

# Walsall Supporting People Service

## IMPROVEMENT TOWARDS EXCELLENCE PLAN

November 2007

*FULL VERSION*



## WALSALL SUPPORTING PEOPLE PROGRAMME – Improvement Towards Excellence Plan

Following an Audit Commission inspection of the Walsall Supporting People Programme, the following recommendations and actions were identified in the report:

Ref:	Recommendation 1 - Improve the Governance of the Programme
1.1	Ensure that the Commissioning Body is able to operate at a strategic level and is supported by robust information on the issues the programme is dealing with
1.2	Ensure that an effective planning mechanism for the programme is established to replace the Strategic Planning Group and that this involves all partners and stakeholders
1.3	Ensure that people involved in the governance of the programme have a clear understanding of their role and responsibilities and that there is sufficient opportunity to discuss and develop these
	Recommendation 2 - Improve Service Users Involvement in the Programme
2.1	Ensure that training and support mechanisms are put in place to enable service users to play an informed and active role in the programme
2.2	Ensure that there is a clear role for service users in the governance arrangements of the programme
2.3	Ensure that mechanisms are in place so that service users have a role in monitoring the quality and performance of services
2.4	Ensure mechanisms are put in place so that service users have the opportunity to be involved in all other aspects of the programme, including the development of service and information
	Recommendation 3 - Improve information that is available on the programme
3.1	Develop a range of leaflets and other information about the programme
3.2	Ensure that potential service users and their carers and advocates are correctly signposted to services
3.3	Improve the range and accessibility of the information on the council's website
3.4	Promote the Fairer Charging regime
	Recommendation 4 - Improve the Management of the Programme
4.1	Establish one forum for service providers that is serviced and supported by the Council
4.2	Put plans in place to improve the working relationships with all partners and stakeholders
4.3	Develop comprehensive performance monitoring and management arrangements for all aspects of the programme
4.4	Complete outstanding contract negotiations with service providers and issuing steady state contracts
4.5	Put plans in place to ensure that equality impact assessment are carried out on all Supporting People contracts
4.6	Improve the access and referral arrangements to services
4.7	Develop a strategic approach to address the issue of the lack of move-on accommodation
4.8	Ensure that the service plan for the programme is SMART and that staff and resources are identified
4.9	Assess and put in place the support the team needs to ensure its capacity to complete the required service developments.

The following improvement plan outlines the programmes' current position against the Supporting People Key Line of Enquiry, the gaps identified, the actions required and the links to the recommendations of the Audit Commission inspection report.

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KEY LINE OF ENQUIRY (KLOE)	AN ORGANISATION DELIVERING AN EXCELLENT PROGRAMME	CURRENT POSITION (Red = from report)	Report Recommendation Ref:	ACTION	LEAD / RESOURCES (Time - unless stated)	MILESTONES / OUTCOME	OUTCOMES FOR SERVICE USERS	EVIDENCE OF ACTION	TIMESCALE (RAG)	RAG KEY Green = On target to meet timescale Amber = Timescale slipped Red = Not going to meet target
<b>1.0 Governance &amp; Partnerships</b>										
<b>1.1 Corporate Commitment &amp; Links:</b> Evidence of effective engagement including demonstrable understanding of diverse needs of vulnerable groups / individuals. Links established for programme with Local Strategic Partnership (LSP) & other local & regional partnerships. Consideration of SP contribution to Local Area Agreements.	<b>1.1 Corporate Commitment &amp; Links:</b> There is a clear understanding of the council's role as the ALA and the opportunities and responsibilities the programme presents. Evidenced through shared/agreed targets & monitored outcomes across services for vulnerable people.	<b>31 - Corporate support for the programme has been mixed.</b>	1.3	(1) AO to raise awareness of SP and ensure that support is received.	AO	deliver improvements and future programme development	Improved service provision for vulnerable people.	QAF scores improved and customer involvement/satisfaction increased.	Apr-08 😊	AO communicating findings of inspection report to senior management and leadership teams to ensure corporate support is delivered and SP is considered high priority on the council's agenda. AO & LO secured additional resources from Cabinet. 15 SUs completed peer review training with a view to be involved with service review programme from May 08.
		<b>31 - The programme has not had the level of support it has needed from legal, ICT and procurement services.</b>	1.3	(2) LO to raise awareness of SP with other service managers and ensure effective relationships are built to allow required support to be delivered.	LO	deliver improvements and future programme development	Improved service provision for vulnerable people.	Service reviews of all existing contracts completed on or before scheduled and drive continuous improvement of QAF  SP needs included within relevant service work plans.	Apr-08 😊  Apr-08 😊	AO & LO secured additional resources from Cabinet. LO met with Head of Procurement on 10th April to identify needs of programme. Annual Service review timetable developed. Approved by CSG Jan 08 commencing Feb 08. Process to be revised in partnership with providers forum representative. Due for completion April.
		<b>31/32 - Councillor involvement in the programme is limited.</b>	1.3	(3) Portfolio Holder to become more involved in CB and governance arrangements.	Portfolio Holder	Cllr's and council priorities contribute to the governance and future development of the programme.	Improved service provision for vulnerable people.	Identification of previously unknown/unmet needs.  Increased take up of services.	Nov-08 😊	Portfolio Holder engaged in regular communication with AO and sits on CB to ensure improvement plan is delivered effectively and progress reported to cabinet. Links to priorities in Sustainable Communities Strategy identified within new 3 year Housing Related Support Strategy Ward members are informed to effectively advise constituents.
				(4) Align 5 year strategy to priorities in LAA	CB	Corporate ownership of SP Programme	Broader approach to monitoring outcomes for service users	5-Year Strategy	June-08 😐	Links to priorities in Sustainable Communities Strategy identified within new 3 year Housing Related Support Strategy - publish August 08 Service provision tailored to meet the needs identified by the wider partnership.
				(5) Identify "shared" performance targets within CB partnership	CB/AO	Performance Reports on shared targets to CB	SP Programme more effective in delivering outcomes for service user	Performance Management Programme in place.	Sept-08 😊	CB members to identify their individual organisations' priorities and agree shared targets for the SP service to integrate into Performance Monitoring Framework. Holistic approach to service delivery. Services designed to meet needs of SUs.
				(6) Establish formal reporting mechanism from Commissioning Body to Local Strategic Partnership	AO	Clear inclusion of SP into LSP priorities and objectives.	Improved services for vulnerable people.		March-08 😊	CB Chair and TPCT rep sit on relevant pillar for LSP. SP to be identified on pillar's agenda for formal relationship between CB and LSP to be established. Holistic approach to service delivery. Services designed to meet needs of SUs.

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<b>1.0 Governance &amp; Partnerships</b>										
1.2 Commissioning Body (CB) or equivalent Provides strategic steer & overview. Key partners engaged at a senior level including demonstrable understanding of diverse needs of vulnerable groups/individuals. Work is progressing on shared outcomes for the programme that link into partner priorities.	1.2 Commissioning Body (CB) or equivalent All of the key partners – health, probation, the ALA and district councils (in 2 tier scenarios) consistently attend with senior representation. Terms of reference, risk management, voting arrangements and conflict of interest resolution protocols are in place and operating effectively. Evidence of decision making in relation to strategy, wider strategic links, joint commissioning and performance management (including PIs). Evidence of performance monitoring that is leading to delivery improvements and tangible outcomes for service users.	33 - The Commissioning Body is not providing robust strategic leadership to the programme.	1.1	(7) Review membership of commissioning body.	CB	CB has correct membership who can effectively deliver the requirements of the programme	Improved service provision for vulnerable people.	Partnership priorities clearly linked into programme development.	Jan-08 😊	Membership reviewed and governance development day conducted in Feb 08. Chair of providers forum and AD for Adults Services invited to sit on CB. Capacity building SUs to sit as member of CB. Awareness increased of need for SP to be included in LAA and wider partnership agendas.
				(8) Review TOR, risk management processes, voting arrangements Conflict of Interest (COI) resolution protocols. Schedule regular annual reviews.	CB	CB is an effective governing body and members understand capabilities and restrictions	Efficient governance body in place effectively shaping service delivery.	CB reports	Jan-08 😊	Reviewed in Feb 08, membership increased and relationships & responsibilities defined. Effective governing body to allow improved future development of services to better meet the needs of SUs.
				(9) Review standing items on CB agenda to be aligned with those on of CSG	CB	CB addresses keys issues presented from CSG and can feedback against key theme	SUs contribute to governance arrangements to shape the delivery of service delivery	CB reports	Jan-08 😊	Reviewed and new agenda agreed November 07. Capacity building SUs to sit as member of CB and contribute to agenda to influence governance of programme.
		33 - Probation has joined the Commissioning Body late and is still in the process of understanding the role and responsibility it has on this group.	1.1 & 1.3	(10) Work with Probation representative to help understand role and responsibility and that member can commit to requirements of role.	Probation Rep, OA, LO	Probation can input into the development of the programme ensuring that their priorities feed into the programme's objectives and direction.	Effective representation for partnership bodies contributing to service development and improvement for offenders or people at risk of offending.	Representative empowered to contribute to strategic development of programme.	Jan-08 😊	AC/CLG training for all CB members completed Jan. AO/LO also met with probation rep on 11.1.08. Additional training needs to be identified. Needs of probation linked client groups will be identified.
								Improved services for relevant client groups.	Apr-08 😊	AC/CLG training for all CB members completed Jan. AO/LO also met with probation rep on 11.1.08. Additional training needs to be identified. Services remodelled to better meet the needs of SUs for all levels of offending and transition from youth to adult services.
		33 - No training has been provided for members of the Commissioning Body.	1.1	(11) develop training programme for CB	LO	Fully empowered governance body	Efficient governance body in place effectively shaping service delivery.	Training programme developed and implemented	Jan-08 😊	AC/CLG training for all CB members completed Jan. Ongoing training plan to be agreed. Services remodelled to better meet the needs of SUs for all client groups.
				(12) Identify "shared" strategic priorities and outcomes within CB partners	CB/AO	Cross cutting priorities identified and agreed	Improved services for vulnerable people	revised strategy	Apr-08 😊	CB members to identify shared priorities to include within new 3 year Strategy. NI 141 included within proposed LAA indicator set ensuring housing related support considered a priority in wider partnerships.

