**Provider Sustainability Process**

1. **Introduction**
	1. This process covers the mechanisms for Providers to make

 commissioners aware of sustainability concerns and apply for sustainability

 funding and aims to:

* Provide an opportunity to manage concerns with Providers before the point where financial assistance is required.
* Ensure that the process for applying for and awarding any sustainability funding is clear, transparent, fairly and properly awarded.
* Ensure concerns and applications are well managed and controlled.
* Promote support to and sustainability for Providers in the Salford care market – to ensure there remains a wide choice of services for people.
1. **Background**

2.1 The 2014 Care Act placed duties on local authorities to promote the efficient and effective operation of the market for adult care and support, as a whole, and that it should encourage and sustain a wide range of provision to ensure that people have a wide choice of appropriate services.

2.2 It also indicated that this responsibility is not to protect and commission every Provider in the market. It is reasonable to expect that some providers will exit the market. However, it asks that regard is given to the impact that this would have on the overall landscape of provision in their area.

2.3 We must also seek to understand the business environment of Providers offering services in the local area. We have a desire to work with providers facing challenges; to understand their risks, have effective communications in place and facilitate open and honest relationships, which should minimise risks of unexpected closures and failures. Intelligence should be gathered internally from market shaping, commissioning & contract management activities as well externally from CQC and other reviews.

2.4 The Care Act states that where the authority believes there is a significant risk to a provider’s financial viability and where they consider it would be in the best interest of the people accessing this service, we should consider what assistance may be provided or brokered to help the provider regain their viability and consider what actions might be needed were that provider to fail.

2.5 The Care Act and subsequent guidance provides the context for this Provider Sustainability Process and outlines the responsibility of all local authorities to work with Providers to ensure that they offer the most diverse range of high quality and appropriate services possible.

1. **Scope**

3.1 This process should be used by Salford System (including Care Organisation, City Council and ICB Salford Locality) and Providers of commissioned care services (both regulated and non-regulated) experiencing significant financial issues

3.2 Actions / Conditions required by Providers to access the Provider Sustainability Process. Providers must be able to:

* Demonstrate that they have participated in quarterly risk self assessments and other data requests and taken part in Provider Forums, which pertain to offer preventative / protective approaches to viability risks.
* Demonstrate that all other options for financial assistance have been explored prior to applying. And to be able to evidence that this is a last resort and will otherwise lead to market failure.
* Show the difficulty is unforeseen.
* Show that the service continues to be aligned with the strategic needs and demands of Salford.
* Provide all the information required in the Provider Sustainability Application Form template provided as part of this framework (Appendix 1) and helpful FAQ’s (Appendix 2).

3.3 This process does not apply in circumstances which would be better considered as part of other processes, such as the Annual Inflationary Fee Uplifts Process, or contract negotiations, or reassessment of need under the care act.

3.4 A Checklist of Actions has been set out in Appendix 3

**4.0 The Process** (See Appendix 4 for Flowcharts)

**Stage 1 (Provider Application Process)**

The Provider Sustainability Process will begin when a Provider operating in the Salford market contacts the Procurement & Market Management Team to alert us to their financial difficulties or the team receives intelligence regarding sustainability concerns.

* The Provider will be forwarded this document and be encouraged and supported to follow this to apply for support, as appropriate.
* Then, the provider will complete the Provider Sustainability Application Form (Appendix 1).
* A list of FAQs has also been developed and attached (Appendix 2) to help with this process.
* The application form can be submitted to the Procurement & Market Management Team via email: asc.procurement@nca.nhs.uk

**A provider can expect:**

Support to complete the application if required.

* An acknowledgement of receipt of the application by email within 10 working days.

