

Devon Supporting People

Guidance Document for Project 4: Monitoring Services



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Foreword – Devon Supporting People Lead Officer

At the time of writing this guidance it is already clear that any policy for how the monitoring and review of SP funded services is undertaken, must build upon convergence of work with wider partners, and recognise a customer need for reduced bureaucracy . However, equally vital is the need to avoid gaps in management information in a sector that is still not fully understood by all, and ensure that the unique work of housing support providers can continue to evidence its role in constructively helping those most excluded by society.

Devon Supporting People's aim is to assist the sustainability of all housing support services, and to help both large and small providers evidence the valuable work that they do. During 2006/8 the team will work openly, transparently, and in partnership with providers. Wherever possible the team will publish well in advance all of the criteria that will be used to assess the value of services, and the team will continuously strive to develop a more open dialogue with providers over how assessments of value should evolve.

Devon Supporting People has learnt important lessons from the previous three years of intensive review of services, which it hopes are reflected within this guidance.

As the Supporting People programme enters its fourth year of contract with providers of housing related support, we look forward to closer working relationships, and an improved stability in a sector that is now beginning to become increasingly able to evidence its value to the community.

Alison Morgan, Devon Supporting People Co-ordinator

1. The Targets Devon Supporting People will work to for 2006

1.1 Devon Supporting People has identified 8 high level targets for 2006/8 that relate to the monitoring and review work needing to be undertaken during this period. The targets (outlined in Table one) reflect:

- The need for the programme to be able to evidence its efficiency and effectiveness.
- The need for services to be able to evidence standards of quality.
- The need for the programme to demonstrate involvement with service users, and relevance to the work of partners.

Table one: High-level performance targets (2006-07)

| Target Area | Comment | Attainment 05/6 | Target 06/7 |
|---|---|--|--|
| Average annual cost per household: (Homelessness) | Indicates how increased efficiency and effectiveness is enabling delivery of support to the same or more service users, for the same or less cost | Average annual cost £7,370 per household | Reduce average annual cost to £4,916 per household. Introduce 203 additional household units of support. |
| (Learning Disability) | <i>(For total number of units contracted, see Service Performance Information tables)</i> | Average cost £11,640 per household | Average annual cost £8,315. Introduce 9 additional units, |
| (Mental Health) | | Average cost £6,657 | Average annual cost £5,163. Introduce 12 additional units, |
| (Older Persons) | | Average cost £648 | Average cost £648 per unit of support |
| | | | |
| The % of Performance indicators submitted & uploaded | Tells us how many (%) of our services are submitting the basic data we need | 69% programme | 100% programme |
| Performance Indicator KPI 2 (planned move on, through short term, accommodation based services) | Tells us how effectively the high cost short term services are moving service users on to greater independence | 71% of the total household unit capacity | 85% of the total household unit capacity |
| Performance Indicator SPI 2 (Utilisation) | Tells us how much of our total capacity is being used | Average 80% (Est.) | Average 95% |
| The numbers of services submitting Quality Assessment Framework self assessments | Indicates the standards of quality in services, as found in self assessment by the provider | 350 self assessments received | 553 self assessments received |
| The numbers of services that have their QAF objectives validated | Confirms the standards of quality in services, as found by a Supporting People team validating officer | 50% @ level C or above validated | 100% @ level C or above validated |
| % and number of service users participating in consultation exercises | Should seek to increase over time. Will be different, for different types of services. | 150 (Est.), or 1% | 300, or 2% |
| Number of new Integrated Contracts let | Demonstrates the progress being made delivering services seamlessly alongside the work of other partners | One, Bishops Court. | Total of four, one in each sector |

2. Key lines of enquiry for assessing the value of services during 2006

2.1 Devon's current framework for assessing the value of housing related support services is based upon the five key lines of enquiry that were used to inform the 2004/6 reviews. These are:

- Strategic Relevance
- Performance
- Quality
- Value for Money
- Service user satisfaction

2.2 Between 2006/8 Devon Supporting People will continue to utilise the above key lines of enquiry to assess the value of services. Examples for how this will be done are as follows:

Table Two: Supporting People Key lines of enquiry during monitoring and reviews for 2006/8

| Key Line of Enquiry | A Good Service |
|--------------------------|---|
| Strategic Relevance | <ul style="list-style-type: none"> ○ The service is able to demonstrate its relevance to the Supporting People Strategy, as well as other related local and national strategies and initiatives ○ The service is recognised by and valued by identifiable commissioning stakeholder partners, and has clear referral pathways ○ The service can demonstrate how the S.P funds it receives are used only to deliver housing related support. ○ The service is able to demonstrate how it works constructively with a wide range of partners. |
| Performance | <ul style="list-style-type: none"> ○ The service has submitted performance indicators to schedule that have been successfully uploaded into Devon's S.P database ○ The KPI and SPI indicators demonstrate the efficiency and effectiveness of the service |
| Quality | <ul style="list-style-type: none"> ○ The service has submitted self assessments to schedule. ○ All QAF objectives have been validated at level C or above ○ The service is able to demonstrate continuous improvement of its QAF attainment. |
| Value for Money | <ul style="list-style-type: none"> ○ The service is able to provide financial information that allows the cost per support hour to be clearly visible, and is able to account for management costs in the service being reviewed. ○ The service cost is comparable to other similar services regionally, or if higher, the service is able to justify this in terms of performance and quality. |
| Service User involvement | <ul style="list-style-type: none"> ○ There is evidence that service users are supported by the provider to shape their support service, and that their involvement in doing this is appropriately valued and rewarded by the provider. ○ There is evidence that support services have been adapted or modified in response to service user needs or preferences. |

2.1 It is likely that between 2006/8, an agreed outcomes framework will become available to Devon's Joint Commissioning Body (JCB). At the point of approval of any such additional or alternative tool by the JCB, Devon Supporting People will communicate directly with all providers, and provide updates to this guidance.

3. Identifying services where additional monitoring, or service review is required

3.1 Devon requires that all services submit monitoring information outlined in a complete list in the Annexe to this guidance. A Summary of the differing requirements for different types of services is as follows in table three:

Table Three: Summary of monitoring information

| Title of Information being reported by all services, all of the time | Summary description of the Information being reported, and how it is used |
|---|--|
| Performance Indicators | Performance Indicators or PIs are the main way a service – as well as the overall programme – is able to evidence its efficiency and effectiveness. Indicators on staffing levels, availability, utilisation and planned move on are used to create a regular management information report. |
| Quality Assessment Framework standards | The Quality Assessment Framework (QAF) has introduced consistent minimum standards for quality into the supported housing sector, covering the core objectives of needs and risk assessment, Support planning, health and safety, protection from abuse, fair access, and complaints. All services in Devon are expected to meet a minimum standard (C) for all six of the core objectives within the QAF. |
| Title of additional Information being reported by all services that have steady state contracts | Summary description of the Information being reported, and how it is used |
| Steady State contract Action Plans | Action plans detail the improvements and targets that services should attain during their contractual period. The plans result from reviews of services that have taken place. Action plans are part of Devon's steady state contracts. |
| Title of additional Information being reported by all services, except those that are Home Improvement Agencies, Community and Social Alarms, Sheltered housing, Very sheltered housing, Almshouses, Peripatetic warden services, or Leasehold schemes | Summary description of the Information being reported, and how it is used |
| Client Record Form data | The Client Record Form is a standard way of collecting information on access to SP services from all providers in England. Data sets and |

| | |
|--|---|
| | summary reports are sent quarterly to the ODPM and passed on to the relevant Administering Authority. The information is used to monitor fair access to SP services for those who are eligible, and to examine whether support needs are being met. The information can also be used by Administering Authorities working together to plan services regionally. The ODPM uses the data to report nationally on access to SP services. |
|--|---|

3.2 Table three (above) just outlines reporting requirements for different services. More detail on the differing options providers have when collecting and submitting this information is available from Devon's 'Reporting Requirements' document, referred to in the Annexe of this guidance. 'Reporting Requirements' contains internet links to local and national guidance and tools, and explains the criteria for differing options in reporting, such as 'QAF lite'.