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<b>1.0 Governance &amp; Partnerships</b>										
1.3 Core Strategy Group (CSG) or equivalent: where not in place need to demonstrate alternative arrangements for partnership approach and delivery. The role of the CSG in the delivery of the programme is agreed. Appropriate range of stakeholders represented with consistent attendance.	1.3 Core Strategy Group (CSG) or equivalent: CSG is formed from relevant partner organisations, has a clear role as the body that develops operational guidance and carries out work commissioned by the CB. Full participation from wider health and criminal justice partnerships. Providers and service users effectively engaged. Progress reports regularly submitted to CB for approval. Evidence of outcomes for users. Joint commissioning of services & improved VfM.	34 - The Strategic Planning Group is not effective.	1.2 & 2.2	(13) Re-establish quorate Core Strategy Group including members from key services, partners and service users.	LO/AO	CSG in place and advising CB on all governance and development issues.	SUs actively contributing to governance arrangements of programme.	CB / CSG reports	Dec-07 😊	Re launched on 16th Oct 07. Met on 20.11.07, 19.12.07, 28.01.08, 29.02.08, 31.03.08 and due to meet on 28.04.08 and 23.05.08. CSG reviewed and approved revised policies and procedures, awareness of programme increased amongst partners and stakeholders, opportunities to identify partner priorities, improving strategic capabilities of CB. Capacity building of SUs to sit on CSG and influence governance of programme.
		34 - The Commissioning Body has not been able to make strategic decisions based on an analysis and understanding of issues identified by the Strategic Planning Group.	1.1 & 1.2	(14) Align CB and CSG agendas and implement robust reporting mechanism from CSG to CB. CB to oversee work plan and objective of CSG.	AO, LO, CSG Chair	CB can assign operation work to CSG for action. CB can receive effective information in order to make key decisions.	Improved service provision for vulnerable people.	Effective operational CSG that has a clear understanding of their role and carries out work commissioned by CB	Dec-07 😊	CB Chair ensuring robust information is passed through to CSG and AO ensuring CSG feedback effectively in to CB. More effective decision making resulting in service that meet the needs of SUs.
		35 - There is no effective forum to strategically commission services.	1.2	(15) Key objectives of Partnership Boards are fed into CSG via SH rep. CSG regularly reviews needs and objective from key partners and present recommendations to CB for commissioning & development of services.	CSG Members	Partner objectives and plans are included within SP planning process. Joint outcomes can be developed and partnership working improved.	Improved service provision for vulnerable people.	CB / CSG reports Future service plans	Dec-07 😊	Re-launch of CSG has allowed effective forum for identification of needs, partner objectives and joint commissioning priorities/opportunities. NCO service remodelled to include YADS element and offenders services remodelled to include youth element.
				(16) Establish service user representation at CSG.	LO	A CSG which has service users or representatives engaged in the process.	Service users are enabled to play a full part in the delivery of the programme.	CSG reports	Apr-08 😐	Service User planning group established. TPAS Capacity training completed to progress role within governance arrangements. Planning group forward plan shows aim to have SU rep on CSG by October 2008. Empower service users to have influence over service delivery and development.
				(17) Identify joint commissioning opportunities within CSG	LO	Services identified in the Commissioning Plan	Continuous improvement for service users	Jointly commissioned services with relevant agencies	Apr-08 😊	CSG established. Roles and group objectives developed alongside TOR, to ensure group is quorate, following agreement of CB TOR/Conflict Resolution/Etc. Identification of joint priorities included as part of group's objectives. Increase in joined-up, holistic services tailored to meet the needs of SUs as identified by partners.

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<b>1.0 Governance &amp; Partnerships</b>										
1.4 Accountable Officer (AO) The AO is a senior officer with responsibilities as outlined in DCLG guidance with a high profile, championing role within the authority and in the wider partnerships. Conflicts of interest resolved.	1.4 Accountable Officer (AO) Clarity of role as the programme champion with responsibility for overseeing the programme and monitoring performance. Ensures and promotes links into other relevant strategies and initiatives. Identifies opportunities to effectively promote and extend the impact of the programme including additional funding opportunities. Reports progress/problems to CB and commissions work from CSG.	144 - The Council has experienced a great deal of change over the past five years and Supporting People has been affected by this. For example, its management has changed from social care to housing and it has had three changes of Accountable Officer.	1.3	(18) Maintain stability in the governance of the service by minimising change of key officers.	AO / LO	Programme retains stability and can effectively progress improvements and development.	Improved service provision for vulnerable people	No change in directorate and key officers	Sept-08 😊	No change in AO. Permanent LO appointed 14.04.08. Previous CB chair returned to Executive Director post and returned as Chair of CB. Demonstrating consistency in governance, and effective governance, of programme to SUs.  CB/CSG governance training completed Jan 08 and roles/responsibilities explored. CB agreed relationship with CSG and AO to be the link between both, delegating work from CB to CSG. CSG roles and responsibilities under development and understanding of delegation of work to subgroups/stakeholders to be developed further. Maximising funding opportunities to increase service provision. Improved understanding and confidence in governance arrangements of the programme.
				(19) Monitor agreed work programme for CSG with delegated work from AO and West Midlands Regional Information Group	AO	Clear linkage between the work of CSG and CB	Improved service provision for vulnerable people	Work Plan CSG reports.	Apr-08 😊	



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<b>1.0 Governance &amp; Partnerships</b>										
1.5 Health, Housing, Social Care and Probation/ Criminal Justice wider partnership arrangements  Probation/ criminal justice (incl DAT/ YOT) Housing (including ASB) social care and health operational staff are engaged in the programme and understand its relevance to their service delivery areas. Child and adult protection is given a high priority. MAPPA arrangements work effectively. Supporting People is being effectively used to support avoidable admissions to hospital, timely discharge and contribute to reductions in re-offending.	1.5 Health, Housing, Social Care and Probation/ criminal justice wider partnership arrangements  Service planners, strategists and those responsible for delivery understand and are actively involved in the strategic direction and delivery of the programme. Multi Agency Public Protection Agreement (MAPPA) is in place and effective for high risk offenders. The adult protection committee is properly representative with sound operational shared procedures for safeguarding vulnerable people. Protocols are in place for hospital discharge and preventative initiatives are operating effectively.	37 - There are mixed working relationships between Supporting People and partners and stakeholders.	4.2	(20) Improve relationships with partners and stakeholders	CB / AO/ LO / SP Service	Partners and stakeholders have a good understanding of the strategic direction and delivery of the programme.	Continuous improvement for service users	Partners understand and are actively involved in the strategic direction and delivery of the programme.	Oct-07 😊	Verbal feedback from diagnostic process suggests provider & stakeholder confidence is increasing. Increased membership and contribution at Providers Forum. Partner and Stakeholder questionnaire to be developed and results analysed to determine change in relationships and attitudes and identify areas which require further improvement. <i>Positive, effective relationships contribute to improved services by reflecting changing needs.</i>  AC/CLG training for all CB members completed Jan. AO/LO also met with probation rep on 11.1.08. Additional training needs to be identified. Needs of probation linked client groups will be identified.  Probation rep regularly attending CSG. Services remodelled to better meet the needs of SUs for all levels of offending and transition from youth to adult services.  YOT, YADS, DAT, Health etc all attend CSG and consulted as part of service re-modelling and review process. Service users needs reflected, through commissioning manager, in remodelling and development of services.  SH MAPPA Rep receives priorities and actions from programme through SH SMT and communicates to members of MAPPA. Evidence of MAPPA influence over service delivery & development required. MAPPA helps identify gaps in provision and develop services to meet the needs of SUs and improve access to services.  Probation rep regularly attending CSG. Services remodelled to better meet the needs of SUs for all levels of offending and transition from youth to adult services.
		37 - It is not clear how the work probation are undertaking is co-ordinated and brought together with SP.	1.2 & 1.3 & 4.2	(21) Existing CB Probation member to receive support to understand role and responsibilities.	CB / LO	Wider objectives of Probation service are fed into CB and contribute to governance decisions.		Contribution from partners to governance. Effective development/commissioning of services.	Jan-08 😊	
				(22) Establish relationship with key operational probation colleagues and ensure representation on CSG.	SP LO	Operational probation issues contribute to strategic planning and objectives reflected in recommendations / proposals to CB.		Contribution from partners to governance. Effective development/commissioning of services.	Apr-08 😊	
		38 - There is no working relationship with some services.	1.2 & 4.2	(23) Re-establish relationships with operational representatives of YOT, YADS, DAT, Health, adults, LD, MH, Housing, etc. and invite to become members of CSG.	SP Service / LO	Services' needs and objectives contribute to programme planning and objectives are reflected in recommendations / proposals to CB.	Improved service provision for services users	CB / CSG minutes	Oct-07 😊	
		39 - Not effective links in place between Supporting People and the multi agency public protection arrangements (MAPPA).	1.2 & 4.2	(24) Ensure effective SH representation within MAPPPA.	AO / LO / CB	MAPPA objectives contribute to programme planning and objectives are reflected in recommendations / proposals to CB.	Improved service provision	MAPPA minutes Effective provision of services to relevant client groups	Oct-07 😊	
		39 - Supporting People team has not been successful in highlighting its role in addressing the needs of offenders.	1.2 & 2.4 & 4.2	(25) Establish relationship with key operational probation colleagues and ensure representation on CSG.	SP Service / LO	Needs of service users are identified and considered by CSG and these contribute to programme planning and are reflected in recommendations / proposals to CB.		Relevant services commissioned and developed. Support plans.	Oct-07 😊	

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<b>1.0 Governance &amp; Partnerships</b>										
				(26) Evaluate pilot MH hospital discharge policy in line with wider operational arrangements.	CSG	Reduction of patients discharged from hospital in an unplanned way.	SUs receive streamlined services to assist in their recovery process and ensure their housing needs are fully met.	CSG reports. Hospital Discharge Policy	May-08 😊	Policy in place and evaluation due to start in April. Mark Williams to feedback to CSG through Commissioning Manager rep.
1.6 <u>Service Providers</u> Regular briefings provided. Provider forum established and operating effectively. Small providers receive support. Level playing field established between internal & external providers. Expertise accessed by ALA. Providers are able to identify programme delivery improvements as a result of consultation processes.	1.6 <u>Service Providers</u> Recognition of partnership role with providers. Forum is provider led with support and input from the ALA and wider partnership as needed. Channels of communication in place to CB, CSG and other partners. Improvements in programme and service delivery can be evidenced. Monitoring arrangements in place to ensure that all providers are able to access support and information.	40 - The Providers' Forum is not working effectively and not attended by all providers.	1.2 & 4.1 & 4.2	(27) Work with provider forum to define role and responsibilities and provide support to achieve an effective forum representative of majority/all providers.	LO / PF	Forum is effective at addressing operational SP issues and can contribute to service development and provider's views and objectives can contribute to programme planning through CSG.	Provider confidence in services restored and consistent approach applied to allow quality of services to improve.	PF forum & CSG reports. Increased representation from providers at forum.	Jan-08 😊	Work between LO and chair of PF progressing to further develop functionality of PF. PF chair regularly attending CSG and invited to sit on CB from April 08. LO offered additional administrative support to PF Chair.
		40 - Providers who do not attend do not regularly receive information.	1.2 & 4.1 & 4.2	(28) distribute minutes to all providers	SP Service / PF	Minutes of meeting available on website for all to access.	Provider confidence in services restored and consistent approach applied to allow quality of services to improve.	PF forum & CSG reports. Increased provider representation.	Jan-08 😊	Provider Forum distribution list revised 11.01.08 by SP service and updated by PF Chair.
		40 - There are issues between large service providers and smaller voluntary groups.	1.2 & 4.1 & 4.2	(29) Providers forum to address issues and bring all providers together and ensure all are effectively represented.	Lead Officer / PF	All providers are effectively represented and can contribute to programme planning.	Quality of services improved reflecting partnership objectives and priorities.	Improvements in the programme and service delivery evidenced.	Jan-08 😊	Work between LO and chair of PF progressing to further develop functionality of PF.
		41 - Relationships between service providers and the Supporting People programme are tense.	4.2	(30) SP Officers to continue efforts to re-build relationships with providers through regular 1-2-1 meetings and communication of key work areas of the programme.	SP Service	Relationships with providers improve and providers can place trust in the service and programme.	Provider confidence in services restored and consistent approach applied to allow quality of services to improve.	PF forum & CSG minutes.	Apr-08 😊	Verbal feedback from diagnostic process suggests provider & stakeholder confidence is increasing. Increased membership and contribution at Providers Forum. Partner and Stakeholder questionnaire to be developed and results analysed to determine change in relationships and attitudes and identify areas which require further improvement. Positive, effective relationships contribute to improved services by reflecting changing needs.



