



AGENDA

SUPPORTING PEOPLE IN KENT COMMISSIONING BODY

Thursday, 20th March, 2008, at 2.00 pm

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

**Darent Room, Sessions House, County Hall,
Maidstone**

Telephone **(01622) 694289/69497**

1. Apologies
2. Introductions
3. Minutes of meeting - 20 December 2007 and matters arising

Reports

4. Performance Management - (Melanie Anthony)
5. Response to the Audit Commission Inspection Report - (Claire Martin)
6. Budget and Growth - (Claire Martin)
7. Local Area Agreement 2 - (Melanie Anthony)
8. Draft Specification for Community Alarm Services - (Kevin Prior)
9. Mental Health Growth Bid - (Kevin Prior)
10. Better Homes, Active Lives PFI- (Caroline Highwood)
11. Self-Directed Support - (Kevin Prior)
12. Glossary
13. 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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Item No: 5

REPORT

By: Caroline Highwood - Director Resources, Kent Adult Social Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Performance Management

Classification: Unrestricted

For Decision

Summary: **This report provides data on all aspects of Performance Management in the Kent Supporting People Programme.**

1.0 Introduction

The Supporting People Team monitors both the performance of schemes within the programme in Kent and the performance within the Team itself. The data source for much of this report is the workbook returns made by providers.

2.0 Programme Monitoring

2.1 Public Service Agreement 2 (PSA2)

The Supporting People Programme contributes to Target 9 of the PSA2 to help Kent's most vulnerable adults, aged 18 to 64, to live independently.

The target is to increase the number of vulnerable adults, aged 18 to 64, living independent and fulfilled lives in the community by increasing the number of Supporting People service users who have successfully completed a planned move from a short-term service into independence or been helped by a period of floating support which has now been completed.

Table 1 provides quarterly performance information for this target. The 3-year target of 5588 move-ons was reached within Quarter 2 of 2007/08. The total of planned move-ons achieved by the end of the period of the agreement stands at 7020, this exceeds the original LAA target and was achieved 6 months ahead of the target date. With the support of its partners, the programme has performed exceptionally well in PSA2 by improving its own processes, promoting close partnership working and tackling barriers to improvement. The involvement of the programme in Local Area Agreement 2 is discussed in a further paper tabled on this agenda.

Table 1: Number of planned move-ons from services per quarter

	Target	QTR 1 Jan - Mar	QTR 2 Apr - Jun	QTR 3 Jul - Sep	QTR 4 Oct - Dec	Actual Total	% of Annual Target Achieved
Year 1 (2005)	1788	497	511	520	525	2053	115%
Year 2 (2006)	1844	529	533	694	670	2426	130%
Year 3 (2007)	1956	586	556	615	784	2541	90%
Total for 3 Yr period	5588					7020	126%

[Source – SP Workbook Returns]

2.2 Quarterly Workbook Returns

Table 2 shows an analysis of workbook returns from quarters 14 to 19. The Commissioning Body will note a slight fall in the number of workbooks returned by the initial deadline. For the first time this quarter, reminders have not been sent to providers who have failed to return their workbooks by the deadline, and a rise in the number of defaults issued is noted. Two providers sent in separate workbooks despite their services having been merged.

Table 2: Workbook return monitoring

	Qtr 15 Oct-Dec 06	Qtr 16 Jan-Mar 07	Qtr 17 Apr-Jun 07	Qtr 18 Jul-Sep 07	Qtr 19 Oct-Dec 07
Number of workbooks expected *	444	430	388	386	376
Number of workbooks returned by deadline	377 (85%)	352 (82%)	279 (72%)	335 (87%)	317 (84%)
Number of reminders sent	78	60	107	50	0
Number of workbooks received by end of default period	426 (96%)	412 (96%)	380 (98%)	378 (98%)	378 (100.5%)
No. Defaults issued	10	17	8	8	34

*The reducing number of workbooks expected each quarter reflects the merging of services.

2.3 Key Performance Indicators (KPIs)

The CLG set two Key Performance Indicators for Supporting People programmes. The indicators are calculated from quarterly returns made by the Supporting People Team to the CLG. The source data for these returns is derived from the detailed information submitted by providers in their quarterly workbooks. The CLG publish the performance of all programmes nationally against these indicators on the SPKweb www.spkweb.org.uk

The CLG indicators are as follows

KPI 1 - Service users who are supported to establish and maintain independent living

KPI 2 - Service users who have moved on in a planned way from temporary living arrangements

Detailed information on how the KPIs are calculated is contained in Table 2.1 of Appendix 2.

The performance of the Kent programme over that last 4 quarters for which the CLG has published data is outlined in Table 2.2 of Appendix 2.

At its meeting in February, the Core Strategy Development Group recommended a target for the programme of 98% for KPI1 in the coming year 2008/09. Performance against this target will be reported in each quarterly Performance Management report presented to the Programme's governing bodies.

