for these services from the provider questionnaire on strategic relevance and from stakeholders who are key sources of referral. The Review Officer will take account of all these sources of information before making a decision on Stage 1 of the review process.

Evidence of low demand alone may not always result in the service moving to **Stage 4** of the review process, other possible outcomes are:

- Targets for improving occupancy levels agreed in the review action plan.
- An adjustment to the contract price to reflect the average occupancy figure or a permanent adjustment to the number of units in the contract.

6.1.4 Immediate move to Stage Four Review

Where a service is not considered strategically relevant or there is clear evidence of lack of demand the Supporting People Team will move immediately to **Stage 4** of the review. Providers will receive written notification that the review is moving to **Stage 4** and the evidence used to make this decision. The Supporting People Team will arrange a contract review meeting with the service provider within 14 days of notification.

Stage 2: Desktop Review

6.2. Quality Assessment Framework

6.2.1 Core and Supplementary Standards

A full set of both the Core and Supplementary Standards is included in **Section 4** of the Framework Folder.

For service reviews in the second and third years of the programme, April 2004 to March 2006 providers must complete the QAF for the six Core Standards. The summary of the self-assessment must be submitted, with comments and evidence of how the individual service meets each standard up to the level awarded. Service providers must also carry out and submit to the SP team, an annual self-assessment of their progress on achieving the Supplementary Standards. Supplementary Standards will become mandatory, for evidence based review submissions from April 2006.

6.2.2 Assessment Levels

- Providers are expected to achieve Level C in all 6 Core objectives within 12 months of the service review.
- Providers with a Level D for Protection from Abuse or Health and Safety will result automatically in a validation visit. No steady state contract will be awarded until these standards meet the minimum level C.
- Providers with a Level D for Support Planning and Fair Access to services will be required to reach Level C within 12 months of the service review.
- Assessment Level A is expected to be rare at the beginning of the Programme. Level A's may result in a validation visit to look at good practice and how this can be shared with other local providers.
- Assessment levels will form part of the review report and summary. They may become public information - see Section 15 of this document.
- New Providers will need to evidence that they can achieve Level C in all the Core and Supplementary Objectives before they can bid to run Supporting People services in Merton.

6.2.3 Completing and Submitting the QAF

Providers **must** complete and submit the QAF as part of the review process for an individual service. However the QAF is a self-assessment and improvement tool and providers are encouraged to work through the framework in advance of review dates to identify areas for service development and improvement.

Providers can resubmit QAF assessments to the Supporting People Team at any time and these will be taken account of in the next service review. However providers should note that the submission of a QAF at any time might lead to a validation visit.

6.3 Cost Effectiveness

The Supporting People Service Review provides an opportunity to revisit the costs of each service and re-price services before the agreement of a steady state contract.

Interim contract prices were based on a methodology set out by the ODPM in the Financial Guidance Package published in June 2003. The purpose of this guidance was to ensure the capture of existing funding streams for transfer to the 'Supporting People Pot'.

The amalgamation of SHMG, PAGS and Transitional Housing Benefit into Supporting People Grant means that the local authority will require providers to revisit their costs before a steady-state contract is issued for any service.

All providers are required as part of the service review process to:

- Submit a budget for each individual scheme under review showing all sources of funding.
- Submit a claim for future Supporting People Grant for each service under review, that clearly indicates how it is proposed that the SP Grant will be spent.

The Supporting People Team in Merton will take an open and transparent approach to the assessment of value for money and the pricing of steady state contracts.

6.4 Validation Visits

Information about Validation Visits is set out in **Section 5** of the Framework Folder.

The Supporting People Team will undertake a validation visit over the first three years of the programme to at least one service managed by each provider.

In addition validation visits will **always** take place under the following circumstances:

- Where a provider fails to return the QAF self-assessment within the review timescale.
- Where the provider has failed to complete and return client record forms.
- Where the provider self-assessment is a Level D for Health and Safety or Protection from Abuse.
- Where the provider cannot evidence any service user involvement and does not make available service user contact details for the service review.
- Where feedback received from service users and other stakeholders does not match the self-assessment from the service provider, or provides evidence of concerns.

