



AGENDA

SUPPORTING PEOPLE IN KENT COMMISSIONING BODY

Wednesday, 16th December, 2009, at 2.00 pm

Ask for: **Geoff Mills/Andy Ballard**

Darent Room, Sessions House, County Hall, Maidstone

Telephone **(01622) 694289/69497**

1. Introductions
2. Apologies
3. Declarations of Interest
4. Minutes of meetings - (Pages 1 - 12)
 - a) Core Strategy Development Group 17 November 2009 and matters arising
 - b) Commissioning Body 13 October 2009 and matters arising
5. Commissioning Body Meeting Dates for 2010
 - Thursday 18 March 2010
 - Thursday 24 June 2010
 - Tuesday 12 October 2010
 - Thursday 16 December 2010

(All meetings will be held at Session House, County Hall, Maidstone and commence at 2.00pm)

6. Supporting People Budget - (Claire Martin) (Pages 13 - 14)
7. Performance Management - (Mel Anthony) (Pages 15 - 18)
8. Safeguarding Vulnerable Adults & Children - (Claire Martin) (Pages 19 - 22)
9. Links between Kent Adult Social Services and Supporting People (Claire Martin) (Pages 23 - 26)
10. Kent Supporting People Five-Year Strategy 2010-2015 (Claire Martin) (Pages 27 - 106)
11. Strategic Review of Home Improvement Agencies (Claire Martin) (Pages 107 - 116)
12. Expansion of Floating Support Provision - (Claire Martin) (Pages 117 - 130)
13. Glossary (Pages 131 - 136)
14. Any other business

Contact: Geoff Mills, Secretary, Room 1.95 Sessions House, County Hall, Maidstone ME14 1XQ Tel (01622) 694289 e-mail: geoff.mills@kent.gov.uk

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**Draft Minutes of the Core Strategy Development Group
Tuesday 17 November 2009
Medway Room, Sessions House, 10am**

Present:

Pat Smith	Vice Chair – Sevenoaks DC
Angela Slaven	Director, Youth and Community Support Services
Claire Martin	KCC - Supporting People Team
Mike Barrett	Porchlight on behalf of Executive Board of Providers
Alison Haines	Dartford BC
Janet Walton	Tonbridge & Malling BC
Tim Hammond	Swale BC
Paul Whitfield	Dover DC
Nicola Martin	Maidstone Housing Trust
Ashley Stacey	Thanet DC
Adrian Hammond	Shepway DC
Dave Woodward	Kent Adult Social Services Mental Health Commissioning
Ute Vann	KCC – Supporting People Team
Dawn Apcar	KCC – Supporting People Team
Bob Backhouse	Chair of Service User Panel
Sonia Hicks	Invicta Telecare for Russet Homes
Helen Curtis	Lifeways WKHA
Melanie Anthony	KCC – Supporting People Team
Lesleigh Bounds	KDAAT
Alison Gilmour	Kent & Medway Domestic Violence Strategy Group
Richard Robinson	Ashford BC
Chris Cox	Kent Youth Offending Service
Helen Clarke	Tunbridge Wells BC
Kaks Chahal	Maidstone BC
Lisa Watson	Gravesham BC
Jay Edwins	NHS West Kent
Jacqui Bainbridge	Moat Housing Group
Margaret Turner (Minutes)	KCC - Supporting People Team

1.	<p>Election of Chair</p> <p>Pat Smith the Vice Chair, confirmed that the Supporting People Programme was now part of the Communities Directorate. Caroline Highwood was therefore standing down as the Chair of the Core Strategy Development Group. The proposal was that Angela Slaven should take on the responsibility for Chairing the Core Strategy Development Group. Angela Slaven was nominated by Mike Barrett and seconded by Sonia Hicks. Angela Slaven was duly elected and</p>
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	chaired the remainder of the meeting.
2.	<p>Apologies</p> <p>Apologies were received from;</p> <p>Caroline Highwood, Chair (Kent Adult Social Services) Cathi Sacco, Kent Adult Social Services Janet Hughes, Kent Adult Social Services Rose Ellison, Maidstone Housing Trust Charlie Beaumont, Youth Offending Service Allyson Puxley, Amicus Horizon Deborah White, West Kent Housing Association</p>
3.	Introductions
4.	<p>Minutes of previous meeting and Matters Arising</p> <p>The Minutes of the previous meeting were agreed.</p> <p>Action Points</p> <ul style="list-style-type: none"> • Item 3 - Feedback from the provider meeting about generic floating support has been received by the Supporting People team. • Item 5 – The Supporting People team proposed that the workshops be set up once the next Five Year Strategy 2010 – 2015 has been agreed. • Item 10 - The link to the Live it Well website will be sent to the Supporting People team for them to forward to the group's members. <p>Separate Action Sheets to be set up in the future.</p>
5.	<p>Performance Management</p> <p>It was explained that the Performance Management report was very brief this time due to late publication of performance information by CLG and poor outcome data returns from the Centre for Housing Research at St Andrews.</p> <p>The group asked if an alternative framework could be set up in Kent and managed locally. The Supporting People team explained that we do have to assume some reliance on the CLG infrastructure whilst it is still in place. The Supporting People team also explained that in some instances the information input by providers is the problem. The team make every effort to try and ensure that providers understand their duties and responsibilities in relation to the inputting of information that is fed into to client records, workbooks, and outcomes. The Supporting</p>

	<p>People team also plans to hold further outcome training in the new year.</p> <p>Providers feel the recent problems with the CHR may undermine provider confidence and affect their participation in the framework. There is a facility on the site for providers to monitor their own data, but this currently attracts a charge to CHR.</p> <p>It was agreed that providers should continued to be made aware of the significance of the framework to the future of the programme in Kent and their contractual obligations to supply it. The Audit Commission had made it clear that they will evaluate performance on the basis of Outcomes returns. The Outcome returns might prove pivotal to future investment in the Programme in Kent. The team monitor returns closely and discuss performance with providers by service, where there are concerns. The monitoring and review officers will only award A grades on the basis of exemplary performance against the Quality Assessment Framework and overall performance from April onwards. The Programme also audits work book and outcome returns.</p> <p>A question was asked about the values in Table 1.4 relating to the Grant and Contracts. It was reported that there is likely to be an overspend in 2012/13 or earlier if the funding from the CLG is reduced. The Supporting People team is using the underpsend from previous years to fund additional capacity within floating support within the current contractual period.</p> <p>The contents of the report were noted.</p>
<p>6.</p>	<p>Draft Kent Supporting People Five Year Strategy 2010 - 2015</p> <p>This report included the first draft of the Five Year Strategy 2010 – 2015 and will be presented to the Commissioning Body in December 2009. It is proposed that a second draft will go the Core Strategy Development Group in February 2010 and the Commissioning Body for decision in March 2010. The Supporting People team will also be presenting the strategy to various groups within Kent County Council for comment and information.</p> <p>Consideration needs to be given as to whether there is overprovision in some areas and for some client groups? The Supporting People Programme will need to carefully manage any decommissioning of services with assistance from partners including registered social landlords. The decisions made within the strategy should be made in full knowledge of any risks and with appropriate implementation which takes full account of the situation for providers and service users as far as practicable.</p>

The Chair of the Executive Board of Providers said that they would like to see a greater emphasis on joint working, particularly between providers. The group agreed that there needs to be further consideration given to how providers can become more efficient by cooperating on the reduction in costs in relation to training development and tendering. The programme would actively encourage the usage of consortia as an approach to delivering Supporting People services.

Russet Homes commented that it is difficult for providers to be innovative if their contract is only for 2 years. The meeting was advised by the team that funding from the Communities and Local Government Department (CLG) is confirmed for 1 year only and then indicative figures only are given for the subsequent 2 years. Kent County Council cannot put itself in a position where its contractual liabilities extend beyond the funding provided by the CLG.

There was concern about the level of engagement in Local Strategic Partnerships. The Group felt that there was not enough recognition given to the Programme by LSPs. The team confirmed that the profile of the Programme was relatively high within the over-arching body of the Kent Partnership but that there did need to be more of a profile within local LSPs. This had been achieved in the lead up to the Inspection, but not since then. There is anxiety that once the Programme comes within the auspices of area based grant that it may prove vulnerable to the funding being diverted from housing related support to fund other Programmes. The Audit Commission might act as a safeguard against this. The expectation was that socially excluded groups would have their needs addressed by councils, and the Programme was a major contributor to this.

Swale Borough Council felt that there may be overprovision of older person's accommodation based and floating support services. The Supporting People team acknowledged that the issue of older people is particularly sensitive. The strategy should look at the level of older people funding/investment in each area and if perhaps there is other funding available via housing benefit for concierge services, or recognition that other statutory and non-statutory services are being delivered to those older people. The draft Strategy has acknowledged that there is a lack of investment in services for older people in owner occupied and private rented accommodation except in the delivery of HIA/Handypersons services, and that this is something that needs to be recognised.

There are some Category 2 sheltered housing schemes where housing related support is indicated as being an integral part of the tenancy agreement.

It was commented that the Strategy identifies the main socially

	<p>excluded groups but further research was being continually undertaken to ensure that any emerging trends are recognised. It was pointed out that there is a specialist BME service in north Kent. The Strategy could revisit support to other groups. The Strategy recommends a review of housing related support for gypsy and traveller communities and this can be extended to minority ethnic communities across Kent. It was agreed that every effort would be made to identify BME issues within each client group, and to look at specific services that might be required to ensure that BME groups are not materially disadvantaged.</p> <p>There was a discussion around whether access should be restricted to people who are from Kent because of the number of people from outside of the county being placed in services within Kent, with the exceptions of certain primary client groups such as people escaping domestic violence and offenders. This initiative was dependent on Grant Conditions and a full evaluation of net importation into the County and the impact that this is having on the Programme. Grant Conditions currently do not allow local connection criteria to be imposed for short – term supported housing. The consensus was that this needs to be approached with care and consideration, but the general principle of trying to deliver services that meet the needs of the most vulnerable in Kent is a key objective.</p> <p>The strategy document was recommended for consultation to the Commissioning Body. Members of the Core Strategy Development Group are asked to provide feedback to the Supporting People team by the end of January 2010.</p>
7.	<p>Strategic Review of Home Improvement Agencies</p> <p>The Supporting People team will be undertaking a review of Home Improvement Agencies (HIAs) in tandem with the Five Year Strategy 2010 – 2015. There has been a difficulty is accessing consistent, cohesive, and comparable performance management data across the three providers of services. Consideration would be given as to whether the In House agencies should remain or if there should be a countywide HIA or one in the east and one in the west of the county. The review will also look at the support HIAs provide now and what they might provide in the future. The objective was to make sure that HIAs are social enterprises able to generate income and deliver a range of services to enable vulnerable owner occupiers and private rented tenants to remain in the community. There was a need for full flexibility to generate income, and make some service delivery elements potentially self –financing e.g. handy person services.</p> <p>The review was welcomed.</p> <p>After further discussion the proposed strategic review of HIAs was</p>

	agreed. Report recommended to go to the Commissioning Body.
8.	<p>Links between Kent Adult Social Services and Supporting People</p> <p>The purpose of this report was to highlight the importance of maintaining links with Kent Adult Social Services now that Supporting People sits within the Communities Directorate.</p> <p>The contents of the report were noted and the report recommended to the Commissioning Body.</p>
9.	<p>Glossary</p> <p>This is a standard item.</p> <p>ERoSH to be added to the Glossary.</p>
10.	<p>Any Other Business</p> <ul style="list-style-type: none"> • A paper will eventually be going to the Kent Children's Trust on accommodation and young people. • The dates for the Core Strategy Development Group in 2010 were given out.
11.	<p>Meeting dates for 2010 commencing at 10am</p> <p>Tuesday 9 February – Medway room, Sessions House Tuesday 11 May – Medway room, Sessions House Tuesday 10 August – Medway room, Sessions House Tuesday 2 November – Rooms Swale 1 and 2</p>

Kent County Council

Supporting People in Kent Commissioning Body

Minutes of a meeting held 13 October 2009

Present:

Ashford Borough Council:	Cllr Mr P Wood
Canterbury City Council:	Mr S Osborne
Dover District Council:	Cllr Ms Sue Nicholas and Mr P Whitfield
Kent County Council:	Mr Mike Hill (Chairman of the Commissioning Body)
Maidstone Borough Council:	Mr J Littlemore
Sevenoaks District Council:	Cllr Mrs C Clark and Mr G Missons
Shepway District Council:	Cllr Mrs K Belcourt and Mr B Porter
Swale Borough Council	Cllr Mr D Simmons and Ms A Christou
Thanet District Council:	Cllr Mrs Z Wiltshire, and Ashley Stacey
Tonbridge & Malling Borough Council:	Cllr Mrs J Anderson and Mrs J Walton
Tunbridge Wells Borough Council:	Mr D Crosby
Kent Probation:	Mr R Clark
NHS – Eastern & Coastal Kent PCT	Ms C Davis

KCC : Mr. M Angell, Mr O Mills, Managing Director, KASS, Ms C Martin, Supporting People Team; Ms M Anthony, Supporting People Team; Mr K Prior, Supporting People Team; Ms U Vann, Supporting People Team; Miss C Highwood, KASS, Mr D Martinez, CFE, and Mr G Mills, KCC Democratic Services.

UNRESTRICTED ITEMS

1. Election of Chairman

(Item 1)

(i) Cllr Mrs Wiltshire proposed and Mr R Clark seconded that Mr Mike Hill be elected Chairman of the Supporting People in Kent Commissioning Body.

Carried unanimously

(ii) In thanking members for his election as Chairman of the Commissioning Body, Mr Hill said he had asked KCC officers to bring to the next meeting a report explaining more fully the rationale behind the County Council's decision to move responsibility for Supporting People from the Kent Adult Social Services Directorate to the Communities Directorate with a consequent change in Cabinet portfolio holder responsibility.

Action: Angela Slaven and Claire Martin

2. Apologies

(Item 3)

Noted

3. Minutes of meeting:-

(Item 5)

(a) The Commissioning Body meeting held on 2 July 2009

Agreed and signed as a true record.

Matters arising

In response to a point raised by Mr Porter, Claire Martin said that those bids which were currently being held back would now need to be looked at as part of the Strategy and it was hoped therefore to look at these again next April.

Action: Claire Martin

(b) Core Strategy Development Group 25 August 2009

Noted for information

4. Supporting People Budget - (Claire Martin)

(Item 6 - report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- (i) The current forecast position for this year is that the Programme will spend £2,690k more than it receives in grant. This reflects a variance in the figure reported to the Commissioning Body in July 2009. The previously reported figure was £2,735k. This is due to some variances in contract values that were not finalised until the end of the last quarter. Overall the Supporting People Programme Budget is therefore currently stable, with a small adjustment in anticipated expenditure in this financial year against contractual commitments. This will lead to a small increase in the under spend which is anticipated will be rolled over into 2010/2011 should the CLG agree to this.
- (ii) Claire Martin spoke about the likely pressure from the Government to reduce the Supporting People budget in Kent which currently stood at £32M. Members of the Commissioning Body said, and it was agreed, that steps should be taken now to put pressure on the government to sustain the current budget allocation in the Kent for Supporting People services.

Action: Claire Martin

5. Performance Management - (Mel Anthony)

(Item 7- report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- (i) This report provided data on all aspects of performance management in the Kent Supporting People Programme.
- (ii) During the course of discussion it was said that more detail would be provided in future reports showing where people from out of county settle in Kent. Also there would be a report to a future meeting on what people needed in order to move on from supported housing.

Action: Claire Martin

- (i) subject to the above the Commissioning Body noted the content of the report, that information on reconnection should be included in future reports.

Action: Claire Martin

6. Updated Needs Analysis - (Claire Martin)

(Item 8- report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- (i) In presenting this report Claire Martin said the updated needs analysis indicated that the priority groups identified for service development in the Supporting People Strategy needed to be reviewed especially within a changing financial context. As part of this review an assessment would need to be undertaken on whether some funding should be withdrawn from some services in order to fund others.
- (ii) During the course of discussion it was agreed a report would be submitted to the next meeting on Home Improvement Agencies.

Action : Claire Martin

- (iii) The Commissioning Body
 - (a) noted the content of the report and agreed the establishment of two working groups to address the practicalities of planning change. One working Group would be set up for managing agents and the other for landlords.
 - (b) a report will be submitted to the next meeting on Home Improvement Agencies.

7. Update on the Implementation of the Recommendations from the Strategic Review of Short Term Supported Accommodation - (Claire Martin)

(Item 9- report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- (i) This report provided a position statement in relation to the commissioning decisions resulting from the strategic review of short-term supported accommodation.
- (ii) The Commissioning Body noted the report and agreed that as part of the strategic review of investment the Commissioning of new services that have not progressed to the planning stage should be reviewed.

8. Developing the Five-Year Strategy 2010 to 2015 - (Claire Martin)

(Item 10- report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- (i) Following discussion the Commissioning Body noted the contents of this report .

9. Update on Housing Conditions and Neighbourhood Deprivation in Thanet - (Claire Martin)

(Item 11- report by Angela Slaven, Director of Youth Services and KDAT, Communities Directorate)

- i. This report provided a review of the interventions aimed at addressing housing issues and deprivation in two target wards of Cliftonville West and Margate Central. A first report was presented to the Commissioning Body in June 2009 and this report detailed progress against some of the key actions identified at that time.
- ii. The key stakeholders have agreed to multi-agency intervention through key interventions including the establishment of a Margate Task Force. Development of the task force was being led by the Director of Thanet Works who had been seconded to get the task force up and running and will be looking at the extent to which public sector agencies are working together. A broader dedicated reference group is also to be set up and will include representatives from the different partner agencies. Thanet District Council was looking at existing bed and breakfast accommodation in the two wards, and investigating appropriate alternative means of meeting needs.
- iii. The JPPB(H) has agreed a new countywide protocol on how to deal with households placed in temporary/emergency accommodation. The measures agreed included information sharing between placing agency and Local Housing Authority, keeping such placements to a minimum time and ensuring that vulnerable households are referred for housing-related support. There was also recognition of collective responsibility to ensure that more vulnerable people do not end up in Thanet than in the rest of Kent and that provision must be made for this.

- iv. during the course of discussion members of the Commissioning Body said they welcomed this report and the progress being made and asked that there should be updates on progress to future meetings.

10. Any other business

(Item 14)

(i) **Membership** – Mr Hill reminded the meeting of the aim to encourage the local authorities in particular to be represented on the Commissioning Body by an elected member.

(ii) **Future Agendas** - in response to a question Claire Martin said that whilst possibly the agenda for this particular meeting did not contain as many strategic issues as usual there would be some significant items coming through over the course of the next two meetings.

11. Date of Next Meeting

(Item 12)

Wednesday 16 December 2009 at Sessions House, County Hall, Maidstone commencing at 2.00 pm

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REPORT

By: Angela Slaven - Director of Youth and Community Support Services, Communities Directorate

To: Supporting People in Kent Commissioning Body

16 December 2009

Subject: Supporting People Budget

Classification: Unrestricted

For Information

Summary: This report provides information on the current budgetary position of the Supporting People Programme for the financial year 2009/10

1.0 Introduction

1.1 The Supporting People Programme budget has remained relatively static. There is very little change from the previously reported figures to the Commissioning Body in September 2009.

2.0 Forecast for 2009/2010

2.1 The current forecast position for this year is that the Programme will spend £2,668k more than it receives in grant. This reflects a variance in the figure reported to the Commissioning Body in September 2009. The previously reported figure was £2,690k. This is due to some variances in contract values following to the termination of a service and the completion of the work to remove block subsidy contracts.

3.0 Forecast for 2010/2011

3.1 Therefore there is likely to be a small increase in the amount of saving which is carried forward with the agreement of the Communities and Local Government Department (CLG) in 2010/2011. The cumulative figure to be carried forward was previously reported as being £6,992k. This will now be £7,014k. The Programme is scheduled to spend £2,668k of this saving in

2010/2011 based on current contractual commitments. This is assuming that there is no inflationary uplift in 2010/2011.

4.0 Conclusion

4.1 The Supporting People Programme Budget is currently stable. There has been a small adjustment in anticipated expenditure in this financial year against contractual commitments. This will lead to a minor increase in the underspend which is anticipated will be rolled over into 2010/2011 should the CLG agree to this.

5.0 Recommendation

5.1 The Commissioning Body is asked to note the contents of this report.

Claire Martin
Head of Supporting People
01622 221179

Background Documents:
None

REPORT

By: Angela Slaven - Director of Youth and Community
Support Services, Communities Directorate

To: Supporting People in Kent Core Strategy Development
Group

16 December 2009

Subject: Performance Management

Classification: Unrestricted

For Information

Summary: This report provides data on all aspects of performance management in the Kent Supporting People Programme.

1.0 Introduction

- 1.1 The Supporting People team monitors performance at both programme and service level. Much of the data is derived from the performance workbooks that contracted providers are asked to send to the team on a quarterly basis. The data is submitted by the team to the Communities and Local Government (CLG) department where it is used to give information about the Kent programme's progress against National Key Performance Indicators (KPI). This information is published by the CLG in arrears throughout the year.
- 1.2 The Kent programme participates in the National Outcomes Framework, funded by the CLG and administered by the Centre for Housing Research (CHR) at St Andrews. Providers submit returns to CHR based on the outcome of support plans agreed with service users. The data is collected and collated by CHR and the dataset supplied to administering authorities in arrears.

2.0 Data returns

- 2.1 At the time of writing this report no performance data for either quarter 1 or quarter 2 of 2009/10 was available from CLG for any SP programme nationally. Upon requesting this data, an apology was received by the team from the CLG, who advise that the information would be published at the end of November. To date this data is yet to be received.
- 2.2 The team has received a dataset of short term returns for Quarter 1 from CHR at St Andrews. As part of the programmes performance management regime, it has been discovered that a significant quantity of returns made by providers during the first quarter of the have been withheld from this dataset. The reasons for this vary considerably and indicate a range of problems both with data inputting accuracy on the part of providers but more significantly with the upload systems maintained by the CHR. The team has sought reassurance from CHR that these upload issues are being addressed, and whilst a significant increase is expected in the number of returns for Quarter 2, there are a small number of providers for whom the upload system difficulties will not be resolved until Quarter 3. The Supporting People team have secured an agreement with CHR regarding how these providers can be identified to ensure they are not subject to contractual consequences within the Kent performance management regime. The team has further undertaken to publicise among Kent providers how to improve their data quality.

3.0 Performance reporting

- 3.1 As a result of the issues identified above, no validated and publicly available performance information is available for this report. Subject to publication by CHR and CLG respectively, it is hoped that a thorough and quarter matched performance report can be produced for the Commissioning Body's next meeting in March.
- 3.2 In the meantime, the team used locally held data to ensure that its performance management regime remains unaffected. Further, the team has begun to audit outcome returns for long term services. Future reports will give further information about the progress of this exercise.

4.0 Contractual data

- 4.1 Contractual information on household units, contracts, providers and services at the close of quarter 2 2009/10 (Q26 of the programme) are included within Table 1.1 of Appendix 1. Members of the Commissioning Body will note little change in the overall position since the previous quarter.

5.0 Recommendation

The Commissioning Body is asked to

- (i) note the contents of the report.

Melanie Anthony
Performance and Review Manager
01622 694937

Appendix 1 Contractual data as at end of Quarter 26

APPENDIX 1 Contractual data as at end of Quarter 26

TABLE 1.1: CONTRACTUAL DATA as at close of Quarter 26

	Quarter 22 Jul 08 – Oct 08	Quarter 26 Jul 09 – Oct 09
Number of Providers	134	123
Number of Services	331	331
Number of Household Units	20498	29024
Number of Leaseholders	76	76
Total Number of Units	20574	29100

TABLE 1.2: BREAKDOWN OF UNITS

	Quarter 22 Jul 08 – Oct 08	Quarter 26 Jul 09 – Oct 09
Number of Floating Support Units	4794	5298
Number of HIA Units	1619	3238
Number of Sheltered Units	11650	20564
- <i>Accommodation</i>		6991
- <i>Community Alarm</i>		11765
Number of Other Acc. Based Units	2511	1808
Total	20574	29100

TABLE 1.3: CONTRACTS

	Quarter 22 Jul 08 – Oct 08	Quarter 26 Jul 09 – Oct 09
Number of Block Gross Units	5055	8235
Number of Block Subsidy Units	15519	20865
<u>Block subsidy</u> Capped	15019	20515
Not Capped	500	350
All contracts capped	15519	20515
All contracts not capped	5055	8585

TABLE 1.4: CONTRACT VALUES at 31 March 10*

	Quarter 22 Jul 08 – Oct 08	Quarter 26 Jul 09 – Oct 09
Grant from CLG	£32,024,915	£32,024,915
Contract £	£28,152,335	£34,607,845 *
% FS	24%	33%
% Accommodation Based	76%	67%

* Financial data for 2009/10

REPORT

By: Angela Slaven – Director of Youth and Community
Support Services, Communities Directorate
Oliver Mills – Managing Director, Kent Adult Social
Services

To: Supporting People in Kent Commissioning Body

16 December 2009

Subject: Safeguarding vulnerable adults and children

Classification: Unrestricted

For Information

Summary: The report sets out the on-going links and areas of joint working between Kent Adult Social Services and Supporting People in relation to Safeguarding vulnerable adults and children.

1.0 Introduction

1.1 The Managing Director of Adult Social Services has a statutory responsibility for safeguarding vulnerable adults within Kent. Similarly the Managing Director of Children Families and Education (CFE) has a comparable role in relation to safeguarding vulnerable children. The Supporting People Programme has always referred issues relating to safeguarding vulnerable adults to Kent Adult Social Services (KASS). The transfer will not affect continued closed working with KASS and CFE in relation to the safeguarding of vulnerable adults and children. The Districts and Boroughs have responsibilities in relation to health and safety within services that are delivered within their respective areas. Again the Supporting People programme has been working with the appropriate departments on a case by case basis. The Health and Safety Executive may also become involved in specific issues within districts and boroughs as appropriate.

2.0 Context

2.1 The Supporting People Programme has undertaken an evaluation of its processes and procedures in relation to Safeguarding recently. This was inspired by the move from the Kent Adult Social Services Directorate, but also lessons learnt from six years of managing contracts within the Programme.

3.0 Safeguarding between KASS and Supporting People

3.1 Vulnerable adults including those for whom KASS has no statutory responsibilities are susceptible to mistreatment and a range of abuse. Safeguarding vulnerable adults and children covers a broad range of activities from awareness raising and prevention through to adult /child protection interventions and access to justice.

3.2 The work of the Supporting People Programme forms a specific part of the Kent and Medway Adult Protection Procedures and will remain so despite the change in directorate. The procedures form an integral part of the contractual arrangements with providers who are tested in their ability to meet them through the Quality Assessment Framework.

3.3 The Supporting People Programme will continue to respond to all adult protection alerts and will continue to work with Adult Protection Co-ordinators within KASS to ensure that all alerts are thoroughly investigated and that all vulnerable adults within the Supporting People Programme are protected.