The suggested target for KPI2 is discussed in a paper tabled later on this agenda.

2.4 Floating Support Referral Data

The system for floating support referrals across Kent services is managed centrally within the Supporting People Team for all but three services for older people.

Appendix 3 shows several analyses of floating support referrals across the last five quarters organised by district and arranged according to indices of deprivation. Three tables are provided which examine the number of referrals received during each quarter (Table 3.1), the number allocated to a provider during each quarter (Table 3.2) and finally a snapshot analysis by district/borough of the number of people on the waiting list at the end of the quarter (Table 3.4). In response to requests from the Core Strategy Development Group, two further tables are provided. The tables display an analysis of the source of all referrals received in quarter 19 (Table 3.3) and a further snapshot analysis of the number of people on

the waiting list arranged by primary client group (Table 3.5). In its February meeting the Core Strategy Development Group requested that an analysis of the three services for older people in Swale, Tonbridge and Malling and Maidstone are included in future reports. It was further requested that information on tenure for floating support referrals is outlined in future reports.

The tables show a fall in the numbers of referrals being received when compared to the unprecedented numbers last quarter (Table 3.1). Similarly, the number of those being allocated this quarter has fallen (Table 3.2) whilst the number of those waiting has risen.

The relationship between the high proportion of referrals from the Health sector in Ashford (Table 3.3) and the large number of people with mental health problems on the waiting list in that borough is worthy of further investigation. The proportion of self referrals is being received is highest in Gravesham and also merits further investigation in order that this success may be replicated elsewhere in the county.

The Commissioning Body should be aware that Table 3.5 highlights only the Primary Client Group of any individual referral and that this is only indicative of the needs of those on the waiting list. For example the table shows just one person whose housing related support needs arise from their status as a refugee. However, the table cannot show that two of those on the waiting list have identified themselves as having secondary client group as refugee but they are counted by their primary needs - that of homelessness and domestic violence, respectively.

The bar chart in Appendix 2 gives a snapshot analysis of the length of wait for those in most need by district/borough taken at the end of quarter 19. The figures show that 9 people in highest need had been waiting for more than 9 months. The majority (51%) of all of those waiting had done so for less than 2 months, with 43% waiting between 2 and 6 months and fewer (6%) over 6 months.

A number of individuals with lower level of need and Banded a B and C, remain on the waiting list without a service. For many, the wait has been in excess of a year and predates the transfer of the management of the referrals waiting list to the Supporting People Team. The Team periodically contacts these individuals to establish that they still require a service. With the proportion of grade A referrals so high, it is unlikely that these individually will receive a service in the coming quarter. A paper tabled later in this agenda discusses a proposal for improving this situation. A revision of the referrals document will also give clarity to referring agents as to what criteria of need meets the Level A banding.

2.5 Contractual data

At the time of reporting, contracts are held with 126 providers who deliver 429 services. Of these 76% are accommodation based services and 24% are floating support services.

Further information on contracts, providers and services are included within Appendix 1.

3.0 Complaints

The SP Team collect and log details of all complaints received and a nominated Manager within the Team has responsibility for the management of complaints.

Table 4 provides a summary of the nature and status of complaints received since January 2007.

Table 4: Complaints received January 2007 to date

Nature of Complaint	Quarter 19 Oct - Dec 07			2007 to date		
	No. of complaints	No. currently under investigation	No. resolved	No. of complaints	No. currently under investigation	No. resolved
Withdrawal of Support	2	0	2	4	0	4
Quality of support received	2	0	2	8	0	8
Withdrawal of funding	0	0	0	3	0	3
Lack of consultation	0	0	0	3	0	3
Incorrect payment	0	0	0	1	0	1
Incorrect referral	1	0	1	2	0	2
Review Process	1	0	1	2	0	2
Other	0	0	0	2	1	1

4.0 Recommendation

The Commissioning Body is asked to

- (i) note the contents of the report.
- (ii) agree the target for KPI1 at 98% for the forthcoming year

Melanie Anthony

Performance and Review Manager

01622 694937

With contributions from Kevin Prior, Contracts and Finance Manager

Appendix 1 Contractual data as at end of Quarter 19

Appendix 2 Performance against key performance indicators

Appendix 3 Comparative floating support referral data Quarter 19

Appendix 1

Contractual data as at end of Quarter 19 (end of Quarter 16, 31st March 2007, provided by means of comparison)

TABLE 1.1: CONTRACTUAL DATA as at Close of Quarter 19

	Quarter 16 Jan – Mar 07	Quarter 19 Oct – Dec 07
Number of Providers	158	126
Number of Services	481	424
Number of Household Units	23149	22047
Number of Leaseholders	142	76
Total Number of Units	23291	22123

