

Commissioned Services Commissioning Framework

Draft Version 3.5

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1. Introduction

1.1 Commissioned Services includes the Kent Supporting People Team (SP), Kent Drug and Alcohol Action Team (KDAAT), Kent Supported Employment (KSE) and Kent Support and Assistance Service (KSAS). They work in partnership with local public authorities and aim to:

- a) Prevent problematic drug and alcohol misuse
- b) Reduce drug and alcohol related crime and disorder
- c) Enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent affected by drug and alcohol misuse and/or homelessness.
- d) Promote independence and well being.
- e) Enable people to take control over their lives.
- f) Participate fully in the social and economic life of their communities.
- g) Complement services delivered by statutory and non-statutory agencies.
- h) Support service users who have little or no recourse to alternative statutory or non statutory services.

1.2. In order to meet these aims Kent County Council (KCC) funding and the pooled funding of Commissioned Services' partners is used to commission services that meet the identified needs of the population and contribute to achieving the following outcomes:

- a) Freedom from dependency on drugs and alcohol
- b) Improved long-term health, well-being and quality of life for people and communities
- c) Well-informed and supported families, children and young people
- d) Reduced drug and alcohol related crime, anti-social behaviour and re-offending
- e) Improved public health and reduced health inequalities in the county
- f) Increased employment and reduced reliance on state benefits and public services.
- g) Promotion of more stable lifestyles, social inclusion and community cohesion.
- h) A reduction in the use of residential care for older people and individuals with mental health problems or learning disabilities.
- i) A reduction in levels of homelessness.
- j) A reduction in the incidences of repeat homelessness.
- k) A reduction in the use of temporary accommodation.
- l) Improved access to both emergency and planned health care.

- m) Reduce substance misuse related harm caused to young people, their families and communities.
- n) Improved long-term emotional, mental and physical health, well-being, and quality of life for young people, their parents and carers and their families, affected by substance misuse.
- o) Well-informed and supported families, children and young people, including but not limited to; improved relationships with family members and friends.
- p) Increased engagement in positive activities with prosocial peers, education and training including but not limited to; a reduction in the number of young people who are excluded from school as a result of substances misuse.
- q) Increased housing stability for young people.
- r) Improved public health and reduced health inequalities in Kent, including but not limited to; prevention of substance misuse related deaths, teenage pregnancy and blood borne viruses

1.3. Figures 4 and 5 (pages 11 and 12) illustrate the flow of funding and outcomes for both components of Commissioned Services.

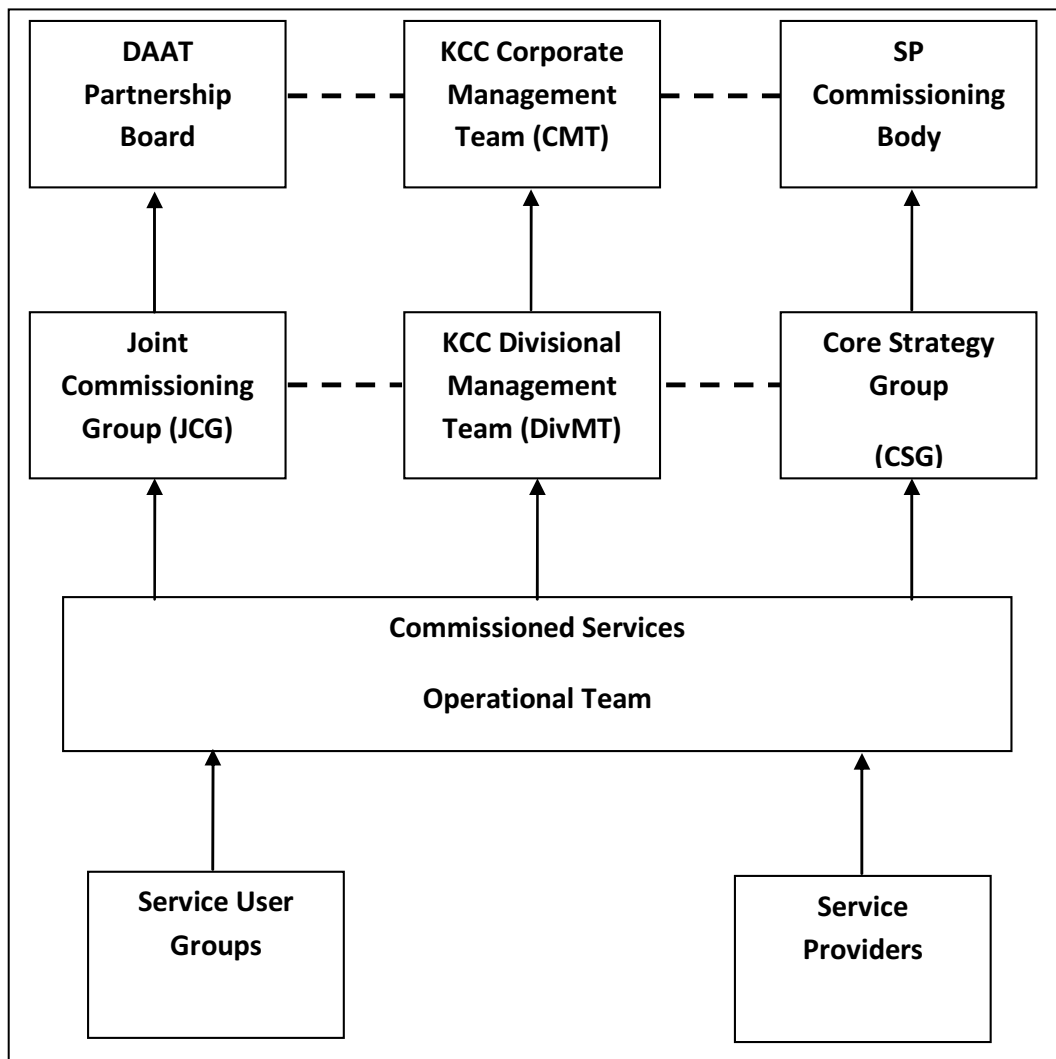
1.4. The Kent Support and Assistance Service commenced on 1st April 2013 following the transfer of responsibility from Department of Work and Pensions to Kent County Council. Elements of the service will need to be commissioned in future years and this will be reflected in updated versions of the Commissioning Framework.