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<b>1.0 Governance &amp; Partnerships</b>										
		41 - Communications with providers has been poor.	4.2	(31) SP Officers to update providers they have contracts responsible for, of service developments and providers forum is involved in CSG and programme planning.	SP Service	Providers are aware of programme developments and are actively involved and contribute to future planning.	Services maintain and improve quality.	Implementation and delivery of communication strategy	Apr-08 😊	Communications efforts ongoing and Chair of PF sits on CSG and CB from April 08. Providers Forum chair feeds back CSG/CB activities to forum members. Information Packs for CSG/CB/PF under development to improve understanding of roles and responsibilities of SP service members and provide clear lines of communication for service providers. Improved quality and access to services for SUs.
				(32) Produce a communication strategy with the input of providers.	SP Service	Communication Strategy in place	Providers clearly understand how to access support and info and are able to communicate with service users.	Implementation and delivery of communication strategy	March-08 😐	Directorate SU Involvement & Consultation Policy under development (Lead: Emma Palmer). To go through SH SMT and service user groups for consultation. Expected publication September 2008. Improved quality and access to services for SUs.
1.7 Voluntary & Community Sector (VCS) Understanding & recognition of contribution and engagement including carer and advocacy groups. Clarity around guidance for working with the VCS.	1.7 Voluntary & Community Sector (VCS) Role valued, understood and nurtured in spirit of partnership. Evidence of engagement and outcomes that benefit service users and enhance market diversity. Clear approach to procurement & contracting for the sector.	40 - There are also issues between large service providers and smaller voluntary groups.	1.2 & 4.1 & 4.2	(33) Providers forum to address issues and bring all providers together and ensure all are effectively represented.	LO / PF	All providers are effectively represented and can contribute to programme planning	Quality of services improved reflecting partnership objectives and priorities.	engagement and outcomes that benefit service users and enhance market diversity.	Jan-08 😊	Work between LO and chair of PF progressing to further develop functionality of PF. Membership reviewed, PF TOR reviewed. Members to consider extending invitation to forum to potential providers.
				(34) Review procurement approaches to take account of the role of VCS	SP Service	Strategies and policies clearly reflect the need to enhance market diversity through VCS	Wider choice of services tailored to meet identified needs.	Procurement policies and VFM docs. Tenders/re-commissioned services	March-08 😐	Local procurement policy under review in line with development of VFM Methodology. Local Procurement Policy to identify specific procurement needs of VCS and how these will be considered and/or addressed in commissioning of SP services. - July 2008 Increased market diversity improves range of / access to services for SUs.

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<b>2.0 Grant Compliance, Strategy &amp; Needs</b>										
2.1 <u>Grant conditions and eligibility criteria</u> The ALA and its partners have an understanding of current grant conditions and the ALA has completed work with all its partners to agree grant eligibility criteria within DCLG guidelines that reflect positive practice. These are now in place and being applied consistently across all services including evidence of transfer of ineligible funding to appropriate budgets & funding bodies.	2.1 <u>Grant conditions and eligibility criteria</u> Grant compliance achieved in all areas.	45 - Some ineligible service provision is still being funded through the programme.	4.4	(35) Services to be assessed against eligibility and variations applied.	SP Service	No ineligible services funded.	Efficiencies allow new services to be commissioned.	Provision of new services	Oct-07 😊	Re-alignment of funding for last ineligible service completed Oct 07
	Eligibility criteria agreed and understood by all partners in the context of the need to provide a flexible and responsive service for a diverse range of vulnerable people. Providers and service users have a clear understanding of the criteria and how it impacts on their service. Robust & deliverable plans are in place to transfer ineligible funding to appropriate budgets in consultation with partners & there is evidence of progress within reasonable time scales.	45 - The programme has gaps in service that could have been met earlier had funding from ineligible services been available.	4.4	(36) Address gaps through commissioning of short life contracts through efficiencies gained and CSG to develop how gaps can be addressed on longer term basis	SP Service / CSG	Gaps in service provision addressed on short term basis and planning mechanism in place to address long term objectives	Increase capacity and number of services delivered	Services commissioned / re-modelled.	Apr-08 😊	10 short life services commissioned in line with commissioning priorities in 5 year strategy. Majority of 21 client groups now receive services. CSG, providers, stakeholders etc involved in review of needs analysis and strategy refresh. Increased number of services covering wider range of client groups. Conduct review of SL services in Sept 08 in line with completion of needs analysis and launch of strategy. Feedback to CSG in Oct 08.
				(37) Review criteria and develop understanding through service user and provider forums	SP Service	Eligibility criteria is reviewed and developed.	Continuous improvement in service provision	Eligibility criteria. Service reviews	March-08 😊	Criteria reviewed and signed off by CSG/CB in March 08
2.2 <u>Five year strategy</u> Deliverable strategy with links to allied initiatives and	2.2 <u>Five year strategy</u> Widely accessible, high profile document with concise	Current 5 year strategy being reviewed. Needs analysis being updated		(38) Commission needs analysis to update existing information to inform the review of the 5 year strategy	LO / AO	Appoint consultants to conduct analysis.	SUs consulted and involved in production of analysis and needs effectively identified.	Needs analysis. Strategy timetable.	March-08 😞	ECOTEC commissioned to conduct refresh of needs analysis – first draft complete end March 08. Final report published June 2008.

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<b>2.0 Grant Compliance, Strategy &amp; Needs</b>									
strategies across all partner organisations. Clearly identified priorities for service delivery. Work plans demonstrate links to agreed priorities. Regular review process in place with evidenced outcomes. Partners demonstrate understanding & commitment.	executive summary available in a range of formats. Clear strategic links into relevant areas of social care, health, social inclusion, criminal justice and community safety policies and practices. High levels of understanding amongst partners, providers and service users involved in the development. Priorities reflect local priorities across all linked agencies. Outcomes for service users are identified.			(39) Produce Executive Summary of 5-Year Strategy.	AO / LO	Review strategy	Services are better planned and delivered in line with identified service users needs and outcomes.	5-Year Strategy	June-08 ☹️
<u>2.3 Needs mapping, analysis and review</u> The ALA has systems in place to update the housing related support needs of all vulnerable groups at appropriate intervals	<u>2.3 Needs mapping, analysis and review</u> Robust, comprehensive needs mapping and analysis in place with active contributions from key partners and other	<b>49 - The arrangements for up-dating the needs analysis for the programme are variable.</b>	1.1	(40) Commission a needs analysis to feed into the review of the 5 year strategy and include a robust review programme	LO	Needs analysis completed and needs mapping is kept up-to-date and can effectively contribute to the strategic development of the programme and services.	Through consultation, service users can influence service development and needs analysis, ensuring services aim to meet the needs identified.	Needs analysis completed	April-08 ☹️
(6 monthly), analyse the outcomes and review the 5 year strategy priorities in the context of revised data.	organisations. Findings widely disseminated and discussed. Outcomes used to review funding priorities and joint commissioning decisions for new and reconfigured services.	<b>51 - Not all sources of identified need are being used by the programme</b>	1.1	(41) Establish an information sub-group from CSG, responsible for the collection and distribution of information from all partners and stakeholders.	CSG / SP Service	Needs information from Providers, partners, Service Users and stakeholders is collected and considered in strategic planning and service development. Information can be shared with all SP partners and wider partnerships.	Provision of services that meet the needs of our community .	CSG reports	April-08 ☺️

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To be completed as part of the publication of new 3 year Housing Related Support Strategy - August 2008

First draft of Needs Analysis published March 08. Final report published June 2008 with facilities to update information as required.

Different partner presentations given at each CSG including information and data on specific areas of interest, needs and priorities for each partner organisation. Info packs developed and introductions included at start of each meeting.  
*Governance bodies of programme are better informed of partner priorities and needs in borough. Improved information feeds into commissioning of new services to address the changing needs of service users.*

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<b>2.0 Grant Compliance, Strategy &amp; Needs</b>									
		50 - Information on the needs of offenders is under developed	1.1	(42) Work with CSG probation / YOT rep to determine an effective method of access to information and apply a review timetable to ensure that this information is reviewed and kept up-to-date	CSG / Probation / YOT	Needs of offenders are raised and considered by CSG in strategic planning and contribute to recommendations / proposals to CB	Service users receive services specific to their needs. Continual improvement of service provision for offenders	CSG reports	April-08 😊
		50 No clear strategic plan regarding how probation information will be used or feed into the Supporting People programme	1.1	(43) Support CSG probation rep in developing a plan detailing how probation information can contribute to service development and strategic planning.	CSG & CBPR	Ensure all available probation information is used in service development and strategic planning. A better range of services newly commissioned or refigured to meet diverse needs.	Addressed gaps in service provision		Jan-08 😞
2.4 Strategy for access to move on accommodation. Issues that impact on the ability of vulnerable people to move from accommodation based services to independent living have been recognised, assessed and quantified. Strategic approaches with key partners have been developed to address identified barriers to move on and outcomes from this work can be evidenced.	2.4 Strategy for access to move on accommodation. Robust assessment of barriers to move on. Strategies in place with partner agencies and support and housing providers to address. Evidence available to map progress and demonstrate improved outcomes for vulnerable people across housing tenures. Floating support services available as part of move on arrangements where a need is identified in consultation with service users.	52 - The programme does not have a strategy in place to deal with the lack of move-on accommodation.	4.7	(44) Develop a Move On strategy, in partnership with members of CSG, to address the issue of move on accommodation.	LO / AO	Effective approach to addressing the issue of the lack of move-on accommodation that is understood and can be delivered by all partners and stakeholders.	Timely and appropriate moves into accommodation	Move on strategy developed implemented	April-08 😊

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YOT & probation reps effectively engaged with CSG. Both engaged in review process and remodelling of all offender services.  
Improved services and access to better meet the needs of offenders.

Probation rep actively engaged and influencing service remodelling - provision now available for 16+ low, medium and high risk offenders.  
Action plan showing links with youth offending to be received by June 08.  
Improved services and access to better meet the needs of offenders.

Included in Housing Strategy work plan. Published & implemented April 08. To be reviewed after initial 6 months.

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<b>3.0 Delivery Arrangements</b>									
<b>3.1 Supporting People Team</b> The post of lead officer is complemented by a team of staff with appropriate skills including the areas of project and contract management. Robust management and monitoring arrangements are in place and additional resources can be accessed as required. Good fit with developments in mainstream housing, health, social care (adults & children's services) and criminal justice that promote independence.	<b>3.1 Supporting People Team</b> The team is well resourced and can draw on additional resources from across the ALA and from the wider partnerships where skill gaps are identified. The team has established effective working arrangements with key partner agencies including district ALAs in two tier authorities.	<b>56</b> The current team is having to re-establish working relationships with partners and stakeholders as well as progressing work that has not been adequately progressed.	4.x	(45) SP Officers to continue work re-building relationships with providers.	SP Service	Robust relationships in place to progress service development and programme improvement.	Service user receive better quality services.	Quality Assessment Framework	April-08 😊
<b>3.2 Work Planning</b> Work plan in place with clearly identified resources, targets and outcomes. Regular monitoring of progress and reporting to CB and CSG. Links in place to relevant departmental and corporate work plans. These in turn are linked to health and probation key targets. Progress in delivery linked to individual targets.	<b>3.2 Work Planning</b> Work programming is consistent with the priorities set out in the 5 year strategy. Links to relevant national, regional and local strategies and initiatives. Reports regularly go to CB, CSG and elected review and monitoring processes in place. All team members understand their role and contribution through regular staff appraisals.	<b>58</b> Work planning arrangements are not yet fully embedded within the team. The plan does not identify who will complete the tasks, how they will be resourced or measured and progress on the work plan is not regularly reported to the Commissioning Body.	1.1, 4.3 & 4.9	(46) Service plan to be reviewed.  (47) Progress against targets in service plan to be reported to CSG & CB on quarterly basis.  (48) Review work plan to ensure appropriate links to national, regional and local strategies are in place.	LO  LO  LO	Service plan identifies actions and responsibilities, progress can be effectively measured and resources identified.  CSG & CB have clear understanding of the work the SP service is conducting and its progress against targets.  Signed-off work plan reported to CSG with emphasis on key health and probation targets.	  Opportunities to influence governance of programme and service delivery.	CB / CSG reports   Service Plan	March-08 😊  Apr-08 😞  March-08 😊

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Interpretation of the QAF agreed in consultation with providers. Providers offered opportunity to be involved with revision of service review process, actively involved in production of all publications and revised policies/procedures and provider forum Chair now sits on CB.