3.4 The Supporting People Programme will continue to be represented on the countywide Safeguarding Board by Angela Slaven, Director of Youth and Community Support Services, Communities Directorate and will continue to bring to the attention of providers any change in legislation applicable to them. The Programme will continue to liaise with the safeguarding unit to ensure that the Kent and Medway Adult Protection Procedures are inclusive of the client groups with whom the Supporting People Programme works. The Programme will work with the Safeguarding Adults Policy and Standards Manager to influence the definition of a vulnerable adult and ensure that any review of the procedure encompasses all vulnerable adults irrespective of whether they meet the criteria for statutory services.

3.5 Representatives from the Supporting People team will continue to attend the KASS Directorate Contract Managers monthly meeting at which safeguarding issues in the Supporting People Programme contracted services will be raised to ensure that managers within the KASS Directorate are aware of concerns in services that may be jointly funded.

3.6 The Supporting People Programme will continue to report to the Commissioning Body on statistics relating to the number and nature of adult protection alerts.

4.0 Lessons Learnt

4.1 The Supporting People Programme, Communities Directorate, and Kent Adult Social Services Directorate have reviewed how processes and procedures have been operating. It has been agreed that Adult Social Services will make absolutely sure that the safeguarding procedures and processes clearly reference in the need to protect vulnerable adults whether or not they are a statutory responsibility of the Directorate. There also needs to be clarity about the implications of the Kent Police investigating an incident, and the implications for a safeguarding investigation. Supporting People will ensure that they communicate with Safeguarding coordinators in relation not only to incidents and good practice but ensuring that providers link in and learn from their expertise, and consequently implement it.

4.2 The Supporting People Programme is re-examining the content of the Steady State Contract with Kent Legal Services to ensure that it is fit for purpose to deal with safeguarding issues.

4.3. The Supporting People Programme will also be contacting all providers who are not local authorities or registered with the Tenant Services Authority. The Programme will be ensuring that any changes in senior staff or non-executive members are notified to the Programme. Information is being sought on current personnel. This is because a consensus has developed that when senior managers or non-executive members leave this can sometimes have an adverse impact on the provider.

4.4 The County Council also needs to develop an awareness of funding that is being allocated within the Council, and by our partners in districts and boroughs, and within the Primary Care Trusts. Health and safety concerns need to be shared by districts and boroughs, health, and the County Council.

4.5 The Programme is also working with Safer and Stronger Communities Group, the Multi-Agency Public Protection Agreement, and the Joint Policy and Planning Board (Housing) to put in place a protocol to safeguard vulnerable adults and children who are placed in bed and breakfast accommodation. The possibility of an officer being employed to monitor the protocol is being examined. The protocol may also be adjusted in order to preclude bed and breakfast placements in Thanet District Council, except for people who are indigenous to the Thanet area.

5.0 Financial Impact Assessment

5.1 The financial impact of maintaining on-going links and partnership working between KASS, CFE, districts and boroughs and Supporting People should not have any material impact on budgets.

6.0 Conclusion

6.1 It is important that there are on-going links between KASS, CFE, districts and boroughs and Supporting People in relation to safeguarding, and health and safety are secured and enhanced. The actions being taken above are directly intended to offer as much of a safeguard as possible to vulnerable people. It is recognised however that no matter what processes and procedures are put in place the possibility of an incident taking place is ever present.

7.0 Recommendations

The Commissioning Body is asked to:

- (i) Note the contents of the report.

Claire Martin
Head of Supporting People
01622 221179

Kevin Prior
Contracts Manager
01622 696198

Background Information: None

REPORT

By: Angela Slaven – Director of Youth and Community
Support Services, Communities Directorate

To: Supporting People in Kent Commissioning Body

16 December 2009

**Subject: Links between Kent Adult Social Services and
Supporting People**

Classification: Unrestricted

For Information

**Summary: The report highlights the importance of on-going links
between Kent Adult Social Services and Supporting
People and sets out areas of joint working.**

1.0 Introduction

- 1.1 Since its inception in 2001, the Supporting People Programme has been part of the Kent Adult Social Services (KASS) Directorate. Business planning for KASS included the programme and members of the Supporting People team have worked closely with colleagues in KASS.
- 1.2 In September 2009, the Supporting People Programme transferred to the Communities Directorate within KCC.
- 1.3 The transfer will not affect continued close working with KASS in areas of common interest. The following sections set out the key strategic links and key areas of joint work required over the next few years.

2.0 Context

- 2.1 The Supporting People Programme delivers housing-related support to a wide range of vulnerable people. A high proportion of its services are delivered to groups for whom KASS has statutory responsibilities: older people, people with physical/sensory disabilities (including people living with HIV/Aids), people with learning disabilities and people with mental health problems.

2.2 Both KASS and Supporting People share common values of promoting independence and providing preventative services in communities where vulnerable people feel secure.

2.3 Both KASS and Supporting People contribute to the council's corporate objectives of improved health and quality of life and a safer Kent. Supporting People services also contribute to KASS achieving its objectives of supporting vulnerable people to live independently in their own homes.

3.0 Strategic Links between KASS and Supporting People

3.1 The strategic links between KASS and Supporting People are rooted in three major policy areas where input/partnership work with Supporting People is vital to achieve the objectives.

3.2 Active Lives – The council's aspirations for KASS looking to 2016 include commitments to:-

- Work with partners including Supporting People to influence strategic housing issues including local development frameworks reflecting needs of disabled people.
- Personalisation agenda: implementing a person-centred approach that gives individuals direct control over resources (direct payments, individualised budgets), involves people directly in planning and developing future services, and planning support in a way which focuses on an individual's needs.

3.3 Kent's Policy Framework for Later Life – The main thrust of this initiative is to enable and maintain the opportunity for older people to live independently in their own homes as an alternative to residential or nursing care. It is planning for the:-

- Demographic changes and making the most of the opportunities which this brings as well as addressing the challenges.
- Future housing needs and providing a range of housing options that older people can select as their circumstances change.

3.4 Safeguarding – A paper dedicated specifically to the subject of safeguarding is presented as another agenda item to the Commissioning Body.

4.0 Key Area where Joint Work is required

4.1 Excluding safeguarding, the key area where joint work is required is the development of support that helps vulnerable people to stay in their own homes for as long as possible.

4.2 Joint working will encompass strategic planning, development and consultations with regard to the following:-

- Developing and implementing the Kent Supporting People Strategy 2010-2015.
- Developing and enhancing the role and scope of Home Improvement Agencies (HIAs) and Handyperson services in improving vulnerable people's living conditions and hence help to enhance their quality of life, and enable them to continue living in greater safety their own homes as part of local communities.
- Supported housing for older people
- Evaluating the possibility of embedding self directed support into the programme

4.3 Members of the Supporting People team will continue attending the appropriate KASS meetings, for example those relating to KASS housing strategy and policy.

5.0 Financial Impact Assessment

5.1 The financial impact of maintaining on-going links and partnership working between KASS and Supporting People should not have any material impact on budgets.

6.0 Conclusion

6.1 It is important that there are on-going links between KASS and Supporting People.

6.2 Excluding safeguarding, major areas of joint working are the development and implementation of the Supporting People Strategy 2010-2015, and developing the role and scope of Home Improvement Agencies.

7.0 Recommendations

The Commissioning Body is asked to:

- (i) Note the contents of the report.

Claire Martin
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01622 221179

Ute Vann
Policy and Strategy Officer
01622 694825

Background Information:

Active Lives (2006-2016)

Kent's Framework for Later Life (2009)

Report The Kent Supporting People Strategy 2010-2015 (see Item)

Report Safeguarding Links between Supporting People and KASS (see Item)

REPORT

By: Angela Slaven – Director of Youth and Community
Support Services, Communities Directorate

To: Supporting People in Kent Commissioning Body

16 December 2009

Subject: The Kent Five-Year Supporting People Strategy 2010-15

Classification: Unrestricted

For Decision

Summary: The report presents the first draft of the Kent Supporting People Strategy 2010-15 and provides details of the objectives and strategic priorities over the next five years. The final draft of the strategy will be presented to the Kent Commissioning Body in March 2010 for decision. It will be accompanied by a commissioning plan based on the agreed strategic objectives and actions and the strategic review of investment.

1.0 Introduction

- 1.1 The Supporting People Programme is funded by the Communities and Local Government Department. The Programme is currently expected to spend just under thirty five million on housing related support services this financial year. These services enable vulnerable people to maintain their housing situation, and therefore contribute to the overall well-being of people within Kent. The Programme is a key contributor to the Local Area Agreement and promotes independence and contributes to the prevention agenda.
- 1.2 The Programme is committed to developing a five-year strategy that will be delivered by 2015. This will be within the context of a potential change of government, economic uncertainty, and potential cuts to public sector funding. This could lead to a reduction in funding of four million pounds by 2011/12.

2.0 Context

- 2.1 The Programme will become part of the Area Based Grant. The Audit Commission is expecting the Programme to continue to deliver within an Outcomes Framework, and the Programme will form part of the evaluation within the Comprehensive Area Assessment. There is also an expectation that services will become more person-centred.
- 2.2 The strategy is being developed within the framework of needs and supply analysis. Consultations with key stakeholders, and within assumptions relating to grant funding.
- 2.3 The strategic review of investment currently being finalised will inform the commissioning plan that will accompany the strategy and in turn, is informed by the strategic directions contained within the strategy document.

3.0 The Kent Supporting People Strategy 2010-2015

- 3.1 The vision is working in partnership to deliver well planned, value for money, high quality housing support services for vulnerable people and that are:-
- accessible to those who need them;
 - promote independence and well being;
 - enable people to take control over their lives and to participate fully in the social and economic life of their communities; and
 - where appropriate complement existing care and support services.”
- 3.2 The strategic objectives are:-
- To target resources on clearly evidenced support needs of vulnerable people living in Kent’s communities
 - To commission services that help the Programme’s partner agencies to deliver their priorities, contribute to achieving targets prioritised by the Local Area Agreement
 - To generate additional income to reduce reliance for funding on the Programme
 - To deliver efficient services that demonstrate value for money
 - To improve fair access and diversity to existing services
 - To ensure vulnerable people move on to independent living in timely fashion
 - Service user involvement at the core of the programme
- 3.3 The commissioning priorities for additional services are:-
- Young people at risk (including young offenders)

- People who have mental health problems as well as substance misuse problems (dual diagnosis)
- Single homeless people
- Families with support needs (including teenage parents)

3.4 Key activities to achieve the priorities include:-

- Decommissioning of services that are not strategically relevant
- Limiting the maximum hours of support within long term supported housing and limiting the duration of floating support to one year
- Reviewing eligibility and reconnection policies
- Redressing the balance between accommodation-based services and floating support
- Retender all floating support services (and withdraw specialist provision from certain client groups)
- More joint funding of services
- Prevent practices restricting access to and throughput through services

4.0 Service User Consultation

4.1 During the Supporting People Service User Conference in December 2008, the Supporting People team held workshops scoping how service users want to be involved in the development of the strategy.

4.2 During the development of the strategy the Supporting People Team consulted with 72 service users as part of a range of focus groups. Members of the service user panel attended the consultation conference in September 2009.

4.3 A further 250 service users provided feedback through electronic surveys.

4.4 Consultation with the service user panel on this strategy will be undertaken.

5.0 Next Steps

5.1 The draft strategy will be distributed for feedback as well as presented to various bodies of stakeholders in the Programme.

5.2 The consultation timetable is as follows:

Fig. 1 Consultation Timetable

Deadline	Event
17 Dec 09	Draft Strategy presented at Commissioning Body
Dec 09	Draft Strategy and consultation feedback form distributed to stakeholders
Dec 09 – Feb 10	Draft Strategy presented to and feedback sought from stakeholders including service user panel, Adult Social Services, Children, Families and Education, Communities, Kent Partnership and Cabinet
1 Feb 10	End of consultation period
Feb 10	Amendments made to draft strategy
Mar 10	Final strategy presented to Commissioning Body for approval, accompanied by Commissioning Plan and Annual Plan 2010-2011

6.0 Equality Impact Assessment

6.1 An initial screening of the strategy has been carried out and found that there is no adverse impact on the different groups of service users. A further screening will be carried out when the commissioning plan is presented.

7.0 Financial Impact Assessment

7.1 The financial impact of the strategy relates to expenditure within a limited budget and addressing the projected overspend by 2012 and the potential cut in grant funding.

7.2 The new five-year strategy (and any appropriate transitional arrangements) will be fully costed, as part of the commissioning plan to be presented at the next meeting.

8.0 Conclusion

8.1 The report presents the draft of the Kent Five-Year Supporting People Strategy 2010-2015. It summarises the strategic objectives and commissioning priorities over the next five years and proposes measures to achieve the objectives.

8.2 A first draft was presented to the Core Strategy Development Group and following initial feedback was amended. The Supporting People team

also amended supply data contained within the strategy to reflect recent contract changes.

- 8.3 The consultation period on the draft strategy will last to 1 February 2010. A framework for commenting on the strategy will be distributed electronically.
- 8.4 The objectives and priorities set out in the strategy will be translated into a commissioning plan which will be based on the strategic review of investment. The final report on the strategic review and the commissioning plan will be presented at the next meeting of the Commissioning Body.
- 8.5 The document will be posted on the Kent County Council website www.kent.gov.uk/supportingpeople

9 Recommendations

The Commissioning Body is asked to:

- (i) Note the contents of the report.
- (ii) Make initial comment on the Draft Kent Supporting People Strategy 2010-15 (Appendix 1).
- (iii) Agree to the Supporting People team starting formal consultation on the draft strategy.

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Background Information:

Five-Year Kent Supporting People Strategy 2005-2010
Annual Plans 2003-2008
Strategy Refresh, June 2008
Report Developing the Supporting People Strategy 2010-2015

Appendix 1: Draft Kent Supporting People Strategy 2010-15

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KENT SUPPORTING PEOPLE STRATEGY 2010-2015

**Kent Supporting People Programme
3rd Draft**

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1. Executive Summary

The Supporting People Programme is a delivery vehicle for the strategic objectives of partnerships across the County of Kent to enable vulnerable people to maintain their housing situation, manage their finances, co-exist successfully in their community, acquire independent living skills, stay safe, liaise with other agencies, and access training, education, and employment. The Programme is closely inter-linked to other statutory and non-statutory agency strategies that aim to achieve similar or overlapping objectives. The Programme facilitates the delivery of the Local Area Agreement and contributes to achieving the Kent Partnership's jointly agreed targets relating to housing and independent living. The strategy will be supported by a Commissioning Plan/Framework that will set out in detail the delivery of the Supporting People Strategy over the next five years based on a strategic review of need, investment and resources.

The assessment of need has identified that the programme for 2010 -2015 must address additional services are young people at risk, people who have mental health problems as well as substance misuse problems (dual diagnosis), single homeless people and families with support needs. These are set out as the priority area for service delivery and resource allocation.

Overall, the Programme aims to focus services on prevention and provide most services within people's own homes. Resources will be targeted more effectively on those in need of support rather than on people living in particular types of services/accommodation.

Services will be commissioned where there is more emphasis on time limited objectives and interventions that clearly link people to social and economic resources in the community as a route to maximising independence.

Over the lifetime of the strategy, any investment in new services will have to be funded at least in part by savings generated through decommissioning other services and priority will be given to short-term accommodation based and floating support services.

The Strategy will be delivered using a range of mechanisms and tools:

- Keeping service users at the heart of the programme, including capacity building
- Enhanced partnership working, with partners involved from identifying need to commissioning services
- Improving service efficiency, effectiveness and the use of resources
- Benchmarking

The Kent Supporting People Programme will retain the existing governance arrangements.

The Supporting People Programme will publish Annual Plans with details of spending plans, policy development for the following year and work to be undertaken to achieve our objectives.

2. Introduction

The Supporting People Programme is a government programme implemented in 2003 to provide a framework for the local planning, commissioning, regulation and funding of housing-related support services that are defined as “*support services which are provided to any person for the purpose of developing that person’s capacity to live independently in accommodation, or sustaining his (sic) capacity to do so...*”¹. It is a partnership of Housing, Kent County Council, Health, Probation, providers and service users and currently supports over 23,000 vulnerable people.

Service recipients have “*vulnerabilities which render them in need of support services; and it is provided to a service recipient as part of a package of support services agreed between the Administering Authority and the service provider...*”². Service recipients may include:

- People who are/have been homeless or slept rough
- Offenders and those at risk of offending
- People with physical or sensory disabilities
- People at risk of domestic abuse
- People with alcohol or drug problems
- Teenage parents, young people at risk and care leavers
- Older people
- People with learning disabilities or mental health problems
- Travellers
- People living with HIV/Aids
- Refugees

This strategy builds on the success of the 2005-2010 strategy but will reflect the following new key developments and strategic drivers:

- The National Supporting People Strategy
- The Transfer of the Supporting People grant to the Area Based Grant
- The move towards an outcome based programme
- The social care agenda on the personalisation of services.
- The potential development of self-directed support mechanisms including individual budgets
- The financial pressures including the risk of a reduction in grant funding

(See Appendix A for more details on strategic contexts.)

2.1 Profile of Kent

The strategy will operate within the context of Kent County Council’s geographic and demographic profiles and the challenges posed by diverse local needs and priorities.

The area covered by Kent County Council is one of the largest counties in the UK with a population of 1,394,700 (mid-2007 population estimates) and is comprised of 12 local authority districts/boroughs. 77% of Kent people live in urban areas and towns and 23% in rural areas. The age composition of the Kent population is changing: the number of children is forecast to decline and the number of 35 to 44

¹ Supporting People Grants (England) Conditions 2003

² Ibid

year-olds will gradually decline. The number of 65+ year-olds has not grown significantly in Kent since 1994 but is forecast to increase by just fewer than 30% in the next 10 years. By 2020 half the population of Kent will be over 50 and 21% will be aged over 65, many of whom will be living in areas of economic and social deprivation.

The Supporting People strategy must address significant factors within the demographic profile:

- Kent's population is economically diverse with areas of some affluence and pockets of great poverty, sometimes in close proximity.
- Overall, Kent is the second most deprived County Council in the South East behind East Sussex.
- Deprivation links to health inequalities with premature death rates being highest in east Kent. The gap in life expectancy between the 20% least deprived wards in Kent compared to the 20% most deprived wards is 6.5 years.
- In comparison to other authorities in the South East the Kent County Council area has a larger proportion of residents with a limiting long-term illness and 'not good' health: 1.7 people in every 10 have such an illness.
- Average household income in Kent is lower than in the rest of the south east
- Kent is below the regional average for skills - 28% of the working population have no qualifications
- A person living alone is expected to increase by 25% over the next 20 years.
- Kent's population is becoming more ethnically diverse.
- North Kent has the greatest concentration of people from Minority Ethnic communities with Gravesham recording the highest proportion with 12.9% of its population.
- An increase in population originating from Eastern European countries.
- In some districts travellers and gypsies are the largest minority ethnic group.
- Kent contains two of the government's major growth areas: Dartford, Gravesham and Swale are part of the Thames Gateway and Ashford has been separately designated as a major housing growth area.

2.2 Developing the strategy

This strategy has been produced by the Kent Supporting People team with the assistance of and using information from a wide range of organisations. The Programme recognises the potential of a limited and reducing Supporting People grant and the need to define the priorities for service delivery that may conflict in some instances with local area priorities and demands. The development work in preparation for the Strategy has demonstrated extensive consultation with partners to identify and agree the best possible use of the available resources (see Appendix E for summaries of stakeholder consultations).

3. Vision and Objectives of the Kent Supporting People Programme

The Supporting People Vision 2010 - 2015

The overarching aim for the Supporting People Programme in Kent is:-

Working in partnership to deliver needs led, value for money, high quality housing support services for vulnerable people.

In addition the programme aims to ensure that these services are;

- **accessible to those who need them**
- **promote independence and well being**
- **enable people to take control over their lives**
- **participate fully in the social and economic life of their communities**
- **complement services delivered by statutory and non-statutory agencies.**

The vision embodies a commitment to the following principles that underpin the work to deliver the strategic objectives:

Independence in accommodation and living

Services will be commissioned where the primary objective of housing-related support is to enable individuals and households to acquire and subsequently sustain independent accommodation that is stable, appropriate to their needs and provides them with choice and who promote "independent living". "Independent living" means vulnerable persons enjoying the same choice, freedom, dignity, control and substantive opportunities as persons who are not 'vulnerable'.

Prevention

Services will be commissioned that have clear preventative benefits, promote well being and meet identified need. Preventing social exclusion and/or the deterioration in emotional, physical or mental health and well being among vulnerable people is fundamental to the successful maintenance of a home.

Housing-related support services are particularly aimed at preventing:-

- Loss of home or having to move unnecessarily
- Being isolated, afraid or unsafe where one lives
- Having to be admitted to hospital or other forms of institutional care
- Anti-social behaviour including crime and substance misuse
- Inability to control one's own life

Partnership working

Services will be commissioned that link with the objectives of our partners in delivering the Programme. Partnership working will involve service providers and service users in the shaping and planning of services. The Strategy makes a commitment to keeping providers informed and involved in the development of the programme and putting service users at the centre of the Programme by creating

opportunities for their meaningful involvement in deciding what support services they receive now and in the future and how they are delivered.

Focus on outcomes

Commissioning and investment decisions for the Programme will be focused on the priority outcomes including the maximisation of independence and prevention. This will determine the eligibility criteria, service specifications and performance monitoring. Success for the Supporting People Programme will include the following broad outcomes:

- A reduction in homelessness and repeat homelessness
- Vulnerable people with a history of homelessness or inadequate housing more able to secure and sustain stable, independent housing
- People able to live in their own accommodation as long as they wish as an alternative to more institutional or less independent living options
- A reduction in crime and anti-social behaviour among specific groups
- An increase in community cohesion
- A reduction in social exclusion and greater levels of community involvement by currently excluded groups
- A natural result of the interventions of the programme should be access to education, training and employment with providers and the programme having a clear leadership role in delivering this
- An expectation that service users will work with and support each other to make a successful transition from supported living to independence

Diversity

Services will be commissioned that address the needs of socially excluded groups, particularly in areas of high deprivation, whose needs are not met by current support provision and apply principles of equal opportunities and fair access. This will enhance diversity and social inclusion in local communities.

The Programme will:

- Promote good practice in making services available for all
- Continue to regularly monitor and analyse the ethnic origin of service users
- Compare use of services by ethnic origin with the relevant share of the local population
- Compare use of services by gender with similar services nationally and regionally
- Compare outcomes for service users by gender and ethnic origin

4. The Strategic Objectives

The strategic objectives for the period 2010-2015 are:-

Objective 1	To target resources on clearly evidenced housing related support needs of vulnerable people living in Kent's communities that prioritise service delivery for those most in need ensuring that Supporting People funded support meets the criteria set out in the Kent eligibility policy.
--------------------	--

How:

- De-commission services that are not strategically relevant (e.g. they are not proportionate to the needs within that area)
- Preference is given to the people who have a local connection within Kent
- Limit the maximum number of hours of delivery within long-term supported housing (Sheltered housing is already limited to a weekly cost per service user per week)
- Eradicate the assumption that people will remain in long-term supported housing for the rest of their lives
- To limit the provision of floating support services to one year (but with a potential to extend beyond one year on a case by case basis)
- Review the eligibility criteria
- To disinvest from services that continually accept out of area referrals without a valid justification for doing so e.g. specialist client groups or reciprocal agreements between neighbouring authorities
- Redress the balance between accommodation-based services and floating support (so that there is equity, and services can be delivered across tenure)
- Balancing a potentially decreasing budget and ensuring that resources and funding streams are maximised to deliver services

Objective 2	To commission services that enable partner agencies to deliver their priorities, contribute to achieving targets prioritised by the Local Area Agreement and use resources and funding available across the key strategies to deliver better outcomes for service users and partners, in particular the enhancement of social capital and reduction in social inequality through the promotion of social and economic inclusion.
--------------------	--

How

- Retain the Commissioning Body, Core Strategy Development Group, Inclusive Forums, and Executive Board of providers, and Service User Panel
- Jointly commissioning services
- Link the Eligibility Criteria more closely to Outcomes
- Remodel where possible all shared housing within the Programme, and to only commission self-contained supported accommodation
- Commission a range of services in a transparent way that address defined service priorities and prioritise the needs of the vulnerable people of Kent

Objective 3	To generate additional income to reduce the reliance on the Programme
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How

- Consider and develop the opportunities for charging for the services provided by the Home Improvement Agencies and the handy person services..
- Consider and develop the opportunities for Concierge services to be provided by utilising housing benefit funding (in sheltered and short-term accommodation-based for young people)
- Joint funding of services

Objective 4	To deliver services that are efficient and demonstrate value for money, operate to best value principles, and achieve locally and nationally defined quality standards, and challenge services that underperform.
--------------------	---

How

- All floating support services will be re-tendered.
- Floating support will be provided for two/three hours depending on client group
- Floating support for rough sleepers will be retained
- Outreach services will be strategically reviewed
- Services that under-perform will be re-tendered or de-commissioned.
- Withdraw specialist floating support services for the following client groups
 - Older people where the level of investment is not strategically relevant and limits the ability to invest in services for other client groups in need
 - People with physical or sensory disabilities
 - People living with HIV/Aids
 - Teenage parents

The Programme will invest in these client groups via other specialist and generic floating support provision.

Objective 5	To improve fair access and diversity to existing services and ensure that services are flexible and accessible to the wider local communities.
--------------------	--

How

- Review the reconnection policy and its success in reducing pressure on specific districts and boroughs
- Prevent restrictive practices in relation to access to services

Objective 6	To ensure that vulnerable people do not become dependent on support and that they can maximise their independence by moving on to independent living in a timely fashion and capacity building in their communities.
--------------------	--

How

- To work with strategic partners to provide move-on accommodation to prevent silting up within short and long-term supported housing
- To work with the National Landlords Association, Joint Policy and Planning Board (Housing) to facilitate access to private accommodation with appropriate support

Objective 7	Service user involvement and consultation will be at the heart of the programme, as will enabling services users to no longer require the services within the Programme
--------------------	---

How

- Providers will be expected to provide opportunities to services users to access training education and employment opportunities including volunteering and direct employment
- Peer support will be encouraged in order to enable service users to be empowered to move on from housing related support and contribute to Kent
- Recognise the skills and expertise of services users both before and after they accessed housing related support services and utilise these to enhance services delivery and Kent's future
- Setting new targets in enabling hard to reach and excluded groups to effectively contribute to the strategic, operational, and performance management of the Programme
- Engage service users in the self-directed support pilot

(See Appendix D for more details on delivering the strategy.)

5. Commissioning Priorities

Most people prefer to receive housing-related support in their own accommodation and this strategy will ensure that new services will provide floating support wherever people live.

There remains a need for accommodation-based provision for people who are making the transition from institutional or care settings, or chaotic life styles towards independence. This Strategy recognises the need to continue to provide, a supportive environment within which to develop independent living skills. Such accommodation-based provision will only be developed where it is short-term in nature and self contained and where:-

- Floating support cannot be provided effectively
- Existing accommodation which meets service users' needs is not available
- Service users need an intensive or specialist service that can only be met in an accommodation-based setting

The Strategy will lay the basis on which the programme will move towards a determination on whether or not it should continue to fund services which can be considered to be underwriting statutory responsibilities.