6.5 Outcome of Service Reviews

Supporting People Service Reviews may result in the following outcomes:

- A. A steady-state contract is issued on the same basis as the existing contract with an agreed action plan for service improvement.
- B. A steady-state contract is issued with agreement on a revised contract sum, revised unit numbers or change of client group.
- C. The issue of steady state contract is deferred for 12 months to resolve serious issues emerging from the service review.
- D. The issue of a steady state contract is deferred for 12 months to allow significant re-modelling of the service (either change of client group, change of physical environment, change of service level).
- E. The interim contract is terminated and not replaced by a steady state contract. The provider and the Supporting People Team agree an action plan to de-commission the service.
- F. The interim contract is terminated or the steady state contract is deferred for 12 months to allow the service to be competitively re-tendered. Re-tendering a service may occur where:
 - The provider fails to gain accreditation.
 - The provider does not want to remodel the service and/or cannot provide the specific service required.
 - The costs of the service are high compared with similar schemes in the local authority area and the provider is unable to agree a reduction in costs.
 - The service review has identified that the provider is not competent to manage a specific support service.
- G. The interim contract is suspended immediately following serious concerns about the health, safety and welfare of the clients.

6.6 Appealing the outcome of a Service Review

Providers may appeal the outcome of a service review on any of the following grounds:

- The Supporting People Commissioning Group failed to consider all the relevant facts when making the decision.
- The Supporting People Team Review Officer(s) did not follow the processes outlined in the Review Policy Document or the Review Framework Folder.
- Additional evidence is now available that was not known at the time of the review and this could have produced a different outcome.

The process for appealing Supporting People decision is as follows:

Providers should submit a written request to the Supporting People Team, asking them to review the decision. The Supporting People Team must receive this written request within 14 days of the date on the letter notifying the provider of the outcome of the review.

The Supporting People Team and the Supporting People Accountable Officer (Head of Strategy and Partnerships) will review the decision and notify the provider of the outcome within 14 days of the receipt of the letter.

If a provider is unhappy with the review of the original decision they can ask for a further review of the decision by the Supporting People Commissioning Body.

Each partner organisation on the Commissioning Body will nominate one officer to look independently at the decision. The Supporting People Accountable Officer will notify you in writing within one calendar month of the outcome of the review by the Commissioning Body.

7. Service User Involvement in Reviews

7.1 Service User Involvement Policy

7.1.1 All service users must be given the opportunity to have a direct input into the review of the service(s) they use.

7.1.2 By March 2004 all provider organisations must have a service user involvement policy that sets out how the provider will ensure that service users are involved in supporting people reviews of their service(s).

7.1.3 The Supporting People Team will look at the way that service users are consulted with and included in decision making about their services and if this is appropriate for the client group. This can include house meetings, tenant forums, satisfaction surveys, tenant representation on management committees, tenant representation in interviews and selection processes, focus groups, use of advocacy, information on notice-boards / website on how to get involved, suggestion boxes, individual interviews, independent interviews, exit interviews / surveys, or satisfaction surveys.

Where language, literacy, learning or communication difficulty presents a potential barrier to understanding the policy should demonstrate how these barriers are overcome and how providers work with other agencies to assist them.

7.1.4 Providers should submit a summary of all consultation carried out with the scheme service users in the 12 months prior to the service review as part of the portfolio of evidence for the service review.

7.2 Service User Involvement in Supporting People Reviews

7.2.1 Two months before the commencement of a service review the Supporting People Team will send providers an information leaflet and questionnaire for distribution to service users. Service providers should contact the Lead Officer for the review if either the questionnaire is inappropriate for the client group or if particular service

users will have difficulty in completing the form.

- 7.2.2 Individual service users unable to complete the form should be advised that they can request assistance from the Supporting People Team Helpline on 020 8545 3844. Providers should explain to service users that it is not appropriate for the key worker or staff of the service under review to assist with the completion of these questionnaires.