On target to develop 08/09 service plan. Regular 1-2-1 meetings with staff ensures progress of tasks is monitored

Progress against service plan and improvement & excellence plan monitored qtrly at CSG and monthly at team meetings and individual 1-2-1's

Service plan 08/11 completed March 08, demonstrating links to National, Regional & Local strategies. Staff work plan will link into service plan.

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<b>3.0 Delivery Arrangements</b>										
<b>3.3 Local Area Agreements</b> Formal written agreement for inclusion of SP secured from CB (or equivalent). SP funding level &  outcomes agreed with CB. Clear lines of accountability established between LAA partnership & CB (or equivalent). Compliance with DCLG requirement to produce & submit quarterly returns. (See 3.7)	<b>3.3 Local Area Agreements</b> Effective partnership working has established clear contribution of SP to LAA. Clearly defined role for CB. Priorities for investment conform to 5 year strategy. Delivery of services & outcomes monitored & reported. Timely & accurate returns to DCLG. Positive practice shared.	<b>59 There are no links between the Supporting People programme and the Local Area Agreement (LAA).</b>	4.2	(49) Establish relationship with WBSP to ensure programme contributes to wider agenda and can continue to deliver strategically relevant services.	LO	Strengthen partnership links and multi-agency working to achieve strategic priorities.	Improved services with increased choice	Strategy / LAA	June-08 😊	LO liaising with LSP Director to ensure SP priorities are considered within LAA and wider priorities are included within future programme development. SP indicator 141 included in proposed LAA indicator Set. LSP Director presenting to CB and contributed to strategy consultation event in April.
				(50) Establish written agreement between CB and LAA defining relationship, funding, and accountabilities.	CB	Written agreement in place.		Clear lines of accountability established between LAA partnership & CB.	June-08 😐	
<b>3.4 Performance monitoring &amp; management</b> Performance monitoring and management systems in place with regular and appropriate levels of reporting to governance bodies and within the ALA including to elected members. Identified outcomes for service users are intrinsic part of all processes. Financial monitoring is carried out and in line with corporate guidelines. Outcomes are reported corporately and to CB	<b>3.4 Performance monitoring and management</b> Robust performance management and monitoring systems (including financial) linked to corporate systems. A comprehensive range of linked and complementary work programming and planning is in place. These are widely shared and agreed with all relevant partners. Progress against agreed targets is clearly linked to measurable outcomes for service	<b>60 Performance monitoring and management systems are underdeveloped.</b>  <b>60 Contract monitoring is not consistently applied.</b>  <b>60 There has been no verification of the quality of data submitted by providers.</b>	4.3	(51) Develop robust Performance Monitoring Procedure in consultation with providers, partners and stakeholders.	SP Service	Clearly understood process is in place and the actions and impact of under performance is addressed.	Improved quality of services.	Robust Performance monitoring.	Apr-08 😐	Went to development group in Jan, approved. To go to CB June 08 for sign off.
			4.3	(52) Ensure that new process identifies a programme of monitoring and this is reflected in Steady State contracts.	SP Service	Service/scheme managers are ware of the performance levels expected and the impact of under performance.	Improved quality of services.	Robust Performance monitoring.	Apr-08 😐	Process identifies clear programme of monitoring and providers aware of review timetable and performance return dates.
			4.3	(53) SPLS data to be verified before being entered onto SP system and errors identified and addressed.	SP Service	Data sent to CLG is accurate.		Supporting People Local System data report	Nov-07 😐	Housekeeping exercise on SPLS data completed and validation passed on 16.08.07
						Data analysed and presented to CSG/CB is accurate and meaningful.		Supporting People Local System data report	Nov-07 😊	Included as part of performance monitoring information.



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3.0 Delivery Arrangements											
and CSG at regular intervals and to full council as agreed.	users. Progress is regularly reported to CB and CSG and adjustments made in response to changing needs and priorities. The ALA is working to develop sound financial systems to support individual budgets.	<div>60 There are no formal systems in place to report underperformance to the Commissioning Body.</div> <div>60 Staff were unable to identify any outcomes from the current performance monitoring system.</div>		4.3	(54) CSG & CB standing agenda items to be reviewed to include performance monitoring.	LO / AO	Areas of under performance can be properly identified and addressed.  CSG & CB can identify and provide instructions on under performance.	Effective governance in place.	Supporting People Local System data report	Nov-07 🟢	<div>Risk Management Included as part of performance monitoring information.</div>
				4.3	(55) SP Officers to provide performance reports on services to be delivered on quarterly basis to both CSG and CB.	SP Service	SP officers aware of underperformance issues and can evidence positive outcomes from services.	Providers are maintaining performance and quality of services and scrutiny process in place.	Performance Development Group reports. CB / CSG reports.	Dec-07 🟢	<div>CSG &amp; CB agendas reviewed to include Performance Management as standard agenda item.</div>
					(56) Implement monitoring of outcomes and report to CSG, CB, and LSP to map	SP Service	Reports on outcomes available for scrutiny.	Clear audit trail to improve outcomes for service users.	CSG reports	Nov-07 🟢	<div>CSG &amp; CB agendas reviewed to include Performance Management as standard agenda item.</div>
					(57) Refresh procedures on individual budgets.	SP Service	Revised procedures and financial systems in place.	Service users have more control of finances and choice of provider.		Aug-08 🟢	<div>National outcomes framework implemented and further basket outcomes under development in conjunction with CB, CSG and LSP. Regional framework pilot started April 08 till Sept 08. Outcomes reported to CSG/CB through performance reporting.</div>
										Aug-08 🟢	<div>Exploring opportunity to be included with Adults Services. Expected SP involved in joint pilot from July 08 - led by adults services.</div>
<div>3.5 Fairer charging (see also 7.6)</div> Applied to Supporting People service users and is efficiently and effectively implemented.	3.5 Fairer charging Service users are well informed about charging, assessments are being made under fairer charging	<div>62 Fairer charging has not been effectively promoted.</div>	3.4	(58) SP Officers to assist providers to encourage the promotion of FCAs to existing and new service users.	SP Service	Existing Service users are aware of FCAs and how these may assist in reducing service costs.	Service users are well informed about charging, assessments are being made under fairer charging policies.	Promotional literature	June-08 🟢	<div>FCA's raised with, and leaflets distributed to, PF to raise awareness and encourage take up of scheme.</div>	
Accessible information for all service users.	policies and invoices are sent to charged users in a timely and appropriate manner. The ALA is actively promoting take up, linking this with wider	<div>62 The programme has no leaflets or information that is regularly distributed to service users.</div>	3.1 & 3.4	(59) Increase the distribution frequency of the service user newsletter and include promotion of FCAs.	SP Service	Information about FCAs is delivered to existing and potential service users.	Service users are well informed about charging, assessments are being made under fairer charging policies	Service user newsletter.	June-08 🟢	<div>Frequency and method/format of newsletter under review/consultation with service users. Newsletter distributed Oct 07, April 08</div>	
	income maximisation work and monitoring the impact of charging. There is a good fit with fair access to care and charging for social			(60) Develop a range of leaflets.	SP Service	Information on services and FCAs provided to potential service users.	Service users are well informed about charging, assessments are being made under fairer charging policies.		Jan-08 🟡	<div>Existing leaflets received from partners and providers and new SP leaflets developed. Completed for 6 leaflets, publication May 08.</div>	

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<b>3.0 Delivery Arrangements</b>									
	care services.			(61) Review fairer charging mechanisms and policy to ensure alignment of SP.	SP Service	Sign-off of fit with wider care and charging systems for social care.	Greater clarity and access to fairer charging under the SP programme.	Fairer charging policies and procedures.	Aug-08 😊
3.6 Risk management	3.6 Risk management	Contingency plans not in place for failure or withdrawal of services due to emergency		(62) Develop contingency plans	SP Service	Service aware of contingency plans and can implement effectively if needed.	Service provision maintained in event of an emergency	Plans can be implemented on the event of an emergency	Apr-08 😊
Comprehensive identification of programme risks including financial, IT and implications of service failure or withdrawal for service users. Contingency plans in place. Risk register compiled and regularly reviewed.	Comprehensive risk analysis undertaken, risk register in place and subject to regular review and amendment. Contingency planning in place shared and agreed with all partners.			(63) Review risk analysis by discussion at CSG and CB on a regular basis.	AO	Risk Analysis included as agenda item at each meeting of CB/CSG	Risks to service users reduced	CB minutes CSG minutes	March-08 😊
3.7 DCLG Monitoring (SPLS data upload)	3.7 DCLG SPLS data upload	No gaps highlighted in report and service is delivering as per an excellent authority.							
Accurate and complete data from the authority's SPLS to be submitted four times a year as required by DCLG.	The ALA submits their extract successfully within two weeks of the upload date. The extract sent to DCLG is complete & directory searches carried out to confirm this.								

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SP Service contribute to developments led by corporate FC team.

Provider contingency plans to be reviewed as part of annual service review process. Risk section of SP service annual plan reviewed on annual basis.

CSG & CB are aware of risks identified in annual service plan and understand responsibilities to mitigate these risks. Risk Reporting included with Annual Service Plan progress reports.

