

Walsall Supporting People Service

IMPROVEMENT TOWARDS EXCELLENCE PLAN

November 2007



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 putting 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.

The additional actions in the highlighted fields are those required in order to continue to work towards achieving 'Excellence' as described in the KLOE definition.

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1.0 GOVERNANCE AND PARTNERSHIPS									<u>CONTENTS</u>
<p><u>1.1 Corporate Commitment & Links:</u> 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.</p>	<p><u>1.1 Corporate Commitment & Links</u> 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.</p>	<p>31 - Corporate support for the programme has been mixed.</p>	1.3	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.	April 2008
		<p>31 - The programme has not had the level of support it has needed from legal, ICT and procurement services.</p>	1.3	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 schedule and drive continuous improvement of QAF	April 2008
		<p>31/32 - Councillor involvement in the programme is limited.</p>	1.3	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.	SP needs included within relevant service work plans.	April 2008
				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
				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
		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		

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<p>1.2 <u>Commissioning Body (CB) or equivalent</u> 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.</p>	<p>1.2 <u>Commissioning Body (CB) or equivalent</u> 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.</p>	<p>33 - The Commissioning Body is not providing robust strategic leadership to the programme.</p> <p>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.</p> <p>33 - No training has been provided for members of the Commissioning Body.</p>	1.1	Review membership of commissioning body.	CB	CB has correct membership who can effectively deliver the requirement of the programme	Improved service provision for vulnerable people.	Partnership priorities clearly linked into programme development.	Jan 2008
				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 2008
				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 2008
			1.1 & 1.3	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. Improved services for relevant client groups.	Jan 2008 April 2008
			1.1	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 2008
				Identify "shared" strategic priorities and outcomes within CB partners	CB/AO	Cross cutting priorities identified and agreed	Improved services for vulnerable people	revised strategy	Aug 2008
1.3 <u>Core Strategy Group</u>	1.3 <u>Core Strategy Group (CSG) or</u>	34 - The Strategic Planning Group is not effective.	1.2 &	Re-establish quorate Core Strategy Group including	LO/AO	CSG in place and advising CB on all	SUs actively contributing to governance	CB / CSG reports Effective operational	Dec 2007

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<p>(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.</p>	<p>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.</p>	<p>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.</p> <p>35 - There is no effective forum for strategically commissioning services.</p>	2.2	members from key services, partners and service users. 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	governance and development issues. CB can assign operation work to CSG for action. CB can receive effective information in order to make key decisions.	arrangements of programme. Improved service provision for vulnerable people.	CSG that has a clear understanding of their role and carries out work commissioned by CB	Dec 2007
			1.1 & 1.2	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	
			1.2	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	
				Identify joint commissioning opportunities within CSG	LO	Services identified in the Commissioning Plan	Continuous improvement for service users	Jointly commissioned services with relevant agencies	
<p>1.4 <u>Accountable Officer (AO)</u> The AO is a senior officer with responsibilities as outlined in DCLG guidance with a high profile, championing role within the</p>	<p>1.4 <u>Accountable Officer (AO)</u> Clarity of role as the programme champion with responsibility for overseeing the programme and monitoring performance. Ensures and promotes links into</p>	<p>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.</p>	1.3	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 2008
				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.	April 08

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authority and in the wider partnerships. Conflicts of interest resolved.	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.								
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.	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	37 - There are mixed working relationships between Supporting People and partners and stakeholders. 37 - It is not clear how the work probation are undertaking is co-ordinated and brought together with SP. 38 - There is no working relationship with some	4.2 1.2 & 1.3 & 4.2 1.2 &	Improve relationships with partners and stakeholders Existing CB Probation member to receive support to understand role and responsibilities. Establish relationship with key operational probation colleagues and ensure representation on CSG. Re-establish relationships with operational	CB / AO/ LO / SP Service CB / LO SP LO SP Service / LO	Partners and stakeholders have a good understanding of the strategic direction and delivery of the programme Wider objectives of Probation service are fed into CB and contribute to governance decisions. Operational probation issues contribute to strategic planning and objectives reflected in recommendations / proposals to CB. Services' needs and objectives contribute	Continuous improvement for service users Improved service provision for services	Partners understand and are actively involved in the strategic direction and delivery of the programme Contribution from partners to governance. Effective development/commissioning of services. Contribution from partners to governance. Effective development/ commissioning of services. CB / CSG minutes	Oct 2007 Jan 2008 April 2008 Oct 2007