TABLE 1.2: BREAKDOWN OF UNITS

Number of Floating Support Units	9058	4323
Number of HIA Units	1619	1619
Number of Sheltered Units	10416	13444
Number of Other Acc. Based Units	2112	2737
Total	23205	22123

TABLE 1.3: CONTRACTS

Number of Block Gross Units	4453	9539
Number of Block Subsidy Units	18411	12584
Of which Capped	12453	13106
Not Capped	5958	9017

TABLE 1.4: CONTRACT VALUES at 7 January 07*

Grant from CLG	£31,947,395	£32,024,915
Contract £	£29,199,030	£29,177,973.27
% FS	26%	24%
% Accommodation Based	74%	76%

* financial data for 2007/08

APPENDIX 2

Performance against key performance indicators (KPIs)

TABLE 2.1 CALCULATION OF KEY PERFORMANCE INDICATORS

KPI1

This KPI calculates the number of service users who ~~who~~ have established or are maintaining independent living (existing service users and those who have departed) as a percentage of the total number of service users during in the period.

$$\begin{array}{|c|} \hline \text{No. Moves} \\ \text{to} \\ \text{Independent} \\ \text{Living} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{No. Service} \\ \text{Users at the} \\ \text{end of the} \\ \text{quarter} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{No. of} \\ \text{Deaths} \\ \hline \end{array} = \mathbf{x}$$

$$\begin{array}{|c|} \hline \text{All} \\ \text{Departures} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{No. service} \\ \text{users at end of} \\ \text{each quarter} \\ \hline \end{array} = \mathbf{y}$$

$$\text{Final KPI 1 calculation} = \left(\frac{x}{y} \right) * 100$$

KPI2

This indicator measures the number of service users who have moved on in a planned way as a percentage of service users who have left the service.

$$\left(\frac{x}{y} \right) * 100$$

where:

x = the number who have moved on in a planned way to independent living;

y = the total number of service users who have moved on.

TABLE 2.2 LOCAL PERFORMANCE AGAINST KPIS

The table below gives the performance of the Kent programme against Key Performance Indicators 1 and 2 for the last four quarters published by CLG

Appendix 2 cont'd

KPI1

	2006/07		2007/08	
	Q15	Q16	Q17	Q18
Kent	96.8%	98.6%	99%	97.9%
Regional	97.7%	98.4%	98.8%	98.2%
National	98.3%	98.4%	98.7%	98%

Source: CLG

KPI2

	2006/07		2007/08	
	Q15	Q16	Q17	Q18
Kent	66.7%	65.3%	47.1%	78.2%
Regional	64.5%	66.1%	66.3%	62.1%
National	64.8%	64.1%	63.3%	71.3%

Source: CLG

Appendix 3

Comparative floating support referral data October 2006 – December 2007

TABLE 3.1: NUMBER OF FLOATING SUPPORT REFERRALS RECEIVED

This table shows floating support referrals received according to district/borough from October 2006 to December 2007

Indices of Deprivation x/354	District/Borough	Qtr 15 Oct-Dec 06	Qtr 16 Jan-Mar 07	Qtr 17 Apr-Jun 07	Qtr 18 Jul-Sep 07	Qtr 19 Oct-Dec 07
85	Thanet	74	57	55	93	72
130	Swale	54	45	62	81	51
131	Shepway	65	67	65	92	64
154	Dover	60	57	51	61	75
158	Gravesham	28	26	38	49	39
170	Dartford	18	9	17	23	28
190	Canterbury	48	40	26	54	47
233	Ashford	52	29	37	75	54
283	T'Wells	52	42	31	57	58
270	Maidstone	40	38	73	60	75
303	Sevenoaks	28	23	33	38	49
304	TMBC	80	53	50	55	30
TOTAL		599	486	538	738	642

TABLE 3.2: NUMBER OF FLOATING SUPPORT REFERRALS ALLOCATED

This table shows the number of floating support referrals allocated to a provider by district/borough from October 2006 to December 2007

Indices of Deprivation x/354	District/Borough	Qtr 15 Oct-Dec 06	Qtr 16 Jan-Mar 07	Qtr 17 Apr-Jun 07	Qtr 18 Jul-Sep 07	Qtr 19 Oct-Dec 07
85	Thanet	26	39	64	61	57
130	Swale	26	42	31	64	37
131	Shepway	33	35	49	89	51
154	Dover	17	31	13	51	33
158	Gravesham	13	23	8	52	18
170	Dartford	12	5	11	27	19
190	Canterbury	19	31	12	57	24
233	Ashford	17	23	18	49	28
283	T'Wells	25	25	29	58	22
270	Maidstone	12	27	21	80	36
303	Sevenoaks	4	16	50	56	32
304	TMBC	17	34	115	50	36
TOTAL		221	331	422	694	393