**Stage 2 (Internal appraisal & collation of supporting information)**

Once a completed application form is received, it will take maximum of 56 days to**:**

* Review the application which will be tested against the Provider Sustainability Eligibility Criteria (Appendix 3) before proceeding any further.
* Arrange a meeting with the provider, if necessary, to discuss the application and complete any missing information. Attendees might include:Commissioning, Finance, Procurement, Legal.
* A lead person will be identified to coordinate the internal process on behalf of the Salford Care Organisation and the provider.
* If the application does not meet the criteria the Provider will be contacted to inform them of next steps/signposting to any other potential forms of assistance.
* The identified Lead Officer will then circulate the completed application to the appropriate people (Commissioning, Finance, Procurement and Legal) for comprehensive assessment and analysis and notify operational leads that this process has commenced.
* A clarification meeting may be held with the Provider.
* Appendix 5 is intended to guide the meetings/conversations to ensure all aspects are considered and covered in this process.
* A final report will be developed (Appendix 5 Template) which will be submitted to the DASS and Director for Finance, with recommendations.
* The Provider Sustainability Application Report with recommendations will then be presented to the appropriate boards in the Salford system for ratification.

**A Provider can expect:**

* If the application has not met the eligibility criteria, the Provider will receive a written letter of explanation within 28 days outlining clear reasons and possible next steps/signposting for further assistance.
* Confirmation in writing to inform them that their request has met the eligibility criteria and will proceed to the next stage of the process.
* The name of an officer who will be act as a key contact throughout the application process.
* A specific date for the meeting(s) when the application will be considered and ratified.

**Stage 3 (Governance Framework)**

* The <meetings> will be presented with a comprehensive, collated report with clear recommendations for a decision and the decision will then be communicated in writing to the Provider within **10 working days** of the meeting.
* If the application is declined, a decision in writing will be communicated to the provider within **10 working days** of this meeting. The letter will clearly state the reasons why the application was not successful and will outline the Appeal Process to be followed

**A Provider can expect:**

A decision in writing within **10 working days** of decision making meeting taking place with either:

* If the application is **successful**, they will receive a letter (Template Letter Appendix 6) outlining the next steps around the specific funding agreed & the performance/quality standards expected as part of this award which will be reported back on a quarterly basis
* If the application is **not successful** they will receive a letter (Template Letter Appendix 7) clearly stating the reasons for non-approval and outlining the **Appeal Process**

**Stage 4 (The Appeal Process)**

Providers who are unhappy with the decision/reasons for declining Provider Sustainability funding may appeal against it.

The process to be followed is:

* The provider’s Appeal must be made in writing to the Director of commissioning within **28 days** of receiving written confirmation of the decision, setting out the grounds of the appeal
* The Appeal must be heard within **28 days** of the Appeal being received
* Salford Care Organisation will have a further **10 working days** after the Appeal Hearing to inform the provider, in writing of the decision. This decision is final.
* The time limits outlined above may only be extended by agreement, between the Care Organsiation and the Provider and this should be confirmed in writing.

**A Provider can expect:**

* Help and support with the Appeal process from their identified lead who will communicate in detail the reasons the original application was not supported.
* A decision in writing within **28 days** of their Appeal being received in writing.
* This decision is final.

**In the event of Provider Failure:**

A Provider Failure process exists and is included for reference at Appenix 8.

**5.** Annual **Review**

5.1 This process will be reviewed annually.

 **Appendix 1**

**Provider Sustainability Application Form**

Salford Care Organisation Adult Social Care would like to understand the difficulties you are currently facing in relation to financial and business sustainability. The information contained within this application form will enable us to understand how we can support you to build and maintain resilience during this difficult period and to make a decision as to whether Provider Sustainability funding is the appropriate mechanism to support you during this time.

We would be grateful therefore if you could complete the following sections as comprehensively as possible and attach any additional supporting information you may have to help us to process this application quickly. We will contact you on receipt of the application form to follow-up any queries we may have or further information required.

|  |  |
| --- | --- |
| 1. **Provider Details**
 | ` |
| Name of Provider |  |
| Services operating in Salford |  |
| Type of Care Provision  |  |
| Address of Establishment(s) and/or office(s) |  |
| Name of Key Contact |  |
| Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| 1. **Finance**
 |  |
| 1. Company Registration Details
 |  |
| 1. Is the property owned by the Care Provider?
 |  |
| 1. Do you have any information on your company structure (where there is a parent holding company)
 |  |
| 1. If available please provide **Filed Statutory Accounts** for the 2 most recent years (please indicate whether these are audited accounts)
 |  |
| 1. What are the significant areas of concern in your cash flow/forecast analysis?