2. Governance

2.1 The Commissioned Services team are overseen by two executive boards which are responsible for the strategic leadership of the services in Kent. These boards (KDAAT Board and the SP Commissioning Body) set the overall strategy for the commissioning of services on the advice of the relevant operation groups (Joint Commissioning Groups or JCG for substance misuse services and the Core Strategy Group or CSG for housing-related support services).

2.2 An operational team, hosted by Kent County Council (KCC) acts as the contracting authority for all Commissioned Service contracts. Figure 1 illustrates the governance structure of the partnership.

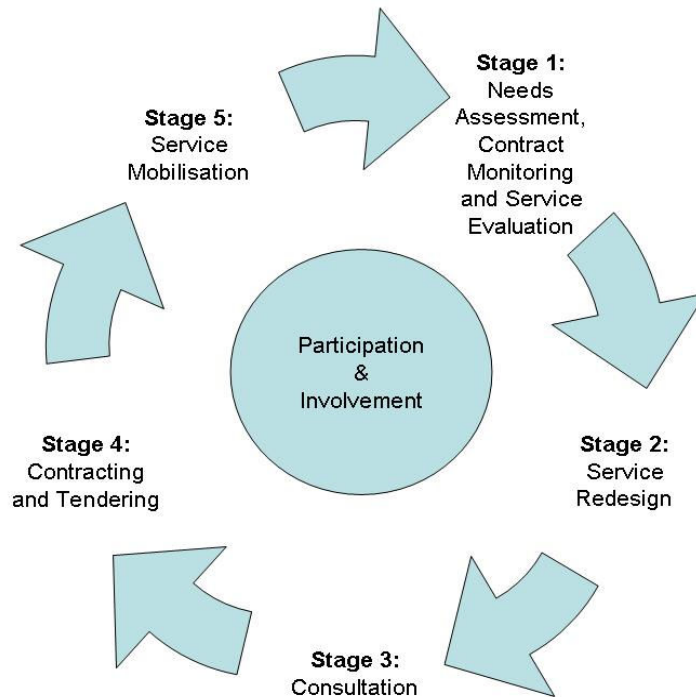
Figure 1: Governance Structure



3. Commissioning Cycle

3.1. In commissioning services in Kent, the Commissioned Services partnership follows the five stage process set out in Figure 2:

Figure 2: Commissioning Cycle



3.2. The commissioning process is based on nationally recognised good practice and has public and service user involvement at the centre. The detailed processes for each stage are set out below. The participation and involvement approach is set out in Section 4.

Stage 1 – Needs Assessment, Contract Monitoring and Service Evaluation

3.3. During Stage 1, the Commissioned Services partnership aims to identify the critical substance misuse related or housing-support related needs of the population, determine available resources for meeting these needs, manage existing contracts and evaluates the effectiveness of existing service provision. Commissioned Services does this by:

- a) Engaging the local community (including service users, carers and other members of the public) to gather information about which services or aspects of substance misuse recovery and housing-related support they consider to be most important and valuable
- b) Asking partners to determine service priorities and required outcomes
- c) Seeking views on what people value about current services and what else they believe should be done to promote recovery, re-integration and independence
- d) Collating a range of quantitative and qualitative information about:
 - substance misuse intervention and recovery needs
 - housing-related support intervention
 - national and local trends in substance misuse prevalence
 - effectiveness of current service provision (including evaluation of any pilot schemes).

- e) Applying best practice health needs assessment techniques to analyse the information to develop a comprehensive assessment of substance misuse and/or housing-related support needs in Kent
- f) Developing strategic and business plans which set out service priorities and actions for a forthcoming period
- g) Managing current contracts with service providers to ensure delivery of efficient and effective services for the people of Kent.
- h) Monitoring and reporting performance of commissioned services to the relevant operational groups (JCG/CSG) and the KDAAT Executive Board/SP Commissioning Body.

3.4. The key output of Stage 1 is a needs assessment document which can be used to inform the service redesign stage. Needs assessments in Kent are approved by the relevant operational groups (JCG/CSG) and the KDAAT Executive Board/SP Commissioning Body.