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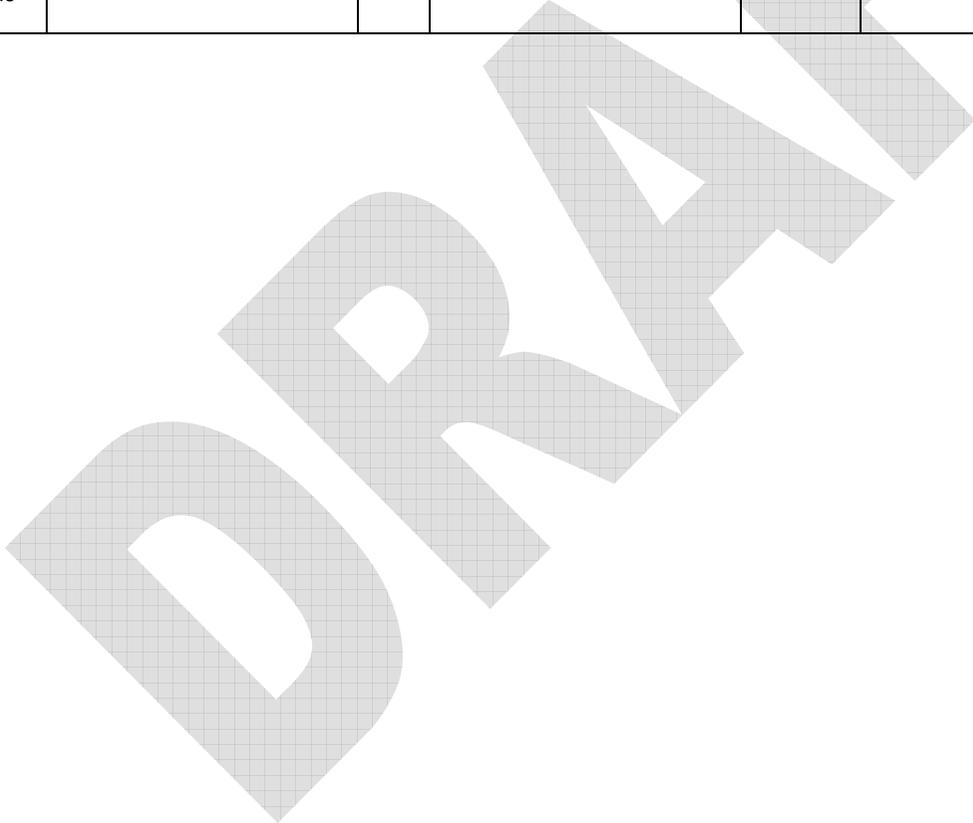
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<p>MAPPA arrangements work effectively. Supporting People is being effectively used to support avoidable admissions to hospital, timely discharge and contribute to reductions in re-offending.</p>	<p>properly representative with sound operational shared procedures for safeguarding vulnerable people. Protocols are in place for hospital discharge and preventative initiatives are operating effectively.</p>	<p>services.</p>	4.2	<p>representatives of YOT, YADS, DAT, Health, adults, LD, MH, Housing, etc. and invite to become members of CSG.</p>	<p>AO / LO / CB</p>	<p>to programme planning and objectives are reflected in recommendations / proposals to CB.</p>	<p>users</p>	<p>MAPPA minutes Effective provision of services to relevant client groups</p>	<p>Oct 2007</p>	
		<p>39 - Not effective links in place between Supporting People and the multi agency public protection arrangements (MAPPA).</p>	1.2 & 4.2	<p>Ensure effective SH representation within MAPPPA.</p>		<p>MAPPA objectives contribute to programme planning and objectives are reflected in recommendations / proposals to CB.</p>	<p>Improved service provision</p>			<p>Relevant services commissioned and developed. Support plans.</p>
		<p>39 - Supporting People team has not been successful in highlighting its role in addressing the needs of offenders.</p>	1.2 & 2.4 & 4.2	<p>Establish relationship with key operational probation colleagues and ensure representation on CSG.</p>		<p>Needs of service users are identified and considered by CSG and these contribute to programme planning and are reflected in recommendations / proposals to CB.</p>	<p>SU's receive streamlined services to assist in their recovery process and ensure their housing needs are fully met.</p>			<p>CSG reports Hospital Discharge Policy</p>
				<p>Evaluate pilot MH hospital discharge policy in line with wider operational arrangements.</p>		<p>Reduction of patients discharged from hospital in an unplanned way.</p>				
<p>1.6 Service Providers Regular briefings provided. Provider forum established and operating effectively. Small providers receive support. Level playing field</p>	<p>1.6 Service Providers Recognition of partnership role with providers. Forum is provider led with support and input from the ALA and wider partnership as needed. Channels</p>	<p>40 - The Providers' Forum is not working effectively and not attended by all providers.</p>	1.2 & 4.1 & 4.2	<p>Work with provider forum to define role and responsibilities and provide support to achieve an effective forum representative of majority/all providers.</p>	<p>LO / PF</p>	<p>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</p>	<p>Provider confidence in services restored and consistent approach applied to allow quality of services to improve.</p>	<p>PF forum & CSG reports. Increased representation from providers at forum.</p>	<p>Jan 2008</p>	

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<p>established between internal & external providers. Expertise accessed by ALA. Providers are able to identify programme delivery improvements as a result of consultation processes.</p>	<p>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.</p>	<p>40 - Providers who do not attend do not regularly receive information.</p>	1.2 & 4.1 & 4.2	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	Jan 2008
		<p>40 - There are issues between large service providers and smaller voluntary groups.</p>	1.2 & 4.1 & 4.2	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 2008
		<p>41 - Relationships between service providers and the Supporting People programme are tense.</p>	4.2	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.	April 2008
		<p>41 - Communications with providers has been poor.</p>	4.2	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	April 2008
				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
<p>1.7 Voluntary & Community Sector (VCS) Understanding & recognition of contribution and</p>	<p>1.7 Voluntary & Community Sector (VCS) Role valued, understood and nurtured in spirit of</p>	<p>40 - There are also issues between large service providers and smaller voluntary groups.</p>	1.2 & 4.1 & 4.2	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 2008

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engagement including carer and advocacy groups. Clarity around guidance for working with the VCS.	partnership. Evidence of engagement and outcomes that benefit service users and enhance market diversity. Clear approach to procurement & contracting for the sector.			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	Mar 2008