The priorities for new service development are based on analysis of need, consultation with partner agencies and a methodology prioritising risk. (See Appendices B and C for data on current supply and client group summaries containing key statistics from the needs analysis).

The Strategy highlights the **highest** need for services to be for vulnerable people:-

- Who are at high risk of harm to themselves or to the community if services are not provided
- For whom there are relatively few services either in the county as a whole or in particular areas
- Who have few advocates in the form of organisations with statutory responsibilities

STRATEGIC ACTIONS

The groups for whom the factors exist to the highest extent, and where the needs analysis identified the highest level of need are:-

- Young people at risk, in particular 16 and 17 year olds across the county, including former relevant children and young offenders. To address this need Supporting People will need to:
 - Commission short-term accommodation-based support exclusive to the client group where there are gaps in provision
 - Consider decommissioning poor performing providers and commissioning alternative providers
 - Consider redesigning services for other client groups into services for young people at risk
 - Consider restricting access to services that are designed to meet the needs of 25 year olds plus in order to safeguard vulnerable young people

- Link young people at risk into mediation services in order to try and reconnect them to the family home
 - Ensure that all services for young people at risk have access to a concierge service (this is considered to be non-housing related support).
 - Consider decommissioning all supported lodgings services
- People who have serious mental health problems and misuse substances (Dual Diagnosis). To address this need Supporting People will need to:
 - Identify where there is a need for additional resources
 - Consider the decommissioning of some services for people with mental health problems where there is overprovision and redesigning for other client groups
- Gypsies and Travellers and other Minority Ethnic communities across the county. To address this need Supporting People will need to:
 - Carry out an assessment of housing-related support need that includes the need of eastern European Gypsy communities living in private rented accommodation

The **second highest** need for services for people:-

- Who are at limited risk of harm to themselves or to the community if services are not provided
- For whom there is a reasonable supply of services but there are some gaps in services in particular areas of the county
- Who have some advocates in the form of organisations with statutory responsibilities

STRATEGIC ACTIONS

The client groups for who service improvements required are:-

- Single homeless people (including offenders), rough sleepers and families with support needs (including teenage parents). To address this need Supporting People will need to:
 - Consider commissioning additional accommodation-based services for single homeless people where there are gaps in services
 - Target support on families (including teenage parents) at risk of homelessness
 - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- Refocus support for people with physical/sensory disabilities to those living independently in the community. We will consider decommissioning services that are specific to an individual having physical disabilities on the basis that having a physical disability does not give an inherent right to receive housing related support services.
- Continue supporting people living with HIV/Aids but mainstream support services ensuring that the confidentiality of service users is paramount

- Ensure that vulnerable refugees given leave to remain have access to support services

The **third highest** need for services to be for people:-

- Who are at minimal risk of harm to themselves or to the community if services are not provided
- For whom there is an adequate supply of services with only minimal gaps in services in particular areas of the county
- Who may be the responsibility of statutory social care services

STRATEGIC ACTIONS

Within this priority setting, the aims are:-

- Extending choice for older people
 - More effective targeting of older people in need of support, both in sheltered accommodation and those living in the community
 - Strategically targeted funding of older people's services according to population figures, indices of deprivation and relevant priority to other service user groups and resources available
 - Seek more consistent service models for Home Improvement Agencies and handyman services
 - Carry out a strategic review of Home Improvement Agencies and handyperson services which will define desired outcome and the role and scope of agencies as social enterprises
 - Existing housing related support in extra care sheltered housing will be funded on the same basis as sheltered accommodation and additional services will only be funded on the basis of prioritised need and subject to the growth bid process
 - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- Contribute to implementing Valuing People for people with a learning disability
 - Focus resources on enabling individuals to access independent living in the community, with emphasis on time-limited objectives and practical interventions to sustain people's independence.
 - More targeted support on those individuals currently not in receipt of significant care packages (individuals with mild to moderate learning disabilities)
 - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- People with mental health problems
 - Focus resources on enabling individuals to access independent living in the community, with emphasis on time-limited objectives and practical interventions to sustain people's independence.
 - Improve support for this client group and carry out a strategic review of supported housing for this client group to consider the establishment of pathways through the different levels and types of service intervention

5.1 Overall Direction of Travel

The Supporting People programme will focus on ensuring that the services funded are clearly defined as housing-related support meet the intended outcomes of maximising independence and are explicitly linked into the priority targets of the Local Area Agreement. Eligibility criteria for housing-related services will be reviewed and explicitly define high, medium and low support levels as well as be explicitly linked to required outcomes.

The Programme will prioritise services that focus on prevention and help people to stay in their own accommodation. More emphasis will be placed on assisting service users to link to social and economic resources in the community as a route to greater independence. This will require planning with service users for the long-term. We will work with service providers to ensure that they become more effective in delivering this support.

Whilst floating support is the most flexible way to support vulnerable people, there remains a clear place for accommodation-based services, for example in crisis situations. However, over the next years the Supporting People Programme will prioritise short-term supported housing.

It is vital for service users to move on to independent living when they are ready, to prevent them becoming dependent on support and institutionalised the programme will address and promote measures that monitor timely move on.

Where services for older people with support needs, people with learning disabilities, people with mental health problems and people with physical/sensory disabilities are concerned, services should be focused on prevention and working with those who do not currently have significant care packages in place. There will be more emphasis on time-limited objectives and practical interventions such as those delivered by Home Improvement Agencies / handyman services to sustain independence.

Any new investment in services will at least in part have to be funded by savings generated through decommissioning of services that are not strategically relevant or where performance has been poor, access restricted or where there is a lack of aspiration for service users to become independent.

The programme will promote and develop a shift towards more joint commissioning opportunities with agencies sharing targets and objectives.

The Programme will take account of the need to divert investment away from Margate Central and Cliftonville West in order to enable these two areas to reduce the residualisation that exists within those communities.

5.2 Measuring effectiveness

The effectiveness of the Supporting People Strategy meeting the objectives will be measured by the extent to which there is:-

- Clear understanding and demonstration of the contribution that housing-related support services can make to locally set priorities within local strategic partnerships and the Kent Partnership
- Effective targeting of services on identified priority needs
- Improved throughput through short-term services

- Delivery of effective outcomes in line with locally set priorities
- Services provide good value for money and service quality continues to improve
- Joint commissioning and funding of services, including funding aligned through the Local Area Agreement

This strategy is supported by the Commissioning Plan/Framework providing a detailed exposition on individual services, and their future.

5.3 Budget

The Kent Supporting People Programme has an allocated grant of £32 million but currently spends just under £35 million in 2009. The same amount will be spent in 2010. This is funded out of a previous underspend. However, in 2011/12 grant funding may drop to £28 million.

Therefore the strategy needs to determine priorities and which services will be decommissioned once the Programme has no further underspend to commit from previous years of saving to cushion the potential blow.

6. Conclusion

The Supporting People Programme will be working with key stakeholders, providers and service users to deliver this strategy.

The implementation of the strategy will involve tendering, decommissioning and in some cases recommissioning services. There will also be a need to consider whether or not there should be a strategic withdrawal from accommodation-based service provision in Cliftonville West and Margate Central.

The strategy is complemented by a commissioning framework which will provide detailed analysis of the services that the Programme currently funds and an evaluation of their strategic relevance in relation to needs, performance and outcomes.

APPENDIX A

1. Strategic Contexts

1.1 Kent Community Strategy – Vision for Kent 2006-2026

Vision for Kent provides a context for the contribution of the Supporting People programme on Kent's wider aims and cross-cutting objectives and is delivered by the Kent Partnership. Supporting People is one of many partnerships working and coming together under the Kent Partnership. The Supporting People partnership's work relates to the pledge contained within Kent's community strategy to making Kent a place "*where housing needs are met and decent, high quality homes help create attractive, safe and friendly communities*"³.

Supporting People services contribute to particular key themes:-

- People leading healthier lives and enjoying high quality services that meet their needs for health, care and wellbeing
- Communities being stronger, safer and confident in the face of change
- Housing needs are met and decent, high quality homes help create attractive, safe and friendly communities

1.2 Local Area Agreement (LAA) and the Local Public Service Agreement 2

The agreement brings Kent Partners together to work for the people of the county with the aim of increasing independence and raising personal fulfilment, and acts as a vehicle for taking forward the ambitions contained in the vision for Kent. It includes key targets agreed jointly between the Kent Partners and government and encourages agencies to pool resources to achieve the targets. The targets are designed to be challenging but achievable, and they reflect a move towards preventing problems rather than simply tackling them at a later stage.

The Kent Local Area Agreement for 2008-11 includes as one of its many targets National Indicator 141 which specifically covers the impact of the Supporting People programme by measuring people moving in a planned way from short-term accommodation-based services to independence.

However, Supporting People through supporting particular client groups to maintain stable accommodation and linking them to other services also contributes to other targets including:-

- Reducing the number of 16 to 18 year olds in Kent who are not engaged in Education, Employment and Training
- Reduce rate of Hospital Admissions per 100,000 for Alcohol Related Harm-improve access to treatment and as a consequence reduce alcohol consumption which will lead to reductions in alcohol related crime and alcohol related illness.
- Increase number of drug users recorded as being in effective treatment
- Reduce the number of first time entrants to the youth justice system in Kent (young people aged 10-17) - promoting the welfare of children and young people with the express objectives of reducing the risk of them offending

³ KCC, 2006, Vision for Kent 2006-2026

- Domestic abuse—Reduce Repeat Victimisation within MARAC (Multi Agency Risk Assessment Conference).

1.3 Area Based Grant

Nationally, as from April 2010 the Supporting People grant will be included within the local area based grant which is likely to remove existing grant conditions.

Local authorities are free to use the totality of their non-ring fenced funding as they see fit to support the delivery of their local, regional and national priorities in their areas.

This presents a major risk in that the focus on housing related support might become diluted unless Supporting People Programme can evidence its contribution to the wider targets of the Kent Partnership.

1.4 The National Supporting People Strategy ⁴

The national strategy focuses on four key areas:

- Keeping service users at the heart of the programme and local delivery including user focussed models of support informed by best practice, developing a Service User Charter for Independent Living, and enhancing service user choice and control by learning from individual budget pilots and other choice led funding mechanisms.
- Building on partnerships with the third sector (Voluntary Organisations) through compliance with the Third Sector Compact, and adherence to full cost recovery principles, as well as further develop capacity building to support and encourage smaller providers.
- Delivering effectively in the new local government landscapes through the new performance framework set out in the Local Government white paper which envisages that Supporting People will be delivered through the new area based grant by April 2009.
- Working towards optimising efficiency and less bureaucracy and tackling unmet need

1.5 Other key local and national strategies

Other key local and national strategies include:-

- Building Better Lives (Audit Commission, 2009) – targeting spending on existing housing stock to make communities more sustainable, through measures such as improving public health, tackle empty homes
- Sustainable Communities: Settled Homes: Changing Lives (CLG, 2005)
- National Reducing Reoffending Delivery Plan (home office, 2004)
- Our Health, Our Care, Our Say (Department of Health, 2006) – key objectives include greater use of direct payments and individualised budgets, improving access to services and increase integration of services; more preventative services
- National Drug and Alcohol Strategies
- Kent Children’s and Young People Plan (2008-11)

⁴ CLG, 2007, ‘Independence and Opportunity’

- District and Borough Homelessness Strategies, Housing Strategies and Crime Reduction Strategies
- Community Safety Plan
- Kent & Medway Domestic Violence Strategy
- Single Conversation (Homes and Communities, 2009) – place based approach that delivers local authorities’ vision and ambitions through partnership working and a single investment framework agreement. Recommendations under the framework include:
 - Councils with housing responsibilities to work with partners to gather information about housing needs and markets and using the information to look at trends in supply and demand for market areas beyond the local authority administrative boundary
 - Councils with housing responsibilities to work with partners to review and develop joint working arrangements between councils especially neighbouring districts
 - County councils in two tier areas should create effective partnerships with their districts, building on the good examples from the Supporting People Programme, use their well-being powers to assist in achieving strategic housing objectives in their LAAs and review their land holdings to assess the potential for releasing land for new and affordable housing.

A Kent Housing Strategy is currently being developed.

1.6 Benefits of Supporting People

Two recent reports outline the benefits of Supporting People:

A recent piece of research commissioned by CLG demonstrated the financial benefits of Supporting People in that its services save money that would otherwise have to be committed from other budgets.

The research published in 2008 by Cap Gemini⁵ examined particular client groups and compared the cost of a Supporting People package with support using the most appropriate alternatives. The findings suggested that for each £1 invested by Supporting People, there is a net saving of 75p. A removal of Supporting People services would lead to increased costs in the areas of health service, homelessness, tenancy failure, crime and residential care packages.

The research also identified non-financial benefits of Supporting People services which included:-:

- Improved health and quality of life for individuals
- Increased participation in communities
- Greater access to appropriate services
- Improved educational outcomes for children
- Reduced anti-social behaviours

An **Audit Commission report** dated July 2009⁶ clearly highlights the value of the Supporting People Programme and what has been achieved since the last report four years ago.

⁵ Cap Gemini, 2008, Research into the Financial Benefits of the Supporting People Programme

⁶ Audit Commission, 2009, Supporting People Programme 2005-2009

The report states that overall improvements achieved 2005-09 include more targeting of provision on identified need, service quality, and value for money and the active involvement of service users in the Programme.

The report also identified some new and on-going challenges that need to be addressed and which include:-:

- Moving to expand choice and personalisation to meet the aspirations of service users
- Increased profile of safeguarding issues for adults and children
- Changes to regulatory frameworks with the advent of Local Area Agreements and Comprehensive Area Assessments
- Supporting People being integrated into Area Based Grant
- Keeping needs data up to date and linking it to Joint Strategic Needs Assessment arrangements
- Sustaining and improving partnership working

There are particular successes that are germane to the Programme which need to be built upon, in particular:-

- The balance of local provision of housing related support compared to identified local need
- The potential usage of rent deposit schemes and the additional provision of floating support to create more opportunity to move people into suitable private rented accommodation
- The usage of the outcomes framework to inform service development and the commissioning of new services and within Kent to determine future investment in services

APPENDIX B

1. Current Supply

1.1 Distribution of Supporting People grant and units by primary client group, as at 9.11.2009

Client Group	Unit Nos.	% Of Units	% Of Grant	Total Cost £ 09/010*
Frail Elderly	189	0.65%	1.08%	£369,688
Generic	1184	4.08%	7.61%	£2,597,948
Homeless Families with Support Needs	215	0.74%	3.06%	£1,045,101
Offenders or People at Risk of Offending	159	0.55%	3.05%	£1,040,070
Older Persons with Support Needs	24203**	83.42%	25.84%	£8,826,920
People with a Physical or Sensory disability	180	0.62%	1.37%	£467,782
People with Alcohol Problems	68	0.23%	0.68%	£233,550
People with Drug Problems***	132	0.45%	1.52%	£518,140
People Living with HIV/Aids	20	0.07%	0.18%	£61,692
People with Learning Disabilities	464	1.60%	13.97%	£4,769,920
People with Mental Health Problems	731	2.52%	12.89%	£4,402,977
Rough Sleeper	75	0.26%	0.76%	£261,263
Single Homeless with Support Needs	479	1.65%	9.68%	£3,307,238
Teenage Parents	161	0.55%	2.18%	£746,255
Those at risk of Domestic Abuse	283	0.98%	6.19%	£2,113,332
Young People at Risk	389	1.34%	7.48%	£2,555,923
Young People Leaving Care	77	0.27%	2.41%	£821,495
Gypsies and Travellers	4	0.01%	0.05%	£15,391
TOTAL	29013	100%	100%	£34,154,694

*Figures for cost have been rounded up

** This includes services provided by Home Improvement Agencies and Community Alarms

***This includes Floating Support for people who misuse drugs or alcohol

1.2 Units and cost by client group by district, as at 9.11.2009

Single Homeless

	Short-term Accommodation based Units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	11	£98,100		
Canterbury	118	£942,354		
Dartford	52	£151,652		
Dover	24	£371,649		
Gravesham	6	£55,685		
East Kent			68	£161,746
Maidstone	42	£366,969		
Swale	84	£471,962		
Thanet	4	£52,056		
T & M	13	£66,314		
T'Wells	54	£561,502		
West Kent	3	£7243		
TOTAL	411	£3,145,491	68	£161,746

* Figures on cost have been rounded up

Generic Provision

	Short-term Floating Support Service	Cost 09/10*
Ashford		
Canterbury	58	£146,627
Dartford	6	£13,689
Dover	18	£37,184
East Kent	291	£605,268
Gravesham	44	£91,789
Kent	75	£190,519
Maidstone	96	£226,946
Sevenoaks	55	£117,002
Shepway		
Swale	128	£303,166
Thanet	32	£73,579
T&M	86	£164,833
T'Wells	72	£150,388
West Kent	223	£476,952
TOTAL	1184	£2,597,948

*Figures on cost have been rounded up

Families with Support Needs

	Short-term accommodation-based services	Cost 09/10*	Short-term Floating Support Service	Cost 09/10*
East Kent			70	£238,696
Sevenoaks			18	£43,322
Swale	14	£136,650		
Thanet	20	£211,962		
T'Wells	17	£165,883		
T&M	6	£9,888		
West Kent			70	£238,696
TOTAL	57	£524,385	158	£520,715

* Figures on cost have been rounded up

Rough Sleepers

	Short-term accommodation-based services	Cost 09/10**	Short-term Floating Support Service	Cost 09/10**
Canterbury	1	£8,926.32		
East Kent			37	£126,168
West Kent			37	£126,168
TOTAL	1	£8,926.32	74	£252,336

* Figures on cost have been rounded down

People with Mental Health Problems

	Long-term accommodation-based units	Cost 09/10*	Short-term accommodation-based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	10	£53,912			33	£93,636
Canterbury	6	£57,342	10	£120,571	11	£31,440
Dartford	30**	£167,206	8	£51,045		
Dover			7	£79,558	41	£126,468
East Kent					121	£352,961
Gravesham			10	£73,562		
Kent			17	£262,862	85	£266,445
Maidstone	12	£129,015	12	£153,487		
Sevenoaks	13	£119,735	24	£419,869	6	£17,982
Shepway	12	£86,800	18	£229,941	44	£136,750
Swale	4	£23,775	29	£210,729		
Thanet	30	£239,050	6	£62,702		
T&M			6	£104,347		
T Wells	18	£127,603	7	£42,796		
West Kent	29	£333,653			72	£227,722
TOTAL	164	£1,338,095	154	£1,811,473	413	£1,253,408

*Figures on cost have been rounded up **Service also includes units in Gravesham

Young People at Risk

	Short-term accommodation-based units	Cost 09/10*	Short-term Floating support units	Cost 09/10*
Ashford	21	£252,149		
Canterbury	17	£355,853		
Dartford				
East Kent			120	£426,954
Gravesham	18	£172,459		
Maidstone	59	£466,070		
Sevenoaks			6	£17,081
Sevenoaks, T Wells, T&M			73	£227,117
Shepway				
Swale	52	£378,428		
Thanet	23	£259,811		
TOTAL	190	£1,884,771	199	£671,152

* Figures on cost have been rounded up

Young People Leaving Care

	Short-term accommodation-based units	Cost 09/10*
Kent	77	£821,495
TOTAL	77	£821,495

Teenage Parents

	Short-term accommodation-based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Canterbury	6	£75,369		
Dartford	9	£96,777		
East Kent			88**	£332,442
Gravesham	7	£47,228	18	£72,866
Maidstone			27	£98,572
Swale	6	£22,998		
TOTAL	28	£242,373	133	£503,882

*Figures on cost have been rounded up **This data covers 3 services delivered by 3 different providers

Offenders or those at Risk of Offending

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Dover	16	£165,596		
East Kent			22	£80,284
Gravesham	6	£46,341		
Maidstone	31**	£377,459		
Shepway	4	£28,234		
Swale	8	£50,177		
Thanet	9	£54,013	30	£108,211
T & M	6	£46,341		
West Kent			27	£83,410
TOTAL	80	£768,164	79	£271,906

* Figures on cost have been rounded up **These units include a scheme for ex-offenders who misuse substances.

People with Drug Problems

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support Units	Cost 09/10*
East Kent			58	£164,463
Maidstone	2	£3,847		
Shepway	11	£160,596		
West Kent	15	£59,394	46	£129,837
TOTAL	28	£223,839	104**	£294,301

* Figures on cost have been rounded up **Service also delivers support to people misusing alcohol

People with Alcohol Problems

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support Units	Cost 09/10*
Canterbury	18	£97,856		
West Kent			50	£135,694
TOTAL	18	£97,856	50	£135,694

*Figures on cost have been rounded down

People Fleeing Domestic Abuse

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Dover			14	£43,250
East Kent			78	£250,411
Kent	91**	£1,528,310		
Sevenoaks, T'Wells, T&M			45	£122,124
West Kent			55	£169,235
TOTAL	91	£1,528,310	192	£585,021

*Figures on cost have been rounded up

**Kent accommodation incorporates refuges in all districts with the exception of T&M and Sevenoaks

People with Learning Disabilities

	Long-term accommodation based units	Cost 09/10*	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	18	£90,251			11	£22,000
Canterbury	9	£83,379				
Dartford	26	£180,843				
Dartford and Gravesham					36	£70,088
Dover	12	£168,268			12	£24,476
Gravesham	5	£73,908				
Kent	49	£245,649				
Maidstone	53	£970,572	5	£81,983		
Sevenoaks	12	£166,282				
Shepway	57	£617,112			8	£15,917
Swale	23	£252,420	6	£99,639		
Thanet	54	£679,529				
T & M	18	£223,436				
T Wells	36	£526,588				
West Kent	14	£177,560				
TOTAL	386	£4,455,803	11	£181,623	67	£132,483

* Figures on cost have been rounded up **service delivered across Dartford and Gravesham

People with Physical and/or Sensory Disabilities

	Long-term accommodation based units	Cost 09/10*	Short-term Accommodation based units	Cost 09/10	Short-term floating support units	Cost 09/10	Community Alarms	Cost 09/10
Ashford	8	£58,813						
Dartford			8	£90,223				
Gravesham	18	£10,276						
Kent	8	£4,630			36	£98,698	30	£5,427
Swale	8	£33,082						
Thanet	3	£52,611						
T&M	53	£83,648						
TWells	8	£30,369						
TOTAL	106	£273,433	8	£90,223	36	£98,698	30	£5,427

** Figures on cost have been rounded up

Older Persons with Support Needs

	Long-term accommodation based units	Cost 09/10*	Short-term floating support units	Cost 09/10*	Home Improvement Agency units	Cost 09/10*
Ashford	452	£288,463			200	£109,057
Canterbury	452	£241,328	25	£52,843	800	£109,057
Dartford	526	£333,395				
Dartford and Gravesham					200	£218,114
Dover	357	£227,835			200	£109,057
East Kent	17	£9,076				
Gravesham	478	£253,321			200	£109,057
Kent	1187	£555,553	141	£304,215		
Maidstone	989	£631,173	493	£301,383	300	£109,057
Sevenoaks	732	£703,844				
Shepway	547	£345,650			300	£109,057
Swale			320	£408,443	400	£109,057
Thanet	265	£154,782			220	£109,057
T & M	232	£148,060	1449	£1,318,362	178	£109,057
TWells	568	£322,700				
West Kent					440	£218,114
TOTAL	6802	£4,215,187	2428	£2,385,249	3238	£1,308,689

Cont.

	Community Alarms	Cost 09/10*
Ashford	1172	£91,662
Canterbury	1177	£92,053
Dartford	526	£41,138
Dartford and Gravesham		
Dover	1092	£85,405
East Kent	17	£1,329
Gravesham	1092	£85,405
Kent	1348	£105,427
Maidstone	1280	£100,108
Sevenoaks	772	60378
Shepway	877	£68,590
Swale	1252	£97,918
Thanet	297	£23,228
T & M	247	£19,317
T*Wells	586	£45,831
West Kent		
TOTAL	11735	£917,794

* Figures on cost have been rounded up

Frail Elderly

	Long-term accommodation based units	Cost 09/10*
Canterbury	163	£327,121
Thanet	26	£42,567
TOTAL	189	£369,688

*Figures on cost have been rounded down

People Living with HIV/Aids

	Short-term Floating Support units	Cost 09/10*
Kent	20	£61,692
TOTAL	20	£61,692

* Figures on cost have been rounded down

Travellers and Gypsies

	Short-term accommodation based units	Cost 09/10*
Sevenoaks	4	£15,391
TOTAL	4	£15,391

* Figures on cost have been rounded down

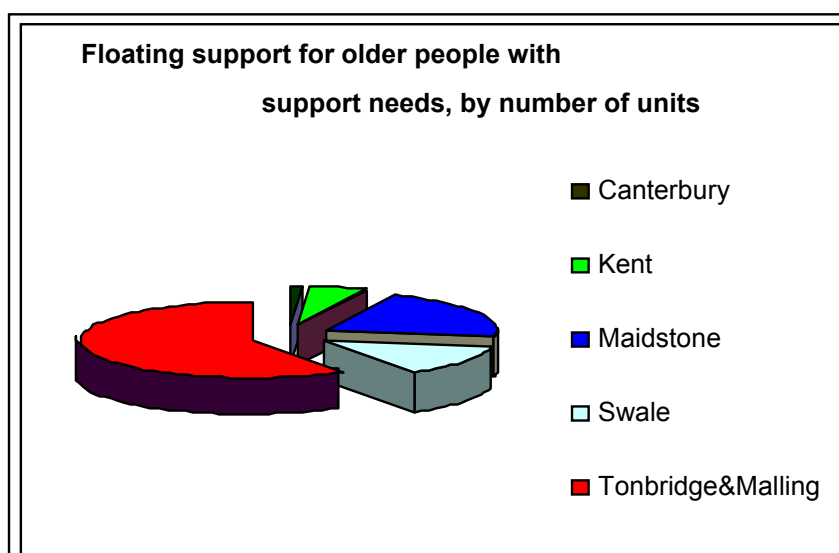
1.3 Data highlights

- More than half of grant is spent on what might be termed 'traditional' client groups such as older people with support needs, people with learning disabilities, people with mental health problems and people with physical/sensory disabilities.
- Services to older people with support needs (which include Home Improvement Agencies) represent a total spend of 25% of the grant and 83% of all units of provision is 83%.
- Whilst people with learning disabilities receive the second highest amount of Supporting People grant they only deliver 1.6% of the total units. It might be inferred that this reflects most service users' need for more intensive support.

- Client groups with relatively minimal client group-specific provision are people misusing alcohol and/or drugs, offenders, homeless families with support needs and gypsies and travellers.
- Client groups such as older people with mental health problems or mentally disordered offenders and refugees are served within existing mainstream provision but their housing-related support needs continue to be monitored and evaluated.

Most of the services currently funded by Supporting People are legacy services and client groups-specific services are not equally distributed across districts/boroughs according to identified need. With regard to accommodation-based services this means that in some districts service users have to move across boundaries to access services.