TABLE 3.3: SOURCE OF FLOATING SUPPORT REFERRALS RECEIVED

This table shows the source floating support referrals received for quarter 19

Indices of Deprivation x/954	District/Borough	Adult Social Services	Carer/ Advocate	Children Families Education	Health	LA/ Housing Dept	Probation	RSL	Self	Voluntary Org	Youth Offending Service	Not Given / Other	Total
85	Thanet	5 (7%)		5 (7%)	5 (7%)	8 (11%)	21 (29%)	7 (10%)	2 (3%)	19 (26%)			72 (100%)
130	Swale	7 (14%)		2 (4%)	5 (10%)	7 (14%)	3 (6%)	11 (22%)	3 (6%)	13 (24%)			51 (100%)
131	Shepway	11 (17%)	1 (1%)		7 (11%)	19 (30%)	1 (1%)	4 (7%)	6 (10%)	12 (19%)	2 (3%)	1 (1%)	64 (100%)
154	Dover	13 (17%)		2 (3%)	9 (12%)	16 (21%)	2 (3%)	5 (7%)	10 (13%)	15 (20%)		3 (4%)	75 (100%)
158	Gravesham	9 (22%)	2 (5%)		6 (15%)	10 (26%)		1 (3%)	9 (24%)	2 (5%)			39 (100%)
170	Dartford	8 (28%)		1 (4%)	1 (4%)	10 (35%)		3 (11%)	3 (11%)	2 (7%)			18 (100%)
190	Canterbury	16 (34%)	1 (2%)	3 (6%)	2 (4%)	12 (26%)	1 (2%)	1 (2%)	6 (13%)	4 (9%)		1 (2%)	47 (100%)
233	Ashford	5 (9%)	1 (2%)	3 (6%)	25 (46%)	8 (15%)	3 (6%)	1 (2%)	1 (2%)	6 (10%)		1 (2%)	54 (100%)
283	TWells	1 (2%)			4 (7%)	26 (44%)		22 (38%)	4 (7%)	1 (2%)			58 (100%)
270	Maidstone	5 (7%)	3 (4%)		2 (3%)	21 (28%)		35 (46%)	3 (4%)	4 (5%)	2 (3%)		75 (100%)
303	Sevenoaks	6 (12%)			4 (8%)	1 (2%)		31 (63%)	7 (15%)				49 (100%)
304	TMBC	5 (18%)		1 (3%)		1 (3%)		19 (63%)	3 (10%)	1 (3%)			30 (100%)

TABLE 3.4: NUMBER OF PEOPLE ON WAITING LIST BY DISTRICT/BOROUGH

This table shows the number of floating support referrals waiting to receive a floating support service at the end of quarter 19. Those individuals (86) who are currently in supported housing or otherwise not ready to receive their floating support service are not included.

Indices of Deprivation x/354	District/Borough	Qtr 15 Oct - Dec 06	Qtr 16 Jan - Mar 07	Qtr 17 Apr - Jun 07	Qtr 18 Jul - Sept 07	Qtr 19 Oct - Dec 07
85	Thanet	44	81	64	70	87
130	Swale	28	12	31	39	51
131	Shepway	30	54	49	43	56
154	Dover	39	39	13	19	65
158	Gravesham	13	6	8	5	23
170	Dartford	6	5	11	6	17
190	Canterbury	28	11	12	5	25
233	Ashford	33	24	18	48	70
283	T'Wells	26	46	29	22	57
270	Maidstone	23	38	21	19	35
303	Sevenoaks	22	45	50	5	46
304	TMBC	58	125	115	60	56
TOTAL		350	486	422	346	588

TABLE 3.5: NUMBER OF PEOPLE ON THE WAITING LIST BY PRIMARY CLIENT GROUP

This table shows the number of floating support referrals waiting to receive a floating support service at the end of quarter 19. Those individuals (86) who are currently in supported housing or otherwise not ready to receive their floating support service are not included.