3.3 During 2006/08 Devon Supporting People Team will gather and analyse monitoring information. Reports will be prepared for governance groups, and areas of concern highlighted in advance to allow remedial actions to be implemented. Typical areas of concern are shown below in Table Four:

Table Four: 'High risk' criteria for services

| Risk | Possible cause | Possible consequence |
|--|---|---|
| Mis-match between previous QAF assessment and self assessment | The provider believes evidence exists to support a validated improvement | Unless the evidence becomes validated, the improvement cannot be published as official |
| Number and frequency of complaints received by SP/ SS/ stakeholders/ POVA | Working practices may be inadequate, or even unsafe | Dissatisfied customers, and further avoidable harm to service users |
| overall price of contract | Large number of units, or high unit costs | The higher the contract value, the greater the overall risk to DCC from any failure in a single service |
| loss of other funding | Partner organisation unable or unwilling to continue funding | The provision becomes unviable, and contingency for service users need forward planning |
| targets in action plan not met e.g. staffing, utilisation, planned move on | Working practices may need improvement, or assistance from other partners | Poor value for money, low attainment of outcomes for service users |
| contract assignment/ change of provider | Revised business plan | TUPE arrangements needed, contract variation needed, familiarisation with new provider needed |

4. Supporting Providers to meet expectations where there are difficulties

- 4.1 The submission of reporting information by providers is critical to evidencing and supporting the delivery of continued improvement in outcomes for vulnerable people. Because of this, it is a requirement for all local authorities – including Devon - to submit quarterly data to ODPM through the Supporting People local system (SPLS), so that the department can successfully monitor the programme. Failure to submit this required data is a breach of grant conditions that could result in penalties being incurred; such as withholding administration or programme grant.
- 4.2 However, Devon recognises the challenge that complying with reporting requirements, and meeting review criteria sometimes presents to providers. During 2006 Devon Supporting People Team will making every effort to assist providers with any technical or procedural difficulties that they may be experiencing in their reporting, or their action plans within contracts. A series of monitoring advice ‘drop in’ days will run throughout the 2006, and a named member of the team will always be allocated to each to service to act as a link, and provide practical advice.
- 4.3 From April 2006, Devon Supporting People has a formal expectation that every will service will comply with their contractual requirement to submit all necessary information outlined in section 2 of this guidance. Whereas in the past Devon Supporting People Team has allowed smaller providers with low overall contract values a temporary exemption from submitting performance information to provide a period of familiarisation, it is no longer felt appropriate to continue any such exceptions.
- 4.4 All submissions of performance indicators must be made through use of the ODPM electronic workbook, which is downloadable from the national Supporting People website, and Devon’s own local Supporting People website. Exceptions to compulsory use of the electronic performance indicator workbook will only be considered where a service is delivered by a Sole trader. Sole traders are individual support providers who are not working for a charity, housing association, limited company or other type of organisation but are working for themselves, often in their own home, and not employing any housing related support staff. Examples of sole traders are supported lodgings or adult placements where there is no overarching organisation. Where a provider believes that they are a sole trader, and that they are not able to submit electronic workbooks they must agree alternative arrangements for performance indicators to be provided directly to their reviewing officer.
- 4.5 Where a provider’s service defaults on provision of required monitoring information, a stepped approach to sanctions will be adopted. Initially any ‘default’ will be managed by the provider’s reviewing officer. If a default persists, and remains unresolved after attempts by a reviewing officer to correct matters, a report will be submitted to housing steering group

stakeholders advising them of the issue. The report will advise these stakeholders of actions to help the provider that have taken place, and will detail a timetable of expected improvement. Any further reports to stakeholders that are made over serious defaults may need to be made available to Devon's Joint Commissioning Body, and may ultimately seek approval for notice to be made to transfer the service contract to an alternative provider. All reports will be shared openly with the provider at the earliest possible stage.