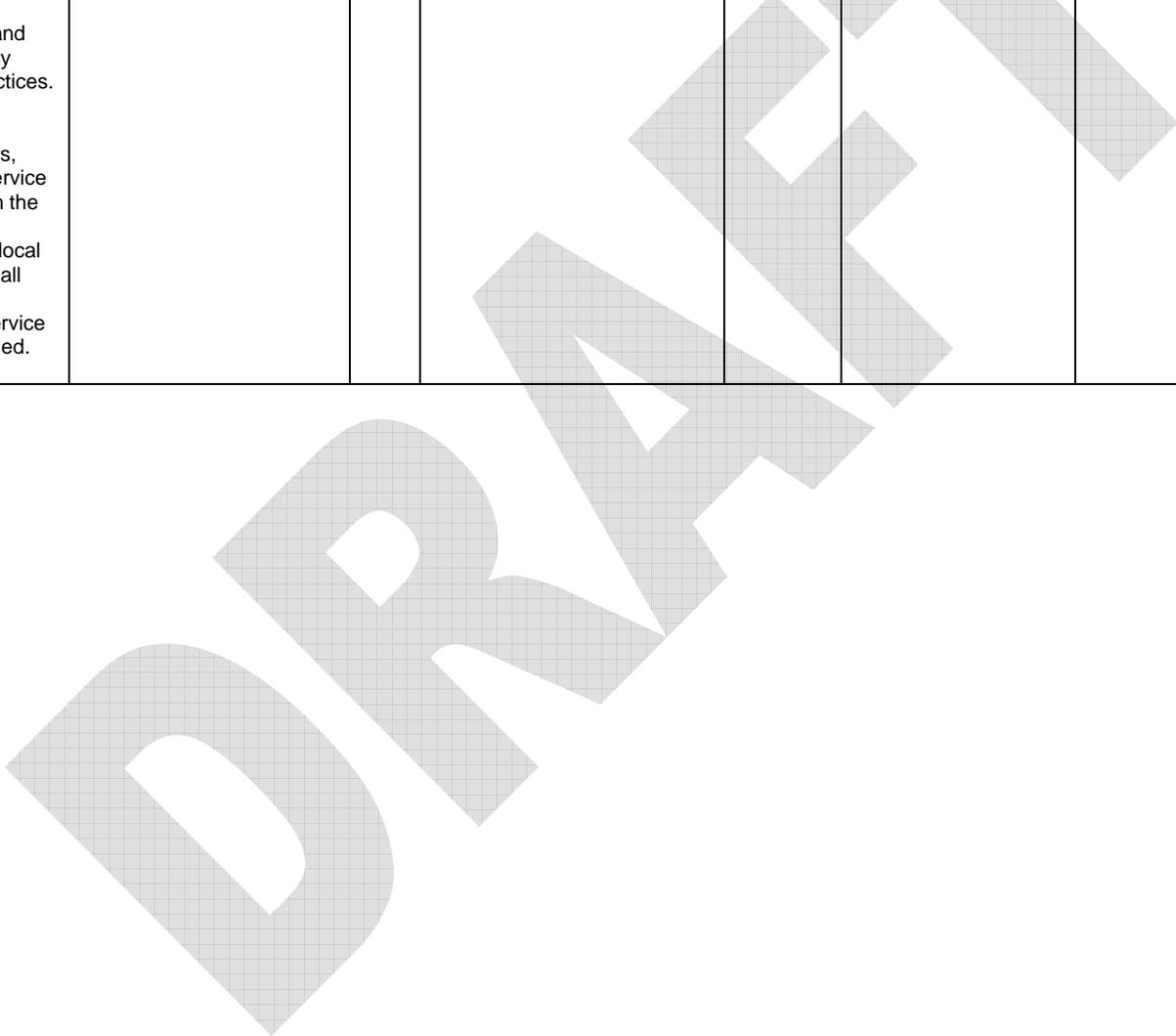


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2.0 GRANT COMPLIANCE, STRATEGY & NEEDS									<u>CONTENTS</u>
<p><u>2.1 Grant conditions and eligibility criteria</u> The ALA and its partners have an understanding of current grant conditions and the ALA has completed work with all its partners to 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.</p>	<p><u>2.1 Grant conditions and eligibility criteria</u> Grant compliance achieved in all areas. 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.</p>	<p>45 - Some ineligible service provision is still being funded through the programme.</p> <p>45 - The programme has gaps in service that could have been met earlier had funding from ineligible services been available.</p>	4.4	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	October 2007
			4.4	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.	April 2008
				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
<p><u>2.2 Five year strategy</u> Deliverable strategy with links to allied initiatives and strategies across all partner organisations. Clearly identified</p>	<p><u>2.2 Five year strategy</u> Widely accessible, high profile document with concise executive summary available in a range of formats. Clear strategic links into relevant areas of social care, health,</p>	<p>Current 5 year strategy being reviewed. Needs analysis being updated</p>		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.	Mar 2008
				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	Jun 08

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<p>priorities for service delivery. Work plans demonstrate links to agreed priorities. Regular review process in place with evidenced outcomes. Partners demonstrate understanding & commitment.</p>	<p>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.</p>								



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<p><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 (6 monthly), analyse the outcomes and review the 5 year strategy priorities in the context of revised data.</p>	<p><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 organisations. Findings widely disseminated and discussed. Outcomes used to review funding priorities and joint commissioning decisions for new and reconfigured services.</p>	<p>49 - The arrangements for up-dating the needs analysis for the programme are variable.</p>	1.1	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 2008
		<p>51 - Not all sources of identified need are being used by the programme</p>	1.1	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 2008
		<p>50 - Information on the needs of offenders is under developed</p>	1.1	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 2008
		<p>50 No clear strategic plan regarding how probation information will be used or feed into the Supporting People programme</p>	1.1	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 2008

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<p>2.4 <u>Strategy for access to move on accommodation</u> 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.</p>	<p>2.4 <u>Strategy for access to move on accommodation</u> 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.</p>	<p>52 - The programme does not have a strategy in place to deal with the lack of move-on accommodation.</p>	<p>4.7</p>	<p>Develop a Move On strategy, in partnership with members of CSG, to address the issue of move on accommodation.</p>	<p>LO / AO</p>	<p>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.</p>	<p>Timely and appropriate moves into accommodation</p>	<p>Move on strategy developed implemented</p>	<p>April 2008</p>

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<p>3.0 DELIVERY ARRANGEMENTS CONTENTS</p>									
<p>3.1 <u>Supporting People Team</u> 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.</p>	<p>3.1 <u>Supporting People Team</u> 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.</p>	<p>56 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.</p>	<p>4.x</p>	<p>SP Officers to continue work re-building relationships with providers.</p>	<p>SP Service</p>	<p>Robust relationships in place to progress service development and programme improvement.</p>	<p>Service user receive better quality services.</p>	<p>Quality Assessment Framework</p>	<p>April 2008</p>