	Total	Thanet	Swale	Shepway	Dover	Gravesham	Dartford	C'burry	Ashford	T Wells	Maidstone	Soaks	TMBC
Complex Needs	66 (100%)	6	4	3	11	1	3	2	12	4	4	5	11
		9%	6%	5%	16%	2%	5%	3%	18%	6%	6%	8%	16%
Domestic Violence	43 (100%)	15		1	5	4	3	1	1	4	2	4	3
		36%		2%	12%	9%	7%	2%	2%	9%	5%	9%	7%
Ex-offenders	19 (100%)	5	4	5				1	3		1		
		26%	22%	26%				5%	16%		5%		
Families with support needs	57 (100%)	4	2	9	12	1	1	2	14	1	1	1	9
		7%	4%	15%	20%	2%	2%	4%	25%	2%	2%	2%	15%
Learning Disability	56 (100%)	6	6	1	7	4	3	4		5	3	10	7
		11%	11%	2%	12%	8%	5%	7%		9%	5%	18%	12%
Mental Health	125 (100%)	19	17	17	14	5		1	20	13	8	10	1
		15%	14%	14%	11%	4%		1%	16%	10%	6%	8%	1%
Older People with Support Needs	31 (100%)	7	3	3	1		1	3		2	3	5	3
		22%	10%	10%	3%		3%	10%		6%	10%	16%	10%
Physical/Sensory Disability	42 (100%)	4	2	6	6	1		6	1	5	1	3	7
		10%	5%	14%	14%	2%		14%	2%	13%	2%	7%	17%
Refugee	1 (100%)					1							
						100%							
Single Homeless	49 (100%)	2	2	6	2	2	2	3	4	9	7	1	9
		4%	4%	13%	4%	4%	4%	6%	8%	18%	15%	2%	18%
Substance Misuse	37 (100%)	6	5	2	4	3	2			8		5	2
		16%	14%	5%	11%	8%	5%			22%		14%	5%
Vulnerable Parent	35 (100%)	10	4	2	3	1	1		6	2	4		2
		28%	11%	6%	9%	3%	3%		17%	6%	11%		6%
Young People at Risk	20 (100%)	3					1	1	9	4	1	1	
		15%					5%	5%	45%	20%	5%	5%	
Young People Leaving Care	3 (99%)		1					1				1	
			33%					33%				33%	
Not given	4 (100%)		1	1									2
			25%	25%									50%
Total	588	87	51	56	65	23	17	25	70	57	35	46	56