*If available please provide the following key documents:** 12 Month **Cash Flow to date**
* 12 Month **Projected Cash Flow**

(Proforma’s attached) |   |
| 1. Are Income Levels increasing or decreasing year on year? Why do you think this is the case?

*If available please provide the following key documents:** **Profit & Loss** Account Statement
* **Balance Sheet**
 |  |
| 1. What are your reserve levels and how many months’ running costs will this cover?
 |  |
| 1. How much of these reserves are available for immediate use in terms of addressing emerging financial issues and problems?
 |  |
| 1. Of your running costs, what proportion relates to your debt financing payments?
 |  |
| 1. What is the level of your outstanding debt/borrowing?
 |  |
| 1. Will it be necessary to increase your borrowing in the next twelve month or have you already done so in the last six months?

*Please provide* ***Finance Agreement details*** *where there is significant levels of borrowing* |  |
| 1. What do you consider to be the greatest financial pressure facing you over the short-medium term?
 |  |
| 1. What is the predicted percentage of your investor/operator return this financial year?
 |  |
| 1. How does this compare to the last financial year?
 |  |
| 1. Have you applied for additional financial support during the previous 12 months (i.e. payment holidays)
 |  |
| 1. Do you have any further information you would like to share/include within this application that would demonstrate what is causing sustainability issues? If so please attach to this application form. Examples may include a **Business Plan, Bank Statements** etc.
 |  |
| 1. Please indicate the **exact** **amount of funding you are applying for** and how this will alleviate the current financial pressure.
 |  |

|  |  |
| --- | --- |
| **Please indicate your current level of concern around your financial position**  | **(High/Medium/Low)** |

|  |  |
| --- | --- |
| 1. **(i) Occupancy**

 (Care Home Providers Only) |  |
| 1. How many CQC registered beds do you have?
 |  |
| 1. How many of these beds are not in use?
 |  |
| 1. What is the current occupancy level?
 |  |
| 1. What was the occupancy level 12 months ago?
 |  |
| 1. What is your minimum occupancy levels to achieve a break-even position?
 |  |
| 1. How many of the people that occupy your beds at the current time are paying a third party top up?
 |  |
| 1. Of your current residents, can you tell us the highest/lowest weekly rate for a room?
 | **Highest £****Lowest £**  |
| 1. What is your ratio of residents between ASC funded, self-funded, CHC/FNC and other LA and what are their rates?
 |  |

|  |  |
| --- | --- |
| **Please Indicate your current level of concern around your occupancy levels** | **(High/Medium/Low)** |

|  |  |
| --- | --- |
| **3. (ii) Care Provision**(Domiciliary Care Providers Only) |  |
| 1. How many people do you currently provide care for?
 |  |
| **3. (ii) Care Provision (Cont.)**(Domiciliary Care/non-regulated/all other providers) |  |
| 1. How does this differ from the number of people you provided care for at the same time last year?
 |  |
| 1. In the next 12 months how do you anticipate that the business will change?
 |  |
| 1. If you have predicted changes to the number of clients that you will have in 2021 could you tell us why?
 |  |
| 1. How do you consider that the complexity of the support needs of the people you care for has changed in the last 1-2 years?
 |  |
| 1. In the last 12 months, approximately how many packages of care have you had to refuse due to lack of capacity?
 |  |
| 1. How many people who use your service currently self-fund their domiciliary care?
 |  |
| 1. In terms of the currently hourly rates, what is your highest/lowest rates (for standard daytime calls)
 | Highest Rate £Lowest Rate £ |