7.3 Service User Involvement in Validation Visits

- 7.3.1 Providers must notify service users that a validation visit is taking place and give service users the opportunity to speak to a member of the visit team if they wish. Service users will have the right to decide whether or not they want to participate in a validation visit.
- 7.3.2 The Supporting People Team will send providers a standard letter explaining the validation visit to service users. Providers are responsible for distributing this to all service users.
- 7.3.3 Providers are responsible for providing space for the validation team to meet and talk to service users confidentially. If providers cannot provide space they should inform the Monitoring and Review Officer of this when they receive the letter notifying them of the validation visit.
- 7.3.4 Feedback from service users will be included in the review report in a way that does not identify or attribute specific comments to individual service users.

7.4 Review Outcome

The Supporting People Lead Review Officer will notify service users of the outcome of the review, whether any changes will take place as a result of their involvement or the reasons why requested changes could not take place.

8. Stakeholder Involvement in Service Reviews

- 8.1 The Supporting People Team will send a questionnaire to all known stakeholders one month prior to the review start date. Stakeholders are individuals or organisations who have direct knowledge of the service under review. Service providers should avoid providing lists of stakeholders who have only had a single or infrequent contact with the service. Stakeholders will include but not be restricted to:
- The main referral sources
 - The landlord where a managing agent provides the support
 - Other funding sources and
 - Named individuals where there is close and sustained interagency working.

- 8.2 The SP Team will also approach agencies that it considers appropriate for the provider to work in partnership with, particularly where the provider has self assessed at level B or above on the QAF.
- 8.3 The questionnaire will ask for feedback on the quality of the service, any concerns in connection with service delivery and any recommendations for possible improvements. Stakeholders may also be asked to participate in validation visits.
- 8.4 Anyone wishing to register their interest as a stakeholder for any forthcoming service review is invited to contact the Supporting People help line on 020 8545 3844 to discuss their interest. To protect the privacy of individual service users it is not appropriate for members of the general public to become involved in service reviews or validation visits.
- 8.5 The London Borough of Merton currently only has 3 culturally specific service supporting people services. In order to ensure that the needs of black and ethnic minority needs are not overlooked in the service review process, all local BME specific service providers and voluntary groups will be informed in advance of the forthcoming quarter's reviews. They will be encouraged to provide comments particularly in relation to fair access and unmet need.
- 8.6 Other organisations representing Supporting People client groups will be given the opportunity to become involved in service reviews. If you would like to be included please contact the Supporting People help line on 020 8545 3844. These organisations will be on the circulation list for the Supporting People Newsletter, draft strategy consultation, be invited to relevant meetings and have the option to attend or receive the minutes for the Supporting People Inclusive Forum.

Part 3: Steady State Contracts

9. Steady State Contracts are now being issued.

10. Accreditation

10.1 Accreditation of Existing Providers

All organisations providing supporting people services under the terms of an Interim Contract are accredited to provide their existing service(s) in the London Borough of Merton during the interim period.

All organisations must achieve re-accreditation before the London Borough of Merton can approve a steady state contract.

All organisations without steady state accreditation at the time of the service review must achieve accreditation within one year of the completion of the review. The Administering Authority will extend the interim contract for a maximum of one year to allow organisations time to achieve accreditation.

Where an existing provider fails to achieve accreditation within the agreed timescale the London Borough of Merton will serve notice to terminate all services managed by the provider in the local authority area.

10.2 Accreditation of new providers delivering SP services for the first time after 1st April 2003

All organisations must achieve accreditation which is recognised by the London Borough of Merton before they can provide services in the local authority area.

10.3 Who is responsible for accreditation?

The local authority responsible for the overall administration of supporting people in a specific area is responsible for accrediting providers.