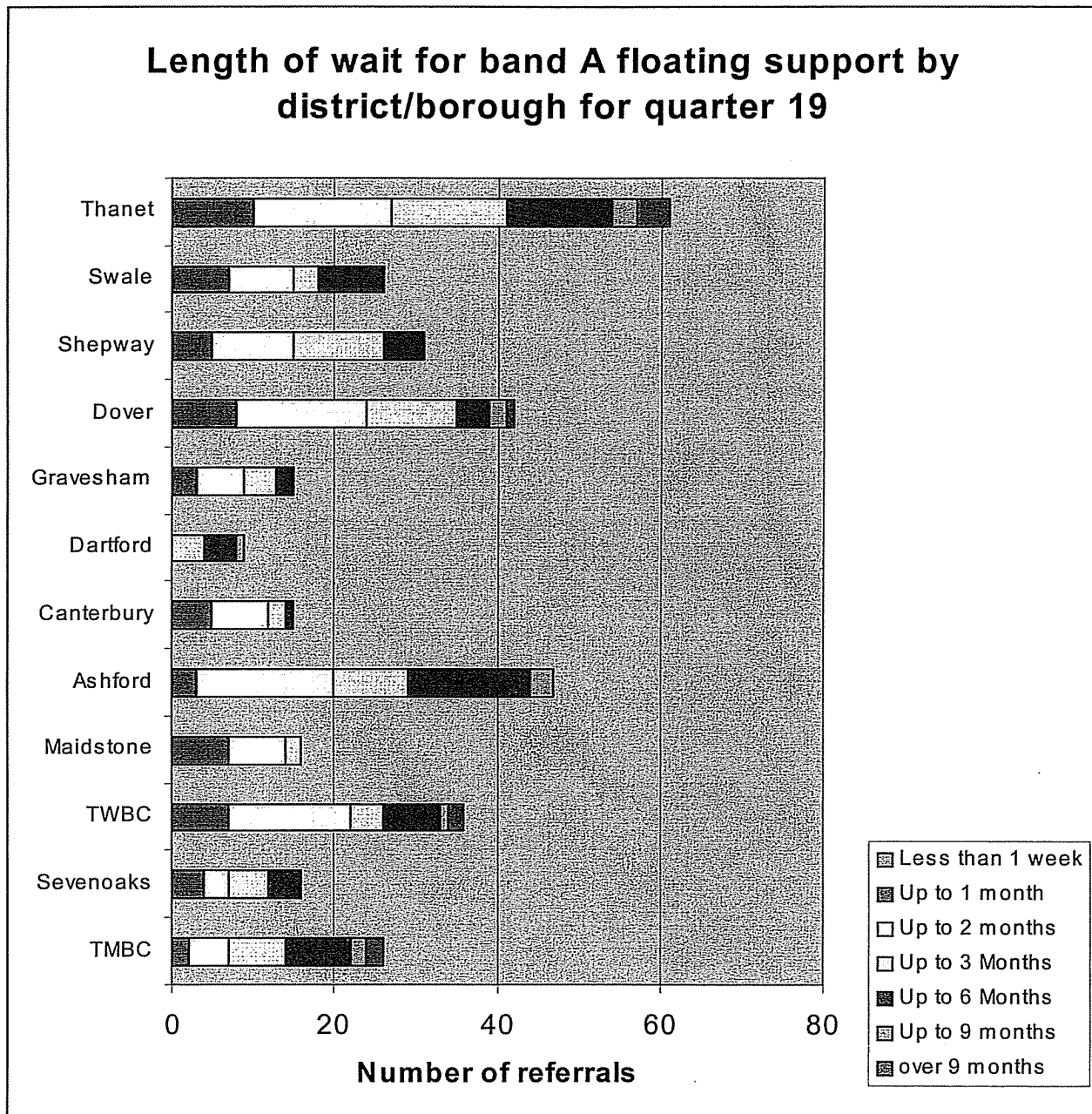
Appendix 3 cont'd

Source Data for Bar chart: Length of wait for Band A floating support by district at close of Quarter 19

District	Less than 1 week	Up to 1 month	Up to 2 months	Up to 3 months	Up to 6 months	Up 9 months	Over 9 months	Grand Total
Thanet	-	10	17	14	13	3	4	61
Swale	-	7	8	3	8	-	-	26
Shepway	-	5	10	11	5	-	-	31
Dover	-	8	16	11	4	2	1	42
Gravesham	-	3	6	4	2	-	-	15
Dartford	-	-	-	4	4	1	-	9
Canterbury	-	5	7	2	1	-	-	15
Ashford	-	3	17	9	15	3	-	47
Maidstone	-	7	7	2	-	-	-	16
TWBC	-	7	15	4	7	1	2	36
Sevenoaks	-	4	3	5	4	-	-	16
TMBC	-	2	5	7	8	2	2	26
Grand Total	-	61	111	76	71	12	9	340

Appendix 3 continued

Bar chart: Length of Wait for Band A Floating Support by District at close of Quarter 19



REPORT

By: Caroline Highwood – Director of Resources, Adult Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Response to the Audit Commission Inspection Report

Classification: Unrestricted

For Decision

Summary: This report gives information regarding the response of the administering authority to the Audit Commission report on the inspection of the Supporting People Programme in September 2007.

1.0 Introduction

The Kent Supporting People Programme was inspected by the Audit Commission in September 2007. The Audit Commission's report into its findings and recommendations was published on its website in December 2007. As the Administering Authority, Kent County Council was invited to return a one-and-a-half page response to this report by 29 January 2008.

2.0 Writing the Response

In order to ensure that the response to the Audit Commission fully reflected the views of the programme's partners, an extraordinary meeting of the Core Strategy Development Group was convened on 15 January 2007. Members of the Commissioning Body were also invited to attend. The meeting was well supported and a wealth of ideas about how the recommendations could be addressed was discussed. These discussions formed the basis of a draft action plan upon which the response to the Commission was based (Appendix Two)

3.0 Future Work

The support of the governing bodies of the programme is sought in developing and implementing the draft action plan and delivering the Audit Commission's recommendations to the people of Kent. At its meeting in February, the Core Strategy Development Group asked that the action plan be updated with target dates and these are reflected in the revised draft plan attached in Appendix One.

4.0 Conclusion

The Kent Supporting People Programme has responded to the Audit Commission's report and outlined the steps it intends to take improve the programme still further. The Supporting People Team consider that the grading of good with promising prospects should be seen as a success for the programme in Kent and compares very favourably when compared with like authorities particularly when taking into account the fact that the programme was reviewed at the end of the audit process during which the bar has been raised as the audit commission developed their understanding of the programme. Achieving the action plan will require the continued support of the both the Core Strategy Development Group and Commissioning Body.

5.0 Equality Impact Assessment

An initial screening of this decision indicates that equality impact is low.

6.0 Financial Impact Assessment

There is no anticipated financial impact of the information given in this report.

7.0 Recommendation

The Commissioning Body is asked to

- (i) note the contents of the response to the Audit Commission
- (ii) agree to support the delivery of the action plan and therefore the Audit Commission's recommendations.
- (iii) that the Supporting People Team report to the Commissioning Body on a quarterly basis on the progress against the targets.

Melanie Anthony
Performance and Review Manager

Tel: 01622 694937

Background Information: Audit Commission Report of the Inspection of Supporting People Programme in Kent

Appendix 1: Action Plan from Extraordinary Meeting of the Core Strategy Development Group 15 January 2008

Appendix 2: Response to the Audit Commission's report

**Appendix 1 Draft Action Plan from Extraordinary Meeting of the Core Strategy Development Group
Meeting 15 January 2008 – Amended following CSDG 12 February 2008**