- 4.6 Any difficulties a provider has in meeting Action Plan targets within steady state contracts will be approached differently from non-compliance with reporting requirements. Action Plans are designed to establish trends of service activity over the entire length of the contract, and in normal circumstances, difficulty in meeting a target would simply contribute to building up a clearer picture of the service's strengths and weaknesses. During the service's contract, quarterly examination of the attainment towards Action Plan targets will be used to help the provider and commissioner develop and steer the service towards improved outcomes. Towards the end of the service's contract, examination of the overall attainment towards action plans will contribute to review of the service, and may inform recommendations for any changes that are needed to it.
- 4.7 Devon Supporting People's aim is to assist the sustainability of services, and to help providers evidence the value these provisions contribute to the community. In doing this, Devon Supporting People will work openly, transparently, and in partnership with providers. The Annexe of this guidance contains criteria that will be used to assess the risk that services are felt to present the programme. Also in the Annexe are the Key Lines of Enquiry that reviewing officers will apply to services when gathering information.

5. Monitoring & Review outcomes and our plans to achieve them (2006/07)

5.1 Communicating Reporting Expectations & Targets for the Year:

5.1.1 Vision for this work area: This work area is concerned with making sure that good communications have made clear the monitoring and review expectations Devon has for 2006/8. This involves general activities such as making submissions of data and complying with reporting requirements, but also involves the setting of specific targets that both providers and the Supporting People Team will be working to.

5.1.2 Workplan for this task area is as follows:

| Outcome | What we plan to do (2006/07) |
|--|---|
| Setting & Communicating Reporting Expectations & Targets for the Year | 1. Create and publish guidance for monitoring and Review 2006/8 |
| | 2. Create and agree criteria for the Supporting People element of the (Gershon) Area Efficiency Statement. |
| | 3. Create and publish the key lines of enquiry that will be used when monitoring and reviewing services |
| | 4. Create and publish a set of risk criteria that will be used to assess which services will be prioritised for visits by review officers |
| | 5. Create and establish use of an activity monitoring form for service review officers |
| | 6. Create and publish a set of high level targets for monitoring and review during 2006 |
| | 7. Contact all providers with written confirmation about all reporting expectations during 2006 |
| | 8. Set individual targets for each service with the steady state contract |

Key Targets

Plans 1 - 6 to be drafted by April 2006, and published the end of May 2006

Plan 7, letter to providers to have been dispatched by end of April 2006

Plan 8. Homelessness sector by March 2006. Learning Disability and Mental Health sectors by June 2006. Older Persons sector by November 2006.

5.2 Working to Achieve Expectations & Targets

5.2.1 Vision for this work area: This work area is concerned with how the activities of the Supporting People Team will build capacity for effective monitoring and review. The emphasis is upon greater use of management information and desktop analysis to identify issues before they become problems. This philosophy will extend to pre-empting the learning and development needs of partners, and achieving a wider understanding and use of Supporting People management information.

5.2.2 Workplan for this task area is as follows:

| Outcome | What we plan to do (2006/07) |
|--|---|
| Working to Achieve Expectations & Targets | 1. Review Officers to complete all work arising from 2004/6 service reviews, and visit all providers issued with Review Plans. |
| | 2. S.P Team to host 5 learning and development events during 2006 to assist providers manage all reporting requirements |
| | 3. S.P Team to deliver 5 learning and development events during 2006 to assist each Housing Steering Group make use of management information and better understand their sector market |
| | 4. S.P to create and publish quarterly management information reports through 2006. |
| | 5. S.P to create a mid year remedial action plan, based on rolling analysis of management information, and highlighting areas of concern. |
| | 6. Create and publish a revised Devon VFM framework for housing related support services |
| | 7. Review Officers to visit all providers requesting QAF validation visits at least once during 2006 |
| | 8. Review Officers to have direct contact with a number of service users in each sector of the programme during 2006, and compile levels of satisfaction into a published report |
| | 9. Review Officers to Review any services where risk indicators are highest. |

| Key Targets |
|--|
| Plan 1. Learning Disability and Mental Health Review plans complete by March 06: Older Persons Review plans complete by end of July 06. |
| Plan 2. Events scheduled for May 8th, July 3rd, and 2nd October 2006. |
| Plan 3. All Housing steering groups to have held an event by December 2006 |
| Plans 5 & 6 & 8 Reports to go to 28th November HSSP, and 11th December JCB |

5.3 Working with Partners to Integrate Provisions, and Reduce bureaucracy

5.3.1 Vision for this work area: This work area is concerned with improving the service user experience where housing related support is delivered alongside statutory provisions such as care, and community sentencing.