10.4 Length of Accreditation

Accreditation with the London Borough of Merton can last for three years or until the next Service Review, whichever is later. Providers **can** have accreditation withdrawn during this period if:

- The organisation loses an external accreditation source used to passport the provider through Supporting People accreditation.
- The Housing Corporation places the organisation under supervision.

! Note: It is the provider organisation that needs accreditation, not an individual service.

10.5 Service Providers who do not require accreditation

The following service providers do not require accreditation to provide services funded through the Supporting People Grant:

- Local Authorities
- Health Authorities
- Primary Care Trusts
- Probation Services

10.6 Accreditation Criteria

There are five accreditation criteria that organisations must meet:

1. Financial Viability
2. Competence to handle and account for SP Grant
3. Effective Employment Policies
4. Robust Management Procedures
5. Competence/Track Record

The standards and evidence required to meet the five criteria are set out in **Section 3** of the Supporting People Monitoring and Review Framework Folder.

10.7 Passporting from other Frameworks

Organisations can achieve automatic accreditation by passporting from other assessment frameworks. Table 3 below sets out examples of other frameworks suggested by the ODPM and identifies those that the Administering Authority in Merton will accept as evidence of full or partial accreditation. Merton has agreed this approach with other members of the South West London Supporting People Cross Authority Group.

Table 3

Passporting by other accreditation frameworks				
	Externally validated frameworks	Accepted by SWL Cross Authority Group	Self Assessment Framework	Accepted by SWL Cross Authority Group
Criterion 1: Financial viability⁽¹⁾	Abbeyfield Standard ⁽²⁾ Foyer Accreditation Housing Corporation (RSLs)	YES YES	PQASSO QuADS SHIP (3) (4)	NO NO NO
Criterion 2: Competent administrative procedures	Abbeyfield Standard Community Legal Services Foyer Accreditation Housing Corporation (RSLs)	YES YES	PQASSO QuADS SHIP (3) (4)	NO NO NO
Criterion 3: Effective employment policies	Abbeyfield Standard British Quality Foundation CSHS Code of Practice Community Legal Services Foyer Accreditation Investors in People	YES YES	PQASSO QuADS SHIP (3) (4)	NO NO NO
Criterion 4: Robust management procedures	Abbeyfield Standard British Quality Foundation Community Legal Services Foyer Accreditation Housing Corporation (RSLs) Investors in People	YES YES YES	PQASSO QuADS SHIP (3) (4)	NO NO NO

Passporting by other accreditation frameworks				
	Externally validated frameworks	Accepted by SWL Cross Authority Group	Self Assessment Framework	Accepted by SWL Cross Authority Group
Criterion 5: Competence / track record	Abbeyfield Standard CSHS Code of Practice Community Legal Services(5) Foyer Accreditation	WE WILL ASSESS THIS ON A LOCAL LEVEL	QuADS	NO
⁽¹⁾ Passports relating to financial viability do not provide a guarantee that a particular provider is financially viable. They do provide an assurance that it has in place suitable financial and risk management arrangements to maximise the provider's likelihood of being and remaining viable.				
⁽²⁾ The Abbeyfield Standard is of some assistance in assuring financial viability, but authorities are advised to consider whether this is adequate in the light of the potential risks faced by the individual service.				
⁽³⁾ SHIP is not strictly a self-assessment framework but is treated as such for the purposes of this guidance because the monitoring of support providers is carried out by RSLs (registered social landlords / housing associations) with whom the support provider works in partnership to deliver a service. SHIP has comprehensive coverage of key requirements but there is no formal accreditation (or non-accreditation) of the support provider. In the light of this latter fact, authorities accepting SHIP monitoring as a passport are advised to request sight of the most up-to-date monitoring report (whilst accepting that this may be a confidential document).				
⁽⁴⁾ There are other similar frameworks in use within many RSLs and authorities are encouraged to review any which are widely used in their areas and to consider whether they are suitable for passporting purposes.				
⁽⁵⁾ CLS accreditation demonstrates competence to provide only legal and advice services but CLS accredited organisations that provide SP services are likely to be mainly delivering other types of services				

10.8 Automatic Accreditation

10.8.1 Registered Social Landlords with Investors in People

Registered Social Landlords who also have valid accreditation with Investors in People will only need to evidence Criteria 5 (Track Record or Competence). Where an organisation has no track record of working for one of the supporting people partners the London Borough of Merton will require references from another Supporting People Administering Authority area.