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<b>4.0 Commissioning &amp; Performance</b>										
<b>4.1. Contracts</b> Providers are well informed and understand the contracting arrangements. Service reviews not completed by 03/06 will be subject to review in compliance with grant conditions. Clear processes in place for contracting with monitoring & QA arrangements agreed and understood. Level playing field established for all providers to ensure equity in procurement and contracting processes with support for small & specialist providers. There is evidence of outcomes through the effective contracting of services in achieving shared targets and delivering shared objectives for the ALA, health, housing and social care, probation and wider criminal justice and community safety initiatives. Children's services are engaged in developing & delivering services for young people.	<b>4.1 Contracts</b> Contract issues addressed in a timely & appropriate timescale & format.	65 External validation of the reviews was not consistent.	4.2 & 4.3	(64) Develop subgroup through CSG as validation panel for future service reviews.	SP Service	Fair and transparent external validation process in place providing confidence for providers.		Sub group developed and effective	Apr-08 😊	Service review timetable agreed Feb 08, process under review. Peer reviews agreed with neighbour authority.
	All service reviews completed by 31/03/06. Discussions have taken place with	65 Service reviews were not undertaken in a robust or consistent manner.	4.2 & 4.3	(65) Develop formal service review process in consultation with providers.	SP Service	Transparent process in place for all Providers detailing process involved and information required.		Service review process delivery in a timely and appropriate manner.	Jan-08 😊	Service review timetable agreed Feb 08, process under review - sign off May 08.
	partners, providers and service user representatives to agree the monitoring and QA arrangements for	65 The process for driving further service improvements is under developed.	4.3	(66) Develop SMART improvement plans with providers to ensure further service improvements	SP Service	SP Officer and provider have clear and measurable improvement plans that can be effectively delivered.	Quality of services maintained and improved	Quality score of services maintained and improved	Sept-08 😊	Service review programme will identify service improvements.
	services under the new contracts issued on completion of service reviews. Where improvement schedules have been agreed with providers these are	65 Contract negotiations have still not been finalised.	4.4	(67) Finalise all contract negotiations on services, quality, performance and VfM.	SP Service	All services are delivering high quality, strategically relevant cost effective support ready for issue of steady state contracts.	Stability of services	Contract negotiations finalised	June-08 😊	17 Steady State Contracts have been issued 7 Contracts ready to issue 19 interim contracts are under negotiation 20 have yet to commence Following discussions with CLG/AC negotiations suspended pending the outcome of the needs analysis
	rigorously monitored and assessed against negotiated targets. Monitoring arrangements are service user	65 Issuing of steady state contracts has been delayed.	4.4	(68) Issue steady state contracts to service where all negotiations have been completed.	SP Service	Contracts issued providing stability to services and confidence to providers and service users.		Number of steady state contracts issued.	June-08 😊	17 Steady State Contracts have been issued 7 contracts ready to issue 19 interim contracts are under negotiation 20 have yet to commence Following discussions with CLG/AC negotiations suspended pending the outcome of the needs analysis.
	focussed and ensure, and enable, continual improvement in service delivery & VFM. Support is available for small &			(69) Review and improve performance management system to ensure service user focus and continual improvement.	SP Service	Performance management system tested and fit for purpose.	Continuous improvement of services	Outcomes report	Aug-08 😊	Performance Management Framework developed in consultation with service users and providers. Implementation April 08 with first report to CSG August 08. Capacity building for service users delivered through TPAS training, involvement with service review and attendance at CSG.
	specialist providers. Outcomes are measured, reported and shared.			(70) Ensure Children's services are fully represented at CSG	AO	Needs of young people are fed into future planning and commissioning.	A wider and better range of services are available for younger people.	CSG report	Jan-08 😊	Head of Safeguarding Children has regularly attended CSG since re-launch in Oct 07.
<b>4.2 Quality Assurance</b> QA systems are in place to ensure consistency and there is evidence of provider performance improving against QAF standards.	<b>4.2 Quality Assurance</b> QA is carried out internally to ensure a consistent approach. Moderation systems have been adopted in order to ensure the transparency and	68 Little use of external validation to improve the quality of service reviews.	4.3	(71) Introduce validation panel to CSG work plan requesting external partners to QA service reviews.	AO / CSG Chair	External partners included in the governance of the programme can provide validation to review process ensuring a clear and transparent process can be demonstrated.	Continuous service improvement	Moderation systems	Apr-08 😊	Service review timetable agreed Feb 08, process under review. In consultation to agree peer reviews with neighbouring authority. Service quality is maintained and improved and process for measuring this is clear and transparent and includes service user contributions.

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<b>4.0 Commissioning &amp; Performance</b>										
Partner agencies are involved and work has been carried out with other ALAs to identify positive practice and share experiences and expertise.	consistency of service reviews including one or more of the following: cross authority partnerships, use of critical friends, moderation panels drawn from partner agencies, CSG panel, etc.	68 Inconsistent approach to involving existing expertise from different client areas in the service reviews.	4.3	(72) Involve partners on CSG to assist with service review process for particular client groups.	LO/ SP Officers	Utilise the expertise of partners to ensure service review process is consistent and suited to the service / client group.		Validation reports.	Apr-08 😊	Service review timetable agreed Feb 08, process under review. Peer reviews agreed with neighbour authority. Commissioning Managers/CSG members views to be considered in remodelling of services.
		68 No external validation from other neighbouring authorities.	4.3	(73) Continue work with WMRIG to develop peer review process.	LO	Service review process can demonstrate fairness through comparison to neighbouring authorities and provider/service user confidence in process can be restored.		Validation process and outcomes.	June-08 😊	Service review timetable agreed Feb 08, process under review. Peer reviews agreed with neighbour authority.
		68 CSG not reviewing the progress of, or outcomes from the service reviews.	4.3	(74) Lead Officer to report to CSG on progress of current reviews and outcomes.	LO / SP Service	CSG is informed of outcomes of reviews, with opportunity to challenge, and can remain informed of service development to best advise/provide recommendations to CB.	Continuous improvement of services	Quality score of service maintained and improved. CSG minutes.	Dec-07 😊	COMPLETED & ONGOING Nov 07 - NCO VFM review.
4.3 Reporting Good progress made to meet the 03/06 deadline and the outcomes of service reviews reported to the CB for approval. An overview of progress to inform delivery for specific service areas is	4.3 Reporting Excellent progress is being made and the outcomes of service reviews, contracting & revised monitoring arrangements, including those for specific user groups/service areas, have been	68 CSG not reviewing the progress of, or outcomes from the service reviews.	4.3	(75) Lead Officer to report to CSG on progress of any current reviews and outcomes.	LO / SP Service	CSG is informed of outcomes of reviews, with opportunity to challenge, and can remain informed of service development to best advise/provide recommendations to CB.	Continuous improvement of services	CSG reports	Nov-07 😊	Completed & Ongoing. Commenced in Nov 07 - NCO VFM review
agreed. Risks posed to vulnerable people are clearly highlighted.	reported to the CB for approval in an appropriate and accessible format. CB members challenge the outcomes where appropriate.	68 Commissioning Body has not had the time or operational knowledge to provide sufficient challenge to all service reviews.	4.3	(76) AO/Lead Officer to report on service review progress to CB via CSG, who will also provide any reports from validation panel and any recommendations from CSG members	CB / AO	CB is effectively informed of the progress and outcomes of service reviews and receives enough information from CSG to challenge if required or approve/decline recommendations on service development.	SU involvement in governance of service improvement	Training for CB	Jan-08 😊	Knowledge improved though AC/CLG governance training 15.01.08. Partners engaged in outcomes of reviews following reports from LO at CSG & CB
								Service development	Apr-08 😊	Service review timetable agreed Feb 08, process under review. Peer reviews agreed with neighbour authority.

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<b>4.0 Commissioning &amp; Performance</b>										
4.4 Cross Authority Opportunities have been delivered for joint accreditation of shared providers. Monitoring & QA arrangements have been discussed. Information & expertise is shared and opportunities for joint monitoring have been identified. Outcomes of reviews/monitoring for shared providers are discussed and support planning shared.	4.4 Cross Authority Evidence of streamlined processes that reduce the burden for providers while maintaining the effectiveness of the services in securing VFM and raising service standards. Partners report benefits of joint working. Improvements in services for service users can be evidenced.	76 Cross authority work is weak.	4.2	(77) Attend WMRIG to develop peer review process and other joint development plans.	LO	Robust joint working arrangements in place with best practice shared and potential reduction in work loads.	Continuous improvement of services	Walsall contribution to regional work.	Oct-07 😊	Service review timetable agreed Feb 08, process under review. Peer reviews agreed with neighbour authority.
								Sharing of best practice demonstrated.	Sept-07 😊	
								Involvement of Contracts Officers Group.	Nov-07 😊	
				(78) Create WMRIG Lead Officer distribution list to ensure information & expertise is shared and opportunities for joint monitoring have been identified.	SP Service	WMRIG members are included on any consultation, events, information, etc. on Walsall programme and have opportunity to contribute / utilise programme development.	Consistency in programme improvements through improved cross authority communication ensures continuous improvement in services	WMRIG	Nov-07 😊	WMRIG distribution list created Nov 07
4.5 Improvement planning Feedback is provided within agreed deadlines and arrangements are in place to allow discussions to take place. Improvement plans are agreed with providers. Effective improvement planning and monitoring arrangements are in place.	4.5 Improvement planning Robust improvement planning in place. Providers report high levels of satisfaction with delivery of processes. Involvement by service users evident and improved outcomes for service users as a result.	66 [Review] timetable not adhered to.	4.3	(79) Standard timetable to be included in review process demonstrating staged approach to reviews.	SP Service	Clear schedule for reviews understood by providers and manageable by SP Officers. Reviews can be picked up by any officer in the event of review officer absence.		Robust improvement planning in place.	Nov-07 😞	Delayed due to commissioning of short life contracts. Provider representation required to develop process. Service review timetable agreed Feb 08, process to go to CSG in July.
		66 Lack of communication with providers.	4.2	(80) Develop robust, staged process to service reviews including communication plan/requirements	SP Service	Providers are clear and understand what is expected from reviews and are kept up to date with progress.		CSG CB reports. Performance Development Group Minutes.	Nov-07 😞	Delayed due to commissioning of short life contracts. Provider representation required to develop process. Service review timetable agreed Feb 08, process to go to CSG in July.
		67 Different review officers approached the task in different ways.	4.3	(81) Develop with providers forum a robust, staged process for conducting services reviews.	SP Service / Providers Forum	Review process is clear and transparent and is applied to all providers in the same way. Different SP Officers work from the same process restoring confidence in the exercise with providers.		Minutes of Performance Development Group	Nov-07 😊	Delayed due to commissioning of short life contracts. Provider representation required to develop process. Service review timetable agreed Feb 08, process to go to CSG in July.

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<b>4.0 Commissioning &amp; Performance</b>										
		67 The process was not effectively managed.	4.3	(82) Review process to be managed by Lead Officer and CSG Validation Panel ensures fair approach is taken to all reviews. Review progress and outcomes to be reported to and monitored by CSG - outcomes reported to CB for review / challenge.	SP Service / CSG	Providers have confidence that review process is effectively managed, fair and transparent, that external validation will be carried out and outcomes will be open to review and challenge.	Service quality improved and monitoring arrangements effective. Opportunity to shape services.	Providers report high levels of satisfaction with delivery of processes.	Apr-08 😊	LO will ensure agreed review process is effectively applied and CSG will provide validation of outcomes and recommendations through 3 voluntary reps with no conflict of interest. Service quality is maintained and improved and process for measuring this is clear and transparent and includes service user contributions.
		69 The process for driving service improvement is underdeveloped.	4.3	(83) CSG receive regular reports on service reviews and make recommendations to CB.	SP Service / CSG	Service improvement is driven through communication through governance structure and effective delivery of information to partners and stakeholders.	Service quality improved and monitoring arrangements effective. Opportunity to shape services.	CSG reports	May-08 😊	Ongoing. Commenced with NCO VFM review presented in Nov 07. Service quality is maintained and improved with the process for measuring clear and transparent, and service user contributions shaping the service delivered.
4.6 Complaints Access to complaints system provides transparent & monitored approach. Complaints are promptly handled with the engagement of partner agencies as appropriate, with follow up monitoring undertaken.	4.6 Complaints Joined up approach to ensuring ease of access & sensitive and prompt action. High performance on complaint handling, monitoring and levels of satisfaction with process. Reports are made to governance bodies & system is regularly reviewed. Outcome/feedback from complaints and comments leads to a positive change in services.			(84) Review complaints governance and outcomes in line with Corporate complaints procedure.	AO / SP Service	Publicise complaints process to clarify system for complaints between service providers and service users.	Service know how to complain and it is an easy process	Complaint procedure CB reports Core Group reports Complaints procedures Provider and service user awareness	Apr-08 😊	Compliments & Complaints leaflet developed. Governance in line with Corp Complaints processes.