The unequal distribution of resources is best demonstrated by the geographic spread of floating support services for older people:



2. Types of services

Overall, as proportions against total numbers of provision and grant the Programme delivers the following types of services:

%	Units	Funding
Accommodation based	30.24%	63.96%
Community Alarm	40.43%	2.67%
Floating Support	18.21%	29.60%
Home Improvement Agency	11.13%	3.78%

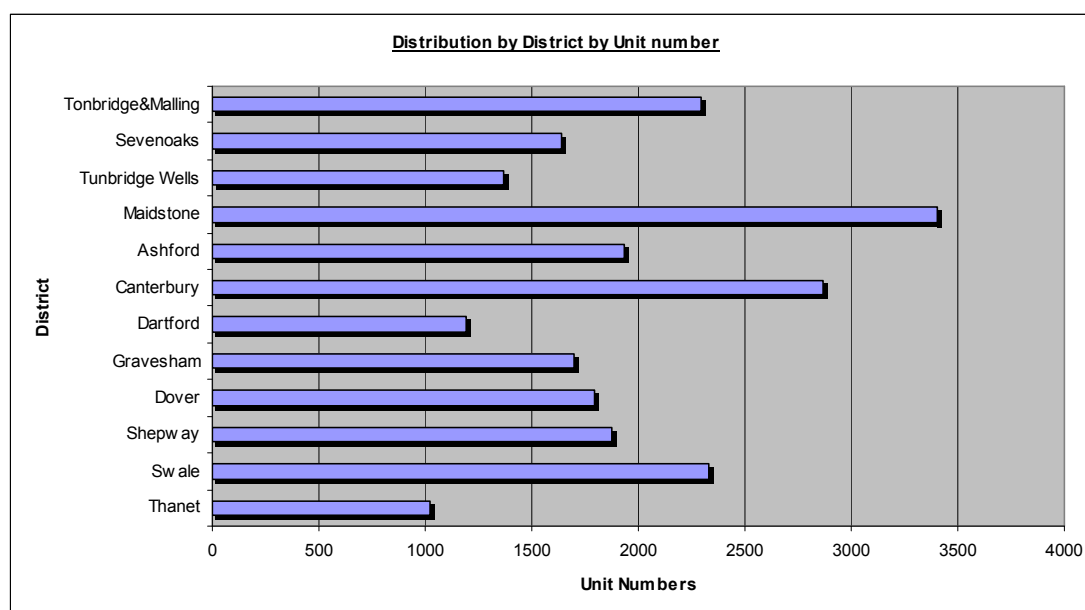
3. Distribution of grant and units by district/borough

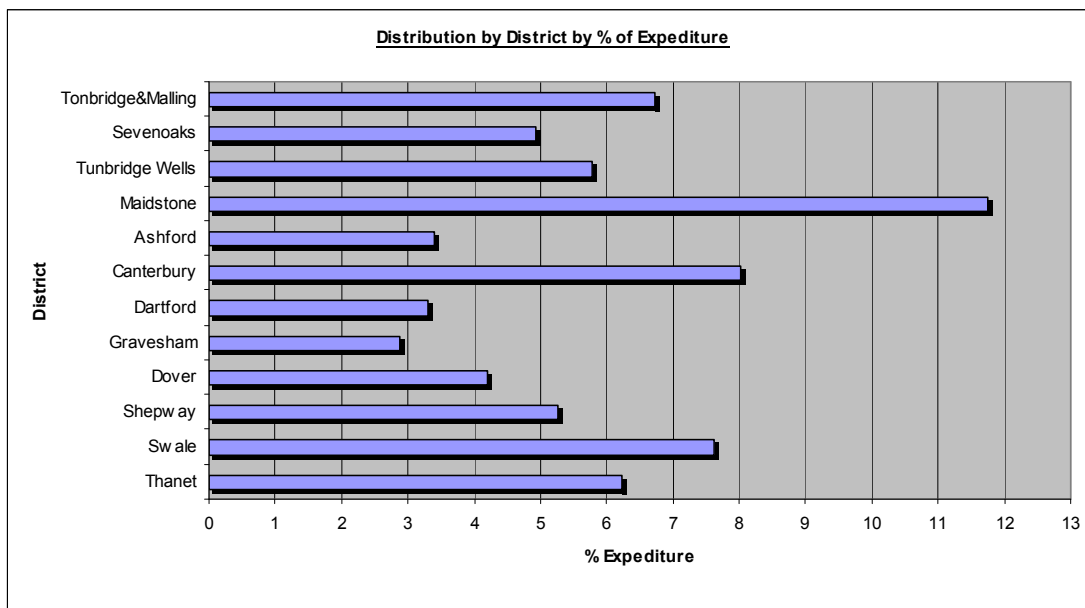
With the exception of Swale, proportions of Supporting People grant spent by district/ borough do not reflect deprivation levels and hence, potential need:

Indices of deprivation x/354	District	Unit No.	Cost 09/10*	% of Total Expenditure
85	Thanet	1019	£2,123,164	6.22%
130	Swale	2334	£2,598,452	7.61%
131	Shepway	1878	£1,798,651	5.27%
154	Dover	1793	£1,438,750	4.21%
158	Gravesham	1702	£982,844	2.88%
170	Dartford	1191	£1,125,972	3.30%
190	Canterbury	2871	£2,742,126	8.03%
233	Ashford	1936	£1,158,047	3.39%
270	Maidstone	3401	£4,016,649	11.76%
283	Tunbridge Wells	1366	£1,973,664	5.78%
303	Sevenoaks	1642	£1,680,898	4.92%
304	Tonbridge&Malling	2294	£2,293,609	6.72%
-	Sevenoaks, Tonbridge&Malling	45	£122,124	0.36%
	Sevenoaks, T&M and T'Wells	73	£227,117	0.66%
-	County	3164	£4,450,928	13.03%
-	East Kent	987	£2,749,803	8.05%
-	Dartford & Gravesham	200	£218,114	0.64%
-	West Kent	1081	£2,383,685	6.98%
	Grand Total	29,013	£34,154,694	100.00%

*Figures for cost have been rounded up

Overall distribution of grant spent and unit numbers reflects overall deprivation levels to only a limited extent. The following charts demonstrate unequal distribution, with districts being grouped in ascending order of indices of deprivation:





3.1 Data highlights

- Services in Maidstone receive the highest proportion of grant expenditure as well as unit numbers. This reflects to some extent a concentration of (high cost) services to people with learning disabilities.
- Grant spend in Canterbury and Swale reflects high concentration of services in larger urban areas.
- Grant expenditure in Maidstone, Canterbury and Swale correlates with the areas delivering most units of provision.
- Another district providing high unit numbers and having the fourth highest grant spent is Tonbridge & Malling: here the vast majority of services are provided to older people with support needs.
- When comparing grant spend with deprivation levels, some of the most deprived districts in Kent (Thanet, Dover, Shepway, Dartford and Gravesham) have less grant monies spent than some of the more affluent districts.

4. Distribution of services for older people by population estimates

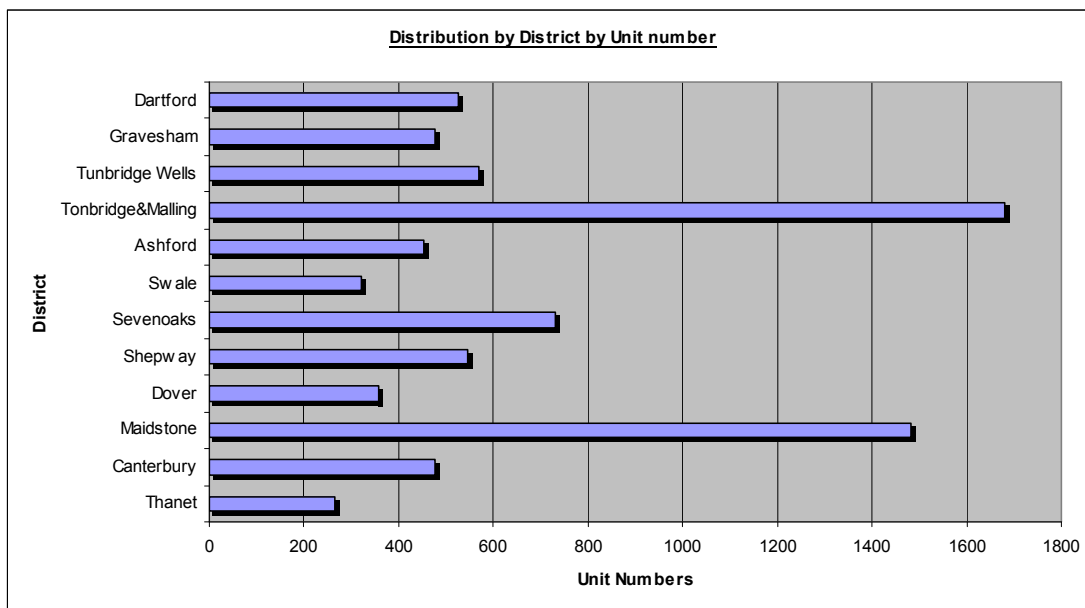
Where services for older people are concerned, current distribution of unit numbers does not reflect population size.

Using mid-2007 population estimates, and excluding Home Improvement Agencies and Community Alarms, the following table shows that the district with the highest estimated population aged 65+ has the least provision of client-group specific services funded by Supporting People:

Indices of deprivation x/354	District	Unit No.	Population Aged 65+*
85	Thanet	265	31,600
130	Swale	320	22,800
131	Shepway	547	23,400
154	Dover	357	23,800
158	Gravesham	478	17,300
170	Dartford	526	14,600
190	Canterbury	477	31,000
233	Ashford	452	20,700
270	Maidstone	1482	26,700
283	Tunbridge Wells	568	20,200
303	Sevenoaks	732	23,100
304	Tonbridge&Malling	1681	20,700

* Mid-2007 estimates

The chart below illustrates the data further, with districts in ascending order of numbers of populations aged 65+ (Thanet having the highest numbers of older people aged 65+ and Dartford the lowest):



APPENDIX C

Needs Analysis - Client Group Summaries

1. Single homeless

Key statistics

- According to Client Records 2008-09, 1,092 new clients identified as 'single homeless' accessed services. A third slept rough immediately prior to entering the service and 15% 'sofa surfed'.
- According to Client Records 2008-09 and excluding those refusing to disclose their ethnicity, 8% of new clients in this client group were identified as belonging to Minority Ethnic groups.
- Many homeless people have multiple needs such as alcohol or/and drug problems and/or mental health problems.
- Whilst statutory acceptances shows a steady reduction in overall homelessness acceptances in Kent in 2008–09 districts/boroughs received 1,778 homeless applications overall (of which 973 were accepted as being owed a duty).
- According to homelessness data, the Kent districts/boroughs prevented or relieved homelessness in 1,620 cases. According to data on temporary accommodation, as at March 2009 71 households were placed in temporary accommodation. It can be assumed that many of the individuals concerned have housing-related support needs that render them at risk of homelessness.
- April 2008-March 2009 the outreach and resettlement service received 939 referrals. Most of the individuals were sofa surfing.

Key issues

- Lack of direct access and other schemes for single homeless people, or insufficient provision, in some districts/boroughs. Individuals are forced to leave existing social and other networks to access resources elsewhere.
- Need in some highly deprived areas such as central wards in Margate is most pressing: many vulnerable single homeless people with often very complex needs are inappropriately placed in Bed & Breakfast accommodation.
- Countywide need for improved move-on accommodation from supported housing, particularly for homeless people with mental health problems, young people at risk, people who misuse substances and ex-offenders.

Key actions

- Design and implement new accommodation-based resources where there are gaps.
- Increase accommodation-based provision for single homeless people in Thanet, outside of the most deprived areas, and potentially in North Kent.
- Improve throughput in accommodation-based services through the promotion of private rented housing and the use of the Supporting People funded rent deposit scheme.
- Link homeless people to primary health care and support them to manage their physical health better
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.
- Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community.

- Improve access to services by prioritising the needs of vulnerable people of local communities and Kent. The eligibility and reconnection policies to be revised accordingly.
- Work with service providers to further improve access to services further by establishing the principle that when deciding whether they can work with homeless people should depend on the level of risk they present at the point of referral rather than past history.
- Review the Outreach and Resettlement Service to establish the need (or not) for recommissioning the service beyond 2011
- Consider monitoring the number of people who are still occupying their move-on accommodation one year after moving on from a service.

Key measures of success

- An increased number of homeless people able to access support services
- An increased number of people maintain accommodation and avoid eviction⁷
- Revised eligibility criteria and reconnection policy
- An increased number of vulnerable people achieving independent living⁸ and accessing training, education and employment work and being linked to social resources in the community⁹
- An increased number of people managing their physical health better¹⁰
- Development of peer support schemes underpinning independent living in the community

2. Rough Sleepers

Key statistics

- Client records April 2008-March 2009 show that out of a total of 3,598 new clients accessing services 495 (14%) slept rough immediately prior to accessing services, including a third of single homeless with support needs, 13% of offenders and nearly 10% of young people at risk. 6% of new clients were identified as belonging to Minority Ethnic groups.
- A snapshot survey of single homeless people carried out in Kent in 2007 found that out of 731 individuals nearly half had slept rough in the preceding year.
- The Outreach and Resettlement Service received 939 referrals April 2008-March 2009: 55% of individuals had slept rough, 59% had convictions, 19% were under Probation or Licence, 40% had mental health problems, 38% had drug problems and another 38% had alcohol problems.

Key issues, actions and key measures for success are the same as for single homeless people.

3. Families with support needs and 4. Teenage Parents

Key statistics

- Client records April 2008-March 2009 show that out of a total of 3,598 new clients accessing services 400 of all new clients had dependent children below the age of 18. 100 new clients were identified as 'teenage parents' of

⁷ Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

⁸ National Indicator 141

⁹ Outcomes Monitoring Data 2 d (establish contact with external services)

¹⁰ Outcomes Monitoring Data 3 a (better manage physical health)

whom 35 were aged 16 and 27. Only 4 new clients were identified as belonging to Minority Ethnic groups.

- Client records April 2008-March 2009 show that a total of 71 new clients where the primary client group was classified as 'homeless families with support needs' gained access to Supporting People services. 7% of new clients identified as families with support needs belonged to Minority Ethnic groups.
- Families accepted as statutorily homeless are mainly young with a majority headed by lone women. Many have problems managing financially and were unemployed and in receipt of benefits.
- Overall, households with dependent children and those containing a pregnant woman make up the bulk of homelessness acceptances. They constituted 63% of a total of 973 acceptances in Kent in April 2008-March 2009.
- In 2008-09, 10% of all homelessness acceptances in Kent came from members of Minority Ethnic groups, which is above mid-2007 estimates of Minority Ethnic populations in Kent. The highest such acceptances were recorded in Dartford, Gravesham and Maidstone. The vast majority of Minority Ethnic acceptances were for homeless families with children.
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health. The highest live birth rates to teenage mothers are recorded in Thanet, Swale and Dover which reflects the districts' standing in the index of deprivation.
- Child poverty as measured by parental income increases the risk of mental health problems in children and young people with 15% of children at the lowest incomes levels experiencing mental health difficulties compared to 5% of children and young people at higher end of income level.
- Other likely vulnerabilities and potential support needs may be indicated with regard to families whose children are subject to Section 47 enquiries: according to data from Department of Children, Schools and Families, in 2007-08 3,395 children subject to such enquiries were referred to Children and Families teams in Kent.

Key issues

- Need to maintain support for those at risk of homelessness through flexible tenure neutral services
- Consider incorporating the funding for specialist floating support for teenage parents into generic floating support services covering the east and the west of the county.

Key actions

- Improve targeting of families at risk of homelessness through early intervention and provision of flexible and generic floating support services.
- Mainstream floating support for teenage parents
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

Key measures of success

- An increased number of people maintain accommodation and avoid eviction¹¹
- An increased number of families with support needs and teenage parents achieving independent living¹²

¹¹ Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

- An increased number of people at risk of homelessness supported in their homes and maintain their independence
- An increased number of individuals helped to access education, training, and employment, and establish independent and healthy lives¹³

5. People with mental health problems

Key statistics

- One in six of the working age population surveyed exhibited symptoms sufficient to warrant a diagnosis of a common mental health problem such as anxiety or depression.
- The accepted prevalence for severe mental illness (generally refers to psychotic or serious affective conditions) is found to be stable across cultures and is found in around .05-1% of the population.
- Research shows that 45% of people with mental health problems face eviction because of problems such as rent arrears or problems repairing or coping with maintaining a home
- Based on the national estimates, between 8% and 15% of people with mental health problems on the caseload of mental health teams in Kent and Medway also present with substance misuse problems.
- Data from the analysis of floating support across Kent April 2008-March 2009 indicates that people with mental health problems were, with 557 referrals, the client group with highest demand for services in all districts/boroughs.
- 8% of clients newly accessing Supporting People services 2008-09 were identified as belonging to Minority Ethnic groups.
- Consultation with service users from Ethnic Minority groups at Rethink Sahayak in March 2007 revealed that there are many people with mental health problems that may cause difficulties with maintaining accommodation. However, cultural barriers stop people from seeking aid. Some of these barriers concern cultural concepts such as 'shame' and 'family honour' as well as language problems. Since the commissioning of a dedicated floating support service for vulnerable people from Minority Ethnic groups in North Kent, referral rates for individuals from such communities have increased.

Key issues

- Existing accommodation-based services are unable to meet the needs of people with dual diagnosis.
- Distribution of services across the county is uneven, with some districts/boroughs experiencing some oversupply (and correspondingly finding it difficult to fill vacancies) whereas other districts lack resources.
- Time-limited floating support seemingly unable to resolve issues with individuals continuing to be re-referred for support.
- Lack of move on of individuals in some long-term supported accommodation.
- Access to some floating support services is restricted through application of statutory criteria.
- Maintaining a specific floating support service for vulnerable people from Minority Ethnic groups in districts/boroughs where such communities constitute a higher percentage of the total local population than the Kent average.

¹² National Indicator 141

¹³ Outcomes Monitoring Data 2 a, b, and d (Participate in social and economic activities)

Key actions

- Design and implement accommodation-based services for people with dual diagnosis where there are gaps
- Carry out a strategic review of services for this client group to consider the establishment of pathways through the different levels and types of service intervention.
- Establish more effective move on arrangements through the promotion of private rented housing and the use of the Supporting People-funded rent deposit scheme and linking to floating support services.
- Focus on time limited and practical interventions to sustain people's independence.
- Improve move on rates from long-term supported accommodation.
- Improve outcomes through better linking of individuals to economic resources and long-term social resources in the community and the establishment of peer support in the community.

Key measures of success

- An increased number of people supported to move on to independent housing¹⁴
- An increased number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term¹⁵.
- Reduction in re-referrals for floating support
- More jointly commissioned services
- Reductions in homelessness due to mental health and in delayed discharge from hospital for people with mental health problems through an increased number of people supported to manage their mental health better¹⁶
- Increased service efficiency through improving throughput and access
- More targeted approach to service delivery

6. Young People at Risk (including former relevant children and young offenders)

Key statistics

- A total of 195 new clients where the primary client group was classified as 'young people at risk' gained access to Supporting People services April 2008-March 2009 of which nearly half were aged 16 and 17 and only 59 individuals were in training, education or work. 10% were identified as belonging to Minority Ethnic groups.
- A total of 50 new clients where the primary client group was classified as 'young people leaving care' gained access to Supporting People services 2008-09. None were identified as belonging to a Minority Ethnic group.
- One in five 16-24 year olds experience homelessness at some time in their lives.
- Homeless young people are almost three times more likely to experience mental health problems, which are more likely to be chronic and severe. A third of young homeless people have attempted suicide.
- 95% of homeless young people had committed an offence at some point in their lives and 50% of them linked offences with drug use.

¹⁴ National Indicator 141

¹⁵ Outcomes Monitoring Data 2 a, b, c and d (Participate in social and economic activities and establish contact with external services)

¹⁶ Outcomes Monitoring Data 3 b (better manage mental health)

- Many young people aged 16 and 17 accepted as statutorily were extremely vulnerable and in need of extensive support. In 2008-09, 114 such individuals and 16 former care leavers aged 18-20 were accepted as being owed a duty in Kent.
- At the end of March 2009, 69 young people aged 16 and 17 were placed in temporary accommodation, including 19 in Bed & Breakfast.
- The outreach and resettlement service dealt with 939 referrals April 2008-March 2009 of which 51 were for young people aged 16 and 17.

Key issues

- Many currently funded accommodation-based services cannot meet the needs of young people with complex needs and chaotic life styles.
- Many young people who need support find it difficult to access some accommodation-based services because they do not meet the eligibility criteria of services, for example supported lodgings.
- Many vulnerable young people access services that are designed to meet the needs of older service users
- There is a lack of client-specific services in the areas of most need, e.g. Shepway, Dover and Dartford.

Key actions

- Design and implement new accommodation-based services for young people, with a particular focus on areas that currently lack such resources and ensuring they are exclusive to the client group.
- Restrict access to services that are designed to meet the needs of people aged 25 +.
- Develop jointly commissioned services for chaotic young people with high levels of support need.
- Need to review young persons' services to ensure that the balance of provision is right.
- Considering decommissioning supported lodgings services.
- Improve access to existing services and ensure all Supporting People funded services are of good quality.
- More proactive work by providers to help young people to move on to independent accommodation, including private rented accommodation.
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

Key measures of success

- Reduction in youth homelessness
- End of use of B&B accommodation for 16 and 17 year olds, except in an emergency, by 2010
- More young people at risk accessing support services and an increased number of young people achieving independent living¹⁷
- An increased number of young people access education, training, and employment, and establish independent and healthy lives¹⁸
- A reduced numbers of young people misusing substances¹⁹
- increased number of people supported to manage their mental health better²⁰

¹⁷ National Indicator 141

¹⁸ National Indicator 117 (reducing numbers of young people not in education, employment or training)

¹⁹ National Indicator 115

²⁰ Outcomes Monitoring Data 3 b (better manage mental health)

7. Offenders or those at risk of offending

Key statistics

- 261 new clients identified as 'offenders' accessed Supporting People services in April 2008-March 2009. 9% were identified as belonging to Minority Ethnic groups. Only 4 had been accepted as being owed a duty. However, providers considered another 152 as homeless.
- Nationally, up to 55% of prisoners have no stable home to return to.
- A homeless prisoner is twice as likely to re-offend as one with a stable home.
- 90% of prisoners have a mental health problem, substance misuse or both.

Key issues

- We need to work more closely with probation to ensure offenders are referred in a timely fashion for floating support.

Key actions

- More proactive work by providers to help offenders to move on to independent accommodation, including private rented accommodation.
- Offenders to be able to access accommodation-based services for single homeless people.
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

Key measures of success

- An increased number of offenders helped to live in stable accommodation and avoid eviction²¹
- A reduced number of offenders re-offending
- An increased number of offenders access education, training, and employment, and establish independent and healthy lives²²
- A reduced number of offenders people misusing substances²³

8. People with drug problems and 9. People with alcohol problems

Key statistics

- Between 0.4% and 1.4% of the population are problem drug users. This indicates that the Kent population aged 18-64 predicted to be dependent on illicit drugs in 2010 is 32,098 of which 9240 are female.
- According to Home Office data 7.4% of the population is alcohol dependant. In Kent, this indicates about 60,000 people aged 15-65. The estimated numbers aged 18-64 predicted to have alcohol dependence in Kent in 2010 are 3,826 individuals of which 440 are females.
- Community Mental Health Teams (CMHTs) typically report that 8-15% of people on their caseload are likely to have mental health and substance abuse (dual diagnosis).
- There is generally a high overlap between both drug and alcohol users and other groups such as those with mental health problems, offenders, rough sleepers and single homeless.

²¹ Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

²² Outcomes Monitoring Data 2 a, b, c and d (Participate in chosen training and/or education, participate in chosen work, leisure activities and establish contact with external services)

²³ Outcomes Monitoring Data 3 c (better manage substance misuse)

- 30% of single homeless people have drug problems and 33% of single homeless people have alcohol problems; for rough sleepers, this figure is 50%.
- 7% of all people with drug problems newly accessing Supporting People services in 2008-09 were identified as belonging to Minority Ethnic groups. For people with alcohol problems, the figure was 6%.
- Qualitative research conducted by KCA among the South Asian community in Dartford and Gravesham between February and March 2005 reported that regardless of age and gender communities reported high levels of alcohol misuse as common. In the younger generation, drug use was identified with problematic female drug use. It is difficult to establish prevalence rates because there was an intrinsic denial of substance due to shame and stigma associated with it within communities.

Key issues

- Countywide gaps in accommodation-based provision specifically for people with dual diagnosis.
- Gaps in accommodation-based provision for people with alcohol problems in west Kent.
- Potential low levels of awareness among Minority Ethnic communities about support services.

Key actions

- Work closely with the Kent Drug and Alcohol Action Team to align services to treatment provision.
- Accommodation-based services give priority to those engaging with or completing a programme of treatment.
- Design and implement new accommodation-based service for people with dual diagnosis in west Kent.
- Raise more awareness about specialist support services for these client groups
- Improve outcomes through better linking of individuals to social and economic resources in the community and linking to peer support in the community

Key measures of success

- An increased numbers of people with drug or alcohol problems achieving independent living²⁴
- An increased number of service users supported to manage their substance misuse issues better²⁵
- An increase number of drug users in effective treatment²⁶
- An increased number of service users supported to manage their mental health better²⁷
- An increased number of service users to participate in training or education or supported to obtain paid work²⁸

²⁴ National Indicator 141

²⁵ Outcomes Monitoring Data 3 c (better manage substance misuse)

²⁶ National Indicator 140

²⁷ Outcomes Monitoring data 3 b (better managing mental health)

²⁸ Outcomes Monitoring Data 2 a, b, c (Participate in chosen training and/or education, participate in chosen work)

10. People fleeing domestic abuse

Key statistics

- According to figures from the Home Office, 1 in 4 women and 1 in 6 men will experience Domestic Abuse in their lifetime.
- According to Government Equalities Office (2008) 85% of all domestic abuse victims are women.
- Domestic abuse has more repeat victims than any other crime. On average, there will have been 35 assaults before a victim calls the police.
- 75% of domestic abuse cases result in physical injury or mental ill health
- 'Violent breakdown of relationship' is a factor in around 16% of homelessness acceptances every year.
- From April 2008-March 2008, there were 16,992 recorded incidents of domestic abuse across Kent (excluding Medway).
- From April 2008-March 2009 there were 259 referrals for floating support in Kent.
- Women fleeing domestic abuse are the ethnically most diverse client group: 22% of new clients accessing Supporting People services 2008-09 were identified as belonging to Minority Ethnic groups.
- According to a research report published by Rethink Sahayak in 2006 and involving 60 participants from South Asian communities: 55% had experienced Domestic Abuse, in many cases for over 5 years. The most significant barriers cited as preventing access to support were language difficulties, cultural concepts such as 'shame' and 'family honour' and fear of deportation.