Stage 2 – Service Redesign

3.5. Stage 2 involves the development of a business case for services to meet the needs and gaps identified at Stage 1 within the agreed level of resources. The service redesign and business case development is led by the operational team and directed by the Board/Commissioning Body and Joint Commissioning Groups/Core Strategy Group. The process will include engagement with interested parties and consultation with potential service providers in order to assess feasibility and market appetite for meeting the identified needs.

3.6. The key output of Stage 2 is a business case for a proposed service delivery model with draft service specifications and an associated outcomes and funding framework. The business case will be driven by the priorities of the relevant board and will always take account of market intelligence and service provider feedback as well as the needs of service users and other interested parties.

Stage 3 – Consultation

3.7. Stage 3 is a formal consultation on the service delivery model and specifications developed at Stage 2. During the consultation process, commissioners seek views and feedback from anyone who wishes to comment on the proposals. Consultation documents include a plain English version to help ensure that members of the public can fully understand the proposals. During the formal consultation phase, documents are made available through the KCC Consultation database (available at www.kent.gov.uk), email and post.

3.8. The key output of Stage 3 is a report summarising the feedback from the consultation and analysing the implications for the proposed service delivery model and specifications. The consultation report is presented to commissioners to enable them to consider any changes to the service requirements or the procurement strategy before the contracting and tendering stage of the process.

Stage 4 – Contracting and tendering

3.9. Stage 4 involves revising service requirements to take account of feedback from the consultation stage followed by a competitive tendering exercise. Early engagement with Strategic Sourcing and Procurement should be arranged. A detailed procurement strategy and tender evaluation plan, including evaluation criteria, is developed following the consultation process at Stage 3 and the market engagement at Stage 2.

3.10. Once a procurement strategy and evaluation plan is agreed, for specifications exceeding £1 million pounds, before the procurement can begin a Procurement Plan must be signed off at Procurement Board. For procurement that exceed £50,000 or below £1 million a procurement plan must be submitted for approval via the relevant Procurement Manager contact. Further details will be available from Strategic Sourcing and Procurement.

3.11. Commissioned Services initiates a tendering process with Kent County Council acting as the contracting authority. Tendering processes may or may not involve a Pre-Qualification Stage.

3.12. All tendering activities are conducted in an open, fair and transparent way in line with Kent County Council's procurement rules¹ and the Public Contracts Regulations 2006.

3.13. Drug and alcohol treatment and recovery and housing-related support services constitute a Part B service under the Public Contracts Regulations. A full OJEU² procurement is not usually undertaken for Commissioned Services procurements. Where contract value exceeds or comes close to £173,935 engagement with SSP is essential to ensure services are tendered under the correct Public Contracts Regulations. All competitive tender opportunities for commissioned services are advertised through the Kent Business Portal (www.kentbusinessportal.org.uk)

3.14. Where necessary completed Pre-Qualification Questionnaires (PQQs) and tenders are evaluated by a team of experienced commissioners, subject specialists and service users selected by Commissioned Services, with advice given by SSP. The evaluation stage may include a desk-based evaluation of PQQ and tender documentation, presentations and interviews with bidders as well as site visits and references. All evaluated proposals and/or tender submissions are scored against the agreed evaluation criteria. The evaluation team concludes the evaluation process by making a recommendation to the Director of Service Improvement, Customer & Communities for the proposal or submission which represents the most economically advantageous bid(s) after all quality requirements have been met.

3.15. The evaluation team's final recommendations are presented to members of the representatives of the relevant Executive Board/Commissioning Body authorised to award contracts on behalf of the partnership. Authorised officers have the opportunity to question or seek clarification from the evaluation team and then to accept or reject the recommendation.

3.16. If the recommended proposal(s) or submission(s) is accepted, all bidders will be informed of the outcome of the evaluation and will include a breakdown of scores and strengths of the successful bid, utilising templates and advice from SSP. This notification is followed by a ten day standstill or 'Alcatel' period, allowing bidders to challenge if they believe that the process of the tender was not followed correctly. Once the ten-day standstill period has elapsed, contracts will be formally agreed in line with KCC contracting procedures.

3.17. If the recommendation is rejected, the tendering process will be concluded at this stage. A new tendering exercise will need to be undertaken if there is still a need for the service and the business case is still judged to be valid. If subject to a Procurement board approval results of the procurement are to be reported in a cost avoidance paper – SSP will advise/complete.

Stage 5 – Service Mobilisation

3.18. Following contract award, there is a transition and service mobilisation stage. If the tendering exercise results in a change of provider, the transition may involve the transfer of existing staff under TUPE³ rules, transfer or change of premises, transfer of client information and electronic records with relevant consent arrangement. Incumbent and new or incoming service providers are required to support service users through the transition process.

3.19. The service mobilisation phase will be completed with the new service becoming fully operational. After this time, the service contract will be managed and performance monitored in line with the Stage 1 processes outlined above.

4. Participation and Involvement

4.1. Commissioned Services aims to ensure that service users, carers, members of the public and other stakeholders have a central role in the commissioning and, in some circumstances, delivery

¹ Spending the Council's Money

² Official Journal of the European Union

³ Transfer of Undertakings (Protection of Employment)

of services in Kent. In doing this, Commissioned Services aims to involve these groups of people and encourage their participation at each stage of the process. Stakeholder involvement and participation activities will provide the opportunity for any interested party to make their views known to commissioners.