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<b>4.0 Commissioning &amp; Performance</b>										
<u>4.7 Appeals process</u> Processes in place to enable decisions to be challenged within a clearly defined timeframe. These enable an expert panel to independently scrutinise and assess the review outcomes and make recommendations to	<u>4.7 Appeals process</u> Transparent and accessible systems can be evidenced that function effectively for service providers to challenge the outcomes of service reviews. Outcomes from these challenges are reported as part of	<b>71 Appeals against service reviews were not well managed.</b>	4.2 & 4.3	(85) Appeals process to be reviewed and managed by CSG. Appeals to be presented to CSG for instruction and review. Appeal findings to be reported to CB via CSG and final decision to be made by CB voting members.	SP Service/ CSG / CB / AO	Providers and partners have confidence in fair and transparent appeals process and can be assured of impartial review and outcomes.	Consistent approach to review of services allowing improvement of quality of services.	CSG reports Appeals procedure	Apr-08 ☹️	Apeals process drafted - to go to CSG July 08. Service quality is maintained and improved and process for measuring this is clear and transparent and includes service user contributions.
the CB.	the performance monitoring systems.	<b>71 The Council cannot demonstrate that they have an open and transparent service review process.</b>	4.2 & 4.3	(86) Appeals process to be reviewed and managed by CSG. Appeals to be presented to CSG for instruction and review. Appeal findings to be reported to CB via CSG and final decision to be made by CB voting members.	SP Service / CSG / CB / AO	Providers and partners have confidence in fair and transparent appeals process and can be assured of impartial review and outcomes.	Consistent approach to review of services allowing improvement of quality of services.	CSG reports	Apr-08 ☹️	Apeals process drafted - to go to CSG July 08. Service quality is maintained and improved and process for measuring this is clear and transparent and includes service user contributions.
<u>4.8 Outcomes</u> Positive outcomes can be demonstrated in respect of improved configuration of contracted services to meet identified needs and local priorities. Grant eligibility has been determined and confirmed for all reviewed services. Service users can identify service improvements.	<u>4.8 Outcomes</u> Services are being configured in line with agreed priorities that add value to allied policies and strategies. Processes and outcomes are regularly reviewed & are used as part of the review of the 5 year strategy. High levels of confidence can be evidenced from providers and service users. Evidenced improvements in services for service users.			(87) Undertake analysis of contracted service configuration and strategic priorities at Strategy Review.	CSG	Commissioning Plan which identifies best fit of services to add value to strategic priorities	Improved services for users	5- Year Strategy Commissioning Plan LAA QAF Scores Outcome Monitoring	June-08 ☺️	Needs analysis will inform strategic priorities/gaps. 10 shortlife contracts commissioned through efficiency gains. Increased range of services for users designed to address specific needs and provide a holistic approach to service provision.

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<b>5.0 Value for Money (VfM)</b>										
5.1 Defining VfM Clear understanding of cost, quality & outcome issues tailored to needs of diverse user groups & individuals	5.1 Defining VfM Sensitive & effective definition widely shared & understood that encourages market diversity & emphasises outcomes for service users.	77 Value for money not thoroughly addressed through service reviews.		4.3 (88) Include revised VfM methodology in new service review process.	SP Service	Service review process correctly addresses VfM in clear and transparent way.	Improved quality and cost of services.	Service Review reports	Apr-08 😊	VfM methodology revised April 07 and applied to negotiations around awarding of SS contracts. Further revision to be carried out to include new regional benchmarking data. To be implimneted following CSG in July 08 and CB after.  Incorporated National outcomes model and working towards evolving towards regional model. Providers, Sus & Stakeholders all involved in consultation.
		77 New [VFM] tool not developed in conjunction with service providers.		4.3 (89) Review VfM methodology to include Outcomes measurement in conjunction with Providers Forum.	SP Service	Providers contribute to assessment of VfM and understand criteria to be reviewed / improved.	Improved quality and cost of services.	Service Review reports	Apr-08 😊	
5.2 Methodology for contracted services Clearly agreed approach to identifying VfM in the delivery of Supporting People funded housing related support services. Consultations with providers to explain the approach have been carried out and the views of service users, their carers and advocates have been sought. Additional expertise to assist in understanding the complexities of diverse service provision across all sectors has been sought and secured.	5.2 Methodology for contracted services The ALA has clearly identified an approach to ensuring VfM from its contracted services that has been developed and agreed through the governance structure following work with a wide range of partners. Providers, including those internal to the ALA, understand the approach to be taken. Views have been sought from providers and service users and this has informed the development of the approach. Advice and expertise from within the ALA and across the sector have been sought to inform the approach.	77 Value for money not thoroughly addressed through service reviews.		4.3 (90) Include revised VfM methodology in new service review process.	SP Service	Service review process correctly addresses VfM in clear and transparent way.	Improved quality and cost of services.	Service Review reports	Apr-08 😊	Process developed July 2008 - includes clear links to VfM methodology.
		77 New [VFM] tool not developed in conjunction with service providers.		4.3 (91) Review VfM methodology to include Outcomes measurement in conjunction with Providers Forum.	SP Service	Providers contribute to methodology and assessment of VfM and understand criteria to be reviewed / improved.	Improved quality and cost of services.	Service Review reports	Apr-08 😊	
				(92) Establish short-life working group including procurement, commissioning and service providers to test fitness of VfM methodology.	CSG	VfM built into steady state contracts and re-configuration of services.		VfM methodology	Aug-08 😊	Providers, SUs & Stakeholders all involved in consultation via CSG and additional partnerships. Services are reviewed against performance and quality as part of review process driving improvements for service users. Service Users to be consulted and influence revision of VfM methodology
5.3 Benchmarking Benchmarking of service costs is ongoing and undertaken at a national, local and regional level.	5.3 Benchmarking Innovative approaches to benchmarking with a relevant range of partner organisations are being achieved and	80 Bench marking is under developed.		1.2 (93) Continue work with WMRIG to develop effective regional benchmarking tool.	LO	Accurate, up-to-date benchmarking can be demonstrated and utilised by regional SP teams to compare service costs.	Improved quality and cost of services.	Walsall contribution to WMRIG benchmarking exercise.	Oct-07 😊	COMPLETED & ONGOING Data to contribute to revision of VfM methodology. Awaiting data of Admin grant benchmarking excersie from WMRIG.

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5.0 Value for Money (VfM)										
Outcomes reported to CB and CSG.	reported. Evidence of improvements to VfM due to benchmarking of contracted services. Negotiations have been carried out with providers to identify service requirements for higher risk service users and the housing related support needs have been separated out, costed and evaluated for VfM in this context. Processes have been applied consistently across all contracted services.			(94) Benchmarking exercise outcomes reported to CSG and CB.	LO / CSG	CSG and CB have accurate information in order to make strategic decisions on programme/service development.	Improved quality and cost of services.	Walsall contribution to WMRIG benchmarking exercise.	Oct - 07 😊	<div>Data to contribute to revision of VfM methodology which will go to CSG &amp; CB. Awaiting data of Admin grant benchmarking exercise from WMRIG. <i>Programme is administered effectively; services are remodelled/improved with potential to increased provision</i></div>
				(95) Establish benchmarking panel to moderate VfM methodology in relation to high risk service groups before negotiation.	CSG	All high risk services evaluated and EIAs completed in this context.	Service users involved in benchmarking exercise.	Benchmarking of a relevant range of partner organisations.	Apr-08 😊	<div>Services already identified through application of VfM highlighted and recommendations presented to CSG. Methodology review moderated by corporate procurement team. <i>Services are reviewed against performance and quality as part of review process driving improvements for service users</i></div>
5.4 Procurement Procurement options are being developed in accordance with best practice at national & EU levels. Efficiency savings are being pursued as part of this process in line with national guidance.	5.4 Procurement Evidence of significant improvements in procurement, in accordance with best practice, to promote diversity in the provider market and high quality services for users. Efficiency savings have been identified.	84 The corporate procurement team does not have the resources to be able to support the commissioning and procurement needs of the programme.	4.9	(96) SP representation at Commissioning Working group as part of LSP.	LO	Evidence of best procurement practice is demonstratable in commissioning arrangements.	Better quality services that promote diversity for service users.	CWG Minutes CB reports Procurement docs.	Nov - 07 😊	<div>SH representing views of SP service</div>
		84 Supporting People team missed the procurement planning framework so needs were not identified for 2007/08 procurement work plan.	4.9	(97) Lead Officer to ensure communication with procurement manager to meet planning deadlines.	LO	SP needs are included within future corporate procurement work plans and support is available for SP team.	Resources for SP team released to concentrate on improving service quality.	Service review reports. Procurement service plan.	Apr-08 😊	<div>Limited corporate resources available. AO took paper to CMT 9th April 08 for additional resources (secured). LO met with Head of Procurement to identify SP needs within corp procurement plan - 10.04.08. Dedicated procurement officer to start with service July 08.</div>
5.5 Improving VfM Where services are found not to represent VfM, discussions are underway with key	5.5 Improving VfM Service reconfiguration progressing well with minimal disruption to service users and	VfM applied to all existing contracts.		(98) Address issues and carry out negotiations to resolve discrepancies identified from VfM assessment.	SP Service	Services represent value for money	Improved quality and cost of services	No interim contracts.	June-08 😊	<div>17 Steady State Contracts have been 7 contracts ready to issue 19 interim contracts are under negotiation 20 have yet to commence Following discussions with CLG/AC negotiations suspended pending the outcome of the needs analysis.</div>

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<b>5.0 Value for Money (VfM)</b>										
partners to determine the next steps and to minimise any disruption to service users. A monitored project plan is in place to ensure the delivery and development of VFM work.	sustained, or improved, standards of service delivery. Pace of change negotiated with providers and explained to service users (their carers and advocates).			(99) Risk Management approach to account of pace of change	LO	Pace of change built into risk management approach	Service user views taken into account when services re-configured.	5- Year Strategy LAA VfM Methodology Service User views	Apr-08 😊	SS negotiations/service reviews have been applied on a risk basis. Risks identified and managed within annual service plan.
<u>5.6 Cross authority approach</u> The ALA is working on a cross authority basis to achieve consistency of approach and is actively pursuing joint procurement opportunities to improve VFM of contracted services.	<u>5.6 Cross authority approach</u> Consistent approach agreed and exchanges of expertise and best practice secured. Joint procurement opportunities identified and work to deliver these are in progress. Evidence of improved VFM in contracted services as a result.	86 There is no regional approach to value for money or benchmarking	4.3	(100) Continue work with WMRIG to develop effective regional VfM and benchmarking tool.	LO	Accurate, up-to-date benchmarking can be demonstrated and utilised by regional SP teams to compare service costs. Clear approach to assessing VfM is adopted by regional partners providing clarity and consistency for providers.	Consistency in approach to services.	Walsall membership of WMRIG Benchmarking Group.	Sept-08 😊	Ongoing. Data received on main grant and to be incorporated in 08 revision of methodology. Data on admin costs submitted to RIG, awaiting analysis and results.
				(101) Identify joint procurement opportunities from local strategies as part of refresh of regional strategy.	WMRIG SP Service	Clear joint procurement opportunities identified and progressed.	Services are available for service users on a cross-authority basis.	WMRIG minutes CB reports Procurement docs.	Sept-08 😊	Opportunities to be identified during consultation process of regional strategy.
<u>5.7 Administration grant</u> The ALA can demonstrate VFM in the use of this grant in relation to staff, equipment and other related cost.	<u>5.7 Administration grant</u> Robust VfM analysis of admin grants expenditure and revised working practices adopted where weaknesses have been identified.	Value for Money assessment not applied to use of admin grant		(102) Undertake analysis of comparative benchmarking data on admin grants	SP Service	Comparison of admin grants and results of other local authorities to ensure ALA efficiency.	SP Programme functions effectively to ensure involvement of service users.	Analysis of grant Contribution of ALA to admin grant. CB reports.	Apr-08 😞	Data on admin costs submitted to RIG, awaiting analysis and results.