|  |  |
| --- | --- |
| **Please Indicate your current level of concern around the numbers/ complexity of people using your services** | **(High/Medium/Low)** |

|  |  |
| --- | --- |
| 1. **Staffing**
 |  |
| 1. What is the hourly rate paid to your staff and how does this compare to agency rates?
 |  |
| 1. Do you currently have a shortage of permanent staff hours?
 |  |
| **If yes,** What proportion of total staff hours does this represent |  |
| 1. Do you have a shortage of qualified nursing staff?
 |  |
| **If Yes**, how has this changed over the last 12 months? |  |
| **4. Staffing (Cont.)** |  |
| 1. Are you currently using agency staff?
 |  |
| **If yes,** what is the current ratio of permanent to agency staff? |  |
| 1. Could you tell us the specialisms of staff that you are hiring from an agency?
 |  |
| 1. How many permanent staff have left your employment in the last 12 months?
 |  |
| 1. How does this compare to the year before?
 |  |

|  |  |
| --- | --- |
| **Please Indicate your current level of concern around staffing levels?** | **(High/Medium/Low)** |

|  |  |
| --- | --- |
| 1. **Competition/Markets**
 |  |
| 1. Do you feel you are able to offer a comparable level of care when compared to other services in your area?
 |  |
| If **No** please tell us why you are finding this challenging? |  |
| 1. Who would you consider is your main competitor and why?
 |  |

|  |  |
| --- | --- |
| **Please Indicate your current level of concern around your position in the local care provider market** | **(High/Medium/Low)** |

|  |  |
| --- | --- |
| 1. **Other Risks**
 |  |
| 1. To what extent do you have concerns that insurance costs will affect your sustainability in the next 12 months?
 |  |
| 1. Do you have concerns that adverse media attention will affect your sustainability?
 |  |
| 1. Do you have any litigation concerns over the next 12 months?
 |  |
| 1. How likely do you think you will have to take significant steps in the next 12-18 months to avoid business failure?
 |  |
| 1. Do you have any other concerns that may affect your stability/sustainability in the next 12-18 months?
 |  |
| 1. Is there anything else we could support you with to improve your resilience in the next 12-18 months that has not already been identified within this application process?
 |  |

Before you send your application, please check you have included the following documents as a minimum:

|  |  |
| --- | --- |
| **Checklist** | **√** |
| Filed Statutory Accounts for the most recent 2 years |  |
| 12 Month Cash Flow to date |  |
| 12 Month Projected Cash Flow |  |
| Profit & Loss Account Statement |  |
| Balance Sheet |  |
| Relevant Finance Agreement details |  |
| Bank Statements |  |
| Business Plan |  |

**Appendix 2**

**Provider Sustainability Applications – FAQ’s**

**What qualifies as Provider Sustainability within this process?**

The exact definition depends on a number of factors, including the type of financial difficulty you are dealing with and your organisation’s particular circumstances. To be eligible to receive additional funding, Providers must:

1. Show that this is a last resort after exploring all other options.
2. Demonstrate that they have made adequate financial provisions and this particular issue was unforeseen.
3. Show that their service continues to be aligned with Salford’s strategic need and demand.

**Who is eligible to apply?**

If you are a registered care provider operating in the Salford care market (either regulated or non-regulated services) you are eligible to apply for this funding.

**Is the Process completely confidential?**

Yes, the process will ensure all enquiries are dealt with in strict confidence at all times.

**What are some of the most common examples of Provider Sustainability issues?**

Financial pressures can arise as a result of an unexpected loss of income due to low occupancy, lower case numbers than expected, staffing/recruitment issues, rising/unexpected costs over and above financial planning projections.

**What type of assistance is available?**

There are various forms of help available when a provider applies for financial assistance. Assistance may be a one off payment or temporary uplift to rates. It may providing assitance with managing administrative difficulties, quality or staffing issues using in-house expertise to assist you during this difficult period.