Key issues

- Some of the current services cannot support women with older sons or women with complex needs or single women without children
- There is insufficient refuge provision in west Kent
- Ensuring that men at risk of domestic abuse can access specialist floating support
- Need to monitor numbers of members of Asian communities in Kent accessing refuge provision in Kent

Key actions

- Work with other agencies to ensure specialist floating support is accessed by all who need it
- Continue monitoring ethnicity of women fleeing domestic violence and originating from Kent districts/boroughs
- Investigate the scope for HIAs in making properties more secure for women either moving into new accommodation or once a perpetrator has left the property they live in.
- Design and implement a new refuge for women fleeing domestic abuse in west Kent, potentially for women with more complex needs

Key measures of success

- An increased number of women supported to minimise harm/risk from others²⁹
- A reduced number of repeat incidents of domestic violence³⁰
- An increased number of women achieving independent living³¹

²⁹ Outcomes Monitoring Data 4 d (better minimise harm/risk of harm from others)

³⁰ National Indicator 32

11. People with learning disabilities

Key statistics

- Of 101 new clients with learning disabilities accessing Supporting People services April 2008-2009, 71 were provided with floating support. 6% were identified as belonging to Minority Ethnic groups.
- According to national prevalence rates, an estimated 27,896 people in Kent have learning disabilities of which 20,602 are of working age.
- About 3,600 people with Learning Disabilities aged 18-64 are known to Kent Social Care of which 30% are in nursing and residential care (1,200 people).
- 25% of people with learning disabilities become known to statutory agencies only later in life and until then live with carers/families.
- Many people with learning disabilities have complex issues such as mental health problems or misusing substances.

Key issues

- Most current recipients of Supporting People services live in long-term supported accommodation, often have very high levels of support needs and only few move on to more independent accommodation.
- Some support delivered in long-term supported accommodation and funded by Supporting People is social care rather than housing-related support.
- Referral routes are not always clear and some people with housing-related support needs cannot access accommodation-based services because of restrictive eligibility criteria.
- There are increasing numbers of older carers with adult children with a learning disability living at home.
- Service users do not have enough choice of different types of services

Key actions

- Clear referral routes into services
- More joint commissioning of services with Supporting People only funding housing-related support
- Examine how Supporting People can contribute to self-directed support
- Greater emphasis on outcomes as the basis for commissioning
- Target and prioritise support for people with learning disabilities living independently in the community through the use of home-based care, floating support and assistive technologies
- Generally increase access to ordinary and self-contained accommodation
- Improve outcomes through better linking of individuals to long-term social resources and meaningful activities/work in the community and the establishment of peer support in the community.

Key measures of success

- An increased number of people with learning disabilities supported to maintain accommodation and avoid eviction³²
- An increase number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term³³.
- More jointly commissioned services with Adult Social Care and Health

³¹ National Indicator 141

³² Outcomes monitoring Data 4 a (maintain accommodation and avoid eviction)

³³ Outcomes Monitoring Data a, b, c, d (participate in chosen training and/or education, participate in chosen leisure activities, participate in chosen work, establish contact with external services)

- An increased number of service users having more choice and/or involvement and/or control in their own lives³⁴

12. People with Physical and / or Sensory Disabilities

Key statistics

- In 2010, 90,009 individuals out of the total Kent population aged 18-64 are predicted to have a moderate or serious physical disability.
- Currently, nearly half of all disabled people of working age are economically inactive compared with 15% of non-disabled people
- Much of the housing stock is physically unsuitable for people with mobility or other impairments. Inadequate and inappropriate housing can make their conditions worse.

Key issues

- Most housing strategies across Kent identify a high demand for adaptations, which would enable many people with physical disabilities to stay in their own homes.
- Having a physical disability does not mean an automatic need for housing related support. This calls into question some provision of long term supported accommodation.
- There appears to be little support for people with physical disabilities to move from long-term supported accommodation to independent living and in some instances Supporting People seems to subsidise social care.
- The current need is around ensuring that the existing supplies of supported housing or adapted accommodation is effectively utilised rather than commissioning new services.

Key actions

- Target support on jointly commissioned short-term services that will be rehabilitative and support people to move into independent living
- Increase housing options for people with a physical disability partly through the development of better intelligence about adaptations and the suitability of properties.
- Target and prioritise support for people with physical disabilities living independently in the community through the use of home-based care, floating support, HIA/Handyperson services and assistive technologies.
- Consider decommission services that are specific to an individual having physical disabilities on the basis that having physical disabilities does not confer an automatic right to receive housing related support.
- Mainstream the provision of floating support for people living with HIV/Aids.
- Examine how Supporting People can contribute to self-directed support.
- Greater emphasis on outcomes as the basis for commissioning.
- Improve outcomes through better linking of individuals to long-term social and economic resources in the community and the establishment of peer support in the community.

Key measures of success

- An increased number of people with physical disabilities supported to maintain their independence in their own homes in the community

³⁴ Outcomes Monitoring data 5 a (greater choice/involvement and/or control at service level and within the wider community)

- An increase number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term³⁵.
- More jointly commissioned services with Adult Social Care and Health
- An increased number of service users having more choice and/or involvement and/or control in their own lives³⁶
- An increased number of older people supported to maintain independent living including as a result of adaptations³⁷

13. Older Persons with Support Needs and 14. Frail Elderly

Key statistics

- Kent has an ageing population: in 2001, 22.3% of the population was aged 60+ against a national average of 21%. Demographic trends forecast an increase of 36% in the population of over 65 year olds across the whole of Kent from 2005-2020.
- There are correlations between age and mental health problems: 15% of the population aged over 65 experience depression.
- According to prevalence figures, in Kent there were an estimated 18,377 dementia sufferers over the age of 65 in 2007. In line with projected population growth, this figure will rise by 3,800 (21%) by 2017 and 10,826 (59%) by 2027.
- The proportion of people reporting a limiting long term illness increases with age. Around 26% of those aged 60 to 64, around 40% of those aged 65–84 years and just under 70% of those aged 85 and over have a limiting long-term illness.
- A total of 231 new clients where the primary client group was classified as 'older people with support needs' gained access to Supporting People services 2008-09 of who 6% were identified as belonging to Minority Ethnic groups.

Key issues

- Most older people want to stay in their own homes for as long as possible
- The current split between accommodation-based and other types of support does not reflect identified need. There is an overemphasis on dedicated accommodation-based services and lack of flexible support for older people living in their own homes in the community.
- Delivering housing-related support services into people's own homes is an effective way of preventing or delaying the onset of more significant issues at a later stage.
- Not all older people living in sheltered accommodation need housing-related support.
- Districts in north Kent have sizeable numbers of Minority Ethnic elders in their populations. Increasingly, extended families are becoming less the norm so that in future years older people will not be able to depend upon family support under the same roof. To this end there is a need for a variety of culturally appropriate care and support, including housing related support services.

³⁵ Outcomes Monitoring Data 2 a, b, c, d (participate in chosen training and/or education, participate in chosen leisure activities, participate in chosen work, establish contact with external services)

³⁶ Outcomes Monitoring data 5 a (greater choice/involvement and/or control at service level and within the wider community)

³⁷ Outcomes Monitoring data 3 d (better manage independent living as a result of adaptations)

Key actions

- Deliver more flexible support services targeting those who need support both in sheltered accommodation as well as in their own homes in the community and continue monitoring take up by ethnicity.
- Use HIA/handyperson resources to provide effective preventative support for older people with support needs.
- Greater emphasis on outcomes as the basis for commissioning.
- More joint commissioning of services with Adult Social care and Health.
- Any changes in service configuration to be introduced over time.
- Ensure that Supporting People funded accommodation-based services are of a sufficiently high physical standard to enable physically frail and/or mentally infirm older people to live there independently.
- Service providers will support older people to effectively link with community day services to help reduce social isolation.

Key measures of success

- An increased number of older people supported to maintain independent living including as a result of adaptations³⁸
- A reduced number of emergency hospital admissions³⁹
- Increased numbers of older people with support needs linked with social resources in the community⁴⁰

15. People Living with HIV/Aids

Key statistics

- According to a report about sexual health by the South East Public Health Observatory published in July 2008, in 2006 there were an estimated 20-40 people per 100,000 population living with HIV in the West Kent Primary Care Trust area and 40-60 people per 100,000 population in the East Kent Coastal Primary Care Trust area.
- Adult Services, Kent County Council currently provides support to 193 service users living with HIV/Aids. Support includes some housing-related support
- April 2008–March 2009, there were no floating support referrals for anyone under the primary client group heading of 'HIV / Aids'.

Key issues

- There is anecdotal evidence that people living with HIV/Aids do access mainstream services
- Just because individuals are living with HIV/Aids may not necessarily mean that they are in need of housing-related support.
- With the exception of Adult Social Services, there is consensus among stakeholder that any housing-related support need can be delivered as part of mainstream Supporting People services.

Key actions

- Mainstream the delivery of floating support to this client group whilst ensuring that the confidentiality of service users is paramount.

³⁸ Outcomes Monitoring data 3 d (better manage independent living as a result of adaptations)

³⁹ Outcomes Monitoring data 3 a (better manage physical health)

⁴⁰ Outcomes Monitoring Data 2 d (establish contact with external services)

Key measures of success

- People living with HIV/Aids can access housing-related support and are supported to live independently

16. Gypsies and Travellers

Key statistics

- There are estimated to be 9,600 Gypsies and Travellers living in Kent. This represents about 0.6% of the total Kent population.
- In many areas of Kent Gypsies and Travellers are significant Minority Ethnic populations. A considerable number live in permanent housing of which exact numbers can currently not be established.
- Some travellers and gypsies access mainstream services but rarely disclose their ethnicity for fear of being stigmatised.
- The prevalence of homelessness amongst gypsies and travellers is 18% compared to about 1% for the general population.
- Gypsies and Travellers have less access to health services and are prone to ill-health, and many lack literacy skills.
- Gypsies and travellers in bricks and mortar housing report experiencing harassment from neighbours and many suffer mental health problems; these issues put their tenancies at risk.
- In some areas of Kent sizeable numbers of Roma live in often poor private rented housing.

Key issues

- Lack of understanding of gypsies and travellers' need for housing-related support.
- Need to address disadvantages experienced by gypsy and traveller communities by improving their access to housing-related support

Key actions

- Review the housing-related support needs of gypsy and traveller communities (and other ethnic minority communities) and assess the need for client-group specific outreach-type services.

Key measures of success

- Increased numbers of gypsies and travellers accessing housing-related support services

17. Other client groups

With regard to refugees given leave to remain, mentally disordered offenders and older people with mental health problems, Supporting People will ensure that people have appropriate access to mainstream support services. The programme will continue to monitor need in case more client-specific support is required.

18 Minority Ethnic Groups

With regard to service users from Minority Ethnic communities, when analysing data from Client Records April 2008-March 2009, excluding those refusing to identify their ethnicity:

- 91.6% of service users newly entering Supporting People-funded services classed themselves as White British.

- The most ethnically diverse client groups were women fleeing domestic abuse (22% ME, up 5.5% from the previous year), people with mental health problems (10%ME), offenders/at risk of offending (9%ME, down 6.2% from the previous year) and young people at risk (9%ME). With the exception of people with mental health problems, these groups also tend to be among the most mobile.
- Many individuals from Minority Ethnic communities originate from outside of Kent and access accommodation-based services. Thus, whilst data points to Minority Ethnic groups accessing services, members of such groups may predominantly be individuals moving into Kent and accessing accommodation-based services rather than floating support.

When analysing data from floating support referrals April 2008-March 2009, out of a total of 2,951 referrals:-

- 2,394 identified the client as White British (81.1%, up 12.1% from the previous year).
- 6% of all referrals did identify Minority Ethnic groups. (379 referrals did not identify ethnicity (13%). This data is commensurate with mid-2007 estimates of Minority Ethnic populations in Kent.
- However, referrals do not reflect the size of such populations in Kent. For example, whilst people of Indian origin represented the largest Minority Ethnic group in Kent in 2007 with 1.4% of the total population, floating support referrals for individuals of such ethnicity only constitute 0.7% of all referrals.
- Most referrals for vulnerable individuals from Minority Ethnic groups were recorded under the heading of 'White Other' (36).

When comparing floating support data with revised mid-2007 estimates of Minority Ethnic populations in the Kent districts/boroughs:-

- Referrals in most districts do not reflect the size of local Minority Ethnic populations.
- However, the highest rates of referrals for Minority Ethnic groups were recorded in Dartford and Gravesham which is commensurate with known prevalence data about such groups in the areas.
- Any obstacles to such populations in those areas accessing Supporting People resources will continue to be monitored and addressed.

APPENDIX D

1. Delivering the strategy

1.1 Keeping service users at the heart of Programme

The Kent Supporting People Programme has set and achieved targets in consulting with service users. We will continue utilising a range of methods to consult with people using services. We will be setting new targets in enabling hard to reach and excluded groups to effectively contribute to the development and monitoring of the programme.

We want to ensure that existing consultation structures are built on and are committing dedicated officer time to further develop true partnership working with service users.

This will include making links to and maintaining links with marginalised groups. We will ensure that information on services is available in appropriate languages, vocabularies and forms.

Capacity building

We will encourage providers to work with their service users to enable them to move on successfully from accommodation-based or floating support services by facilitating social networks and peer support to sustain them.

The Supporting People Programme in Kent has already funded an innovation and good practice grant via Richmond fellowship relating to the development of peer support.

We will encourage providers to take on volunteers and apprentices with the eventual possibility of service users accessing employment either with that particular provider or being enabled to access employment elsewhere. We expect to see this in floating support, accommodation based and Home Improvement/Handyperson services.

Self directed support

Individual budgets, or self directed support, is where funding from a variety of sources is brought together into one bank account. This allows greater choice and control over many aspects of life e.g. housing, community care, health, benefits, income, grants etc. The person can choose to use their individual budget themselves or a third party can manage the funds for them.

We will investigate how self directed support can work within the Supporting People Programme. To this effect, we are running a pilot with one of our provider organisations trialling how giving people their own individual budgets would work in practice. This is a national programme in association with the Housing Association Charitable Trust (HACT).

1.2 Enhanced partnership working

Involving service providers and other stakeholders

The strategy has been developed through wide ranging consultation with providers and other stakeholders. We will continue to use key local and countywide existing fora for regular consultation and planning of future services including:

- Executive Board of Providers
- East and west Kent Inclusive Forums
- Joint Policy and Planning Board (Housing)
- Partnership Boards
- Disability Forums

The consensus amongst stakeholders is to retain the current governance arrangements but to enhance and develop good working relationships with key Boards and Trusts, e.g. Kent Partnership Board and the Kent Children's' Trust.

From identifying need to commissioning services

Meeting needs by developing new services runs on an annual cycle linked to the annual programme budget setting process. From mid-year onwards each year we will be starting to gather needs information which will involve consultation with all our partners and evaluation of gaps in services.

The process is described and agreed within the Commissioning Framework that was agreed in June 2009. We further propose to extend the framework to incorporate a procurement strategy which will make future commissioning of services even more transparent

Any development of new services will be subject to meeting priority need and resource constraints.

The programme is obviously dependent on the outcome of the next comprehensive spending review.

1.3 The Efficiency Agenda

Over the next five years, the Kent Supporting People Programme will use a range of measures and tools to improve service efficiency as well as efficient use of Supporting People resources.

Contract and performance monitoring

The Kent Supporting People Programme will be implementing a risk based service review and contract monitoring process. The Supporting People Programme will use all the available measures to determine the effectiveness or otherwise of service delivery (work books, client records, outcomes framework, national indicators and information gathered from the floating support data base). This will enable the Supporting People Team to monitor the performance of services throughout the year and take action where performance is poor.

Performance indicators will continue to be monitored on a quarterly basis. Regular monitoring has enabled the team to identify particular client group related concerns.

We will undertake work to address identified difficulties and will consider the possibility of measuring whether service users who have moved on from supported housing do maintain independence in the long term.

Benchmarking costs

The Supporting People Programme in Kent will continue to work with regional and cross authority partners on benchmarking information whilst these infrastructures are in place.

The programme will evaluate the differential costs between providers for specific services and determine an appropriate cost in consultation which is based upon a risk based performance analysis.

This approach has already been adopted for older people's services (currently excluding older people's floating support in certain areas, Abbeyfields services and extra care).

Improving access to services

We will be reviewing the reconnection policy to ensure that services funded by Kent Supporting People prioritise the housing related support needs of vulnerable people of local communities and Kent. Communities and Local Government Department permitting, the Programme will consider restricting access to all Kent funded services excepting certain client groups, e.g. people fleeing domestic abuse.

Services will not use restrictive practices or eligibility criteria that exclude vulnerable people. For example, service providers' decisions on whether they can work with homeless people should depend on the level of risk they present at the point of referral rather than past history.

The Supporting People Programme supports the utilisation of choice based lettings for sheltered housing and other long term supported housing. It does not support the utilisation of choice based lettings for short term supported accommodation.

Other initiatives

Other efficiencies concern the provision of certain services and we propose to:

- Review the provision of floating support to different client groups
- Consider mainstreaming floating support for people living with HIV/Aids, teenage parents and people with physical/sensory disabilities
- New commissioning approach for Home Improvement Agencies that expands their role and scope of service provision

2. Managing Resources

2.1 Financial trends

The Supporting People Programme will overspend its allocated budget in 2009/10 and 2010/11. It will utilise reserves which have been accumulated through careful management of the Programme.

There will still potentially be an under spend in 2011/12. However, if the next comprehensive spending review leads to the implementation of the Supporting People distribution formula in its undampened form, then the Programme in Kent will stand to lose up to four million pounds. The remaining under spend will need to be used to cushion the impact of the shortfall in the short term. If the formula is not implemented in its undampened form, the Programme will utilise the remaining under spend to capacity build within short term services for a limited period of time.

More detailed financial forecasts will be included in our commissioning plan.

The Kent Supporting People Programme is therefore faced with potentially making significant service reductions/savings to balance the budget as from 2012. We will need to consider options to stretch our resources to:

- Increase the available funding
- Reduce average and total cost of delivering housing related support, for example decommission some specialist floating support services and deliver such services as generic floating support
- Prioritise certain types of services for development, such as flexible and time limited practical interventions
- Seek funding from joint commissioning partners, e.g. Crime and Disorder Reduction and Partnerships

The commissioning plan will provide a more detailed analysis of ways in which the Programme can either manage down expenditure or seek financial security via our strategic partnerships.

2.2 Generating income

The Supporting People Programme will look at a range of options in order to secure additional funding for the management of the Programme and the services it funds. There will be an expectation that where services can generate income to reduce public funding they should do so. An obvious example is Home Improvement agencies/Handypersons services charging for a range of different interventions, e.g. gardening, decorating and household clearance.

2.3 Improving utilisation and throughput

There is evidence that the average length of stay in some accommodation-based services reflects lack of access to housing rather than need for housing related support. We have already undertaken work to improve move on from supported housing with the provision of a Supporting People funded rent deposit scheme. We will continue to work with partners to improve move on through examining the impact of allocation policies for social housing and the potential increased use of private rented housing. The programme has highlighted this as an issue for the Kent Housing Strategy. There is a need to access affordable housing and more secure, good quality and stable private rented sector housing options (rented, intermediate market rent and models securing access into the owner occupied sector). This could include 'stair casing' up or down depending on economic status and personal circumstances, e.g. older people selling an equity stake in their property.

We will limit the provision of floating support services to one year but with (as currently) the potential to extend on a case by case basis. As part of support provision, we expect providers to link service users to resources in the community

that will be available to them in the long term. We will review the floating support protocol and processes to ensure that we can monitor the timely move on of service users. We wish to see a cohort of service users supported by ex-service users within the community and contributing to the community building and cohesion of Kent.

2.4 Eligibility Policy

We will review the eligibility policy in order to reflect the more effective targeting of support on housing related support need. We need to clarify the relationship between housing related support, housing management, health and social care in order to potentially redraw the relative contributions to service costs. The Programme will also look at service delivery models which meet the collective aspirations of partners by intervening at an early stage in order to alleviate the pressures on statutory services.

We also propose to effectively cap the cost of housing related support by redefining high level, medium level and low level support. We will reduce the maximum hours of housing-related support from 17.5 hours per week per service user to 10 hours per week. This will be implemented in April 2011 when new contracts are let for Supporting People services.

We will also link the eligibility criteria more clearly to outcomes, particularly to services users accessing training, education or employment, and enhancement of social capital in the community.

2.5 Commissioning

Overall, our investment decisions will be:-

- Targeted according to what extent services contribute to delivering our strategic objectives
- Based on agreed priorities and need
- Prioritising effective early intervention and prevention in order to reduce the need for high cost services
- Ensuring that the most marginalised members of society who do not have recourse to statutory services are safeguarded

Details of commissioning services during the lifetime of this strategy are contained within the commissioning plan which will accompany this strategy.

3. Managing the programme

3.1 Governance arrangements

The Supporting People Programme is an inter-agency programme. It is envisaged that current governance arrangements will continue.

Kent County Council is the Administering Authority which provides the legal and administrative based for the programme, including employing the Supporting People team and entering into contracts with providers on behalf of the Commissioning Body.

The Commissioning Body provides strategic direction and is comprised of representatives of all the local authorities in Kent, the Probation Board, the two

Primary Care Trusts, Adult Social Services and other Kent Directorates, and elected members from both district and county councils.

The Core Strategy Development group has a similar representation on a more operational level and also includes representatives of provider organisations and the Chair of the service user panel. The group is responsible for undertaking detailed policy and analytical work identified as needed to develop and implement the Supporting People Programme.

Other forums for planning and examining work being undertaken are the Executive Board of Providers, east and west Kent Inclusive Fora for providers, and the service user panel.

The Supporting People Team supports these structures and carries out the day to day work of the programme, including developing and monitoring the Supporting People Strategy, monitoring and reviewing services, monitoring contracts and performance and providing information to Communities and Local Government.

3.2 Interfaces and regulatory frameworks

Local Area Agreement (LAA)

The LAA is the mechanism for agreeing performance targets between central government, the county and partners based on agreed key priorities for the area. Supporting People is embedded in the current agreement through delivering on the National Indicator 141.

The Supporting People programme will work to demonstrate through the outcomes framework how it contributes to a range of LAA targets and to ensure that it is included in the next generation of LAA.

The Programme will strive to enhance the work of local strategic partnerships and the Kent Partnership through a positive contribution to their collective aspirations.

Kent Partnership

Responsibility for delivering the LAA sits with the Kent Partnership which is the countywide Local Strategic Partnership and is made up of representatives from the public, the private and the voluntary and community sectors.

Its main focus is to initiate and guide joint action by the public, private and voluntary and community sectors on the key issues facing Kent in order to deliver the countywide community strategy – the **Vision for Kent** – and plays a key role in encouraging community leadership, new initiatives and the effective delivery of public services

The Partnership's work is channelled through five boards. Supporting People is already represented on the Safer and Stronger Communities Board. However, the programme's agenda and objectives span the targets of other boards such as Public Health Board and Children's Trust. The Supporting People Programme will work to raise the profile of its contribution to achieving the Partnership's targets.

The Comprehensive Area Assessment (CAA)⁴¹

The Supporting People Programme will in future be regulated and inspected by the Audit Commission as part of the CAA. The assessment will pay particular attention to how well an area meets the needs of vulnerable people including those not in receipt of statutory services who need additional assistance to ensure equity of access to services.

The contributions of the Supporting People Programme will be important evidence and will be measured by the CAA using the following: -

- Inspection findings of housing support providers and local authorities
- Analysis of data from the outcomes framework
- Progress against NI 141 and NI 142 and other national indicators that Supporting People contributes to
- Area based intelligence from a range of partners including service users

⁴¹ Audit Commission, 2009, CAA Framework Document

APPENDIX E

1. Consultations

The new strategy reflects new developments and external environmental changes whilst building on the progress made and provides a framework for future planning and delivery of housing-related support in partnership with local housing, health, social care and Probation services, service providers and service users.

To ensure that our strategy is fit for purpose we reviewed the strategic priorities that were identified in 2005 and updated our needs information wherever possible. We have also consulted with all statutory partners in order to gain a thorough understanding of their strategic priorities.

Consultations employed a range of mechanisms:

- Face to face meetings with officers and elected members of all districts/boroughs, and representatives of Kent Adult Social Services, PCTs in east and west Kent and 26 providers
- 14 focus groups involving 72 service users
- Electronic surveys submitted by 250 service users and 6 providers
- Workshop for members of the Commissioning body
- Consultation conference for members of the Commissioning Body, Core Strategy Development Group, Executive Board of Providers, and service user panel.

Engagement with service users found that knowledge and awareness of the Supporting People Programme was limited with some client groups, more so with people in long-term supported accommodation. Therefore, the consultation exercise itself helped to raise the programme's profile and enabled service users participate in the strategy development.

The consultation process involved asking some critical questions about the services that have been inherited, the way the Programme had been shaped and the potential challenges for the future.

Need and current supply

- Is there over or under provision of services and for specific client groups?
- Is there clear cut evidence that there are gaps in service provision?
- Are services directed towards the statutory sector (within Adult Social Services or Homelessness for instance)?
- What should our commissioning strategy be?
- Is the balance between accommodation-based, and floating support right?

Floating Support

- Should the balance between generic and specialist floating support remain or should services becoming entirely generic or specialist?
- Should there be a limit of two years or less on floating support or not?
- Should there be a limit of two or three hours on all floating support services?
- Should we allow floating support to be provided in perpetuity?
- Is the investment in rough sleepers and outreach valid and should it continue?

New Governance and Grant Arrangements

- Should the Commissioning Body continue?
- Should short-term supported housing only be available to people who live in Kent?
- Should we retain an eligibility policy and should we expand the Programme's sphere of activity?

Charging

- Should we means test and charge for certain services?

Commissioning

- Are the client groups prescribed by the Communities and Local Government Department still relevant?
- Should we restrict the number of hours of delivery within specific services?
- What are the solutions to a potential overspend in 2011/12?
- Should we restrict the funding of services according specific criteria relating to the service type of configuration e.g. shared housing?
- If we could begin again how would we do things differently?
- How can we tie outcomes more clearly towards commissioning?

Self Directed Support

- Is this relevant to the Programme and is it workable within the Programme?

In General

- Should we jointly commission services?
- Should we include short-term supported housing within Choice Based Lettings?
- What should the balance be between small and large providers?
- What should the Programme be delivering, and if so how?
- What should the Programme look like in five years time?