4.2. Commissioned Services has a statutory duty under section 138 of the Local Government and Public Involvement in Health Act to 'inform, consult and involve' people if we plan to make changes to its commissioned services. Section 242(B) of the NHS Act 2006 also requires that 'users of services, whether directly or through representatives, are involved'. In meeting its obligations under this legislation, Commissioned Services follows NHS best practice guidance on service user involvement.⁴

4.3. Commissioned Services adjusts its public participation and involvement activities to meet the needs of those involved. The approach taken in any particular commissioning activity will depend on the scale of change being undertaken and the opportunity for stakeholder influence.

4.4. Stakeholder participation ranges from being kept regularly informed about developments in the local recovery system through to active involvement in consultation and service design or even to establishing service user led mutual aid groups to support the long term recovery of people within commissioned services.

4.5. Figure 2 sets out the five broad levels of participation that are used by Commissioned Services. These levels are represented in the format of the International Association for Public Participation's (IAPP⁵) participation ladder:

Figure 2: 'Participation Ladder'



4.6. Commissioned Services aims to target its communication, participation and involvement activities at those it considers most likely to be affected by its decisions. Commissioned Services

⁴ Real Involvement, NHS guidance 2008

⁵ International Association for Public Participation (IAP2).

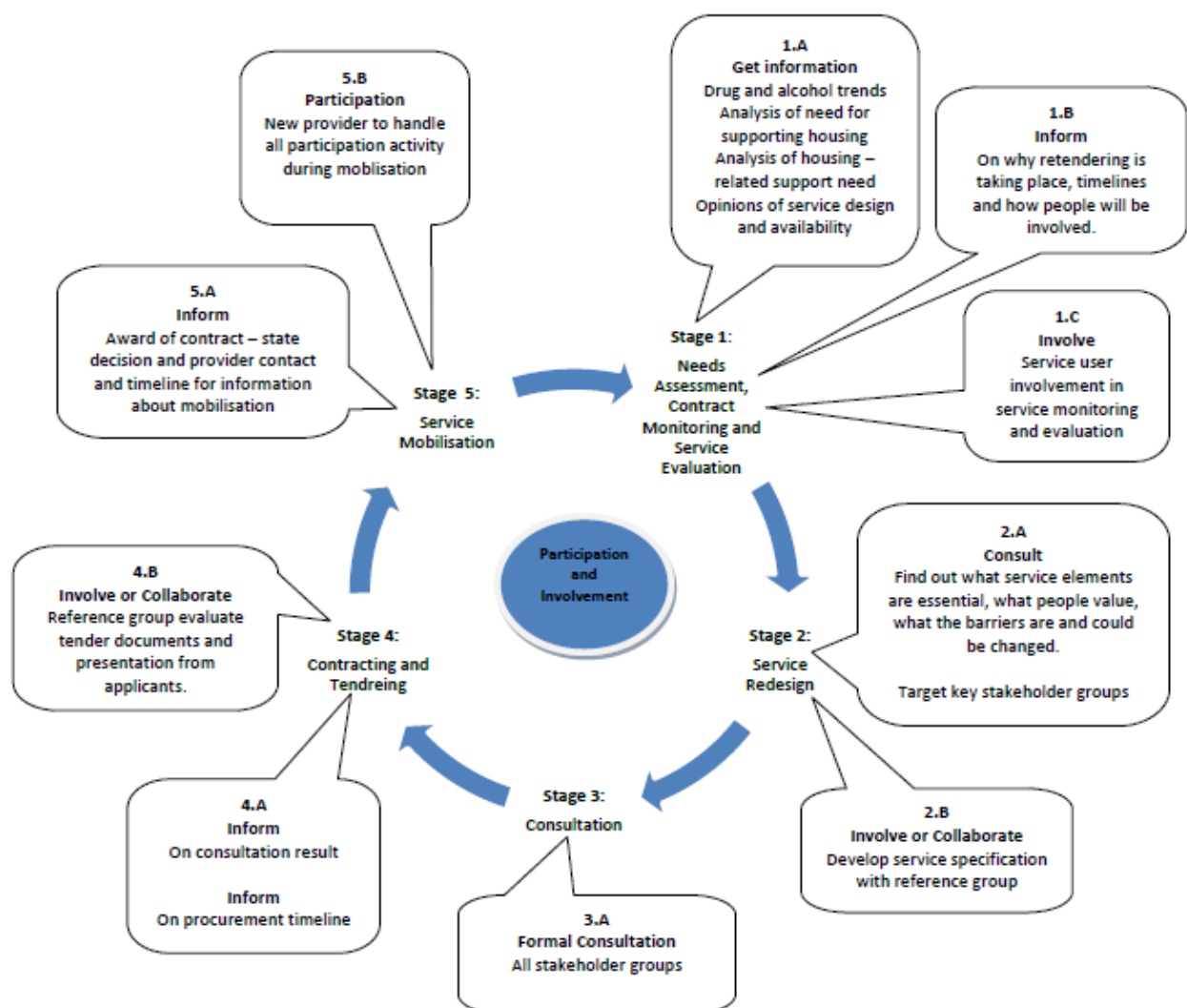
aims to ensure that everybody who is a user of commissioned services or has an interest in their delivery has the opportunity to participate in the commissioning process.

4.7. In seeking to encourage stakeholder participation and involvement, Commissioned Services will clearly define the scope and purpose of the activities it undertakes. This definition will include a description of what can and what cannot be changed as a result of participation.