**Do we need to tell you what we want to spend the additional funding on?**

Yes. Although we understand your organisation will be facing a range of financial challenges we would like to know exactly how the funding required will be used to alleviate these issues and lift your organisation out of financial difficulties. The aim is to reduce any impact to the people supported.

**How much funding will you receive?**

There is no set amount awarded as this funding is awarded on a case by case basis and reflects the amount of funding required to assist your organisation out of this difficulty. It must however demonstrate value for money and be in line with Salford’s identified strategic need for the provision of services.

**When should we apply?**

It is always best to talk to us at the earliest stage possible as we may be able to help you avoid going into financial difficulties with other measures.

**Can we apply more than once?**

No, not in the same financial year – this is a one-off payment designed to meet an immediate financial need.

**How do we apply?**

Contact the Procurement & Market Management team via email to receive the full documentation and process, to begin the process.

**How quickly will we receive the funding?**

The aim is for this to take a maximum of a 12-week turnaround between you making a request and the decision being made to award/decline funding. Where possible we will process requests more quickly, but please be mindful of the governance process that is required to make funding decisions. Should published timescales alter, we will be in touch with you.

**Who are the key contacts in the organisation if I need help completing the application?**

Your first point of contact will be a member of the Procurement and Market Management Team who will guide you through the process. If a provider decides to appeal against the decision, the identified lead assigned will be in touch to support and guide.

**Who decides if the Application is accepted?**

The application form will go through a series of stages within the governance framework:

* A cross departmental report will be collated and submitted to Director of Commissioning.
* The Report will then be presented to the Director of Adult Social Services (DASS) where a final decision will be taken and ratified.
* Any decision will be communicated in writing to your organisation.

**What happens if we do not receive support our request for financial assistance?**

We will advise you in writing of the reason within 12 weeks of receiving the application.

**Is the decision final?**

No, the Provider has the right to appeal the decision.

**What do we need to do if we want to appeal the decision?**

You need to send a written Appeal within 28 days of the original decision letter being received by your organisation.

**If we receive additional funding, what will be the ongoing monitoring arrangements?**

Following any additional funding received: monitoring arrangements/KPIs will be agreed between both parties and review dates agreed.

**How does this additional payment affect our contract?**

Current contracts will be amended/the additional funding will be included as an addendum to the original contract.

**What documents do we need to submit as part of the application process?**

Applications are assessed on a case by case basis and our officers will need a series of documents/information which should be attached to your **application form** (Appendix 1).

These include as a minimum:

|  |  |  |
| --- | --- | --- |
| Proof of Income | Current Bank Statements | Proof of Expenses |
| Cashflow Statements | Profit & Loss Statements | Business Plans |

Appendix 3

**Actions prior to accessing Provider Sustainability Funding**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Eligibility to Proceed** | **Clearly Demonstrated via Application Form****Yes/No** | **Further Information Required****Yes/No** |
| 1 | Providers should see the application as a last resort after exploring all other financial assistance available to them/evidence of mitigation action to date provided. | **Yes** |  |
| 2 | Providers need to show they had made adequate financial provision, this particular financial issue is unforeseen. | **Yes** |  |
| 3 | Providers must demonstrate that their service continues to be aligned with Salford’s strategic needs and demands. | **Yes** |  |
| 4 | All applications must include the information in the attached template as a minimum to be considered for eligibility. | **Yes** |  |
| 5 | Legal and Procurement implications have been assessed and approved prior to proceeding further with this process.  | **TBD** |  |

**Provider Sustainability Process - Flow Charts Appendix 4 (a)**

**Provider contacts PMMT to report sustainability concerns**

**PMMT receives intelligence regarding concerns**

**Provider sent documents for application process**

**Provider Completes & Returns Sustainability Application to PMMT**

**Sustainability Application Document Received**

**Application Reviewed and tested against Eligibility Criteria**

**Finance**

**Quality**

**Procurement**

**Commissioning**

**Eligibility Criteria Unmet**

**Eligible Criteria Met**

**Decision communicated with Provider with clear reasons and suggestions around next steps & further guidance**

**PSF Process is triggered and communication with Provider outlining next steps & Lead Officer**

**Signals end of Process for Provider**

**Internal Provider Sustainability Process is triggered**

* **A Lead is identified and allocated:**
* **Meeting arranged with Provider if necessary to discuss application and complete missing information. Attendees can include; Finance, Legal, Commissioning & Procurement**
* **Completed Application documents received, recorded and distributed for analysis by Lead**