2. Summary of Provider and other Stakeholder Consultations (excluding Service Users)

CURRENT SUPPLY/GAPS IN SERVICES		
	Providers (N=32)	District/boroughs and other stakeholders (N=20)
Identified gaps in services	<p><u>The top 5 gaps identified were:</u></p> <ol style="list-style-type: none"> 68% providers identified gaps in accommodation-based support for young people at risk across the county - often high and complex support levels, becoming younger in age, with conditions such as ADHD, autisms and Obsessive Compulsive Disorders, with particular lack of resources in Dartford, Gravesham, all across the three west Kent districts, Shepway and Thanet. 28% providers identified gaps in accommodation-based provision for single homeless –west Kent (Sevenoaks, Tonbridge&Malling), Dartford, Gravesham, Shepway, and Thanet. 25%) providers identified a need for more short-and long-term supported accommodation for people with mental health problems – particular gaps in Gravesham and Maidstone. 22% providers identified gaps in accommodation-based services for people who misuse alcohol across Kent – particular gaps in Dartford and west Kent 19% providers identified gaps in accommodation-based provision for offenders – particular gaps in Swale and west Kent (Tonbridge&Malling). 	<p><u>The top 5 gaps identified were:</u></p> <ol style="list-style-type: none"> 58% identified gaps in accommodation-based services for young people at risk across the county 42% stakeholders identified gaps in accommodation based provision for single homeless – street homeless in Maidstone, direct access west Kent 32% stakeholders identified a gap in provision for older people living in other accommodation but sheltered housing in the community - across the county 37% stakeholders identified gaps in provision to cope with an upsurge in incidences of domestic abuse - Maidstone, Thanet, Sevenoaks and Tunbridge Wells. 21% stakeholders identified gaps in accommodation based provision for people with mental health problems - Shepway, Thanet and Ashford. <p>For one district priority was to retain existing provision both with regard to client groups and types of services currently delivered.</p>
Need for types as services not commissioned as yet	<ul style="list-style-type: none"> 28% providers identified a need for some type of very short-term accommodation-based emergency/crisis service for vulnerable people becoming homeless such as vulnerable young people, women fleeing domestic abuse and homeless offenders released from prison <p><u>Other suggestions:</u></p> <ul style="list-style-type: none"> Supported lodgings open to other young people but 	<ul style="list-style-type: none"> 32% stakeholders identified a need for emergency provision for vulnerable young people - the majority discounted a need for additional such provision and thought that such provision should be incorporated in existing/new services for this client group. <p><u>Other suggestions:</u></p> <ul style="list-style-type: none"> Centralised accommodation hub to deal with referrals for single homeless, offenders, maybe

CURRENT SUPPLY/GAPS IN SERVICES		
	Providers	District/boroughs and other stakeholders
	<p>care leavers.</p> <ul style="list-style-type: none"> Specialist accommodation-based services for women fleeing domestic abuse or young people with mental health or substance misuse problems, and move-on accommodation for vulnerable young people aged 17-19 	<p>young people at risk</p> <ul style="list-style-type: none"> A preventative support service for vulnerable families at risk of break up and hence homelessness Counselling type service-to encompass a mix of befriending/active listening/low key conflict resolution/monitoring people recovering from mental illness
Current provision too much slanted towards particular client groups that are the responsibility of statutory services	<ul style="list-style-type: none"> Balance of supply has improved - more services for client groups for who statutory services do not have responsibility 62% providers did express the view that much of current supply is slanted towards particular groups – the groups most named were people with mental health problems, learning disabilities and older people with support. 	<ul style="list-style-type: none"> 21% responded that the balance of supply has improved - more services for client groups for who statutory services do not have responsibility Many stakeholders expressed the view that SP now picks up individuals that are client groups traditionally dealt with by Adult Social Services but that do not meet statutory services' eligibility criteria. Many stakeholders said that Adult Social Services should take more financial responsibility for certain client groups - extra care provision and some services for older people, in some instances services for people with learning disabilities and mental health problems.
Overprovision of services for particular client groups	<ul style="list-style-type: none"> 43% providers do not think that there is any overprovision in services 12% providers expressed the view that there was overprovision in sheltered accommodation for older people <p><u>Other views:</u></p> <ul style="list-style-type: none"> Overprovision of services for people with learning disabilities in Thanet (difficult to fill current vacancies in a service) Overprovision of short-term accommodation-based services for people with mental health problems in Sevenoaks. 	<ul style="list-style-type: none"> 57% stakeholders responded that there was no overprovision of services for particular client groups 32% stakeholders expressed the view that there was an overprovision of accommodation based services for older people – too much sheltered accommodation the questioning of extra care provision really being housing-related support. 11% did not express a view.

CURRENT SUPPLY/GAPS IN SERVICES		
	Providers	District/boroughs and other stakeholders
Priority groups for new services	<ul style="list-style-type: none"> • 28% providers want to prioritise services for vulnerable young people at risk, including young offenders • 19% providers want to prioritise families with support needs, including teenage parents • 16% providers want to prioritise people with alcohol problems, including those with dual diagnosis 	<ul style="list-style-type: none"> • 55% of stakeholders want to prioritise services for young people at risk • Thanet and East Kent and Coastal PCT want to prioritise geographic areas (deprived areas) rather vulnerable individuals.
Statutory vs. non-statutory client groups	<ul style="list-style-type: none"> • 19% providers want new services to target client groups that are not eligible for statutory agencies • 65% providers responded that Supporting People should provide services to both those within and outside the remit of statutory services. 	<ul style="list-style-type: none"> • 11% stakeholders wanted to focus services on individuals for who no agency has statutory responsibilities. • 78% other stakeholders expressed the view that SP should provide services to both those within and outside the remit of statutory services - however, services should not be balanced in favour of clients of statutory services.
Priorities re. type of support provision	<ul style="list-style-type: none"> • 37% providers want to prioritise accommodation-based services • 44% providers do not want to prioritise particular types of support services and see a need for a mixture of provision • 16% providers want to prioritise floating support services 	<ul style="list-style-type: none"> • 57% stakeholders want to prioritise preventative services - short-term accommodation-based services and floating support • 11% stakeholders want to prioritise floating support services • 21% stakeholders want a mixture/range of long-and short-term accommodation based services and floating support
FS		
	Providers	District/boroughs and other stakeholders
Generic vs. specialist floating support	<ul style="list-style-type: none"> • 17% providers responded that all floating support should be generic • 6% providers responded that all floating support should be specialist • Specialist floating support - people with mental health problems, people fleeing domestic abuse, people with alcohol or drug problems, people with learning disabilities, and offenders. One provider 	<ul style="list-style-type: none"> • 16% stakeholders responded that all floating support should be generic • 73% stakeholders responded that there was a place for both generic and specialist services • Specialist floating support - people fleeing domestic abuse, people with mental health problems, people with drug or alcohol problems, and offenders, young people.

FS		
	Providers	District/boroughs and other stakeholders
	<p>stated that specialist floating support is also required for older people and 2 providers want dedicated floating support for young people.</p>	<ul style="list-style-type: none"> Some stakeholders expressed the view that floating support for people with HIV/Aids and teenage parents should be mainstreamed.
Support hours funded	<ul style="list-style-type: none"> 41% stakeholders responded that floating support provision should be set at the same amount of weekly hours for all clients. 50% providers believe that there should be differentials in hours 9% providers - no view 	<ul style="list-style-type: none"> 63% stakeholders responded that floating support provision should be set at the same amount of weekly hours for all clients. 28% stakeholders responded that all client groups should receive floating support at 3 hours per week.) 37% stakeholders - no view
Two-year time limit on floating support	<ul style="list-style-type: none"> 31% providers expressed the view that there should be a two-year limit 41% providers identified a need for long-term low-key floating support for people with long-term conditions requiring long-term support 28% providers expressed the view that there should be no time limit on floating support at all 	<ul style="list-style-type: none"> 63% stakeholders responded that the two-year limit was appropriate. Support should be closely monitored because of potential co-dependency between worker and client, institutionalisation of support, questionable and effectiveness of service. 26% stakeholders identified a need for long-term low-key floating support, for example for people with long-term conditions requiring long-term support and older people with support needs.
Re-referrals	<ul style="list-style-type: none"> 44% providers said that re-referrals should be accepted. 37% providers said that re-referrals should not be accepted Many providers noted that re-referrals are indicative of individuals having a need for other types of services, including statutory services or some sort of long-term support services. 	<ul style="list-style-type: none"> 26% stakeholder responded that re-referrals should only be accepted based on case reviews to establish why previous support did not meet the needs of the individual 32% stakeholders want re-referrals to be accepted but at the same time want some examination of the effectiveness/efficiency of previous support provision. 16% stakeholders do not want re-referrals to be accepted at all
Geographical delivery of floating support	<ul style="list-style-type: none"> 68% stakeholders were satisfied with east Kent/west Kent commissioning 19% providers preferred services to be commissioned on district basis. 	<ul style="list-style-type: none"> 52% stakeholders were satisfied with commissioning on east Kent/west Kent and countywide basis 32% of stakeholders - no view

FS		
	Providers	District/boroughs and other stakeholders
Continuance of outreach and resettlement service beyond 2012	<ul style="list-style-type: none"> 87% providers want the services to continue beyond 2012 – in their opinion rough sleeping and sofa surfing will continue being issues. 13% providers - no view. 	<ul style="list-style-type: none"> 58% stakeholders wanted the service to continue beyond 2012 – in their opinion rough sleeping and sofa surfing will continue being issues. 21% stakeholders want to first review the effectiveness of the existing service and whether the part of the service focused on rough sleepers still meets a need. 21% stakeholders - no view.
GOVERNANCE		
	Providers	District/boroughs and other stakeholders
Commissioning Body (CB)	<ul style="list-style-type: none"> 84% providers want to retain the CB 	<ul style="list-style-type: none"> 89% stakeholders want to retain the CB
Reconnection/Local Connection Policy	<ul style="list-style-type: none"> 81% providers want to retain the Reconnection Policy as it is 	<ul style="list-style-type: none"> 47% stakeholders want to retain the Reconnection Policy - but reviewed re.greater emphasis placed on priority for local people and then people from Kent. 37% stakeholders want to retain the Reconnection Policy as it is
Eligibility Policy	<ul style="list-style-type: none"> 84% providers want to retain the Eligibility Policy of which 68% want the policy to be regularly reviewed and 25% want eligible activities expanded to make the programme more innovative 66% providers do not want to ration services by tightening eligibility criteria but 9% providers thought that there should be some framework to ensure that only people willing to address their problems get accepted for services. 	<ul style="list-style-type: none"> 84% stakeholders wants to retain the eligibility policy of which 66% want the policy to be regularly reviewed and 60% want to expand the support criteria - activities linked to employment and training, emotional support, developing social skills, linkages to sustainable communities and services targeted at communities rather than individuals 42% stakeholders do not want to ration services by tightening eligibility criteria but 32% thought that there should be a criteria requiring a client being willing to engage with the support
CHARGING POLICY		
	Providers	District/boroughs and other stakeholders
Charging ,based on means-testing, for	<u>Community Alarms</u> <ul style="list-style-type: none"> 41% providers - charges should be made 	<u>Community Alarms</u> <ul style="list-style-type: none"> 21% stakeholders - charges should be made

CHARGING POLICY		
support services other than long-term accommodation-based support	<ul style="list-style-type: none"> • 34% providers – no charging • 6% providers - SP should not fund such services <u>Short-term accommodation-based services and floating support</u> <ul style="list-style-type: none"> • 19% providers –charges made for both accommodation-based and floating support services, on a sliding scale and especially where people are in receipt of disability benefits • 9% provider expressed the view that accommodation-based services should be charged for but not floating support • 59% providers – no charging <u>HIA/Handyperson services</u> <ul style="list-style-type: none"> • 56% providers –charges should be made, in form of staggered contribution • 13% providers – no charging 	<ul style="list-style-type: none"> • 21% stakeholders – no charging • 16% stakeholders - SP should not fund service <u>Short-term accommodation-based services and floating support</u> <ul style="list-style-type: none"> • 16% stakeholders –charges made for both accommodation-based and floating support services, on a sliding scale and especially where people are in receipt of disability benefits • 53% providers – no charging <u>HIA/Handyperson services</u> <ul style="list-style-type: none"> • 83%stakeholders –charges should be made, in form of staggered contribution
COMMISSIONING		
Funding 21 client groups	<ul style="list-style-type: none"> • 75% providers - fund client groups where a need has been identified • 6% providers expressed the view that services for older people should not be funded by SP at all 	<ul style="list-style-type: none"> • 42% stakeholders – fund client groups where a need has been identified • 16% stakeholders – rationalise client group headings whilst still meeting all vulnerable people’s housing-related support needs, people with HIV/Aids, physical disabilities, mentally disordered offenders and gypsies/travellers.
Funding 24 hour services	<ul style="list-style-type: none"> • 81% stakeholders – fund 24 hour support for particular client groups • 6% stakeholders - question paying that level of support 	<ul style="list-style-type: none"> • 73% stakeholders – fund 24 hour support for particular client groups • 11% stakeholders - question paying that level of support
Funding 17.5 support hours per week per service user	<ul style="list-style-type: none"> • 69% providers responded that support could be delivered at that level but not long-term, i.e. support need should be expected to decrease with time and there should be a regular review • 19% providers - such levels of funding should be queried/investigated, queried the housing-related 	<ul style="list-style-type: none"> • 63% stakeholders - such levels of funding should be queried/investigated, queried the housing-related support nature of support • Some stakeholders - maximum level of support hours should be set at 10-12 hours per week per service user.

COMMISSIONING		
	Providers	District/boroughs and other stakeholders
	support nature of support	
Funding Community Alarms	<ul style="list-style-type: none"> 28% providers – do agree with SP funding community alarms 25% providers – do not agree with the funding of community alarms, should be the responsibility of Adult Social Services or Health. 	<ul style="list-style-type: none"> 21% stakeholders – do agree with SP funding community alarms 16% stakeholders – do not agree with the funding of community alarms, should be the responsibility of Adult Social Services or Health. 63% - no view
Support cost	<ul style="list-style-type: none"> 62% providers – there can be no equity in cost to different client groups 22% providers responded that there should be no cost differentials between groups 	<ul style="list-style-type: none"> 57% stakeholders – there can be no equity in cost to different client groups because: <ul style="list-style-type: none"> Differential costs reflect different skills Staff require specialist training for particular client groups Differentials in cost needed for value for money considerations 16% stakeholders - there should be no cost differentials between groups.
Balancing the budget	<ul style="list-style-type: none"> 22% of providers - no view 78% providers - adopt mixture of measures <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> 40% providers - manage down support hours to a maximum of between 8-12 40% providers - decommission all services not strategically relevant, including those not meeting quality criteria or those where there are voids, or those services not really promoting independence 22% providers - decommission long-term accommodation-based services for client groups that were regarded as coming within the orbit of statutory services – people with learning disabilities, people with mental health problems 20% providers - decommissioning sheltered accommodation 16% providers - cost should be shared through joint 	<ul style="list-style-type: none"> 36% stakeholders - no view. 64% stakeholders - adopt mixture of measures <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> Reduce support hours (across the board) Reduce units of floating support Make efficiencies, e.g. commissioning services at reduced cost, no inflationary uplift, improve use of resources Decommission services not strategically relevant and strategically reviewing legacy services

COMMISSIONING		
	Providers	District/boroughs and other stakeholders
	commissioning with other agencies <ul style="list-style-type: none"> 8% providers - standardise the cost of services 	
Tying commissioning to outcomes	<ul style="list-style-type: none"> 28% providers took no view <u>72% suggested various mechanisms:</u> <ul style="list-style-type: none"> Clear service specifications Incentivise providers by linking payment to outcomes Augment existing outcome measures with outcomes set by providers and service users and introduce longitudinal measuring of the impact of provision, e.g. what are the outcomes months after clients have left a service Clients to evaluate outcomes 	<ul style="list-style-type: none"> 47% stakeholders – no view <u>53% suggested various mechanisms:</u> <ul style="list-style-type: none"> Incentivise providers by linking payment to outcomes such as moving individuals within a specific period of time Clear service specifications Detailed analysis of service objectives and performance target setting at commissioning
Small vs. large providers	<ul style="list-style-type: none"> 63% stakeholders – services should be provided by a mixture of small and large providers 28% stakeholders – does not matter as long as service is of good quality and meets 	<ul style="list-style-type: none"> 31% stakeholders – services should be provided by a mixture of small and large providers 16% stakeholders – does not matter as long as service is of good quality and meets
Joint commissioning	<ul style="list-style-type: none"> 16% providers - do not want joint commissioning, SP grant would be used to subsidise other services 59% providers – look at joint commissioning <u>Suggestions:</u> <ul style="list-style-type: none"> Generic floating support funded by SP and Adult Social Services/Mental Health funding specialist elements on top Services for mentally disordered offenders with the Mental Health Trust 24-hour staffed services for young people at risk with PCTs and Children's Trust Co-delivery of services for young offenders between SP and Youth offending Service Services for older people (targeting falls prevention, healthy eating, discharges from hospital) with Health Joint commissioning of floating support 	<ul style="list-style-type: none"> 74% stakeholders – look at joint commissioning but clarity about what SP funds and what other agencies fund, e.g. the SP grant must not subsidise other services. <u>Suggestions:</u> <ul style="list-style-type: none"> Services for people with dementia and older people with Adult Social Services and Health Services for people misusing substances with KDAAT and Health Housing gateway for offenders with Probation Preventative family support services with Local Housing Authorities, Health, Youth Offending Services, Children's Trust and Health.

SELF DIRECTED SUPPORT		
	Providers	District/boroughs and other stakeholders
Self directed support	<ul style="list-style-type: none"> • 78% providers - self directed support would not work in SP • 17% providers - might work in long-term accommodation -based supported housing 	<ul style="list-style-type: none"> • 84% stakeholders - voiced serious concerns and doubt if it can work in SP. Out of these, 20% thought it might work for older people and people with learning disabilities. Concerns identified: <ul style="list-style-type: none"> - Such support inappropriate for people in crisis - People will not spend the money on support but other needs - Such a system would destabilise the market - It will become extremely difficult to plan for services - Jeopardise partnership working • 11% stakeholders - agree self directed support is the way forward
GENERAL		
	Providers	District/boroughs and other stakeholders
Choice based lettings (CBL) for short-term accommodation -based schemes	72% providers - such accommodation should not be part of CBL	52% stakeholders - such accommodation should not be part of CBL 37% stakeholders – no view

3. Service User Survey Consultation Summary

GENERAL INFORMATION							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Examples of Housing Related Support							<p><u>Examples quoted were:</u></p> <ul style="list-style-type: none"> Residential supported housing or floating support Care workers who you can contact, help and support with rent, benefits, banking and letters. Warden assisted/weekly visits including alarm system and 24hr support. Help with shopping and buses. Help to access services e.g. Occupational Therapy. Weekly visit and a weekly phone call from support worker. <p><i>Note: 25% of respondents in long term supported housing did not know what Housing Related Support meant.</i></p>
Awareness of how the support provided is funded.	39%	41%	20%	56%	34%	10%	
Awareness of 5 year plan	17%	64%	19%	28%	64%	8%	
Ability to find help							<ul style="list-style-type: none"> Of service users that responded, 14% of service users in long term supported housing and 24% of service users in short term supported housing found it hard to find help when needed. Service users in long term supported housing sought help from local council offices where they waited on the council list. Service users in short-term supported housing sought help from local council offices, the open centre, probation, GP services and the internet. 39% of service users in long-term supported housing and 27% of service users in short term supported housing found it easy to get help and the help mainly came from care managers. Some service users also found help by 'word of mouth' from other service users.

GENERAL INFORMATION							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Relocation	17%	61%	23%	46%	54%		<ul style="list-style-type: none"> 14% of service users in long term supported housing who had to relocate to another area were <u>happy</u> to do so. In short term supported housing, 34% of service users were <u>happy</u> to do so.
New Services							<p><u>Service users in long term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> A counsellor (8%), transport (17%), Caretaker (17%), Social activities and days out (14%), Shopping service (5%) Other suggestions were – drop-in's, help with domestic chores, home helps, employment support, gardening services, more flats and accommodation and funding for a young parents group.
Client Groups (prioritising groups)	48%	25%	27%	40%	53%	7%	<ul style="list-style-type: none"> Both service users groups named client groups for prioritisation. However, over half of service users in short term supported housing did not think groups should be prioritised. Service users in long term supported housing highlighted services for older people (16%), young people, people with mental health issues. Service users in short term supported housing named services for older people, street homeless, young people (general) and young offenders, people with Mental Health issues, Substance Misuse, young parents, and victims of domestic violence.
Concentrate on client groups similar to Social Services	42%	19%	39%	37%	37%	26%	<ul style="list-style-type: none"> A high percentage of service users in long term supported housing believe SP should concentrate on groups similar to Social Services, e.g. older people, physical and learning disability clients. That percentage decreases in service users in short term supported housing. It could be said that this is connected to how aware individuals are about other client groups.
FLOATING SUPPORT							
Understanding of generic and specialist support	33%	38%	29%	37%	57%	6%	

FLOATING SUPPORT							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Client groups who should receive generic floating support							<ul style="list-style-type: none"> Service users in long term supported housing identified: Young people leaving care, those with mental health issues, learning disabilities, elderly, substance misuse, people fleeing domestic violence, people with housing support needs Service users in short term supported housing identified: young people, those with mental health issues, learning disabilities, older people, substance misuse and offenders
Client groups who should receive specialist floating support							<ul style="list-style-type: none"> Service users in long term supported housing identified: mental health, learning disabilities, domestic violence, substance misuse, physically disabled, any person not able to cope in their own home, victims of child abuse Service users in short term supported housing identified : young people leaving care, mental health, learning disabilities, domestic violence, substance misuse and offenders, under 18's <p>Note: The results may reflect absence of definitions of 'generic' and 'specialist' support in the survey question.</p>
Type of floating support available							<ul style="list-style-type: none"> 55% of service users in long term supported housing and 61% in short-term supported housing said that a mixture of both generic and specialist floating support services were needed. 3% in long-term supported housing and 18% in short-term supported housing said there should be one or the other 42% of service users in long-term and 21% of service users in short-term supported housing did not reply
Should there be a 2-year limit to floating support	6%	64%	30%	17%	69%	14%	<ul style="list-style-type: none"> 86% of service users in long term supported housing who responded said that the support should not be limited to 2 years and also said that it should go on for as long as required. 60% of service users in short term supported housing who responded that there should not be a 2 year limit and also said that the support should be for as long as needed. 3% said it should be for life.
Should both types of.	36%	11%	53%	34%	26%	40%	<ul style="list-style-type: none"> Comments made included: 1 hour is enough, only need 30 minutes, 2

FLOATING SUPPORT							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
floating support have 2 hours support p.w.	36%	11%	53%	34%	26%	40%	<ul style="list-style-type: none"> hours is not long enough, people have different needs and some may need more help than others
Re-referral to service	72%	3%	25%	83%	1%	16%	
Limit the number of re-referrals	11%	67%	22%	23%	63%		<ul style="list-style-type: none"> Of those who would limit the number of re-referrals, the limit ranged from 2 to 6 times
Continuation of Outreach and Rough Sleeper services	58%	3%		82%	6%		<p><u>Comments included that:</u></p> <ul style="list-style-type: none"> Service users did not think that the Government would achieve this target and that there would always be homeless people so there would always be a need for these services Other comments were that the credit crunch will affect everybody financially and the problem will still exist no matter how much massaging of the statistics goes on.
GOVERNANCE AND COMMISSIONING							
Keep the Commissioning Body	19%	14%	67%	17%	23%	60%	<ul style="list-style-type: none"> Large numbers of service users were unaware of the Commissioning Body Those who wanted to keep the Commissioning Body, quoted the knowledge held, that it is a fair system and ensures fair distribution of the money, it can be held accountable. Some service user commented that they thought individual provider organisations should make the decisions. Frontline staff and service users were also identified as groups who should be involved in the decision making.
Keep the Reconnection Policy	33%	14%	53%	15%	58%	27%	<ul style="list-style-type: none"> Many service users in long term supported housing want to apply a local connection condition: 'Local people have paid in'; 'would help the local authority to contain the problem'; 'local people also already have family and friendship ties to the area. More than half of service users in short term supported housing do not want a local connection condition: service users felt that in some situations there was no option but to leave the local area, some people may have wished to start somewhere afresh, not all areas have facilities.

GOVERNANCE AND COMMISSIONING							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Keep the Eligibility Policy	33%	16%	51%	33%	17%	50%	
Restriction on support services	28%	33%	39%	25%	23%	52%	<ul style="list-style-type: none"> Opinion among service users who responded were more or less evenly divided.
Expansion of eligible support activities	47%	22%	31%	28%	12%	60%	<p><u>Sizeable numbers of service users who responded want to expand the Eligibility Policy to include the following support activities:</u></p> <ul style="list-style-type: none"> Service users in long term supported housing named gym memberships, furniture service, help getting to know the local area, training and guidance to aid independence, arm chair yoga/exercise, IT courses, arts and crafts, transport to church services, teaching activities. drop-in centres, help to find work or further education and accessing local services Service users in short term supported housing named Keep Fit, Walking, Healthy Living, life skills including cooking skills, Education and training included work related activities, sports including swimming, horse riding, gyms, specialist counselling and help with social inclusion. <p><i>Note: Clearly, some of those activities are already eligible under the policy. The question needs to be asked whether some service users receive the support they want and need.</i></p>
CHARGING POLICY							
Charging for support services based on means testing	28%	44%	28%	19%	21%	60%	<ul style="list-style-type: none"> 1 service user commented that its good for dignity and self respect to pay if they can
Charging for Community Alarms	19%	52%	29%	17%	75%	8%	<p>More service users in short term supported housing than in long term supported housing said no. <u>Comments included:</u></p> <ul style="list-style-type: none"> There should only be a charge if affordable Some felt that they already paid for them through paying service charges.
Charging for Short-term accommodation	33%	28%	39%	26%	65%	9%	

CHARGING POLICY

Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Charging for Floating Support	31%	36%	23%	18%	69%	13%	
Charges for HIA's	28%	25%	47%	13%	72%	15%	

COMMISSIONING

Fund all 21 client groups as prescribed by CLG	39%	25%	36%	47%	19%	34%	<ul style="list-style-type: none"> • 100% of service users in long term supported housing and 73% of service users in short term supported housing said SP should not fund refugees. • 78% of service users in long term supported housing and 36% of service users in short term supported housing said SP should not fund travellers. • 67% of service users in long term supported housing and 31% of service users in short term supported housing said SP should not fund offenders. • 11% of service users in long term supported housing and 15% of service users in short term supported housing said SP should not fund teenage parents. • Sizeable numbers of service users in long term supported housing also did not want SP to fund people with drug Issues (89%), people with alcohol issues (67%) and Rough sleepers (44%). • 15% of service users in short term supported housing did not think SP should fund services for people living with HIV/Aids.
Funding 24 hour support	69%		31%	82%		18%	
Funding 17.5hrs weekly	64%	3%	33%	72%	2%	26%	
Community Alarms	61%	3%	36%	68%	1%	31%	
Equitable payments for all client groups	25%	39%	36%	45%	27%	28%	<p><u>Comments made by service users in long term supported housing included:</u></p> <ul style="list-style-type: none"> • Funding should be based on need. • Some support requires specialist services. • Cost of meeting various needs will differ. • It should be assessed as required.