4.8. The level of participation, methods and stakeholders engaged are selected and documented in the relevant procurement strategy or commissioning plan that is required to initiate any new commissioning activity.

4.9. Figure 3 illustrates how these participation techniques will be applied throughout the commissioning cycle.

Figure 3: Involvement and Participation



5. Funding, performance and outcomes

5.1. Substance misuse commissioned services are funded through a pooled budget made up of contributions from KDAAT partners, and from the Pooled Treatment Budget. The pooled fund is used to commission drug and alcohol services which meet the identified needs of the population

and contribute towards the partnership's agreed aims and outcomes. Housing-related support services are now funded through the KCC Customers and Communities budget but historically the funding came from a range of organisations including those represented in the partnership arrangements.

5.2. Progress towards delivering the outcomes is measured by a range of indicators that evaluate the level, range, quality and impact of commissioned services. Figure 4 illustrates that relationship between resources and funding, the recovery system outputs and overall outcomes for KDAAT services while Figure 5 illustrates the same for Supporting People services. A full list of supporting indicators is set out at Appendix A.

Figure 4: KDAAT Partnership Funding, Performance and Outcomes Map

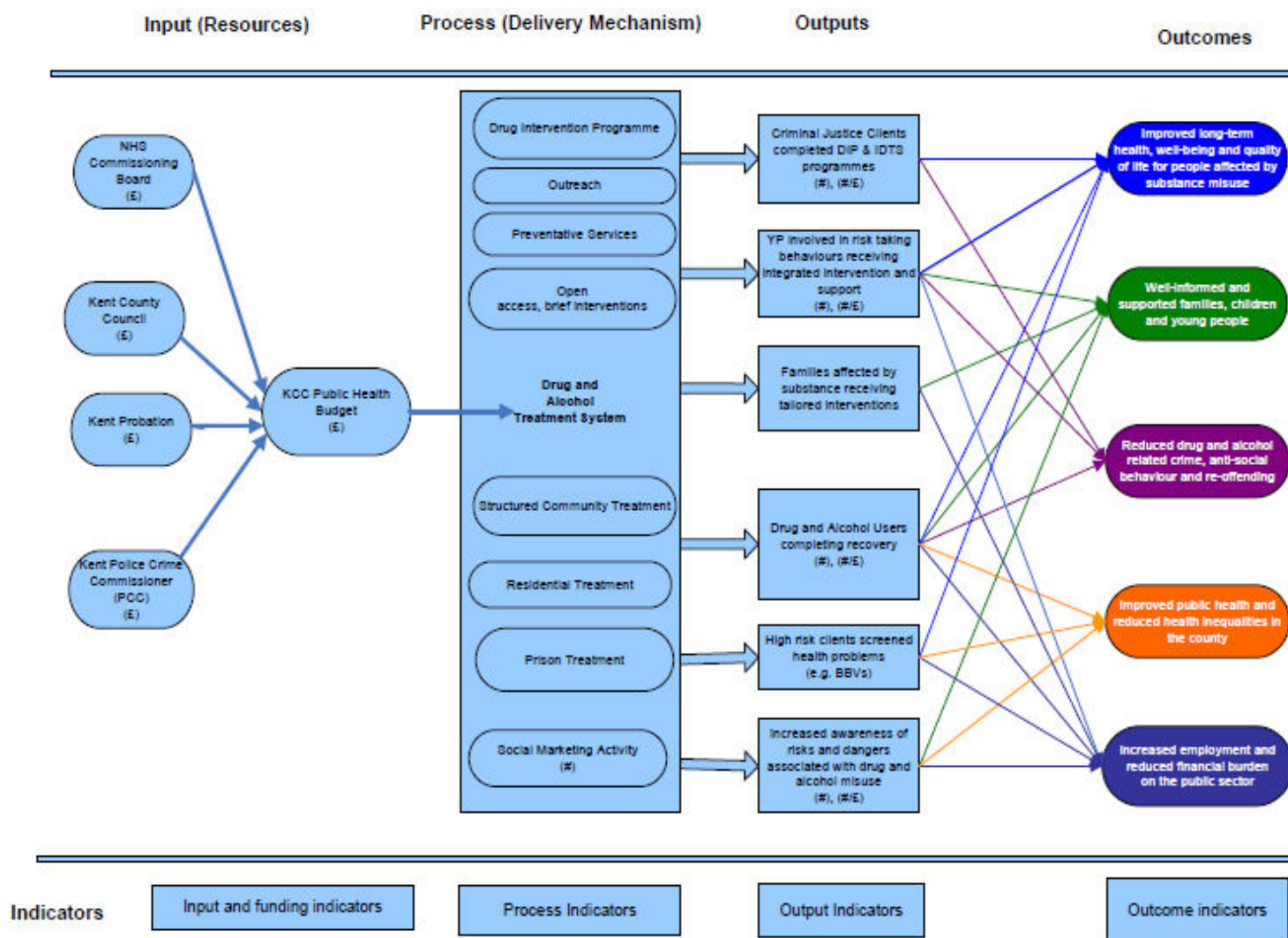
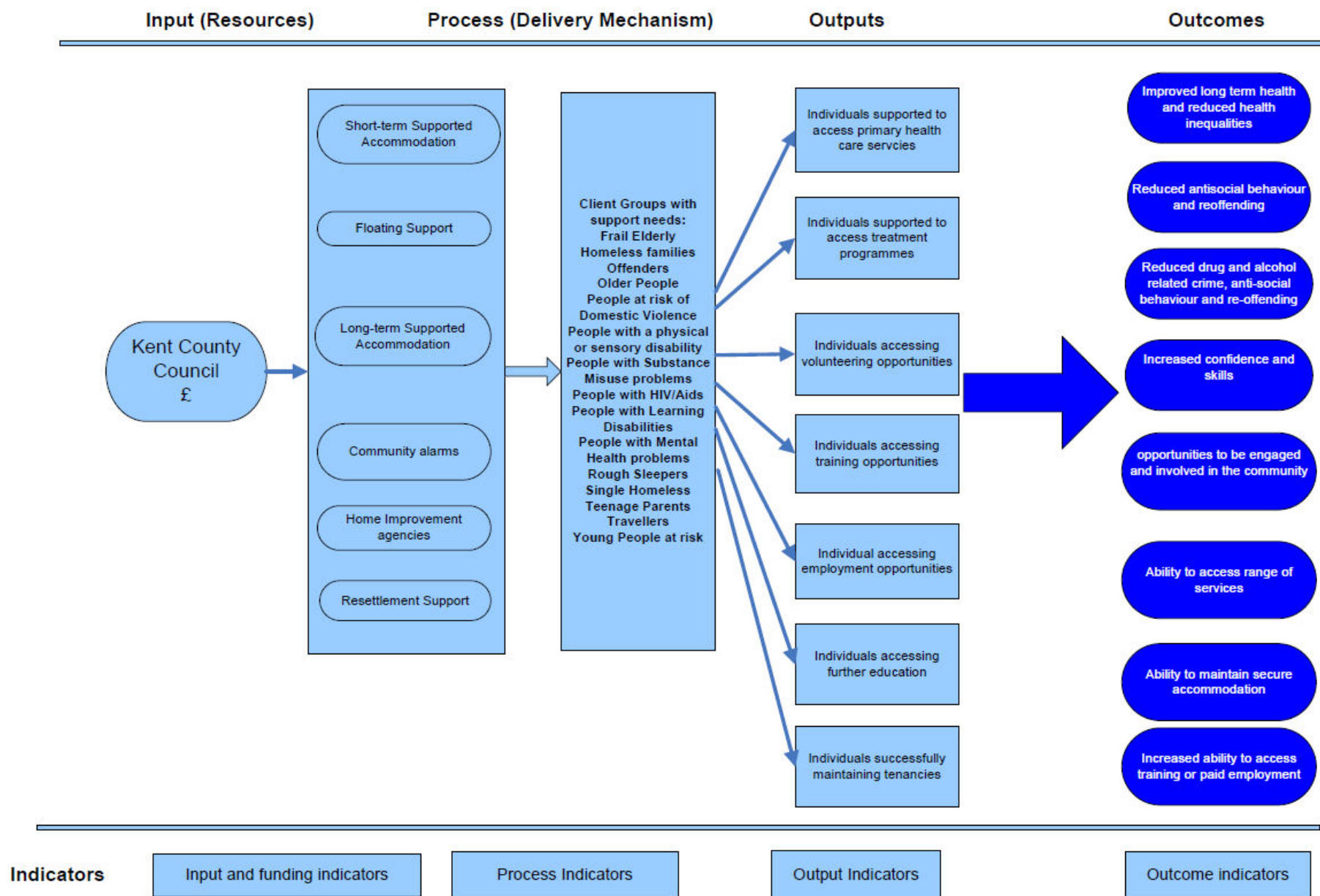