10.8.2 Registered Social Landlords without Investors in People will need to evidence that they meet accreditation **Criteria 3 Effective Employment Practices and Criteria 5 Track Record or Competence.**

10.8.3 The London Borough of Merton will accept accreditation by the Foyer Federation as evidence of competence to manage Foyer services. Organisations who have obtained Foyer Federation accreditation and apply to run other services must evidence that they meet **Criteria 5 Evidence of Track Record or Competence.**

10.8.4 The London Borough of Merton will not accept self-assessment frameworks as sole evidence of accreditation although an organisation may use evidence gathered during the self-assessment to support the accreditation process.

10.9 Accreditation by other Supporting People Authorities

10.9.1 The London Borough of Merton cannot automatically accept accreditation from other local authorities. However the Boroughs in the South West London sub-region (Merton, Sutton, Croydon, Wandsworth, Richmond and Kingston) have agreed a common approach to the passporting of services through the Supporting People Accreditation process. The South West London Cross Authority Group will also share information about organisations refused accreditation by any member.

11. The Accreditation Process

- 11.1 The London Borough of Merton will require all providers to complete an Accreditation Questionnaire. A copy of this questionnaire is included in **Section 4** of the Accreditation Protocol.
- 11.2 Provider Organisations must complete the questionnaire and return with the supporting evidence.
- 11.3 Following assessment of the evidence the Local Authority will either:
- Agree with the provider to defer accreditation to a future date to allow the provider to address any concerns that would prevent accreditation.
 - Recommend to the Merton Supporting People Core Strategy Group and Commissioning Body that a provider is accredited.
 - Recommend to the Merton Supporting People Core Strategy Group and Commissioning Body that a provider is not accredited.

12. Proof of Accreditation

If Accreditation is agreed the Local Authority Accountable Officer will write to confirm the organisation's status and issue a certificate of Accreditation.

The certificate will contain the following information:

- Name of issuing authority.
- Contact name in issuing authority (in case of enquiries from other authorities).
- Date of issue.
- Name and address of the service provider.
- Address of service provider (head office and local office if applicable).
- Service provider contact name.
- Number of SP services funded by the accrediting authority.
- Types of services in which the provider is considered to have track record / competence: e.g. accommodation-based, floating support, domiciliary support; and client group or description of needs met by the service.
- Means of assessment used to evidence each of the five criteria i.e. direct accreditation by the Administering Authority or passporting by means of another accreditation framework. When passporting has been used, the accreditation framework(s) accepted will be listed.

13. Appealing an Accreditation Decision

- 13.1. Organisations refused accreditation can ask the Supporting People Team to review the decision. Providers must submit a request to review the decision to refuse accreditation within 14 days of the notification.
- 13.2. The Supporting People Team will review the evidence and refer to the Supporting People Accountable Officer (Head of Strategy and Partnerships) for a final decision.
- 13.3. Head of Strategy and Partnerships will write to the provider within 14 days to either confirm or alter the decision.

14. Publication of Review Information

The Supporting People team will protect the needs of vulnerable service users by ensuring that any material made public does not lead to the identification of specific addresses where vulnerable people live unless such information is already in the public domain.

At the same time we wish to make openly available as much information about services as possible to ensure that service users, professionals, carers and relatives can make informed choices about supporting people services.

15. Supporting People Review Reports

The Supporting People Team will make available service review reports to:

- The provider organisation.
- Other stakeholders.
- Elected Members.
- The Supporting People Core Strategy Group .
- The Supporting People Commissioning Body.
- Other Supporting People Administering Authorities in the South West London cross authority group.