Recommendation 1	Aim	Action	Lead SP Officer	Target Date
Strengthen the strategic approach to Supporting People by:	Further needs assessments of needs of Gypsy and Travellers, BME groups, refugees and people living with HIV/Aids	Continuing to enhance work through the County wide Gypsy and Travellers group which Supporting People attends and the Director of Resources chairs.	Ute Vann	21 April 08
	Refreshing the Five-Year Strategy to identify future priorities and show how the needs of BME and other hard to reach groups will be met.	Focus groups need to be instigated to ensure that all the relevant agencies are identified	Jo Pannell	March 08
	Ensuring that the revised Five-Year Strategy fully reflects the priorities and needs of the partners and key stakeholders, including the new PCTs and service users	Supporting People will produce a Strategy map on how all the relevant Strategies link with each other	Jo Pannell	June 08
		A consultation event will be held on the Five-Year Strategy refresh – plenty of notice will be given to our key stakeholders and partners prior to the event to ensure maximum attendance. Key people who have the ability to make decisions will be invited (possibly elected members?)	Jo Pannell	Nov 08
	Developing a county wide move-on strategy in partnership with service providers and other partners.	JPPB sub group to develop and market a County wide move-on Strategy	Ute Vann	June 08
The issues involved with the private sector will be mapped out in a one-off meeting		Jo Pannell	Sept 08	

Recommendation 2	Aim	Action	Lead SP Officer	Target Date
Improve performance management and governance of the programme by:	Establishing a suite of performance indicators which allow managers and governance bodies to measure the impact of the programme in terms of benefits for the service user and the wider community	Quantitative measures are needed to show levels and areas of social inclusion and Qualitative need to show numbers of people receiving a service.	Mel Anthony	June 08
		Questionnaires and surveys used to test client satisfaction levels with their service will be fed into performance management reports	Kevin Prior/ Melanie Anthony	June 08
		A programme of training sessions will be offered to providers to complete the Outcomes returns to St Andrews	Mel Anthony	December 08
	Giving performance management a higher profile within governance meeting agendas	Performance management reports now appear first on the agenda of Core Strategy Development Group and Commissioning Body	Mel Anthony	COMPLETE
		Induction packs for new members of the CSDG and CB will be produced	Mel Anthony	June 08
	Ensuring that all members of the governance bodies are provided with comprehensive guidance and induction	The Supporting People Team will be available to talk through any issues that remain unclear	Claire Martin	On going
		The induction packs will be sent to all portfolio holders and will be on the website to down load	Mel Anthony	September 08
	Continuing to involve the wider body of elected members in the development of the programme	Six monthly reports will be presented to The Adult Services Policy Overview Committee	Claire Martin	April 08 Nov 08
	Ensuring that all plans clearly set out the expected impact and outcome of each proposed action	A glossary will be inserted at the front of all future CSDG and CB papers	Mel Anthony	COMPLETE

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Recommendation 3	Aim	Action	Lead SP Officer	Target Date
<p>Improve the approach to Value for Money by:</p>	<p>Working with other SP partnerships to develop further benchmarking and ensure more in-depth and meaningful comparative analysis</p>	<p>Kent will continue to work with its cross – authority partners to improve upon the benchmarking work already done together</p>	<p>Kevin Prior</p>	<p>June 08</p>
	<p>Ensuring that the financial impact of all decisions taken in relation to the programme is clearly set out in Commissioning Body reports</p>	<p>Benchmarking amongst providers against cost and quality will become part of performance reporting</p>	<p>Mel Anthony</p>	<p>June 08</p>
	<p>Developing robust performance reports which clearly draw attention to costs and efficiency savings</p>	<p>Financial impact assessment is a standard item on all reports to Commissioning Body</p>	<p>Mel Anthony</p>	<p>COMPLETE</p>
		<p>This will be incorporated within the Five-Year Strategy</p>	<p>Jo Pannell</p>	<p>March 09</p>
		<p>Report template to be amended</p>	<p>Mel Anthony</p>	<p>June 08</p>

Recommendation 4	Aim	Action	Lead SP Officer	Target Date
Service user involvement by:	Developing a service user involvement strategy which includes clear measurable outcomes in consultation with users and advocates	The strategy is to be redeveloped	Jo Pannell	Sept 08
		Partners will support and assist the Supporting People Team to use existing service user consultation groups to reach a wide and varied target audience, appropriate to the task in hand.	Jo Pannell	Sept 08
		The Supporting People Team will have exact questions they wish to ask service users	Jo Pannell	Sept 08
	Carefully planning all major public consultation exercises	Communication planning, agreed at CSDG and CB is a standard part of all consultation exercises	Claire Martin	Ongoing
		The Supporting People Team will tailor all events to the needs of the respective client groups being consulted with and ensure clarity about what we want to know	Claire Martin	Ongoing
	Ensuring that service users have an opportunity to influence decision making and participate in governance, performance management and procurement	Partners will support and assist the Supporting People Team to use existing service user consultation groups to reach a wide and varied target audience, appropriate to the task in hand	Jo Pannell	Sept 08
		The Supporting People Team will use existing mechanisms, local forums and house meetings	Jo Pannell	Sept 08