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<b>6.0 Service User Involvement</b>										
<u>6.1 Opportunities</u> The ALA has mapped relevant established groups for involvement and consultation and is aware of, and is seeking to follow,	<u>6.1 Opportunities</u> Established and trusted forums have been effectively used to disseminate information and to enable the active participation of	88 Service user involvement in the programme is under developed.	2.x	(103) Establish formal service user forum that can be utilised to contribute to all aspects of the programme, Service User chair to sit on CSG and CB.	CJ / CSG / CB	Service User forum is effective and can contribute to governance of programme and influence all aspects of service delivery and development.	Service users consulted on how they can be involved in the programme and can influence service delivery.	Active participation of service users in the planning and review of services.	Oct-07 ☹️	Service User planning group established. TPAS Capacity training completed to progress role within governance arrangements. Planning group forward plan shows aim to have SU rep on CSG by October 2008. Empower service users to have influence over service delivery and development.
ODPM guidance. Recognition of the need to involve carers, relatives and advocacy groups and evidence of outcomes in achieving their engagement and that of service users. Opportunities to participate in governance & partnership	service users in the planning and review of services. Additional mechanisms have been established in partnership with users to ensure that previously excluded vulnerable groups can participate in ways that meet their needs and aspirations. There is	89 No feedback or outcomes from [previous service user involvement] have been given to service users.	2.x	(104) Service User forum to be actively involved in the organisation of any SU event and decide on the formats and methods by which feedback is collated, reported and delivered.	SP Service / SU Forum	Service User involvement is effectively recognised and feedback and outcomes are delivered back to service users so actions on issues raised can be demonstrated and challenged by governance bodies if required.	Service users contribution through planning group	Improvements	Jul-07 😊	Service User Planning group established and involved with annual event Oct 07. Feedback included in Service User Newsletter April 08. Work plan to be agreed April 08.
arrangements are in place.	evidence of improvements in programme delivery and services as a direct result of user involvement.			(105) Commission additional work to ensure appropriate mechanisms remain available for excluded vulnerable groups to participate.	SP Service	Information is up to date on needs all vulnerable client groups.	Service delivery can be made more sensitive to meet local needs of service users.	Service user forum and feedback.	Aug-08 😊	Service User capacity training delivered and report to inform communication/consultation policy, under revision by Housing Strategy service. Needs analysis to identify excluded vulnerable groups.
<u>6.2 Involvement in contracting &amp; monitoring</u> Service users, their carers and advocates are kept informed, their views are sought and they have access to	<u>6.2 Involvement in contracting &amp; monitoring</u> Service users understand the processes and are clear about opportunities to contribute.	90 Not all service reviews captured the service users' perspective of the service.	2.2	(106) Ensure service user views are captured in all service reviews	SP Service / SU Forum	Service users contribute to the review process and are clear about what is expected of services and how expectations are measured and addressed.	To receive capacity building to effectively contribute to programme delivery and improvements.		Feb-08 😊	SU trained in peer reviews for service review process. Revised review process includes specific peer review consultation for all services. Review process clear on involvement of SUs at review stage. Service users influence service monitoring and development.
monitoring & procurement processes. Specialist advocacy and support groups' expertise has been sought to assist as	Service users are provided with feedback following monitoring & improvement planning and they are involved in the improvement	91 Limited examples of Service User involvement shaping services.	2.4	(107) Publicise service developments that occur as a result of service user participation in governance and reviews.	SP Service	Demonstration of service development as a result of service user involvement.	To receive capacity building to effectively contribute to programme delivery and improvements.	Training plans for service users	Feb-08 😊	Included as part of the revised review process and in SU newsletter and corp News & Views publication. Ecotec conducted needs analysis refresh including SU consultation, to influence future service provision. Service users influence service monitoring and development.

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<b>6.0 Service User Involvement</b>										
required.	planning and delivery. There is evidence of service user engagement and the impact of their involvement can be demonstrated through service improvement.	92 - Service users are not involved in monitoring the performance of service providers.	2.3	(108) SU to be involved in development of new performance and monitoring procedure.	SP Service	SUs contribute to the method by which performance in monitored and issues addressed.	Service users contribute to shaping of service and empowering them to influence service delivery.	Service user engagement and impact of involvement can be demonstrated through service improvement.	Feb-08 😊	Performance reporting included on SU Planning Group work plan. SUs consulted on new Performance & Monitoring Framework.
				(109) SU Forum chair / representative to sit on CSG and feed into review of performance reports and issues.	SU Forum / CSG	SUs involved in performance, monitoring governance and contribute to addressing issues raised.	Capacity building and empowerment of service users.	Training plans	Mar-08 😐	Service User planning group established. TPAS Capacity training completed to progress role within governance arrangements. Planning group forward plan shows aim to have SU rep on CSG by October 2008. Empower service users to have influence over service delivery and development.
				(110) SU Chair / representative to sit on CB and decide on actions to be taken against performance issues raised by CSG.	SU Forum / CB	SUs involved in performance and monitoring governance and contribute to addressing issues raised.	Capacity building and empowerment of service users.	Service user engagement and impact of involvement can be demonstrated through service improvement.	Mar-08 😊	Service User planning group established. TPAS Capacity training completed to progress role within governance arrangements. Planning group forward plan shows aim to have SU rep on CSG by October 2008. Empower service users to have influence over service delivery and development.
6.3 Outcomes from user involvement	6.3 Outcomes from user involvement	93 - Service users are not able to directly contribute to the planning and development of their services.	2.4	(111) Service User forum to adopt agenda covering same areas as that of CSG.	SP Service	Service users are kept informed of all aspects of the programme and have opportunity to contribute to areas of interest and raise these through CSG.	Capacity building and empowerment of service users. Opportunity to challenge and influence change. Advocate and promote services.	Service development as a result of service user contributions. CSG Minutes.	Apr-08 😊	Capacity training delivered by TPAS Feb/Mar. Further development planned to provide capacity for representation on CSG & CB. Work Plan to be agreed April 08.
Specialist advocacy and support groups' expertise has been sought and secured. CSG regularly review arrangements and report progress to CB.	development and delivery. Feedback provided to service users illustrated with examples of service improvement. Gaps in involvement continue to be highlighted and innovative proposals being developed. Outcomes reported.	94 - Service users are not effectively represented in Supporting People governance structures.	2.2	(112) Service User forum chair / representative to sit on CSG and CB.	SP Service / CSG / CB	Service users have the opportunity through SU Forum to review and address all aspects of the programme and SU Chair / representative has the opportunity to contribute to decisions and recommendations made by CSG and CB.	Capacity building and empowerment of service users. Opportunity to challenge and influence change.	Involvement in governance structure	Dec-07 😐	Service User planning group established. TPAS Capacity training completed to progress role within governance arrangements. Planning group forward plan shows aim to have SU rep on CSG by October 2008. Empower service users to have influence over service delivery and development.
				(113) Review service involvement work on a six monthly basis and engage specialist advocacy services as appropriate.	SP Service	Review of involvement work with examples of service improvements available.	Opportunities for service user involvement streamlined and more effective.	Practice examples. Minutes of service users group. Cost benefit analysis 5-Year Strategy.	Aug-08 😊	Review of effectiveness and contribution to date of planning group to be conducted June 08 and presented to CSG & CB for comment.

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<b>7.0 Access to Service and Information</b>										
<b>7.1 Access and referral to services</b> Access and referral arrangements are fair, agreed and transparent and are applied to all services. Staff & partner agencies are able to signpost users to these. Transient groups who require short term services are not discriminated against on the grounds of local connection.	<b>7.1 Access and referral to services</b> There are clear referral routes for potential service users to access services. These apply to all services and are fair and transparent. These are known and understood by providers and other professionals who are able to signpost users. Where any exclusions to services exist these are transparent and have multi agency agreement.	96 There is a lack of information on the programme and access and referral arrangements are variable.		3.2 (114) Work with all providers and stakeholders to ensure there are clear, fair and transparent referral routes for service users to access services.	AO / LO	Information on available services is clear and easy to access.	Potential service users have easy access to service	Access routes, criteria of services and contract details are clear.	Aug-08 😊	Ongoing. as part of service review process.
		96 The routes into services differ according to the type of service.		3.2		Availability of information on services is increased and points of access to information improved.				
						Minimise confusion to service users about how to access services. Potentially increase the referral routes into all services.	Potential service users understand possible exclusions to their services.	Revised referral process		
		99 Sign posting for potential service users by telephone is poor.		3.2 (115) Provide training to 'First Stop Shop' staff detailing the nature of SP and how potential service users can be directed and correctly signposted to services.	SP Service	Ensure that information provided over the telephone is accurate and signposting is effective.	Increased customer satisfaction	Increased satisfaction through satisfaction survey	May-08 😊	Training/awareness programme to be developed.
				(116) Update website.	SP Service	Access routes and contact details via website are accurate and up-to-date.			Mar-08 😊	Ongoing: In process of updating/consultation. Delayed due to technical problems with Content Management System (CMS). Meeting arranged with WebMaster to address issues.
				(117) Audit all known exclusions and report findings including challenges to CSG for agreement.	CSG	Multi- Agency agreement to all known exclusions where appropriate.	Service users understand possible exclusions to their services.	Review of exclusions CSG reports.	Mar-08 😊	Exclusions and causes from services to be reported through quarterly performance management. To be implemented from August 2008.