BALANCING THE BUDGET							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Decommission services	14%	19%	67%	5%	31%	64%	<u>Service users in long term supported housing who responded 'yes', suggested:</u> <ul style="list-style-type: none"> Stop services for repeat drug offenders and people who continue to drink after treatment Stop funding travellers, refugees and rough sleeper services.
Reduction in hours	22%	14%	64%	23%	21%	56%	<ul style="list-style-type: none"> Some service users would rather cut support hours than services
Other solutions	25%	6%	69%	37%	3%	60%	<u>Of those users in long term supported housing who responded suggestions included:</u> <ul style="list-style-type: none"> Better use of technology Reduce immigration Find money from other resources The budget must not fail- this is a major responsibility of central Government Address issues in prisons eg: removal of televisions, people will realise they are being punished. Augment funding with Lottery funding Local service should be granted emergency funds for any type of help which relates to the community they live in. <u>Of those users in short term supported housing who responded suggestions included:</u> <ul style="list-style-type: none"> Fundraising or Sponsorship Create a business to sell goods Get more Government funding Reorganise existing services to be more efficient Increase corporation tax
CONTINUATION OF FUNDING FOR TYPES OF SUPPORTED HOUSING							
Shared facilities accommodation	56%		44%	81%	1%	18%	
Short term accom.	56%		44%	83%	1%	16%	

CONTINUATION OF FUNDING FOR TYPES OF SUPPORTED HOUSING							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Long term accom.	56%		44%	83%	1%	16%	
Floating Support	58%		42%	83%	1%	16%	<u>Comments:</u> It's a useful service, can benefit yourself, good to have someone there to see what support or help you need.
Suggestions of support and services really needed to help people remain independent and keep a roof over their heads							<u>Service users in long term supported housing named the following:</u> <ul style="list-style-type: none"> • Domestic help- cooking, cleaning, shopping. • Have more support staff available • Lifeline/pendant fitted for free. • Tutoring and advice services, education about work ethic and where to find the support needed. • Out of hours support and crisis teams for mental health. <u>Service users in long term supported housing named the following:</u> <ul style="list-style-type: none"> • More council houses • More key working support - support workers to attend every other day • More community outreach services • Support with finance and money management • Cooking lessons • Rent deposit schemes • Employment and training • Confidence building courses • It was also suggested that there should be services to support families and single fathers.
OUTCOMES							
Knowledge of providers having to achieve outcomes	39%	28%	33%	61%	33%	6%	<i>Note: Service users in short term supported housing are much more aware of outcomes than service users in long term supported housing. This raises the question of support planning in long term supported housing.</i>

OUTCOMES							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Knowledge of the link between outcomes and support plans	50%	39%	11%	75%	18%	7%	<ul style="list-style-type: none"> Of those who responded, 36% of service users in long term supported housing and 21% in short term supported housing found their support plans useful. 14% of service users in long term supported housing responded that they do not need support, do not have a support plan or were not sure how useful having a support plan is. Only 1% of service users in short term supported housing said that they did attend enough key working sessions for their plan to be updated.
SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS							
Awareness of SDS	11%	47%	42%	13%	76%	11%	<ul style="list-style-type: none"> In general, service users in long term supported housing appear to be more aware of SDS.
Should HRS payments to be paid direct to service users	25%	31%	44%	23%	58%	19%	<ul style="list-style-type: none"> Many of those service users responding in both groups said that the money may not be spent on support or that some people may not be able to manage money
Should short term acc. should this be under the Choice Based letting scheme	11%	42%	47%	22%	58%	20%	<u>Comments:</u> <ul style="list-style-type: none"> A person may not be in a fit mental or emotional state to bid on places.
Has the programme made a difference	56%	11%		75%	25%		<ul style="list-style-type: none"> Some service users in long term supported housing commented that helped to become more independent and work towards their goals. <u>Comments made by service users in short term supported housing included:</u> <ul style="list-style-type: none"> first opportunity to tackle problems has provided a roof over head but don't know about any difference yet hostel has 'saved' my life, made me feel like a valid member of the community.

SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS

Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Improving the Programme							<p><u>Service users in long term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> • Pathways out of homelessness – from hostel to supported housing and then long term floating support. Along the way help them towards independent living but not force them into it if they are not ready. • More affordable housing • Put money into services that can provide first contact to homeless people. • There is a need for more information • Assist people to find employment which they are capable of participating • Support activities in the community where possible, designated to keep and improve health and general living. • More subsidies for vulnerable people in regard to bus passes and train fare reductions, reduction of cost on visits to gardens, day trips, theatre visits, sporting events etc. Also subsidised car parking at hospitals. • More personal contact from a warden because they are trusted-but they have too much office work. 24/7 cover. (sheltered) • Community drop ins for people to discuss their problems • Early education of children to make them aware of problems they could experience in the future. • Some service users also suggested more punitive measures against certain individuals to reduce demand for housing and support from those groups, for example offenders and lone teenage mothers. • Continue with current support-no changes needed. <p><u>Service users in short-term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> • Creation of a peer housing scheme - work in partnership with landlords utilising empty buildings. • Support workers to have in-house expertise eg counselling

SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS							
Topics	Long Term Supported Housing Service Users			Short Term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Improving the Programme (Cont.)							<ul style="list-style-type: none"> • More resources such as hostels for homeless people, more supported housing for people who misuse substances • More employment and training opportunities • Reduce the number of forms-less bureaucracy • Extend the length of time that support can be given • Be stricter with tenancies • Provide more feedback and information to service users • Enable clients to choose their own organisation to provide the support to them.

REPORT

By: Angela Slaven – Director of Youth and Community
Support Services, Communities Directorate

To: Supporting People in Kent Commissioning Body

16 December 2009

Subject: Strategic Review of Home Improvement Agencies

Classification: Unrestricted

For Decision

Summary: The report provides a summary of the strategic review of Home Improvement Agencies and what key issues will need to be examined.

1.0 Introduction

- 1.1 The Kent Supporting People team is currently developing the Supporting People Strategy 2010-2015. The objective is to develop a strategy for 2010-2015 that will maximise the financial resources available to the programme by targeting investment at the Kent Supporting People partnership's agreed priorities and deliver the targets in relation to the Local Area Agreement.
- 1.2 This is an opportunity to develop a new strategy that incorporates the emerging strategic context and responds to the challenges presented by incorporating them within the programme.
- 1.3 The Kent Supporting People team is currently undertaking a strategic review of investment the findings of which will feed into the new strategy as well as the Commissioning Strategy which will accompany it.
- 1.4 The strategic review is set within the context of a projected grant overspend from 2012, anticipation of a reduced grant level and incorporation into Area Based Grant in 2010. The programme in Kent must anticipate the national economic pressures that may result in cuts to public spending and hence, cuts to the Supporting People grant.

- 1.5 Current service delivery needs to be measured and assessed against the new framework to ensure the strategic relevance and addresses the identified challenges/issues.
- 1.6 The strategic review of Home Improvement Agencies (HIAs) will be carried out as a sub-project of the overall strategic review of investment.

2.0 Context

- 2.1 HIAs work to support older, disabled, vulnerable people and low-income families to carry out repairs, home improvements and adaptations in a range of tenures. They are funded from a range of funding streams including Supporting People funding.
- 2.2 HIAs play a key role in contributing to the preventative agenda: for example, enabling older and disabled vulnerable people to stay in their own homes thereby reducing the number of people entering residential and nursing care and delivering the Safer Communities agenda.
- 2.3 Services include the Handyperson scheme that deliver minor aids & adaptations, to improve security and prevent accidental falls or accident prevention to vulnerable people. The Communities and Local Government Department (CLG) has recently confirmed that £150,000 of additional funding will be made available to enhance Handyperson services in Kent.
- 2.4 HIAs offer services that are strategically relevant to housing, health, social care, supporting independence and community safety agendas.

3.0 Scoping the Strategic Review

- 3.1 HIAs will be required to deliver in the new environment of a more outcome focused agenda. The need to evidence outcomes against the personalisation agenda, prevention and health related benefits and to make the case showing the benefits of the services offered. This will be within a competitive framework with other local services being commissioned through the Strategic Partnerships.
- 3.2 The Foundations Future HIA project reflects these new imperatives. From April 2009 the original Quality Mark will no longer be used to assess agencies. It is being replaced by the new Quality Mark and Quality Assessment Framework, which has been developed along the lines of the Future HIA project. This promotes the effective management of services with clear aims and objectives to achieve agreed outcome targets and meets customer needs with particular attention to performance monitoring and evaluation.

- 3.3 The HIA review will be conducted in the context of ensuring value for money, performance driven services, with agreed contractual and performance management objectives that are consistently applied by all service providers.
- 3.4 The HIA review will consider all the services HIAs currently deliver irrespective of which agency funds them and local issues around HIAs will be fully considered.
- 3.5 The HIA review will focus on the following:-
- Demand and needs analysis
 - Funding streams and income generation
 - Configuration of services/organisational structures
 - Cost efficiencies
 - Quality and Performance Management/Benchmarking/Outcomes/Specifications
 - Tendering and contracting
- 3.6 Addressing the issues identified above will enable the Programme to shape HIAs into the service that represents the best interests of vulnerable people in Kent and within the available resources.

4.0 Carrying out the Strategic Review

- 4.1 The strategic review will be project managed by the Policy and Strategy unit, and the head of the Programme.
- 4.2 Key components of the review include:
- Needs and supply analysis
 - Consultation with stakeholders including service users
 - Budgetary analysis
 - Review of performance
- 4.3 The Supporting People team will submit a final report in Spring 2010 to the governance bodies.
- 4.4 Tools to enable the monitoring of the strategy's development include a project plan and action plan. These have been attached at Appendices 1 and 2.

5.0 Service User Consultation

- 5.1 The Supporting People Team will incorporate feedback received as part of consultations held during the development of the Supporting People Strategy 2010-2015.

5.2 There will be further consultation with the service user panel.

6.0 Equality Impact Assessment

6.1 An initial screening of the project has been carried out and found that the plans for the strategic review of HIAs have no adverse impact on the different groups of service users.

7.0 Financial Impact Assessment

7.1 The financial impact of the strategic review of HIAs relates to spending on service users to acknowledge their participation, and relevant consultation events that may be held. The likely costs of this can be incorporated into current expenditure plans in relation to the administration grant for the Programme.

7.2 Any new arrangements resulting from the strategic review will be fully costed, as part of the process.

8.0 Conclusion

8.1 The Kent Five-Year Supporting People Strategy 2005-10 is nearing its end and there is a need to develop a new strategy that incorporates new strategic demands and delivers its strategic objectives within a the restrictions of the Communities and Local Government Department's funding.

8.2 As part of developing the new strategy, the Supporting People team is carrying out a strategic review of all services. This includes strategically reviewing HIAs.

8.3 The Core Strategy development agreed to recommend the proposed strategic review to the Commissioning Body for acceptance. A final report will be submitted to the Core Strategy Development Group and Commissioning Body in spring.

9.0 Recommendations

The Commissioning Body is asked to:

- (i) Comment on the proposed strategic review of HIAs (Appendices 1, 2).
- (ii) Agree the proposed strategic review of HIAs.

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Background Information:

None

Appendix 1: Draft Strategic Review of HIAs Project Plan

Appendix 2: Draft Strategic Review of HIAs Action Plan

Appendix 1 Draft Strategic Review of Home Improvement Agencies Project Plan

STRATEGIC REVIEW OF HOME IMPROVEMENT AGENCIES (HIAs)

Background

The Supporting People Partnership operates within a wide geographical and strategic context: it plays a key role in promoting links between health, housing, probation and social care and thus contributes to narrowing the gap between the most disadvantaged people and communities and the rest of the county.

The Kent Five-Year Supporting People Strategy was agreed in 2005 and refreshed in 2008. It set out where the Programme in Kent was at that point and what were the strategic objectives and priorities of the Programme under the overall vision of:

“Working in partnership to provide high-quality, cost-effective and flexible housing-related support services for the vulnerable people of Kent which promote independent living, facilitate social inclusion and keep them safe and secure. It is envisaged that housing-related support services will in time complement other service provision across the county”.

Since then, new strategic drivers, challenges and issues, and financial contexts have emerged that require the Kent Supporting People Programme to review its focus and priorities in the context of developing the Supporting People Strategy 2010-2015. As part of that work, all services are being strategically reviewed. The strategic review of Home Improvement Agencies (HIAs) is a sub-project within that review.

Objectives

- To carry out a strategic review of HIAs, in order to ensure that commissioned services deliver housing related support that is:
 - Aligned and integrated within the mainstream of the local authority's business
 - Relevant to the authority's Local Area Agreement targets and fits with new strategic contexts and steers such as the National Supporting People Strategy and 'personalisation' in social care and health services
 - Provides value for money.
- To commission HIA services that deliver value for money and use the Supporting People grant in the most effective way, including raised service standards.
- To commission services that make explicit links with the local health and well-being agenda, specifically intermediate care services, links with telecare and reablement services
- To commission HIA services that allow performance to:
 - be measured and compared like with like, including workbook recording and outcome monitoring
 - be measured against clearly identifiable resources spent on delivering the commissioned services.
- To ensure the relevance and 'strategic fit' of the current pattern of HIA services
- To examine whether HIAs can generate income and how to apply any agreed arrangements across the board
- To involve service users in planning, commissioning and delivery of services

3. Deliverables

The particular project deliverables are, in sequential order of development:

1. Needs and supply analysis
2. Analysis of current supply
3. Setting the strategic objectives of HIA services
4. Review of performance, analysis of outcomes, examination of funding streams and what services they fund
5. Setting commissioning priorities for the programme based on the result of the strategic review
6. Incorporating the findings in the overall commissioning plan based on the findings of the strategic review of investment

Concurrent to all the described deliverables, and intrinsic part of the processes, there will be stakeholder consultation, including consultation with service users.

4. Overall Approach

The project will use the PRINCE project management approach as the base methodology.

5. Exclusions

None

6. Stakeholder Analysis

The order of key stakeholders is presented in sequential order of involvement with the strategic review of Home Improvement Agencies:

Key Stakeholder	Interest / stake	Importance
Service Users	Input and consultation	High
Service Providers	Input and consultation	High
Statutory Stakeholders	Key interest-Input and consultation	High
Core Strategy Development Group	Key Interest-consultation/input and agreement	High
POC (Communities Policies Overview Committee)	Consultation and agreement	High
Kent County Council and District/Borough Cabinets	Agreement	High
Commissioning Body	Key Interest-Agreement	High

7. Interfaces

There are a number of key strategy documents that inform the project. A list of background documents is attached at the end of the document and is likely to be added to as required.

8. Project Management

The Policy and Strategy Section of the Supporting People Team is leading on the strategic review of HIAs but is supported by other key members of the Supporting People team.

9. Reporting Procedures

A final report will be presented as part of the overall strategic review of investment.

10. Action Plan

A short action plan for the project with approximate time scales is attached.

Background Documents

- *A Vision of Kent and Kent Towards 2010* (corporate priorities)
- Kent Supporting People Business Plan
- Local Government White Paper '*Strong and Prosperous Communities*'
- The National Supporting People Strategy '*Independence and Opportunity*'
- *Independence, Well-Being and Choice*, White Paper
- *Valuing People*
- *Putting People First*
- Foundations documents under the heading of *Future HIA* that identify range of HIA models to support local area needs:
 - funding for repairs and adaptations
 - advice, information, signposting and advocacy
 - connecting with health and care
 - handyperson services, and
 - major adaptations

Appendix 2

Draft Strategic Review of Home Improvement Agencies - Action Plan

Task	Timescale	Outcome
1. Strategy Development Process		
Formulate Project Plan, Action Plan and Communication Plan	Completed	
Incorporate findings into overall strategic review of investment report	Jan/Feb 2009	Written report
Incorporate recommendations into final Commissioning Plan		
Produce final documents and present to CSDG and CB	Mar/Apr 2010	Draft presented and agreed
2. Consultation		
Identify and establish contact with relevant strategy groups for consultation purposes, including the service user panel. Identify other relevant stakeholders for consultation.	Completed	<ul style="list-style-type: none"> Relevant groups identified. Consultation plan with interview schedules and timetables drafted
<u>Service users (including carers/carer organisations)</u> <ul style="list-style-type: none"> Engage the service user panel in consultation Produce written reports on service user consultation Identify former service users and carry out a survey as to the benefits/or other experienced of having received Supporting People funded services 	Dec/Jan 2009/10	<ul style="list-style-type: none"> Written consultation summary produced Incorporate results from consultation carried out as part of developing the SP Strategy 2010-2015
<u>Service Providers</u> Consult with all three providers through individual face to face meetings	Nov-Dec 2009	Written consultation summaries produced
<u>Other stakeholders</u> Consult with other stakeholders including districts/boroughs, Adult Social Services, Health, Probation	Nov-Jan 2009/10	Written consultation summaries produced
3. Budgetary Analysis		
Examine finance and funding: <ul style="list-style-type: none"> Financial resources available Funding sources Current spend 	Nov-Dec 2009	Funding sources and streams identified
4. Needs Analysis		
Mapping needs: <ul style="list-style-type: none"> Map against client group and local areas Map against demographic data and establish likely future need Map eligibility criteria 	Nov-Dec 2009/10	Needs mapped
Measuring demand: <ul style="list-style-type: none"> Referral rates Referral sources 	Nov-Dec 2009	<ul style="list-style-type: none"> Referral data collated and statistics compiled. Analysis of data carried out.
4. Supply Mapping		
Map current supply	May 2009	<ul style="list-style-type: none"> Supply identified

Task	Timescale	Outcome
5. Market Analysis Market analysis: <ul style="list-style-type: none"> • Service and provider profiles • Current access arrangements • Review service performance • Review outcome measuring • Evaluation of all data • Examine current commissioning and procurement arrangements, contracting options for future commissioning and performance monitoring arrangements for services 	Dec-Jan 2009/10 Jan 2010	<ul style="list-style-type: none"> • Data evaluated and reviews completed Current arrangements examined and recommendations made
6. Diversity Analysis of existing service provision <ul style="list-style-type: none"> • in the context of local demographics • in the context of demand • in context of information from relevant agencies, service providers and diverse groups of individuals in communities 	Sept 2009	<ul style="list-style-type: none"> • Analysis carried out
7. Draft SP Strategy and Commissioning Plan 2010-2015 Feed outcomes into final report on strategic review of investment and Commissioning Plan. The Commissioning Plan will provide: <ol style="list-style-type: none"> 1. A plan for commissioning services that <ul style="list-style-type: none"> • meet the agreed priorities for change/ development (and based on evidenced need, budgetary analysis and market analysis) within a cash-limited budget • may require a redistribution/reconfiguration/decommissioning of services 2. Annual Plan 2010-11 	Mar/Apr 2010	<ul style="list-style-type: none"> • Draft Commissioning Plan disseminated for consultation

REPORT

By: Angela Slaven – Director of Youth and Community
Support Services, Communities Directorate

To: Supporting People in Kent Commissioning Body

16 December 2009

Subject: Expansion of Floating support provision

Classification: Unrestricted

For Decision

Summary: The report highlights an emerging need for increased floating support provision in the east of the county for people with housing related support needs arising from substance misuse and those at risk of domestic abuse.

1.0 Introduction

- 1.1 The Supporting People team administrates the floating support referral database with the exception of older peoples services in Tonbridge and Malling and Maidstone, rough sleepers and the countywide HIV service.
- 1.2 In March 2008 the Commissioning Body agreed to the expansion of some floating support services to minimise the waiting times for those who were banded in accordance with the floating support protocols (Band A, B and C).
- 1.3 The resulting increase in capacity saw a decrease in waiting times across all client groups, significantly domestic abuse.
- 1.4 The increase in capacity was complemented by the implementation of a new database for the management of floating support referrals in January 2009 allowing increased efficiency in processing referrals, improved screening of referrals and an improved ability to monitor the efficiency of the services themselves to ensure value for money in existing services.

2.0 Context

- 2.1 The Supporting People Programme currently delivers 5217 units of floating support across the county in 73 services. An analysis of current provision is provided in Appendix 1.
- 2.2 The number of referrals for floating support received between January 2009 and November 2009 has increased by 48% on the same period last year. In particular the number of referrals for those at risk of domestic abuse and those whose housing related support needs arise from substance misuse in the east of the county has increased. An analysis of the referrals received is supplied in Appendix 2.
- 2.3 The increase in referrals for domestic abuse has been influenced by the number of Multi Agency Risk Assessment Conferences (MARAC) held in east Kent. The MARAC conferences around the county examine the support needs of victims of domestic abuse to reduce the risk that they become repeat victims. Floating support referrals are often made following a conference. Both the conferences and the Programme through floating support complement National Indicator (NI) 32. This indicator focuses on reducing repeat incidents of domestic abuse and is included in the current Local Area Agreement.
- 2.4 The increase in referrals for drug and alcohol services has been influenced by the number of self referrals and those from partners delivering specialist non-housing related support services. Floating support in these client groups complements NI 39 (Admissions to hospital for alcohol related harm) and NI 40 (Drug users in effective treatment) which are also included in the current Local Area Agreement.
- 2.5 The team monitors carefully the length of service that providers supply and screens referrals to ensure that they are appropriate referrals for housing related support. However, the number of referrals received, outstrip the capacity created by those leaving services.
- 2.6 As a result, waiting times have now begun to increase for those in these three client groups. At the time of writing, 180 people with these primary client groups were waiting for a service in the east of the county and 34 in the west. Of these 180 in the east, 169 were banded B or above. A further analysis of waiting times by district/borough is supplied in Appendix 3.

3.0 Options appraisal

- 3.1 In the current economic climate it is not felt that the increase in demand for floating support is likely to diminish within the lifetime of existing contracts. Due to the nature of the client groups concerned

there is an increased risk of harm to those waiting and to the public if waiting times are allowed to increase still further.

3.2 The Commissioning Body have a range of courses of action at their disposal.

- Option 1 – Take no further action

The Commissioning Body may choose to accept the imbalance and increase in waiting times and decide no action is necessary.

- Option 2 – Approve an increase in capacity of specific services to meet existing demand across Kent

The Commissioning Body may decide to commission increased provision for the named client groups across Kent and reduce waiting times for all in those groups

- Option 3 – Approve an increase in capacity of specific services in east Kent only

The Commissioning Body could decide to commission an expansion in capacity of provision for these client groups only in the east of the county.

4.0 Financial Impact Assessment

4.1 By temporarily increasing capacity of existing services, improved access to services could be achieved in a comparatively short period of time. The financial impact to the programme is outlined below

Fig. 1.

Option	Detail	Cost
1	No change	Nil
2	Approve increase in capacity of specific services to meet existing demand across Kent 110 units of domestic abuse services 40 units for alcohol misuse 64 units for drug misuse for remainder of contracted period (March 2011)	£804,000
3	Approve increase in capacity of specific services in east Kent only 87 units of domestic abuse services 38 units for alcohol misuse 55 units for drug misuse for remainder of contracted period (March 2011)	£680,300

4.2 The funding required for such an expansion could be offset against the current underspend and efficiencies gained by contractual action already undertaken during 2009/10. Efficiencies currently run at £422,111. Although further efficiencies are due to be actioned in the remaining months of this year, these are difficult to quantify at present.

The residue can be met within the underspend which is referenced in the Supporting People budget report (Item 5)

- 4.3 Any temporary expansion would be made within the current contracting period only. As such a temporary measure, the expansion is not intended to supersede the proposals made as part of the Supporting People Five-Year Strategy 2010-15, which is based on a strategic review of investment. The strategy envisages that all floating support provision will be retendered according to need and strategic priorities. Contracts for retendered services will begin at the end of the current contract period.

5.0 Equality Impact Assessment

- 5.1 An initial screening of the options proposed indicates that access to floating support for those within the named client groups will remain restricted if Option 1 is selected.

6.0 Conclusion

- 6.1 In making its previous strategic commissioning decisions about floating support, the Commissioning Body has ensured that waiting times for floating support have fallen. However, since making those decisions, the economic climate has changed, demand for services has increased and this has had an impact upon vulnerable people in county. The number of referrals received by the Supporting People team has increased significantly and waiting times are now rising for three primary client groups in particular. Because of the nature of the client groups involved, there is an increased risk to those who are waiting for prolonged periods.
- 6.2 A targeted increase in the capacity of existing floating support services for these client groups would return waiting lists to their previous levels and ensure equity of access in both areas of the county.