5.3.2 Workplan for this task area is as follows:

| Outcome | What we plan to do (2006/07) |
|--|---|
| Working with Partners to Integrate Provisions, and Reduce bureaucracy | 1. Identify services that would be best let as integrated contracts |
| | 2. Create and publish a communication protocol between organisations that deliver statutory provisions, and organisations that deliver housing related support. |
| | 3. Create and publish guidance for how reporting information will be provided where there are integrated contracts |
| | |

Key Targets

Plan 1: Learning Disability and Mental Health sector by end of May 2006, Older Persons by end of September 2006.

Plan 2: First draft to HSSP of June 06

Plan 3: First draft to HSSP of September 2006

5.4 Improving the Equality of the programme

5.4.1 Vision for this work area: This work area is concerned with acting upon the findings of Devon Supporting People's Equality Impact Needs Assessments of January 2006. Action plans arising from these assessments have identified a need to improve access to services for some specific sections of the community, and a need to place greater emphasis upon validating the evidence that services are meeting the relevant quality standard for fair access.

5.4.2 Workplan for this task area is as follows:

| Outcome | What we plan to do (2006/07) |
|--|---|
| Improving the Equality of the programme | 1. During 2006, Review Officers will participate in learning and development regarding needs of deaf people, bi-sexual people, gay men, lesbians and trans people when accessing publicly funded services. |
| | 2. All services will be provided with information to assist providers welcome deaf people, bi-sexual people, gay men, lesbians and trans people to their services during 2006 |
| | 3. Devon Supporting People will identify services that have low levels of attainment in QAF objective C 1.5 (Fair Access, Diversity and Inclusion) and deliver or co-ordinate specific learning and development to these providers. |
| | |

Key Targets

Plan 1: Learning and development to have taken place by September 06

Plan 2: All providers to have been provided with a resource pack by Oct 06

Plan 3: Devon to achieve an increase in providers attainment in QAF C 1.5 by April 2007

6. Annexe

Achievements (2004/06)

- 1.1 The vision for Devon's Service Review Programme achievements for 2004/06 was based around an ODPM requirement for all services to be reviewed to set criteria, by 1st April 2006. Aside from this ODPM grant condition, Devon's strategic commissioners sought to build an improved understanding of the value that these service delivered, in terms of strategic relevance, performance, quality, value for money, and service user satisfaction. Devon also recognised the need to ensure that service reviews enabled a viable financial plan to be implemented, given ODPM announcements that there would be for reductions in grants over the period of 2004/8.
- 1.2 The Audit Commission inspected Devon's programme in April 2005, and overall, the findings with regard to the review of services were favourable, and are published at:
<http://www.auditcommission.gov.uk/authority.asp?CategoryID=ENGLISH%5E576%5ELocal-VIEW%5EAUTHORITIES%5E102428>
- 1.3 The approach and outcomes from Devon's service reviews have been set out in guidance and reports that have been published upon the Devon Supporting People website, <http://www.devon.gov.uk/supportingpeople/>
A summary of the outcomes is as follows:
- o *Devon has successfully completed the 3 year service review programme in accordance with ODPM requirements. 640 services have been reviewed in total.*

| Review Outcome | Number of services | % of programme |
|--|---------------------------|-----------------------|
| Re-commission the existing service with no changes | 4 | 1% |
| Re-new contract with changes to a service | 59 | 9% |
| Re-new contract with an action plan | 120 | 19% |
| Major changes or re-modelling of a service | 53 | 8% |
| Transfer service to another provider | 6 | 1% |
| Decommission the service unless a review plan can be met | 295 | 46% |
| Decommission service | 37 | 6% |

- *Analysis of validated Quality Assessment Framework (QAF) standards show that there has been some progression by some services. Work is currently in progress to validate further significant numbers of services who at the outset of the review programme could not evidence the minimum standard (c) level of attainment.*

| 2004/05 baseline figure | | 2005/06 figure | |
|------------------------------------|---|------------------------------------|--|
| Number of services open at 31/3/05 | figure | Number of services open at 31/3/06 | figure |
| 658 | 39 level B Standards met; 289 level C Standards met; | 558 | 49 level B standards met; 282 level C standards met; |

- *By April 2006, 30 Steady State contracts had been approved, covering 78 services in the 'socially excluded' sector (homelessness, drug & alcohol, young people, offenders, domestic violence). Steady State contracts covering services in the mental health and learning disability sectors will be in place by September 2006, and for older people and physical sensory services by February 2007.*

Conclusion from achievements: Lessons learnt.