Figure 5: Supporting People Funding, Performance and Outcomes Map



Appendix A Funding, Performance and Outcome Indicators (Substance Misuse)

Objective	Type	Indicator
Improved Health and Well-being of people with substance misuse problems	Outcome indicator	• Adult drug users in treatment (in the last 12 months)
		• Number of Adult drug users successfully completing treatment (in the last 12 months)
		• Number of successful treatment completions as a proportion of all Adult drug users in treatment in Kent
		• Adult alcohol users in treatment (in the last 12 months)
		• Number of Adult alcohol users successfully completing treatment (in the last 12 months)
		• Number of successful treatment completions as a proportion of all Adult alcohol users in treatment in Kent
		• Percentage of eligible new presentations year-to-date who accepted Hepatitis B vaccinations
		• Percentage of eligible clients in treatment, previously or currently injecting, who received a Hepatitis C test
Safer and stronger communities throughout Kent	Outcome indicator	• Proportion of criminal justice clients successfully completing treatment from all criminal justice clients in treatment
		• Proportion of criminal justice clients who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months
Well-informed and supported families, children and young people	Outcome indicator	<ul style="list-style-type: none"> • Number of Young People accessing specialist substance misuse community services • Percentage of Young People leaving in an agreed and planned way
Better public health and reduced health inequalities	Outcome indicator	• Number of Adult drug users that complete treatment successfully and do not re-present within six months
		• Number of Adult alcohol users that complete treatment successfully and do not re-present within six months

Appendix B Funding, Performance and Outcome Indicators (Housing-related Support)