A short summary of the Review Report will be made available to:

- Service users, relatives and carers.

The short summary reports will be available on request or may at a future date be published on our web site.

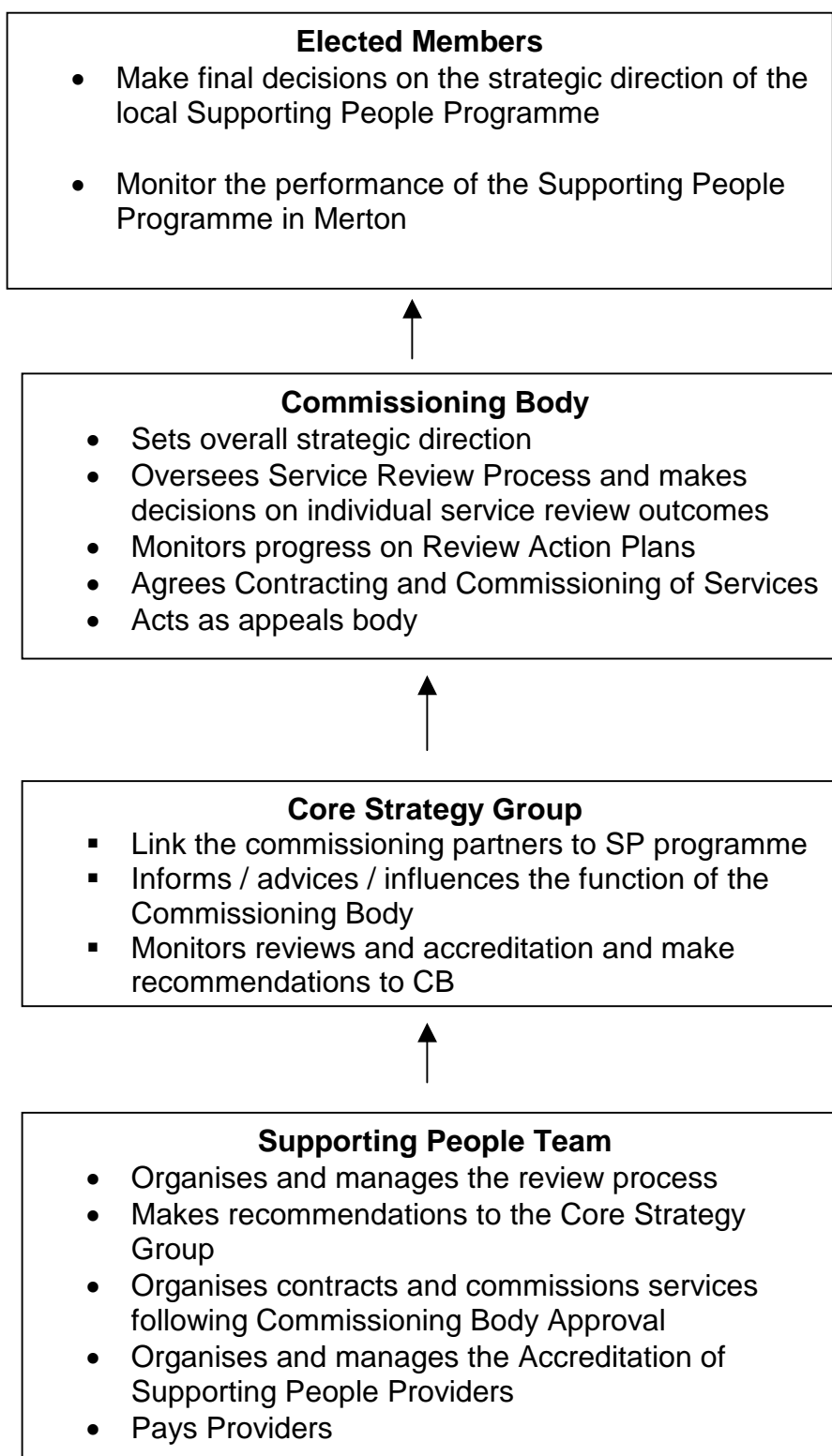
Providers will receive copies of the review report first and have the opportunity to make amendments and comments before publication.