**PMMT**

**Decision in Writing to Provider**

**Report to DASS for Approval & Ratification**

**Collated Report to**

**Director of Commissioning**

**Commissioning**

**Finance**

**Legal**

**Report Produced**

**Appendix 4(b)**

**Provider Sustainability Process Appeal Process**

**Application is formally declined by DASS**

**Decision sent in writing to Provider within 10 working days of meeting**

**Provider sends written Appeal within 28 days of receipt of letter/email**

**Director of Commissioning receives/reviews Appeal within 28 days**

**Appeal decision is final and is sent in writing to provider within 10 working days**

**Appendix 5**

Provider Sustainability Application Assessment Report

|  |  |
| --- | --- |
| **Date:**  |  |
| **Report Author:**  |  |
| **Identified Lead:** |  |
| **Contribution from:** |  |
| **1.0** | **Executive Summary** Describe your proposal  |
| 1.1 | Who is the Provider and a brief background to the application received |
|  |  |
| **2.0** | **Recommendations**All reports must state specific recommendations |
| 2.1 |  |
|  |  |
| **3.0** | **Report Details****Context & Background**This Section should outline the issues, the possible options available and an assessment of the options. This section should lead the reader to an understanding of the reasons the proposed recommendations have been made.* *Name and context around provider & current contracting arrangements*
* *Why is the Request for Provider Sustainability funding being made?*
* *What impact will the award requested or refusal of the application have on this provider?*
* *What impact will the award or refusal have on the market?*
* *Are there any other options available short of hardship to consider e.g. Stronger Communities, Government Grants, Management support etc.?*
 |
| 3.1 | **Financial Analysis** (may include Appendices)3.1.1 Current assessment material and limitations*Which financial documentation was reviewed as part of the analysis and any limitations noted*3.1.2 Review of fee structure, profit & loss and projected cash-flow impact*Review of financial statements* 3.1.3 Observations on acquired financial documentation*Analysis of information submitted as part of the application.*3.1.4 Financial conclusions and further recommendations *This section should address:** *Is the provider truly in financial hardship according to their accounts?*
* *Will the requested level of support be enough to lift the provider out of their current financial difficulties?*
* *Is a one-off payment more appropriate or an increase in fees?*
* *What is the overall debt to profitability ratio and would it be possible for the provider to raise funds through borrowing?*
* *Is the provider viable in the short, medium and long-term and what are the factors affecting viability?*
 |
| 3.2 | **Market Considerations**3.2.1 What is the position of the provider in the market in terms of operating area and market share?*A summary of the Provider, size, demographics, how it fits into the local market,*  *Its main competitors and the consequences of failure to the sector.*3.2.2 What will happen to availability of care if the provider no longer operates?*Are there other providers in the locality who have capacity and could replace this provider, how many people with this affect and what would be the consequences of failure to the locality market?*3.2.3 How many people funded and self-funded are currently supported by the Provider?3.2.4 Are there any quality and/or performance issues that need to be addressed/linked to the award to support the provider?*Were there previously known quality or performance issues or ones raised as part of the application process with this provider that we need to address as part of this process, linked to improved performance monitoring following a Provider Sustainability award?*3.2.5 Operational view/issues*Include intelligence from oversight groups; including safeguarding, compliants, issues logs, intelligence from social work teams, distruct nurses, FNC, CHC, PH, Enironmental health etc.*3.2.6 Conclusions & recommendations*As part of our ongoing relationship with this Provider please outline the conclusions the additional information contained within the application allows us to draw the following recommendations* |
| **3.3** | **Commissioning Considerations**3.3.1 Commissioning Implications of Provider Failure* *What will happen to the cost of the current contract if the provider is not provided with financial support?*
* *What is the cost and availability of alternative provision if available?*
* *Is it value for money for us to support the provider financially?*
* *Can the market be stimulated to create further capacity in the event of market failure for the current provider?*