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<p><u>3.2 Work Planning</u> 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.</p>	<p><u>3.2 Work Planning</u> 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 members. Challenging review and monitoring processes in place. All team members understand their role and contribution through regular staff appraisals.</p>	<p>58 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.</p>	<p>1.1, 4.3 & 4.9</p>	<p>Service plan to be reviewed.</p>	LO	<p>Service plan identifies actions and responsibilities, progress can be effectively measured and resources identified.</p>	<p>Opportunities to influence governance of programme and service delivery.</p>	<p>CB / CSG reports</p>	Mar 2008
				<p>Progress against targets in service plan to be reported to CSG & CB on quarterly basis.</p>	LO	<p>CSG & CB have clear understanding of the work the SP service is conducting and its progress against targets.</p>			Apr 2008
				<p>Review work plan to ensure appropriate links to national, regional and local strategies are in place.</p>	LO	<p>Signed-off work plan reported to CSG with emphasis on key health and probation targets.</p>			March 08
<p><u>3.3 Local Area Agreements</u> Formal written agreement for inclusion of SP secured from CB (or equivalent). SP funding level</p>	<p><u>3.3 Local Area Agreements</u> Effective partnership working has established clear contribution of SP to LAA. Clearly defined role for CB.</p>	<p>59 There are no links between the Supporting People programme and the Local Area Agreement (LAA).</p>	4.2	<p>Establish relationship with WBSP to ensure programme contributes to wider agenda and can continue to deliver strategically relevant services.</p>	LO	<p>Strengthen partnership links and multi-agency working to achieve strategic priorities.</p>	<p>Improved services with increased choice</p>	<p>Strategy / LAA</p>	June 2008

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& 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)	Priorities for investment conform to 5 year strategy. Delivery of services & outcomes monitored & reported. Timely & accurate returns to DCLG. Positive practice shared.			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
<u>3.4 Performance monitoring & management</u> 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	<u>3.4 Performance monitoring and management</u> Robust performance monitoring 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 users. Progress is	60 Performance monitoring and management systems are underdeveloped.	4.3	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.	April 2008
		60 Contract monitoring is not consistently applied.	4.3	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.	April 2008
		60 There has been no verification of the quality of data submitted by providers.	4.3	SPLS data to be verified before being entered onto SP system and errors identified and addressed.	SP Service	Data sent to CLG is accurate. Data analysed and presented to CSG/CB is accurate and meaningful. Areas of under performance can be properly identified and addressed.		Supporting People Local System data report Supporting People Local System data report Supporting People Local System data report	Nov 2007 Nov 2007 Nov 2007

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<p>guidelines. Outcomes are reported corporately and to CB and CSG at regular intervals and to full council as agreed.</p>	<p>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.</p>	<p>60 There are no formal systems in place to report underperformance to the Commissioning Body.</p>	4.3	CSG & CB standing agenda items to be reviewed to include performance monitoring.	LO / AO	CSG & CB can identify and provide instructions on under performance.	Effective governance in place.	CSG / CB reports	Dec 2007
		<p>60 Staff were unable to identify any outcomes from the current performance monitoring system.</p>	4.3	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.	Nov 2007
				Implement monitoring of outcomes and report to CSG, CB, and LSP to map progress.	SP Service	Reports on outcomes available for scrutiny.	Clear audit trail to improve outcomes for service users.	CSG reports	Aug 08
				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
<p><u>3.5 Fairer charging (see also 7.6)</u> Applied to Supporting People service users and is efficiently and effectively implemented. Accessible information for all service users.</p>	<p><u>3.5 Fairer charging</u> Service users are well informed about charging, assessments are being made under fairer charging 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 income</p>	<p>62 Fairer charging has not been effectively promoted.</p>	3.4	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 2008
		<p>62 The programme has no leaflets or information that is regularly distributed to service users.</p>	3.1 & 3.4	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 2008
				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 2008

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	maximisation work and monitoring the impact of charging. There is a good fit with fair access to care and charging for social care services.			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
<u>3.6 Risk management</u> 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.	<u>3.6 Risk management</u> 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.	Contingency plans not in place for failure or withdrawal of services due to emergency		Develop contingency plans Review risk analysis by discussion at CSG and CB on a regular basis.	SP Service AO	Service aware of contingency plans and can implement effectively if needed. Risk Analysis included as agenda item at each meeting of CB/CSG	Service provision maintained in event of an emergency Risks to service users reduced	Plans can be implemented on the event of an emergency CB minutes CSG minutes	March 08
<u>3.7 DCLG Monitoring (SPLS data upload)</u> Accurate and complete data from the authority's SPLS to be submitted four times a year as required by DCLG.	<u>3.7 DCLG SPLS data upload</u> 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.	No gaps highlighted in report and service is delivering as per an excellent authority.							

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4.0 COMMISSIONING AND PERFORMANCE									
<u>CONTENTS</u>									
<p>4.1. Contracts 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</p>	<p>4.1 Contracts Contract issues addressed in a timely & appropriate timescale & format. All service reviews completed by 31/03/06. Discussions have taken place with partners, providers and service user representatives to agree the monitoring and QA arrangements for services under the new contracts issued on completion of service reviews. Where improvement schedules have been agreed with providers these are rigorously monitored and assessed against negotiated targets. Monitoring</p>	<p>65 External validation of the reviews was not consistent.</p>	4.2 & 4.3	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.	<p>Quality of services maintained and improved</p> <p>Stability of services</p>	Sub group developed and effective	April 2008
		<p>65 Service reviews were not undertaken in a robust or consistent manner.</p>	4.2 & 4.3	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 2008
		<p>65 The process for driving further service improvements is under developed.</p>	4.3	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 score of services maintained and improved	Sept 2008
		<p>65 Contract negotiations have still not been finalised.</p>	4.4	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.		Contract negotiations finalised	June 2008
		<p>65 Issuing of steady state contracts has been delayed.</p>	4.4	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 2008

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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.	arrangements are service user focussed and ensure, and enable, continual improvement in service delivery & VFM. Support is available for small & specialist providers. Outcomes are measured, reported and shared.			Review and improve performance management system to ensure service user focus and continual improvement. Ensure Children's services are fully represented at CSG	SP Service AO	Performance management system tested and fit for purpose. Needs of young people are fed into future planning and commissioning.	Continuous improvement of services A wider and better range of services are available for younger people.	Outcomes report CSG report	Aug 08 Jan 08
<u>4.2 Quality Assurance</u> QA systems are in place to ensure consistency and there is evidence of provider performance improving against QAF standards. Partner agencies are involved and work has been carried out with other ALAs to identify positive practice and	<u>4.2 Quality Assurance</u> QA is carried out internally to ensure a consistent approach. Moderation systems have been adopted in order to ensure the transparency and consistency of service reviews including one or more of the following: cross authority partnerships, use of critical friends,	68 Little use of external validation to improve the quality of service reviews. 68 Inconsistent approach to involving existing expertise from different client areas in the service reviews. 68 No external validation from other neighbouring	4.3 4.3 4.3	Introduce validation panel to CSG work plan requesting external partners to QA service reviews. Involve partners on CSG to assist with service review process for particular client groups. Continue work with WMRIG to develop peer review	AO / CSG Chair LO/ SP Officers LO	External partners included in the governance of the programme can provide validation to review process ensuring a clear and transparent process can be demonstrated. Utilise the expertise of partners to ensure service review process is consistent and suited to the service / client group. Service review process can	Continuous service improvement	Moderation systems Validation reports. Validation process and outcomes.	April 2008 April 2008 June 2008