5.0 Recommendations

The Commissioning Body is asked to:

- (i) Note the contents of the report.
- (ii) Agree to the expansion of specific services Option 2

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Background Information:

Report The Kent Supporting People Strategy 2010-2015 (see Item 9)

Appendix 1 Summary of current provision (at 30.11.09)

Table 1.1 Current provision by primary client group

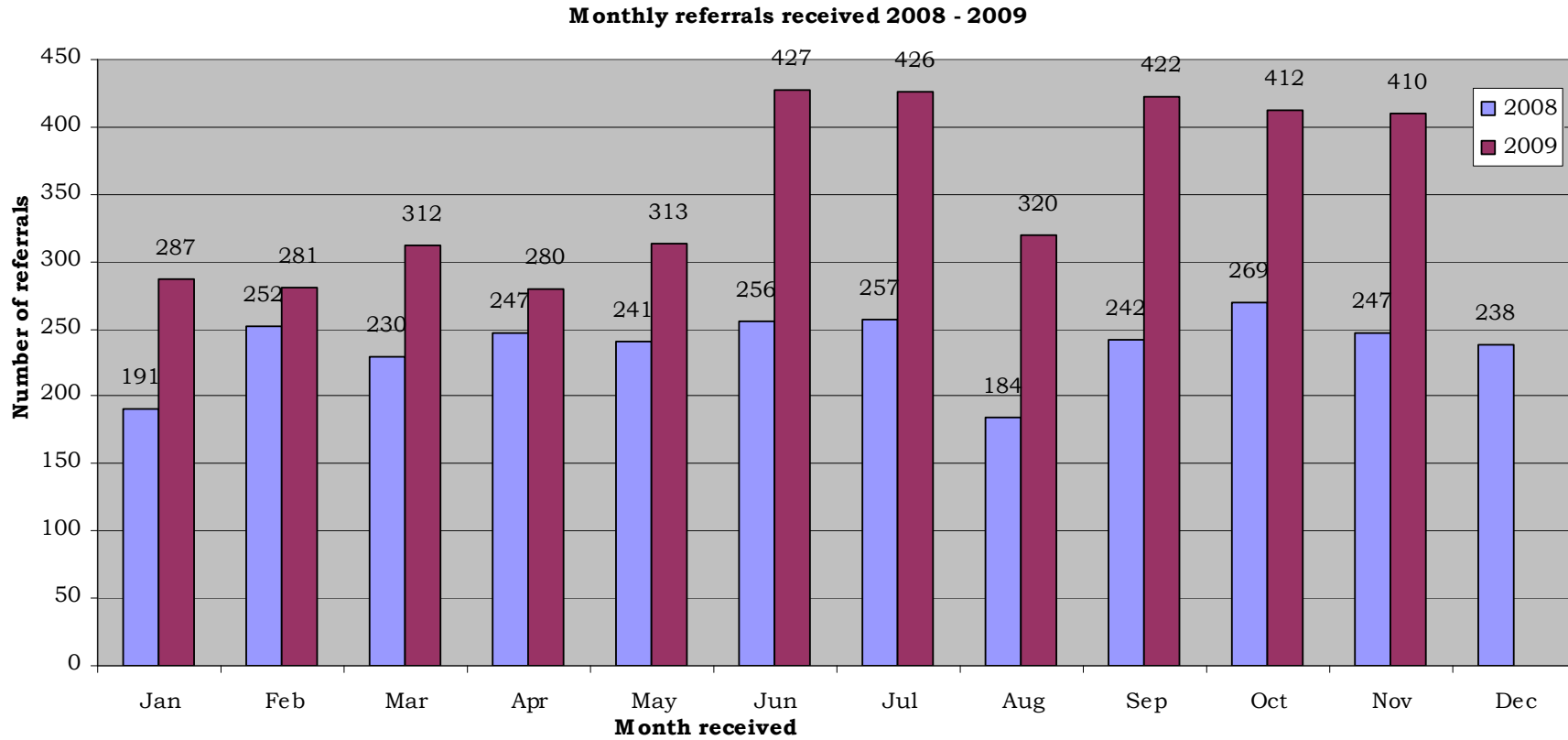
Primary Client Group	East		West		Countywide		All Kent	
	Units	Contract Value (£)	Units	Contract Value (£)	Units	Contract Value (£)	Total Units	Total Contract Value (£)
Generic	527	1165826	582	1241603	75	190520	1184	2,597,949
Homeless Families with Support Needs	81	279881	88	285194			169	565,075
Offenders or People at risk of Offending	52	188495	27	83411			79	271,906
Older people with support needs	345	461288	1942	1619746	141	304215	2428	2,385,249
People at risk of Domestic Violence	92	293661	100	291360			192	585,022
People with Alcohol Problems			50	135694			50	135,694
People with Drug Problems	58	164463	46	129838			104	294,301
People with Learning Disabilities	31	62395	36	70089			67	132,484
People with Mental Health Problems	250	741258	78	245705	85	266446	413	1,253,409
Rough Sleeper	45	310979	30	207319			75	518,298
Single Homeless with Support Needs	68	161747					68	161,747
Teenage Parents	88	332443	45	171439			133	503,882
People with Physical or Sensory Disability					36	98698	36	98,698
People with HIV/AIDS					20	61692	20	61,692
Young People at Risk	120	426955	79	244198			199	671,153
Grant Total	1757	£4,589,390	3103	£4,725,597	357	£92,1570	5217	£10,236,558

Appendix 1 cont'd

Table 1.2 Summary of Floating Support Units

Area	District	Number of Units
East Kent	Ashford	44
	Canterbury	94
	Dover	85
	East Kent	972
	Shepway	52
	Swale	448
	Thanet	62
	East Kent Total	
West Kent	Dartford	6
	Dartford, Gravesham & Sevenoaks	36
	Gravesham	62
	Maidstone	616
	Sevenoaks	85
	Sevenoaks, Tonbridge and Malling	45
	Sevenoaks, Tunbridge Wells, Tonbridge and Malling	73
	Tonbridge and Malling	1535
	Tunbridge Wells	72
	West Kent	573
West Kent Total		3103
County		357
Grand Total		5217

Appendix 2 Analysis of referral levels
Table 2.1 Monthly referrals received 2008-2009



Summary of referrals received	
Total referrals received Jan – Dec 2008	2854
Total referrals received Jan – Nov 2009	3890

Appendix 2 Analysis of referral levels continued

Table 2.1

Floating Support Referrals received for People with alcohol problems, drug problems and those at risk of domestic abuse 2008 - 2009

2008	Month												Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Primary Client Group													
People with Alcohol Problems	6	4	3	4	2	1	2	2		2	9	8	43
People with Drug Problems	3	9	9	17	15	12	18	16	9	13	10	5	136
Those at Risk of Domestic Abuse	18	19	28	18	22	18	23	16	23	22	17	23	247
Grand Total	27	32	40	39	39	31	43	34	32	37	36	36	426

2009	Month												Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Primary Client Group													
People with Alcohol Problems	5	7	6	13	13	18	8	12	11	13	18		124
People with Drug Problems	10	12	24	20	6	21	22	14	23	21	13		186
Those at Risk of Domestic Abuse	31	21	21	27	27	39	31	48	40	56	44		385
Grand Total	46	40	51	60	46	78	61	74	74	90	75		695

Table 2.2

Floating Support Referrals received for People with alcohol problems, drug problems and those at risk of domestic abuse east and west Kent

2009		Month											Grand Total
Area	Primary Client Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
East Kent	People with Alcohol Problems	3	6	4	5	4	9	4	6	7	7	14	69
	People with Drug Problems	5	10	19	12	4	17	17	10	15	14	9	132
	Those at Risk of Domestic Abuse	19	13	13	18	21	20	14	33	26	37	34	248
East Total		27	29	36	35	29	46	35	49	48	58	57	449
West Kent	People with Alcohol Problems	2	1	2	8	9	9	4	6	4	6	4	55
	People with Drug Problems	5	2	5	8	2	4	5	4	8	7	4	54
	Those at Risk of Domestic Abuse	12	8	8	9	6	19	17	15	14	19	10	137
West Total		19	11	15	25	17	32	26	25	26	32	18	246
Grand Total		46	40	51	60	46	78	61	74	74	90	75	695

Appendix 3 Analysis of waiting referrals waiting at November 09

Table 3.1 Analysis of those waiting for floating support: Domestic Abuse, Alcohol and Drug Misuse by district/borough

	IMD Rank	Domestic Abuse	Alcohol Misuse	Drug Misuse	Total
Thanet	65	12	16	17	45
Swale	116	19	5	10	34
Shepway	123	13	6	2	21
Gravesham	142	6 (4*)	0	2	8 (4*)
Dover	153	9	5	8	22
Dartford	186	5 (4*)	0	3	8 (4*)
Canterbury	198	15 (1*)	6	12	33 (1*)
Ashford	227	16 (2*)	0	6	22 (2*)
Maidstone	248	2	0	0	2
Tunbridge Wells	273	0	2	4	6
Tonbridge and Malling	281	1	0	0	1
Sevenoaks	295	1	0	0	1
Total		99 (11*)	40	64	203 (11*)

* Service users currently in Refuge

Table 3.2 Analysis of those waiting for floating support: Domestic Abuse, Alcohol and Drug Misuse by district/borough

	Band A	Band B	Band C	Total
Domestic Abuse	110	0	0	110
Alcohol Misuse	26	12	2	40
Drug Misuse	39	24	1	64
Total	175	36	3	214

Table 3.3 Analysis of waiting times by primary client group – Primary client group alcohol misuse

Alcohol Waiting Kent Wide

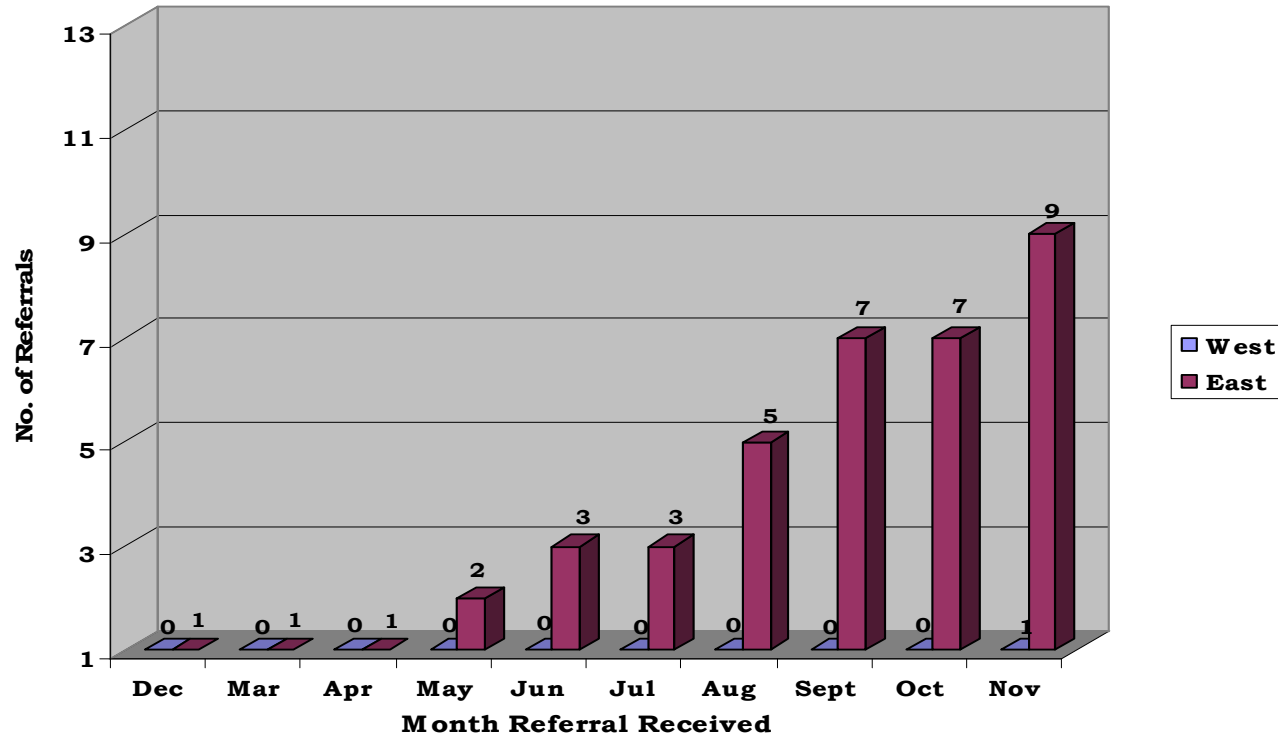


Table 3.4 Analysis of waiting times by primary client group – Primary client group drug misuse

Drug Waiting Kent Wide

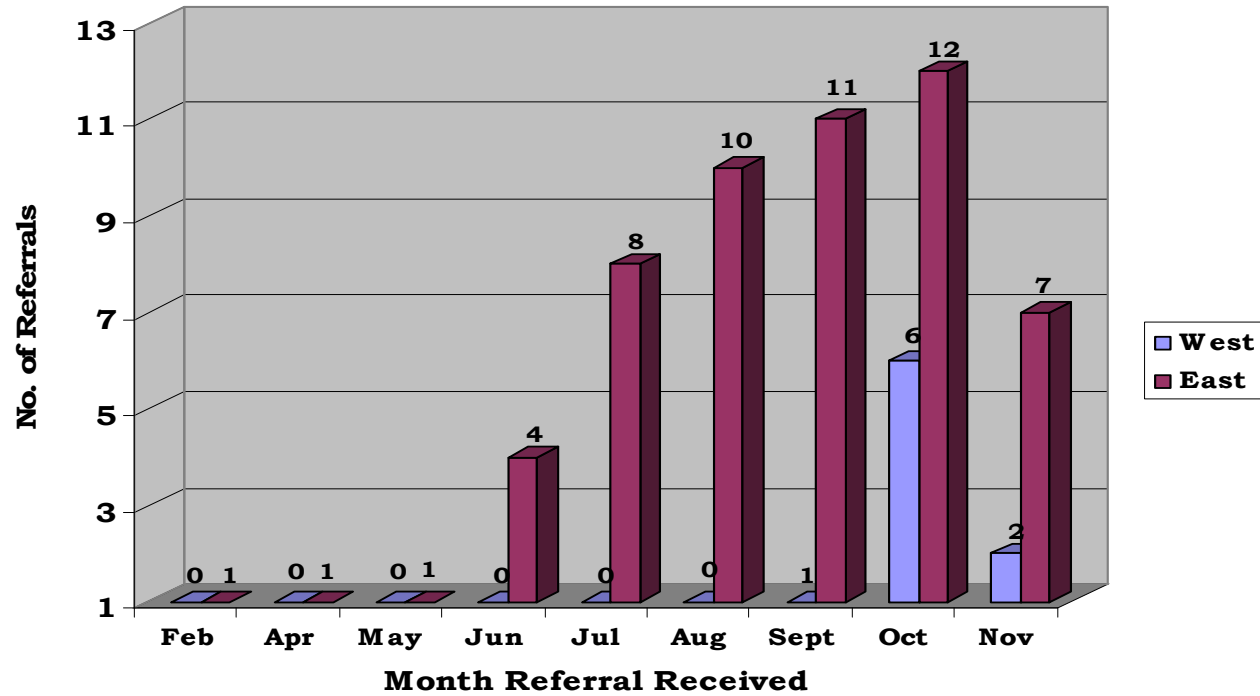
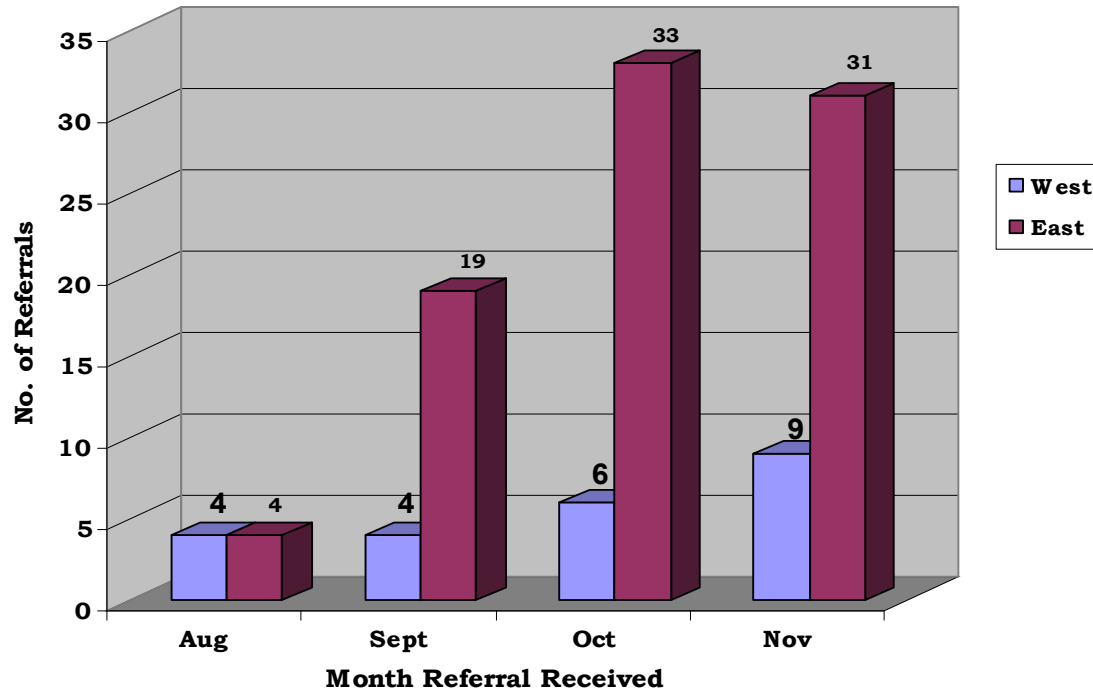


Table 3.5 Analysis of waiting times by primary client group – Primary client group domestic abuse

Domestic Abuse Waiting Kent Wide



- in west Kent 8 people are in refuges and are currently not ready to receive support.
- In east Kent 3 people are in refuges and are currently not ready to receive support

Supporting People in Kent – Glossary of Terms

Abbreviation or Term	Description
Accommodation based	The housing related support being delivered is linked to specific properties with a service. These properties may include self-contained or shared accommodation. It may also include staff based in an office or a visiting arrangement. Accommodation based services are also known as “Supported Housing”
Accreditation	This is a regular assessment of a support provider to check if they are able to provide a good quality Supporting People service
Administering Authority (AA) or Administering Local Authority (ALA)	The local authority which receives the Supporting People (SP) grant and administers contracts for the SP services on behalf of the Commissioning Body
Area-Based Grant (ABG)	Area Based Grant is a general grant allocated directly to local authorities as revenue funding to areas. It is allocated according to specific policy criteria rather than general formulae. Local authorities are free to use the all of this non-ringfenced funding as they see fit to support the delivery of local, regional and national priorities in their areas.
Audit Commission	An independent body responsible for ensuring that public money is used responsibly, economically and effectively
Banding	All floating support applications received onto the central waiting list by the Supporting People team are prioritised or banded according to the needs of the individual who needs support. There are 3 bands A, B and C and they are described in the Floating Support protocols
Band A	Those individuals who are in highest need of floating support are banded A on the central waiting list. They include those who <ul style="list-style-type: none"> • Are under threat of eviction • Experiencing domestic abuse or harassment • Are under 18 • Sleeping rough, in their first tenancy, setting up a new dwelling or going to move-on accommodation after a period in an accommodation-based service • Are vulnerable due to having been institutionalised
Band B	Those individuals who are in medium need of floating support are banded B on the centralised waiting list. They include those who <ul style="list-style-type: none"> • Need help managing finances • Lack parenting skills or life skills
Band C	Those individuals who are in lowest need of floating support are banded C on the central waiting list. They include those who <ul style="list-style-type: none"> • Need advocacy, advice and assistance with liaison • Are unable to maintain themselves or their property
Benchmarking	A comparison of similar services by quality, performance and cost. This is one of the ways of ensuring the quality of services provided in Kent
Best Value	A duty on local authorities to assess and review the services they provide for local people and improve them by the best means available. This must be done in consultation with the people who use the services and the wider local community
BME	Black and Minority Ethnic
Block Contract	The purchase of support services for more than one person, usually before the service is delivered
Block Gross Contract	A contract for a support service which is delivered for a short period, i.e. less than two years. Payments are made for a fixed number of service users. Service users are not charged for the support.
Block Subsidy Contract	A contract for a support service which is usually long-term or permanent e.g. sheltered housing. Grant payments to the provider will vary, depending on how many people receiving the support service qualify for the subsidy at any given time.

Abbreviation or Term	Description
	Providers tell the SP team on a monthly basis who has moved in and out of their service, and the subsidy payment is adjusted accordingly. Some service users may be charged for this service. In Kent there are very few of these contracts, having largely been replaced by <i>fixed capacity contracts</i>
Capacity	The total number of support packages or accommodation with support units deliverable at any one time.
Choice Based Lettings (CBL)	A new system in the allocation of social housing designed to offer more choice and involvement for customers in selecting a new home. Available social rented housing is let by being openly advertised, allowing customers to 'bid' or 'register an interest' in those homes which are advertised widely in the neighbourhood (e.g. in the local newspaper or on a website).
Client Record Form	Forms used to monitor all new clients who use Supporting People services. The statistics are then collated by The Centre for Housing Research (CHR) and data is used to help SP teams identify needs. Details available at www.spclientrecord.org.uk These are completed by providers each time they take on a new client. Details such as previous type of accommodation, client group and ethnicity are recorded so Supporting People teams can monitor who is using the services. No personally identifying details are recorded
Commissioning Body	The group is made up of representatives from all of the partners involved in Supporting People, such as Housing, Social Services, Health (PCT) and Probation. Its role is to strategically direct and scrutinise the programme.
Contract Monitoring	Contract monitoring is the regular process undertaken by Administering Authorities to ensure that providers comply with the requirements of the contract and are performing effectively. Contract monitoring is an extremely important process as it provides regular information to update authorities' understanding of the quality and effectiveness of Supporting People services and the Value for Money the programme achieves. In Kent, much of the contract monitoring is conducted by local Monitoring and Review (M & R) Officers.
Contract Schedules	These are part of the Supporting People contract and contain details of the services to be provided in the contract and the cost of each service
Core Strategy Development Group	This multi agency group provides a strategic steer to the programme and report to the Commissioning Body. Membership includes provider and service user representation.
Cross Authority Group (CAG)	Neighbouring AA's working together to plan and develop policies and services across the group
Cross Authority Provision	A service designated by the CLG to provide support for service users originating from another Administering Authority (AA)
CLG	Department for Communities and Local Government (formerly the ODPM)
Direct Payment	Direct payments are paid to people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from council commissioned services. A person must be able to give their consent to getting direct payments and manage them, even if they need daily help to do this.
DV/DA	Domestic Violence/Domestic Abuse
Eligibility Criteria (EC)	A document that sets out what tasks Supporting People money can pay for and those it cannot.
Fixed Capacity Contracts	A contract under which the units to be paid Supporting People grant are fixed at a number agreeable to both the Provider and the Supporting People team. The number of units relates to housing benefit claimants. The contract changes from a block subsidy model to a block gross model to assist with budget monitoring and budget setting for both the Provider and the Supporting People team. The contract value agreed is subject to review should the amount of units available fall below 10% of the capped amount.
Floating Support	This kind of support is "attached" to the person, not the property and can follow a service user if they move to another address. It only lasts for as long as the client

Abbreviation or Term	Description
	needs it and then “floats” away to the next person in need. The service user does not need to live at a certain address to receive the support.
Floating Support protocols	This countywide agreement describes how the waiting list for floating support will be administered.
Foundations	The national co-ordinating body for Home Improvements Agencies (HIA)
Grant Condition	Produced by CLG, these conditions set out how the money paid to the AA is to be spent and how the programme is to be managed.
Homes and Communities Agency (HCA)	The Homes and Communities Agency (HCA) is the national housing and regeneration agency for England, with an annual investment budget of more than £5bn. The HCA was formed on 1 December 2008 along with the <i>Tenant Services Authority</i> and is a non-departmental public body, sponsored by Communities and Local Government (CLG).
Home improvements Agency (HIA)	An agency which enables vulnerable people to maintain their independence in their chosen home for the foreseeable future. "Vulnerable people" may include older people, people on low incomes, disabled people etc.. Their homes would usually be private rented leasehold or owner occupied.
Housing Benefit (HB)	A means tested benefit paid to council or private tenants who need help paying their rent
Housing Related Support (HRS)	Support specifically aimed at helping people to establish themselves, or to stay in their own homes. Examples of housing related support include helping people learn to manage their own money, apply for benefits, keep their home secure, access to other services
Indices of Multiple Deprivation (IMD)	The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Together these various Indices make up the Indices of Deprivation 2007.
Individual budget	Funding from a variety of sources that is brought together into one bank account. This allows greater choice and control over many aspects of life e.g. housing, community care, health, benefits, income, grants etc. The person can choose to use their individual budget themselves or a third party can manage the funds for them.
KASS	Kent Adult Social Services
LSVT	Large scale voluntary transfers of council housing. This could be to a private company or to a registered social landlord.
Managing Agent	A managing agent is an organisation providing housing management services (such as collecting rent) on behalf of another body, often a Registered Social Landlord (RSL). The managing agent may also provide the support services.
NHF - National Housing Federation	The NHF provides advice and support for not-for-profit housing providers. Their website address is www.housing.org.uk
Primary Care Trusts (PCT)	Primary Care Trusts are responsible for planning and providing healthcare services. In Kent there are 2 PCTs: West Kent, and Eastern and Coastal Kent, both are partners in the SP programme.
Performance Indicators (PI's)	Performance statistics submitted to the Supporting People teams by Providers. They are used as part of contracts and monitoring Key Performance Indicator 1 (KPI1) measures the percentage of people who have maintained independence Key Performance Indicator 2(KPI2)measures the percentage of service users who have moved on in a planned way from temporary living arrangements
Procurement	

Abbreviation or Term	Description
	The process to obtain materials, supplies and contracts, obtaining best value through open and fair competition
Quality Assessment Framework (QAF)	Quality assessment framework. Providers self assess their service against national objectives (such as consulting service users on how they want the service to be run). The Supporting People team use the results as part of the benchmarking process with the aim of continually improving the quality of services in Kent.
Registered Social Landlord (RSL)	A non profit making voluntary group, generally a housing association, formed to provide affordable housing
Scheme Manager	A scheme manager is the support worker who manages a housing related support service. The term is also used to describe the support worker within a sheltered scheme (may have been termed a 'warden' previously).
Service Review	A service review examines the support provided to see if there is a need for it, if it is good quality support, if it gives value for money and if there needs to be any changes.
Service Users	The term "service users" is used to refer to people who use Supporting People services and also to carers and advocates where applicable. It is important that, in consulting and involving service users, providers also seek the views of carers and advocates where service users may not be able to participate fully.
Service User Involvement	The processes and mechanisms by which the AA consults and engages with people who use the service, or who may use the service and ensures that their views are reflected in the programme. It is good practice and a grant condition that providers involve service users.
Sheltered Housing	Housing specifically for older and or disabled people. Includes a block or group of houses with resident or visiting warden and individual house, bungalow and flats which receive support from a mobile warden or pendant (emergency) alarm
SPLS	Supporting People Local System. A local authority computer system used to hold service provider, payment and client details for the Supporting People programme
SERIG	South East Regional Implementation Group This group comprises the Lead Officers of Supporting People programmes across the region. They meet to consider issues of national and regional policy and liaise with CLG
SPkweb	The Supporting People Knowledge website (published by CLG) - this is accessible to all by logging onto www.spkweb.org.uk The SPkweb contains all the guidance and related documents on the Supporting People programme
Supported Housing	These are services that provide both accommodation and support together to enable people to live independently. Examples of supported housing services include women's refuges, sheltered housing and homeless hostels
Stakeholders	People or organisations that form part of the SP programme. Stakeholders share or contribute to the aim of the SP programme
Supporting People Distribution Formula	A formula developed by the CLG to decide how much Supporting People grant each Administering Authority will be allocated
Supporting People Grant	Money from the government to pay for the housing related support services under the Supporting People programme
Supporting People	The programme came into effect on the 1st April 2003 to deliver housing-related support services to vulnerable people through a single funding stream, administered by local authorities according to the needs of people in their area
Supporting People Five	The strategy is a five year plan giving detailed supply and needs mapping information across the region in relation to the various vulnerable client groups that

Abbreviation or Term	Description
Year Strategy	the Supporting People programme assists
Support Provider	The organisation providing housing related support services paid for by Supporting People. Organisation types include registered social landlords, voluntary sector organisations, local authorities, charities and the private sector
Support Service	A service eligible for funding through Supporting People. This could include advice on maintaining a tenancy, help with filling in forms, help with keeping accommodation safe and secure etc.
Tenant Services Authority (TSA)	The TSA is the regulatory body for social housing. Having formed on 1 December 2008, the TSA took over the regulatory powers of the Housing Corporation.
Tenure neutral	Tenure neutral floating support services means that support can be offered to an individual regardless of the sort of housing they live in e.g. private rented, social housing, owner occupied.
Triple Aim	Triple Aim is a concept led by the NHS Institute for Innovation and Improvement. It is designed to optimise the health system by taking into account three dimensions: <ul style="list-style-type: none"> • The experience of the individual • The health of a defined population • Per capita cost for the population NHS Eastern and Coastal Kent have adopted this approach to tackle health inequalities in two deprived wards in Thanet, Margate Central and Cliftonville West
Total Place	Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall. Kent is one of the thirteen local authorities which have been selected as Total Place Initiative pilots. The aim of the pilots is to develop and test methodologies that will enable all partners in a 'whole place' simultaneously to deliver improved outcomes and greater efficiencies across the whole of the public realm.
Workbook	The workbook is completed on a quarterly basis by each service (except community alarms) under contract with the Supporting People team. It is the means by which the Supporting People team gathers Performance Indicator information required by central government
Validation Visit	A reality check by a SP Local Monitoring and Review Officer to a support service to establish whether the Provider is achieving the standards they are contracted to deliver. Supporting People team members will also consult with service users and staff and stakeholders to find out their views of the service. The aim of these visits is to work with providers to improve the quality of the services in Kent, and for the findings feed into strategic decision making

Links

The following links may provide further insight into the programme.

- www.communities.gov.uk
- www.spkweb.org.uk
- www.spdirectory.org.uk/DirectoryServices
- www.sitra.org.uk
- www.housing.org.uk
- www.kent.gov.uk/supportingpeople

Contact the Kent Supporting People Team supportingpeopleteam@kent.gov.uk

Please tell us if you think that any other terms or links should be included in this glossary

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