3.3.2 Other forms of support the Provider could be offered* *Is there any support that we could provide such as advice, management support, contracting support, procurement etc.?*

3.3.3 Are there any lessons to be learnt from a commissioning perspective to mitigate any future sustainability issues or provider failure situations?3.3.4 Conclusions & RecommendationsAs part of our ongoing relationship with this Provider please outline the conclusions the additional information contained within the application allows us to draw and inform our future commissioning intentions and service development plans. |
| **4.0** | **Legal Considerations** |
| **5.0** | **Significant Risks And Mitigation**Please give information of any key risks that need to be highlighted and detail the mitigation s that have been put into place |
| **6.0** | **Policy**Describe how proposal fits with National, regional and local policy.* Care Act 2014
* GM ADASS & GM ICB Salford Locality
* Salford Market Position Statement, JSNA etc

*Also demonstrate how the proposal is in line with the Provider Sustainability Policy and has been measured against appropriate VFM standards.*  |
|  |  |
| **7.0** | **Consultation**Is a consultation required or has one been undertaken, if so what was the result/ outcome of the consultation. |
| 7.1 | *If the recommendation is to not support a provider do we need to consider any consultation/communication implications? This should only be in the best interests of the people supported, depending on the nature of the issues being considered.* |
| **8.0** | **Other Implications** |
| 8.1 | Human Resources*Are there any HR implications i.e. will there be a need for restructures etc.* |
| 8.2 | Performance*Are there any KPIs attached to the proposal or improvement in quality or standards or financial improvements required.* |
| 8.3 | Impact On Other Services/Organisations*Will this have an impact on other directorate or services, e.g. will more people require support from elsewhere e.g. voluntary organisations,*  |
| 8.4 | Equalities Implications*Is an EIA required, what are the key equality implications? If an EIA is NOT required why not.*  |
| 8.5 | Environmental Impacts/Benefits |
| 8.6 | Community Safety Implications |
| **9** | **Next Steps:**If appropriate use this section to outline the next steps to be taken to implement decision including timescales |
| 9.1 | *If the recommendations in this report are agreed the decision will be ratified by Salford DASS and a decision will be communicated in writing to the Provider within 7 days of this meeting.* |
| 9.2 | *A Performance Management Framework will be drawn up and agreed with the Provider on receipt of Provider Sustainability funding.* |

**Appendix 6**

Salford Care Organisation

Provider

Date

Our Ref:

Dear [Name]

Further to your request for Provider Sustainability funding, I am writing to inform you of the decision.

Your request has been considered, taking into account the information you supplied as part of the application process and we are happy to inform you that we are able to agree to your request of xxxx

An amended contract will be issued in due course and the additional funding will be made on receipt of the signed contract from your organisation.

I trust that you will be happy with this decision and should you require any further information, please do not hesitate to contact myself directly or your identified lead officer who will be happy to assist you further.

Yours sincerely

 **Appendix 7**

Salford Care Organisation

Provider

Date

Our Ref:

Dear [Name]

Further to your request for Provider Sustainability funding, I am writing to inform you of the decision.

Your request has been considered, taking into account the information you supplied as part of the application process. I regret to inform you that on this occasion we are unable to agree to your request of xxxx due to the following reasons:

* Reasons Stated

If you do not agree and would like to appeal the decision you must do so in writing within 28 days of receiving this letter stating clearly your reasons and include any additional information you would like to be considered at the Appeal hearing.

If should you require any further information or further assistance, please do not hesitate to contact myself directly or your identified lead who will be happy to help in assisting you further.

Yours sincerely

**Appendix 8**

Market Failure Protocol