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share experiences and expertise.	moderation panels drawn from partner agencies, CSG panel, etc.	authorities. 68 CSG not reviewing the progress of, or outcomes from the service reviews.	4.3	process. Lead Officer to report to CSG on progress of current reviews and outcomes.	LO / SP Service	demonstrate fairness through comparison to neighbouring authorities and provider/service user confidence in process can be restored. 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 2007
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 agreed. Risks posed to vulnerable people are clearly highlighted.	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 reported to the CB for approval in an appropriate and accessible format. CB members challenge the outcomes where appropriate.	68 CSG not reviewing the progress of, or outcomes from the service reviews. 68 Commissioning Body has not had the time or operational knowledge to provide sufficient challenge to all service reviews.	4.3 4.3	Lead Officer to report to CSG on progress of any current reviews and outcomes. 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	LO / SP Service CB / AO	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. 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.	Continuous improvement of services SU involvement in governance of service improvement	CSG reports Training for CB Service development.	Nov 2007 Jan 2008 April 2008

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<p><u>4.4 Cross Authority</u> 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.</p>	<p><u>4.4 Cross Authority</u> 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.</p>	<p>76 Cross authority work is weak.</p>	4.2	<p>Attend WMRIG to develop peer review process and other joint development plans.</p> <p>Create WMRIG Lead Officer distribution list to ensure information & expertise is shared and opportunities for joint monitoring have been identified.</p>	<p>LO</p> <p>SP Service</p>	<p>Robust joint working arrangements in place with best practice shared and potential reduction in work loads.</p> <p>WMRIG members are included on any consultation, events, information, etc. on Walsall programme and have opportunity to contribute / utilise programme development.</p>	<p>Continuous improvement of services</p> <p>Consistency in programme improvements through improved cross authority communication ensures continuous improvement in services</p>	<p>Walsall contribution to regional work.</p> <p>Sharing of best practice demonstrated.</p> <p>Involvement of Contracts Officers Group.</p> <p>WMRIG</p>	<p>Oct 2007</p> <p>Sept 2007</p> <p>Nov 2007</p> <p>Nov 2007</p>
<p><u>4.5 Improvement planning</u> Feedback is provided within agreed deadlines and arrangements are in place to allow discussions to take place. Improvement plans are agreed with providers.</p>	<p><u>4.5 Improvement planning</u> 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</p>	<p>66 [Review] timetable not adhered to.</p> <p>66 Lack of communication with providers.</p>	<p>4.3</p> <p>4.2</p>	<p>Standard timetable to be included in review process demonstrating staged approach to reviews.</p> <p>Develop robust, staged process to service reviews including communication plan/requirements</p>	<p>SP Service</p> <p>SP Service</p>	<p>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.</p> <p>Providers are clear and understand what is expected from reviews and are kept up to date with</p>		<p>Robust improvement planning in place.</p> <p>CSG CB reports Performance Development Group Minutes.</p>	<p>Nov 2007</p> <p>Nov 2007</p>

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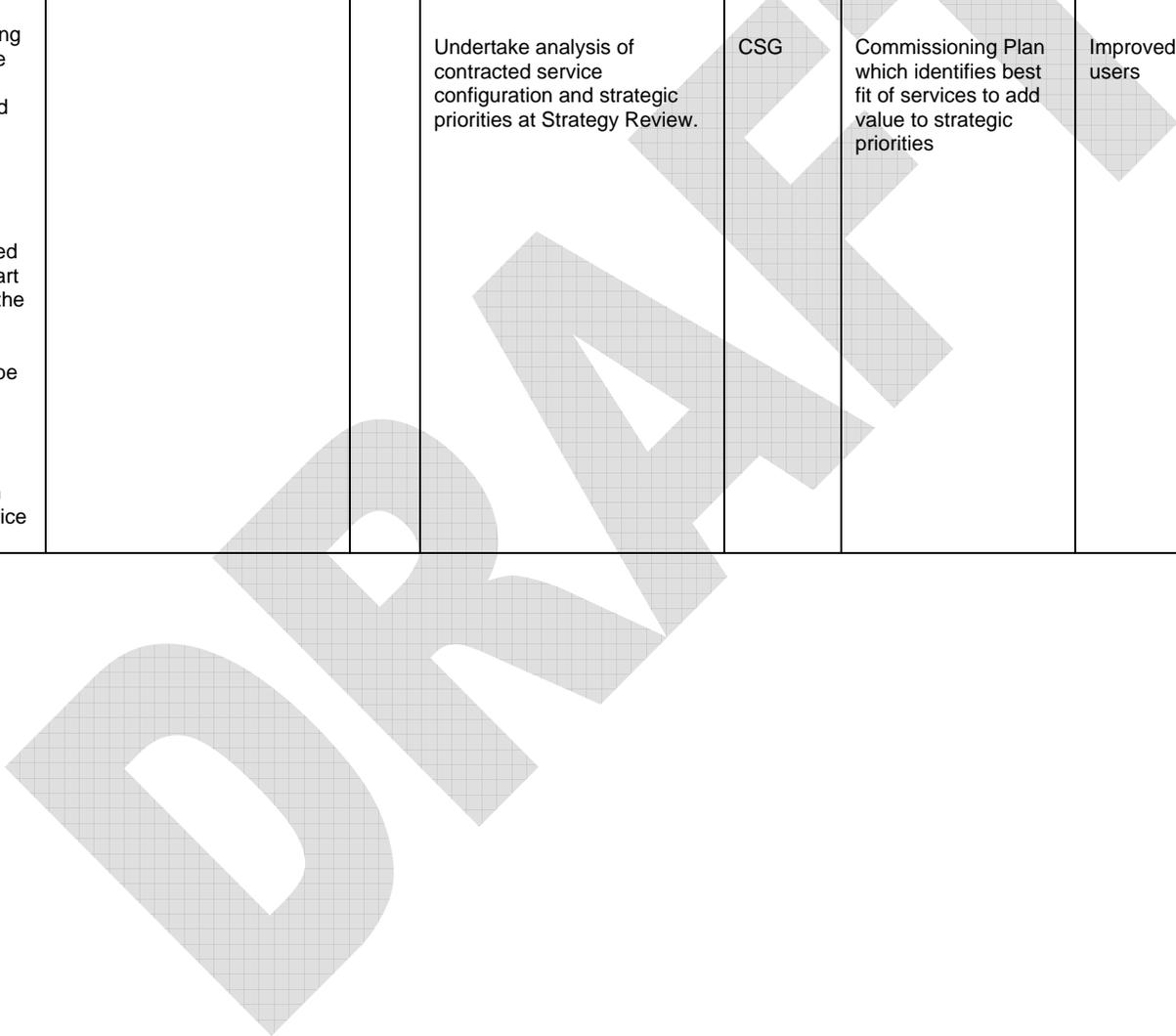
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Effective improvement planning and monitoring arrangements are in place.	a result.	67 Different review officers approached the task in different ways.	4.3	Develop with providers forum a robust, staged process for conducting services reviews.	SP Service / Providers Forum	progress. 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 2007
		67 The process was not effectively managed.	4.3	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.	April 2008
		69 The process for driving service improvement is underdeveloped.	4.3	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 2008