Objective		Indicator
More vulnerable people living independently		<ul style="list-style-type: none"> • (KPI1) % of service users who are supported to establish and maintain independent living
More vulnerable people living stable lives		<ul style="list-style-type: none"> • (KPI2) % of service users who have moved on in a planned way from temporary living arrangements
		Following the completion of a housing-related support service the individual where applicable will have:
Achieve Economic		<ul style="list-style-type: none"> • Maximised their income, including benefits

Wellbeing		<ul style="list-style-type: none"> • Reduced overall debts
		<ul style="list-style-type: none"> • Obtained paid work
Enjoy and Achieve		<ul style="list-style-type: none"> • Participated in desired training and/or education
		<ul style="list-style-type: none"> • Achieved applicable qualifications
		<ul style="list-style-type: none"> • Participated in chosen leisure/cultural/faith and/or informal learning activities
		<ul style="list-style-type: none"> • Participated in chosen work-like activities
		<ul style="list-style-type: none"> • Established contacts with external services or groups
		<ul style="list-style-type: none"> • Established contacts with friends or family
Be Healthy		<ul style="list-style-type: none"> • Better management of physical health
		<ul style="list-style-type: none"> • Better management of mental health
		<ul style="list-style-type: none"> • Better management of substance misuse issues
		<ul style="list-style-type: none"> • Better management of independent living as a result of assistive technology and/or aids and adaptations
Stay Safe		<ul style="list-style-type: none"> • Maintained their accommodation
		<ul style="list-style-type: none"> • Secured/obtained settled accommodation
		<ul style="list-style-type: none"> • Complied with statutory orders/related processes
		<ul style="list-style-type: none"> • Better management of self harm
		<ul style="list-style-type: none"> • Avoided harm to others
		<ul style="list-style-type: none"> • Minimised harm or risk of harm from others
Make a Positive Contribution		<ul style="list-style-type: none"> • More choice and/or involvement and/or control

Funding, Performance and Outcome Indicators (Home Improvement Agencies)

1	Percentage of contacts made following referral within 2 days (G1)
2	Percentage of visits to service user made following referral within 10 working days (G2)
3	Percentage of response times to letters within 10 working days (G3)
4	Percentage of customers satisfied with the core services (G4)
5	Percentage of customers satisfied with the ancillary services (G5)
Handyperson	
6	Percentage of contacts made following referral within 2 days (H1)
7	Percentage of visits to service user made following referral within 10 working days (H2)
8	Number of events attended to promote service (if recorded the number of people's details taken noted in brackets)
9	Number of enquiries into the handyperson service
10	Number of clients given advice, information and signposting, including handyman onward referrals
11	Number of handyperson - home improvements, community equipment, adaptations or repair works provided (actual work, number of jobs)
12	Number of community equipment work completed (e.g. grab rails, banisters installed)

13	Number of home improvement work completed (e.g. laying patio slabs, replacing guttering, hanging new doors)
14	Number of adaptations or repair works completed (e.g. galvanised handrails fitted)
15	Number of other handyperson work completed (e.g. smoke alarms, home safety/security, keysafes, general maintenance)
16	Number of households in receipt of handyperson jobs (one household regardless of the number of jobs) (H3)
17	Number of service users/ households assisted who were unable to pay
HIA	
18	Number of events attended to promote service (if recorded the number of people's details taken noted in brackets)
19	Number of enquiries into the HIA service (includes advice and information and signposting)
20	Number of clients given onward referrals via this service
21	Number of Health Intervention advice given (e.g. hospital discharges, winter warmth, smoking, weight loss)
22	Number of living accommodation advice given (e.g. advice on options on future living e.g. care homes)
23	Number of Income Maximisation advice given (e.g. benefits/budgeting)
24	Number of Financial advice given (e.g. equity release, debt advice)
25	Number of sustainable homes advice given (e.g. energy efficiency, tariffs, solar panels)
26	Number of Telecare advice given (e.g. lifeline, assisted technology/wireless alarms)
27	Number of decorating support signposting given (non SP funded)
28	Number of Gardening support signposting given (non SP funded)
29	Number of Major work completed for self-payers
30	Number of Adaptations work completed for self-payers
KPI 1	
31	The number of service users who are supported to establish and maintain independent living
32	Number of service users who had works completed on their property or who received substantial advice
33	KPI 1 Percentage

Appendix C Procurement Checklist

The following checklist sets out the key tasks that must be followed in all Commissioned Services procurement projects. The checklist must be completed and form part of the procurement proposal submitted to the Operational Groups and Executive Board/Commissioning Body. Engagement with SSP prior to procurement commencement will ascertain whether other procurement routes, contracts and frameworks are available.