16. Supporting People Performance Information

The Supporting People team will publish performance reports collated from information submitted by providers. The information sources for these reports are:

- Supply Mapping.
- Quarterly Returns.
- Client Record Information.
- Contract Values.

Merton Supporting People Review Decision Making Framework



PROTOCOL FOR JOINT SERVICE REVIEWS BETWEEN SOUTH WEST LONDON CROSS AUTHORITY GROUP MONITORING OFFICERS

This protocol is between the following local authorities:

- London Borough of Croydon
- Royal Borough of Kingston-Upon-Thames
- London Borough of Merton
- Royal Borough of Richmond-Upon-Thames
- London Borough of Sutton
- London Borough of Wandsworth

The remit of this protocol is to provide a practical procedure for carrying out joint service reviews with monitoring officers within the cross authority group, giving a clear process of the roles of the officers from each local authority. Joint reviews could take place to review internal services, cross authority services, or to employ the expertise knowledge of another SWLCAG officer.

- The owning authority will take the lead role in the review process, while the assisting borough will take on a full support role.
- The monitoring officer for the reviewing authority contacts the assisting authority to arrange and confirm dates for review visit, arrange timetable and provide all necessary paperwork and information.
- The monitoring officer for the owning authority contacts provider and organises the arrangements regarding QAF, policies, supporting information, date and time of review, timetable for the day, information regarding review process etc.
- The owning borough will complete the QAF check and will meet up with the attending officer prior to the review to discuss the QAF, paperwork and any other issues or information and discuss the timetable and roles for the day.
- There will be a meeting after the review to discuss findings of the day, gradings, issues and action points prior to the owning authority feeding back to the provider.
- The owning authority will write up the draft report and forward it to the assisting borough for perusal, comments and response within a set deadline period.
- In the event of a disagreement between the two officers in regards to the outcome of the review, a three-way meeting will be held between the two officers and the lead officer of the host authority to try and reach a consensus. Failure to resolve the issue will result in the lead officer making the final decision, and reporting the disagreed item to their Commissioning Body.

LB Merton Appeal Procedure

INTRODUCTION

London Borough of Merton undertakes to monitor Service Reviews and Accreditations with all due diligence. If, however, a Provider is unhappy with the decision made, the following processes should be followed:

Appeal Procedure on Service Review Decision

Providers may appeal the outcome of a service review on any of the following grounds:

- The Supporting People Commissioning Group failed to consider all the relevant facts when making the decision.
- The Supporting People Team Review Officer(s) did not follow the processes outlined in the Review Policy Document or the Review Framework Folder.
- Additional evidence is now available that was not known at the time of the review and this could have produced a different outcome.

The process for appealing a Supporting People decision is as follows:

- Providers should submit a written request to the Supporting People Team, asking them to review the decision. The Supporting People Team must receive this written request within fourteen days of the date on the letter notifying the provider of the outcome of the review.
- The Supporting People Team and the Supporting People Accountable Officer (Head of Strategy and Partnerships) will review the decision and notify the provider of the outcome within fourteen days of the receipt of the letter.
- If a provider is unhappy with the review of the original decision they can ask for a further review of the decision by the Supporting People Commissioning Body.
- Each partner organisation on the Commissioning Body will nominate one officer to look independently at the decision. The Supporting People Accountable Officer will notify you in writing within one calendar month of the outcome of the review by the Commissioning Body.

Appealing an Accreditation Decision

- Organisations refused accreditation can ask the Supporting People Team to review the decision. Providers must submit a request to review the decision to refuse accreditation within fourteen days of the notification.
- The Supporting People Team will review the evidence and refer to the Supporting People Accountable Officer (Head of Strategy and Partnerships) for a final decision.
- Head of Strategy and Partnerships will write to the provider within fourteen days to either confirm or alter the decision.