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<p><u>4.6 Complaints</u> 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.</p>	<p><u>4.6 Complaints</u> 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.</p>			<p>Review complaints governance and outcomes in line with Corporate complaints procedure.</p>	<p>AO / SP Service</p>	<p>Publicise complaints process to clarify system for complaints between service providers and service users.</p>	<p>Service know how to complain and it is an easy process</p>	<p>Complaint procedure CB reports Core Group reports Complaints procedures Provider and service user awareness</p>	<p>April 08</p>
<p><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 the CB.</p>	<p><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 the performance monitoring systems.</p>	<p>71 Appeals against service reviews were not well managed.</p>	<p>4.2 & 4.3</p>	<p>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.</p>	<p>SP Service/ CSG / CB / AO</p>	<p>Providers and partners have confidence in fair and transparent appeals process and can be assured of impartial review and outcomes.</p>	<p>Consistent approach to review of services allowing improvement of quality of services.</p>	<p>CSG reports Appeals procedure</p>	<p>April 2008</p>
		<p>71 The Council cannot demonstrate that they have an open and transparent service review process.</p>	<p>4.2 & 4.3</p>	<p>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.</p>	<p>SP Service / CSG / CB / AO</p>	<p>Providers and partners have confidence in fair and transparent appeals process and can be assured of impartial review and outcomes.</p>	<p>Consistent approach to review of services allowing improvement of quality of services.</p>	<p>CSG reports</p>	<p>April 2008</p>

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<p><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.</p>	<p>4.8 Outcomes 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.</p>			<p>Undertake analysis of contracted service configuration and strategic priorities at Strategy Review.</p>	<p>CSG</p>	<p>Commissioning Plan which identifies best fit of services to add value to strategic priorities</p>	<p>Improved services for users</p>	<p>5- Year Strategy Commissioning Plan LAA QAF scores Outcome monitoring</p>	<p>June 08</p>



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5.0 VALUE FOR MONEY (VFM)									<u>CONTENTS</u>
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	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	April 2008
		77 New [VFM] tool not developed in conjunction with service providers.	4.3	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	April 2008
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	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.	77 Value for money not thoroughly addressed through service reviews.	4.3	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	April 2008
		77 New [VFM] tool not developed in conjunction with service providers.	4.3	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	April 2008
				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	

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across all sectors has been sought and secured.	Advice and expertise from within the ALA and across the sector have been sought to inform the approach.								
5.3 <u>Benchmarking</u> Benchmarking of service costs is ongoing and undertaken at a national, local and regional level. Outcomes reported to CB and CSG.	5.3 <u>Benchmarking</u> Innovative approaches to benchmarking with a relevant range of partner organisations are being achieved and 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.	80 Bench marking is under developed.	1.2	Continue work with WMRIG to develop effective regional benchmarking tool. Benchmarking exercise outcomes reported to CSG and CB. Establish benchmarking panel to moderate VFM methodology in relation to high risk service groups before negotiation.	LO LO / CSG CSG	Accurate, up-to-date benchmarking can be demonstrated and utilised by regional SP teams to compare service costs. CSG and CB have accurate information in order to make strategic decisions on programme/service development. All high risk services evaluated and EIAs completed in this context.	Improved quality and cost of services. Improved quality and cost of services. Service users involved in benchmarking exercise.	Walsall contribution to WMRIG benchmarking exercise. Walsall contribution to WMRIG benchmarking exercise. Benchmarking of a relevant range of partner organisations.	Oct 2007 Oct 2007 April 08

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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. 84 Supporting People team missed the procurement planning framework so needs were not identified for 2007/08 procurement work plan.	4.9	SP representation at Commissioning Working group as part of LSP.	LO	Evidence of best procurement practice is demonstrable in commissioning arrangements.	Better quality services that promote diversity for service users.	CWG Minutes CB reports Procurement docs.	Nov 07
			4.9	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.	April 2008
5.5 Improving VFM Where services are found not to represent VFM, discussions are underway with key 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.	5.5 Improving VFM Service reconfiguration progressing well with minimal disruption to service users and sustained, or improved, standards of service delivery. Pace of change negotiated with providers and explained to service users (their carers and advocates).	VfM applied to all existing contracts.		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 2008
				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.	April 08