Task	Evidenced by	Planned/ Completed
1. Business Case		
Undertake needs assessment for the areas covered by the procurement activity or identify the relevant components from an existing needs assessment.	Needs assessment	
Seek views and feedback from service users, carers and members of the public about existing services or possible alternatives	Service user input in Needs Assessment	
Develop a robust business case and procurement proposal for commissioned service based on identified needs, partnership priorities and available resources.	Business case	
Complete an Equalities Impact Assessment on the Business Case.	EIA screening	
Submit a business case, procurement proposal and equalities impact assessment for approval through Commissioned Services Governance process. Proposed contracts over £1m must be approved by the Procurement Board. (This must be evidenced as it is essential for sealing of contracts and may consist of Cabinet approval or the business plan documentation)	Approval documented in minutes/email	
Identify current contract notice periods (if recommissioning services) and send out relevant notification	Letter of notice to current provider	
Begin Risk Register (this is a live document which must be continually updated)	Risk Register Developed	
2. Understanding the Market		
Assess market capability and appetite for delivering services to meet the requirements identified in the business case and prepare summary report for commissioners	Market capacity report (this may be part of the consultation report)	
3. Requirement		
Develop an outline of service requirements, outcomes and performance indicators and consult with key partners to determine requirements.	Draft service specification	
Consult service users and other interested parties	Consultation on	

Task	Evidenced by	Planned/ Completed
on the detailed requirements for proposed service	Specification	
Collate consultation feedback into a consultation report which addresses the themes that have arisen and any amends that are recommended as a result. If a theme cannot be included give explanation as to why	Consultation report	
Make any necessary changes to service requirements following consultation.	Final Specification	
Update EqIA to include amends to consultation and send to Equalities team for sign off	Amended EqIA and agreement from Equalities team	
Obtain sign off for new service specification through appropriate governance structures	Agreement from governance structures	
4. Sourcing		
Obtain TUPE information from the current provider if appropriate	TUPE list including Terms and Conditions of employment	
Develop a procurement strategy setting out the procurement approach including: <ul style="list-style-type: none"> competitive or non-competitive details of whether there will be a pre-qualification stage the procurement timescales 	Procurement Strategy	
Secure approval from Procurement Board	Approval from Procurement Board	
Develop tender evaluation plan setting out: <ul style="list-style-type: none"> evaluation methodology (i.e. price to performance ratio or lowest price tender meeting minimum requirements) Evaluation criteria Membership and structure of evaluation team Approach to service user involvement in tender evaluation 	Tender evaluation plan which is agreed by governance structures	
Secure approval through the governance arrangements for the procurement strategy and evaluation plan and ensure agreement is adequately documented (e.g. Board minutes).	Approval documented in minutes	
Develop and agree proposed contracts terms and conditions with Legal Services including: <ul style="list-style-type: none"> Explicit statement on Freedom of Information obligations Funding model and penalty clauses 	Terms and Conditions drafted	

Task	Evidenced by	Planned/ Completed
<ul style="list-style-type: none"> Performance management arrangements 		
5. Competition		
Advertise the tender opportunity on Kent Business Portal	Advert live	
Issue pre-qualification questionnaires (PQQs) to those expressing interest in bidding for the contract	PQQ Issued	
Evaluate pre-qualification questionnaires and inform bidders of outcome	PQQ evaluated	
Invite tenders from those qualifying at PQQ stage ITT to include: Terms and conditions, Specification, Instructions on weighting and guidance for questions, financial evaluation model	ITT issued	
Record requests for clarification on invitation to tender and issue any answers or clarifications to all bidders	Clarification documented	
Liaise with KCC Strategic Procurement Unit to arrange for tender opening and recording	Tenders opened	
Collate submitted tenders and circulate to evaluation team.	Evaluation team to have access to tenders	
Book time in diary for evaluation sign off from governance structure, by authorised officers	Diary time booked for sign off of evaluation recommendation	
6. Evaluation		
Complete tender compliance assessment and document results.	Documented results	
Evaluate tenders in accordance with agreed methodology	Evaluation completed	
Prepare tender evaluation report and submit to authorised officers in line with the agreed evaluation plan.	Evaluation Report	
Ensure evaluation report is signed agreed and signed by authorised officers.	Evaluation report Agreed	
Complete necessary contract negotiations in line with KCC guidance.	Contract negotiations form part of contract	
7. Contract Award		
Book appointment with Corporate Director to obtain consent for sealing of the contract. She will require evidence that it was included in a business plan or agreed by cabinet (in minutes)	Appointment booked and supporting evidence prepared	
Notify all bidders of evaluation outcome including bidders own score, score of the winning bid and identity of the successful tender.	Letters to bidders	

Task	Evidenced by	Planned/ Completed
Undertake no further action on the procurement for a minimum of 10 calendar days (Alcatel period)	10 day standstill	
If no appeals are received, arrange for (execution) signature of contract in line with KCC guidance.	Signed contract	
Print out 2 copies of the contract to include: Terms and Conditions, the bidders submission including all attachments and notifications and clarifications	Contract	
Send contract to provider for signing	Return of signed contract	
Meet with Corporate Director to obtain signature and permission to seal. Any contract with value in excess of £1m is: (1) affixed with the common seal of the Council and attested by one authorised officer, or (2) signed by at least two authorised officers	Sealed and/or Signed Contract	
Inform stakeholders of the results of the procurement.	Letter to stakeholders	
Send Contract to legal to be sealed and return a copy of the sealed contract to the provider	Sealed by legal and one copy returned to provider	
8. Post Contract Award		
Undertake a feedback exercise with both winning and non winning bidders, as well as evaluation team and other stakeholders with the view to capturing their experience of the tender	Lessons log completed	
Begin transition or transformation meetings to ensure a smooth beginning to the new contract	Transformation/Transition board created	
Develop Terms of Reference for the Transformation Board	T of R developed and signed off by board	
Ensure that OJEU notice is completed if required within 48 days of contract award	OJEU notice confirmation	