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<b>7.0 Access to Service and Information</b>										
<b>7.2 Information</b> A range of accessible information is available to existing and potential service users in a range of formats sensitive to the diverse needs of	<b>7.2 Information</b> High quality accessible information that is attractively presented is widely available in formats that are appropriate to the diverse needs of	<b>98</b> There is no written information on the Supported People programme on display or available in the First Stop Shop.	3.1	(118) Develop an action plan to promote the SP Programme through out Walsall.	LO	Potential service users can access information on SP and services from the central council contact point.	Greater awareness of the SP programme	High quality accessible information that is attractively presented is widely available in formats that are appropriate to the diverse needs of service users.	May-08 ☹	Programme being developed by AO & LO - Sept 08
Supporting People service users.	service users. This information is developed in partnership with service users, their carers and advocates and regularly reviewed.	<b>100</b> There are no leaflets produced to explain or promote the programme to potential service users, their carers and advocates.	3.1 & 3.2	(119) Develop a range of leaflets, in conjunction with Providers, about the services available and how they can be access.	SP Service	Individual leaflets are available about different services providing information to service users, careers and advocates.	Accessible information for service users in place.	Increased Customer satisfaction	May-08 ☺	Existing leaflets received from partners and providers and new SP leaflets developed. Completed for 6 leaflets, publication May 08.
<b>7.3 Directory</b> The directory of services can be accessed via the ODPM hub & is accurate & up to date. The directory of services is widely available gives clear information on	<b>7.3 Directory</b> A comprehensive directory of services at a local and national level is available through many different access points including council offices, advice agencies and	<b>97</b> The directory of services is not effective.	3.x	(120) Audit effectiveness of directory of services	SP Service	Directory of services is more accessible for different client groups and provides clear and concise information to signpost users, careers and advocates to services.	Improvements in Access to information.	Customer satisfaction	May-08 ☹	To be completed as part of follow-up work of production of new directory. Publication Aug 08.
access with contact details. This has been produced in partnership with providers and advocacy groups.	Supporting People partners. It is available in a variety of formats to be as accessible as possible. The			(121) Produce an interactive CD-Rom version of directory including large type and audio options.	SP Service	Increase the range of formats the directory is available in, including additional facilities for particular client groups.	Access to information more easily available.	Customer satisfaction	May-08 ☹	To be included as part of work with production of new directory and update of website.
	directory is produced in partnership and regularly up-dated.			(122) Introduce a six monthly review of directory through CSG.		Directory that has partnership sign-off.	Up-to date and accessible document for service users.	Service directory CSG minutes.	June-08 ☺	Directory under review – to be completed and printed Aug 08. To be included on CSG work plan following production of new directory.
<b>7.4 Website</b> The ALAs website has accessible information available. Information is easy to find and the web site is easy to navigate. There are clear links to other pages and web sites including those of key	<b>7.4 Website</b> The ALAs website has information pages on the programme which are easy to find from a number of entry points. The site is easy to navigate and there are clear and easy to use	<b>101</b> Information on the Council's website is limited.	3.3	(123) Draft a website improvement plan detailing objectives and resources required, utilising examples of best practice from other excellent authorities, and input from service users and providers.	SP Service	SMART plan can be implemented detailing requirements for the website including input from corporate Web team and resources identified,	Clear, easily accessible information	Web site	June-08 ☹	Formal improvement plan deemed unnecessary, outline of work included within SP officer's 1-2-1. Work to be completed Aug 08

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<b>7.0 Access to Service and Information</b>										
partners.	links to other pages on the site, and to related sites such as information on charging service providers and the SPKWEB. Consultation & feedback from users is used to monitor progress.	101 There is little information for providers and there are no copies of minutes of meetings.	3.3	(124) Include 'Providers' section in web development plans to host a range of information including minutes of meetings, news, training events, etc.	SP Service	Providers can be kept up-to-date with news and programme developments.	Clear, easily accessible information	Forum feedback and evaluations	March-08 ☹️	Ongoing - included within website improvements. Aug 08
						Improve the communications methods between the team and providers.	Clear, easily accessible information	Forum feedback and evaluations	March-08 ☹️	Providers still to be consulted on revised website and preferred methods of communication following CMS issues being addressed.
7.5 Better Care: Higher Standards (or equivalent) Better Care: Higher Standards, the ALAs publication on the range of health, social care and housing services for vulnerable people has been updated to encompass Supporting People services. Accessible document, widely available.	7.5 Better Care: Higher Standards (or equivalent) Better Care: Higher Standards has been updated and includes comprehensive information on the Supporting People programme. It is an accessible and attractive document and easy for service users to understand.	Better care, Higher Standards revised in 2007. Supporting People included within new document.		(125) Ensure that SP priorities feed into Walsall's longer term care plans.	LO	Priorities in revised 5 year SP strategy provide clear links with Better Care, Higher Standards	Improved quality of services	SP Strategy	July-08 😊	Older Persons CM -fed into needs analysis and regularly attends CSG. Older Peoples strategy under review and links into SP strategy to be identified and highlighted.
7.6 Services charges & Access to Fairer charging ALA aware of providers charging "top up" for housing related support & is challenging this practice. Information is available on Supporting People service charges, the	7.6 Services charges & Access to Fairer charging There is clear information widely available on charges, including top up charges, and how to request a fairer charging assessment. Information has been	62 Fairer charging has not been effectively promoted.	3.4	(126) SP Officers to assist providers to encourage the promotion of FCAs to existing and new service users.	SP Service	Existing Service users are aware of FCAs and how these may assist in reducing service costs.	Potential for reduced service costs.	Increased take up of assessments.	June-08 😊	FCA's raised with PF and leaflet developed in order for providers to effectively promote the scheme.
				(127) Review availability of information for service users under FACS	Fairer Charging Team	Up to date and clear information is available to Supporting People service users.	Service users have access to appropriate information under fairer charging.	Information has been produced in partnership and is easy for service users and their carers to understand.	March-08 😊	FCA's raised with PF and leaflet developed in order for providers to effectively promote the scheme.

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<b>7.0 Access to Service and Information</b>									
implications of fairer charging have been addressed and access to assessments is clearly signposted.	produced in partnership and is easy for service users and their carers to understand. Assessments are monitored & reviewed to address gaps in access for some users.			(128) Introduce performance audits of providers to ensure non-HB service users are made aware of FACS	SP Service	All chargeable services reviewed.	Service users are made aware of their right to fairer charging assessments.	Service reviews	Aug-08 😊

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To be included within performance information reporting.

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<b>8.0 Diversity</b>										
<u>8.1 Identifying diverse needs</u> Recognition of the breadth of issues. There is a robust process for assessing needs that draws on a wide range of relevant skills and expertise. An analysis has been undertaken of	<u>8.1 Identifying diverse needs</u> There is high quality baseline demographic information for the programme to work from. A robust needs analysis can be demonstrated that seeks to identify the housing related support needs of all	106 There has been little consultation with partners, service users and potential service users.		(129) Implementation of communication strategy	SP Service / LO / AO	Partners, stakeholders and providers are involved and consulted on E&D issues and can contribute knowledge, experience and information towards programme and service development.	Improved consultation	Development and implementation of communication strategy	July-08 😊	Production led by HS&P service. Consultation with SU's increased through forming of Planning Group and improved through TPAS training.
existing service provision in the context of local demography accessed from relevant agencies including providers and priorities determined.	eligible vulnerable people in the ALA.. Partners and other stakeholders have been fully engaged in the process.	106 There is no formal programme of consultation with community groups.				CB provided with E&D information to contribute and assist with effective strategic planning and decision making.			Aug-08 😊	Ongoing.
<u>8.2 Excluded groups</u> Gap analyses have identified excluded groups of vulnerable people and work is in progress to identify needs and how they might be met.	<u>8.2 Excluded groups</u> A gap analysis has been undertaken and the information on excluded groups is used to inform strategic planning and influence priority setting and joint commissioning proposals.	107 The approach to meeting the needs of BME communities is undeveloped.		(130) Revised 5 year strategy to include plans to address how the needs of BME communities will be met and how these will be addressed in service development and future commissioning. Audit of data	SP Service	Community groups engaged on a wider scale covering all strategic housing issues and contributing directly to the future  Development of housing related support services.  Strategic priorities consider needs of BME communities and future service development / commissioning is considerate of these.			Aug-08 😊	Ongoing.
<u>8.3 Cultural sensitivity</u> Services reflect the cultures of the communities they serve and are welcoming and accessible to all. Gaps in provision have been identified in partnership with users, potential	<u>8.3 Cultural sensitivity</u> Current services have been reviewed to assess the cultural sensitivity of existing provision and work is in progress to reconfigure services in response to local needs. Participation from relevant	108 Equality and diversity data that is routinely collected by service providers is not collected and used by the Supporting People team.		(131) Audit data collected to develop systems and ensure this feeds into SP needs data	LO / AO	Current services have been reviewed to assess the cultural sensitivity of existing provision	Services effectively deliver culturally sensitive support, encouraging access from all communities.	CSG / CB reports	Aug-08 😊	Ongoing. Included as part of needs analysis specification.

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<b>8.0 Diversity</b>									
users, their advocates, carers and representative groups. Diversity impact assessments completed.	individuals and groups can be evidenced.	110 There is no programme or timescale for the completion of EIA assessments.		(132) All steady state contracts to include EIAs	LO / AO SP Service	Service can demonstrate effective plan to ensure the completion of EIAs on all services.	Services effectively deliver culturally sensitive support, encouraging access from all communities.	Completed EIAs	Aug-08 😊

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Ongoing. EIA's requested as condition of steady state contract.



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<b>9.0 Outcomes for Service Users</b>									
<u>9.1 SP service improvements</u> The range of services better meets local needs in accordance with agreed priorities as set out in the 5 year strategy. As a result the SP programme shows that demonstrable improvements have been achieved in quality of services available. Service users are involved and engaged in these improvements. Case studies available.	<u>9.1 SP service improvements</u> Service users, their carers and advocates report improved outcomes in terms of their quality of life and life chances; and are clear about the services they receive and how these are delivered. Service users are actively engaged in improvements to their services.	<b>116 Only six services are performing at level 'B' with the remaining all operating at level 'C'. This high level of services at 'C' means that the majority of service users are not yet experiencing better quality services.</b>		4.3 (133) Develop an improvement plan to drive continuous improvement in service standards	SP Service	Services are developed and improved to drive continuous improvement.	Improved quality of services	Service improvement plan	Dec-07 ☺
<u>9.2 Choice for service users</u> Services are available across tenure and choice is being developed for service users. An assessment has been made of both the range of services available and the groups of service users they apply to. Lack of provision has been identified and plans are in place to address this.	<u>9.2 Choice for service users</u> Service users, across all housing tenures, are able to exercise choice about the housing related support services they access, for example, accommodation based, floating support and a choice of provider. Weaknesses in the range and accessibility of existing services have been identified and plans are in place to address these in partnership with other commissioners, providers and service users.	Service availability is cross tenure.		(134) Review the range of services as part of the needs analysis to review the 5 year strategy.	LO / SP Service	Needs Analysis	Improved quality of service and service user able to exercise choice	Service users, across all housing tenures, are able to exercise choice about the housing related support services they access	July-08 ☺

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Improvement Plan to be included as part of revised service review process - publish July 08. Implementation Feb 08 onwards.

As part of needs analysis refresh ECOTECH are mapping existing service and future service provision to inform strategy.

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<b>9.0 Outcomes for Service Users</b>									
<u>9.3 Support plans</u> The ALA has ensured that support planning is in place for all service users. These plans are robust, comprehensive, and are agreed with service users and subject to regular review. The plans are developed with other agencies to complement care & supervision plans where these are in place.	<u>9.3 Support plans</u> Support plans are in place and agreed with the service user, their carers and advocates. They are comprehensive and complement other plans such as care plans. They are clearly focussed on increasing independence and improved outcomes for service users. They are regularly up-dated and reviewed with users and their carers.	Support plans are developed by providers in conjunction with service users and the SP service to ensure that the correct data is captured and that the plans are capable of recording the support programme, progress and outcomes for the individual.							
<u>9.4 Outcome measurement</u> The Supporting People development and delivery is inclusive and focussed on quantified outcomes for service users. Targets have been identified with partners and outcomes are measured against these.	<u>9.4 Outcome measurement</u> The Supporting People development and delivery is inclusive and focussed on outcomes for service users. There are mechanisms in place to identify and quantify these outcomes and these are measured against targets shared with partners.	The Supporting People outcomes framework was introduced in September 2007. Measurement of outcomes will not start until April 2008.  Outcome measurement has been included in the new Performance Monitoring Procedure and will be updated as the framework evolves.							

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