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<p><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.</p>	<p><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.</p>	<p>86 There is no regional approach to value for money or benchmarking</p>	4.3	<p>Continue work with WMRIG to develop effective regional VfM and benchmarking tool.</p> <p>Identify joint procurement opportunities from local strategies as part of refresh of regional strategy.</p>	<p>LO</p> <p>WMRIG SP Service</p>	<p>Accurate, up-to-date benchmarking can be demonstrated and utilised by regional SP teams to compare service costs.</p> <p>Clear approach to assessing VfM is adopted by regional partners providing clarity and consistency for providers.</p> <p>Clear joint procurement opportunities identified and progressed.</p>	<p>Consistency in approach to services.</p> <p>Services are available for service users on a cross-authority basis.</p>	<p>Walsall membership of WMRIG Benchmarking Group.</p> <p>WMRIG minutes CB reports Procurement docs.</p>	Sept 08
<p><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.</p>	<p><u>5.7 Administration grant</u> Robust VFM analysis of admin grants expenditure and revised working practices adopted where weaknesses have been identified.</p>	<p>Value for Money assessment not applied to use of admin grant</p>		<p>Undertake analysis of comparative benchmarking data on admin grants</p>	<p>SP Service</p>	<p>Comparison of admin grants and results of other local authorities to ensure ALA efficiency.</p>	<p>SP Programme functions effectively to ensure involvement of service users.</p>	<p>Analysis of grant Contribution of ALA to admin grant. CB reports .</p>	April 08

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6.0 SERVICE USER INVOLVEMENT									
<u>CONTENTS</u>									
<p><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, 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 arrangements are in place.</p>	<p><u>6.1 Opportunities</u> Established and trusted forums have been effectively used to disseminate information and to enable the active participation of 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 evidence of improvements in programme delivery and services as a direct result of user involvement.</p>	<p>88 Service user involvement in the programme is under developed.</p>	2.x	<p>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.</p>	CJ / CSG / CB	<p>Service User forum is effective and can contribute to governance of programme and influence all aspects of service delivery and development.</p>	<p>Service users consulted on how they can be involved in the programme and can influence service delivery.</p>	<p>Active participation of service users in the planning and review of services.</p>	Oct 2007
		<p>89 No feedback or outcomes from [previous service user involvement] have been given to service users.</p>	2.x	<p>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.</p>	SP Service / SU Forum	<p>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.</p>	<p>Service users contribution through planning group</p>	<p>Improvements</p>	July 2007
				<p>Commission additional work to ensure appropriate mechanisms remain available for excluded vulnerable groups to participate.</p>	SP Service	<p>Information is up to date on needs all vulnerable client groups.</p>	<p>Service delivery can be made more sensitive to meet local needs of service users.</p>	<p>Service user forum and feedback.</p>	Aug 08

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<p>6.2 <u>Involvement in contracting & monitoring</u> Service users, their carers and advocates are kept informed, their views are sought and they have access to monitoring & procurement processes. Specialist advocacy and support groups' expertise has been sought to assist as required.</p>	<p>6.2 <u>Involvement in contracting & monitoring</u> Service users understand the processes and are clear about opportunities to contribute. Service users are provided with feedback following monitoring & improvement planning and they are involved in the improvement planning and delivery. There is evidence of service user engagement and the impact of their involvement can be demonstrated through service improvement.</p>	<p>90 Not all service reviews captured the service users' perspective of the service.</p>	2.2	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 2008
		<p>91 Limited examples of Service User involvement shaping services.</p>	2.4	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 2008
		<p>92 Service users are not involved in monitoring the performance of service providers.</p>	2.3	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 2008
				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	March 2008
				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.	March 2008

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<p><u>6.3 Outcomes from user involvement</u> The ALA can evidence that it is reaching individuals and user groups who have not previously been. Specialist advocacy and support groups' expertise has been sought and secured. CSG regularly review arrangements and report progress to CB.</p>	<p><u>6.3 Outcomes from user involvement</u> Identified benefits realised from user involvement. Outcomes captured and used to inform programme 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.</p>	<p>93 Service users are not able to directly contribute to the planning and development of their services.</p>	2.4	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.	April 2008
		<p>94 Service users are not effectively represented in Supporting People governance structures.</p>	2.2	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 2007
				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

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7.0 ACCESS TO SERVICES AND INFORMATION									<u>CONTENTS</u>		
<p><u>7.1 Access and referral to services</u> 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</p>	<p><u>7.1 Access and referral to services</u> 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.</p>	<p>96 There is a lack of information on the programme and access and referral arrangements are variable.</p> <p>96 The routes into services differ according to the type of service.</p> <p>99 Sign posting for potential service users by telephone is poor.</p>	3.2	Work with all providers and stakeholders to ensure there are clear, fair and transparent referral routes for service users to access service.	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 2008		
			3.2					Availability of information on services is increased and points of access to information improved.	Potential service users understand possible exclusions to their services.	Revised referral process	
			3.2	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 2008		
				Update website.	SP Service	Access routes and contact details via website are accurate and up-to-date.					
				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.	March 08		

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<p><u>7.2 Information</u> A range of accessible information is available to existing and potential service users in a range of formats sensitive to the diverse needs of Supporting People service users.</p>	<p><u>7.2 Information</u> High quality accessible information that is attractively presented is widely available in formats that are appropriate to the diverse needs of service users. This information is developed in partnership with service users, their carers and advocates and regularly reviewed.</p>	<p>98 There is no written information on the Supported People programme on display or available in the First Stop Shop.</p> <p>100 There are no leaflets produced to explain or promote the programme to potential service users, their carers and advocates.</p>	3.1	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 2008
			3.1 & 3.2	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, carers and advocates.	Accessible information for service users in place.	Increased Customer satisfaction	May 2008
<p><u>7.3 Directory</u> 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 access with contact details. This has been produced in partnership with providers and advocacy groups.</p>	<p><u>7.3 Directory</u> A comprehensive directory of services at a local and national level is available through many different access points including council offices, advice agencies and Supporting People partners. It is available in a variety of formats to be as accessible as possible. The directory is produced in partnership and regularly up-dated.</p>	<p>97 The directory of services is not effective.</p>	3.x	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, carers and advocates to services.	Improvements in Access to information.	Customer satisfaction	May 2008
				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 2008
				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 2008