1.4 Things that went well during the 2004/6 monitoring and review period:

- ODPM targets for review were achieved
- Service users experienced improvements to services
- Medium term financial plan was achieved
- Management information reports became available to governance structures

1.5 Areas for improvement arising from the 2004/6 monitoring and review period:

- Better engagement, consultation and involvement with providers is needed
- Better engagement, consultation and involvement with service users is needed
- There is a need for better documentation and reports from Supporting People about their findings, having collected information and/or visited services
- There is a need for better advance analysis of the impact that any serious changes to services will have upon service users and other commissioning partners.

PERFORMANCE REPORTING QUARTERS 2006

| | | | | | | | |
|----|---------|--|---------|---|--|--------------|----|
| Yr | 2005/06 | | Quarter | 4 | | No. of weeks | 13 |
|----|---------|--|---------|---|--|--------------|----|

| | | | |
|---------------|---------------|----|---------------|
| Full quarter: | Mon 02 Jan 06 | to | Sun 02 Apr 06 |
| Actual dates: | Mon 02 Jan 06 | to | Sun 02 Apr 06 |

| | | | | | | | |
|----|---------|--|---------|---|--|--------------|----|
| Yr | 2006/07 | | Quarter | 1 | | No. of weeks | 13 |
|----|---------|--|---------|---|--|--------------|----|

| | | | |
|---------------|---------------|----|---------------|
| Full quarter: | Mon 03 Apr 06 | to | Sun 02 Jul 06 |
| Actual dates: | Mon 03 Apr 06 | to | Sun 02 Jul 06 |

| | | | | | | | |
|----|---------|--|---------|---|--|--------------|----|
| Yr | 2006/07 | | Quarter | 2 | | No. of weeks | 13 |
|----|---------|--|---------|---|--|--------------|----|

| | | | |
|---------------|---------------|----|---------------|
| Full quarter: | Mon 03 Jul 06 | to | Sun 01 Oct 06 |
| Actual dates: | Mon 03 Jul 06 | to | Sun 01 Oct 06 |

| | | | | | | | |
|----|---------|--|---------|---|--|--------------|----|
| Yr | 2006/07 | | Quarter | 3 | | No. of weeks | 13 |
|----|---------|--|---------|---|--|--------------|----|

| | | | |
|---------------|---------------|----|---------------|
| Full quarter: | Mon 02 Oct 06 | to | Sun 31 Dec 06 |
| Actual dates: | Mon 02 Oct 06 | to | Sun 31 Dec 06 |

| | | | | | | | |
|----|---------|--|---------|---|--|--------------|----|
| Yr | 2006/07 | | Quarter | 4 | | No. of weeks | 13 |
|----|---------|--|---------|---|--|--------------|----|

| | | | |
|---------------|---------------|----|---------------|
| Full quarter: | Mon 01 Jan 07 | to | Sun 01 Apr 07 |
| Actual dates: | Mon 01 Jan 07 | to | Sun 01 Apr 07 |

Supporting People Performance Indicator Definitions

| Key Performance Indicators | |
|---------------------------------------|---|
| KPI 1 - | Service users who are supported to establish and maintain independent living |
| KPI 2 - | Service users who have moved on in a planned way from temporary living arrangements |
| KPI 3 - | Fair access to people who are eligible for SP services |
| Service Performance Indicators | |
| SPI 1 | Service availability (accommodation based services) |
| SPI 2 | Utilisation levels (accommodation based services) |
| SPI 2 | Utilisation levels (support services) |
| SPI 3 | Staffing levels |