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<p><u>7.4 Website</u> 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 partners.</p>	<p><u>7.4 Website</u> 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 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.</p>	<p>101 Information on the Council's website is limited.</p>	3.3	<p>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.</p>	SP Service	<p>SMART plan can be implemented detailing requirements for the website including input from corporate Web team and resources identified,</p>	<p>Clear, easily accessible information</p>	<p>Web site</p>	<p>June 2008</p>
		<p>101 There is little information for providers and there are no copies of minutes of meetings.</p>	3.3	<p>Include 'Providers' section in web development plans to host a range of information including minutes of meetings, news, training events, etc.</p>	SP Service	<p>Providers can be kept up-to-date with news and programme developments. Improve the communications methods between the team and providers.</p>	<p>Clear, easily accessible information Clear, easily accessible information</p>	<p>Forum feedback and evaluations Forum feedback and evaluations</p>	<p>March 2008 March 2008</p>
		<p>Better care, Higher Standards revised in 2007. Supporting People included within new document.</p>		<p>Ensure that SP priorities feed into Walsall's longer term care plans.</p>	LO	<p>Priorities in revised 5 year SP strategy provide clear links with Better Care, Higher Standards</p>	<p>Improved quality of services</p>	<p>SP Strategy</p>	
<p><u>7.5 Better Care: Higher Standards (or equivalent)</u> Better Care: Higher Standards, the ALAs publication on the range of health, social care and housing services for vulnerable people has been up-dated to encompass Supporting People services. Accessible document,</p>	<p><u>7.5 Better Care: Higher Standards (or equivalent)</u> 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.</p>								

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widely available.									
<p><u>7.6 Services charges & Access to Fairer charging</u></p> <p>ALA aware of providers charging “top up” for housing related support & is challenging this practice. Information is available on Supporting People service charges, the implications of fairer charging have been addressed and access to assessments is clearly signposted.</p>	<p><u>7.6 Services charges & Access to Fairer charging</u></p> <p>There is clear information widely available on charges, including top up charges, and how to request a fairer charging assessment. Information has been 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.</p>	<p>62 Fairer charging has not been effectively promoted.</p>	<p>3.4</p>	<p>SP Officers to assist providers to encourage the promotion of FCAs to existing and new service users.</p>	<p>SP Service</p>	<p>Existing Service users are aware of FCAs and how these may assist in reducing service costs.</p>	<p>Potential for reduced service costs.</p>	<p>Increased take up of assessments.</p>	<p>June 2008</p>
				<p>Review availability of information for service users under FACS</p>	<p>Fairer Charging Team</p>	<p>Up to date and clear information is available to Supporting People service users.</p>	<p>Service users have access to appropriate information under fairer charging.</p>	<p>Information has been produced in partnership and is easy for service users and their carers to understand.</p>	<p>March 08</p>
				<p>Introduce performance audits of providers to ensure non-HB service users are made aware of FACS</p>	<p>SP Service</p>	<p>All chargeable services reviewed.</p>	<p>Service users are made aware of their right to fairer charging assessments.</p>	<p>Service reviews</p>	<p>Aug 08</p>

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<p>8.0 DIVERSITY <u>CONTENTS</u></p>									
<p><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 existing service provision in the context of local demography accessed from relevant agencies including providers and priorities determined.</p>	<p><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 eligible vulnerable people in the ALA.. Partners and other stakeholders have been fully engaged in the process.</p>	<p>106 There has been little consultation with partners, service users and potential service users.</p> <p>106 There is no formal programme of consultation with community groups.</p>		<p>Implementation of communication strategy</p>	<p>SP Service / LO / AO</p>	<p>Partners, stakeholders and providers are involved and consulted on E&D issues and can contribute knowledge, experience and information towards programme and service development.</p> <p>CB provided with E&D information to contribute and assist with effective strategic planning and decision making.</p> <p>Community groups engaged on a wider scale covering all strategic housing issues and contributing directly to the future</p>	<p>Improved consultation</p>	<p>Development and implementation of communication strategy</p>	<p>July 2008</p>
<p><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.</p>	<p><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.</p>	<p>107 The approach to meeting the needs of BME communities is undeveloped.</p>		<p>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</p>	<p>SP Service</p>	<p>Development of housing related support services.</p> <p>Strategic priorities consider needs of BME communities and future service development / commissioning is considerate of these.</p>			<p>Aug 2008</p> <p>Aug 2008</p>

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<p><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 users, their advocates, carers and representative groups. Diversity impact assessments completed.</p>	<p><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 individuals and groups can be evidenced.</p>	<p>108 Equality and diversity data that is routinely collected by service providers is not collected and used by the Supporting People team.</p>		<p>Audit data collected to develop systems and ensure this feeds into SP needs data</p>	LO / AO	<p>Current services have been reviewed to assess the cultural sensitivity of existing provision</p>	<p>Services effectively deliver culturally sensitive support, encouraging access from all communities.</p>	CSG / CB reports	Aug 2008
		<p>110 There is no programme or timescale for the completion of EIA assessments.</p>		<p>All steady state contracts to include EIAs</p>	LO / AO SP Service	<p>Service can demonstrate effective plan to ensure the completion of EIAs on all services.</p>	<p>Services effectively deliver culturally sensitive support, encouraging access from all communities.</p>	Completed EIAs	Aug 2008

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9.0 OUTCOMES FOR SERVICE USERS									<u>CONTENTS</u>
<p><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.</p>	<p><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.</p>	<p>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.</p>	4.3	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 2007
<p><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</p>	<p><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</p>	Service availability is cross tenure.		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	Jul 2008

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groups of service users they apply to. Lack of provision has been identified and plans are in place to address this.	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.								
<p><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.</p>	<p><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.</p>	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.							

WALSALL SUPPORTING PEOPLE PROGRAMME – Improvement Towards Excellence Plan

KEY LINE OF ENQUIRY (KLOE)	AN ORGANISATION DELIVERING AN EXCELLENT PROGRAMME	CURRENT POSITION (Red = from report)	Recommendation Report Ref: (RAG)	ACTION	LEAD	MILESTONES / OUTCOME	OUTCOMES FOR SERVICE USERS	EVIDENCE	TIMESCALE (RAG)
<p><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.</p>	<p><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.</p>	<p>The Supporting People outcomes framework was introduced in September 2007. Measurement of outcomes will not start until April 2008.</p> <p>Outcome measurement has been included in the new Performance Monitoring Procedure and will be updated as the framework evolves.</p>							