Recommendation 5	Aim	Action	Lead SP Officer	Target Date
<p>Improve access and information in relation to the Supporting People programme by:</p>	Ensuring that no providers apply restrictive access and referral arrangements and that all comply with the Programme's agreed reconnection policy	The county reconnection policy will be monitored and findings reported to CSDG and CB. Contract monitoring will include an examination of compliance	Ute Vann	Nov 08
	Ensuring that frontline staff employed by the partners provide a consistent and informed approach to the Programme	Partners will support the Programme by utilising the Supporting People packs for induction of new staff	Mel Anthony	September 08
		Partners will continue to utilise local Monitoring and Review (M & R) Officer as a training resource.	M & R Officers	Ongoing
		Partners will alert the team of any shortfall of knowledge they discover during the course of their work	M & R Officers	Ongoing
	Undertaking mystery shopping of all telephone and frontline access points to the programme across the county and taking steps to address any shortfalls in performance	Programme will enlist the help of other Supporting People partnerships to mutually test frontline access points	Mel Anthony	May 08
		Providers to test their own reception areas and access points for information and knowledge among staff of the Supporting People programme in Kent	M & R Officers	June 08
	Ensuring that all documents are printed with the relevant translation straplines Providing clear information to providers about financial incentives available to encourage improvement Making hard copies of the local services directory available at all key access points	All leaflets now include the translation straplines	Ute Vann	COMPLETE
		Revise handbooks, webpages	Kevin Prior	September 08
		Produce publicity material detailing availability of service directory details on the web site e.g. coasters	Mel Anthony	May 08

Appendix 2 Response to the Audit Commission Report

**Adult Services Directorate
Brenchley House
123-135 Week Street
Maidstone
Kent ME14 1RF
Tel: 01622 694888
Fax: 01622 694910
Ask for Oliver Mills**

Date: 29 January 2008

Dear Pam

KENT COUNTY COUNCIL'S RESPONSE TO THE AUDIT COMMISSION REPORT

The Council are pleased that the strengths of leadership and partnership have been recognised and that the Audit Commission has judged that our prospects for improvement are promising. We feel that the action plan arising from the inspection will further strengthen the service.

The Programme's partners have been involved in developing the action plan and are keen to oversee its implementation.

There is a detailed action plan in response to the Audit Commission recommendations, and this is summarised below.

- We will strengthen the strategic approach by refreshing the 5 Year Strategy, in full consultation with partners and service users. To do this we will also use existing groups and forums to ensure that we have addressed detailed service points identified in the report.
- We will improve performance management and governance by assisting key stakeholders to develop a sense of ownership. We will develop the performance reporting arrangements, giving greater priority to these at meetings of the Commissioning Body. New stakeholders, and other interested parties will be assisted to develop their understanding of the programme by the provision of a glossary at all meetings and a structured induction pack.
- We will improve the approach to value for money, working within the Cross Authority Group to refine benchmarking processes for better assessment of local services. All future strategic reviews will explore value for money as well as the services. As new or revised services are commissioned the implications of cost and quality will be reported to the Commissioning Body. The actions on performance and governance will also strengthen the value for money approach.
- We will improve service user involvement by developing relationships with existing consultative groups and forums. Service user involvement in contract specification, monitoring and review will be further developed. We will explore how service users may feel better empowered to give constructive feedback. All future consultations will be fully planned and agreed in advance by both the Core Strategy Development Group and the Commissioning Body.
- We will improve access and information with a focus on better induction and training for frontline staff. All information and handbooks will be reviewed to ensure clarity and to enable providers to understand and benefit from existing financial incentives for enhanced performance. We will explore the opportunity to undertake structured mystery shopping exercises with

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neighbouring Supporting People programmes, so that the results may be used to inform progress. The Commissioning Body has now agreed the local connection and reconnection policy, and further work has been put in hand to enable this to function fully.

The detailed action plan will be discussed and agreed at the next available meeting of the Commissioning Body in March 2008. Its implementation will then form a part of the overall performance management reporting arrangements to that Body.

Yours sincerely

Oliver Mills
Managing Director
Kent Adult Social Services
Copy to: Claire Martin, Head of Kent Supporting People Team
Oliver Mills, Managing Director
Caroline Highwood, Director, Resources
Melanie Anthony, Performance and Review Manager

Oliver Mills
Managing Director

Please note: Any information provided in this letter about a client may be disclosed to that client unless indicated otherwise

REPORT

By: Caroline Highwood – Director of Resources, Adult Social Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Budget & Growth

Classification: Unrestricted

For Information

Summary: An Update on the 5 year Finance Planning from April 2008 to March 2014

1.0 Introduction

Following the notification of grant allocations from the Department of Communities and Local Government (DCLG), the Supporting People Team has revised their 5-year forecast. Previous indications were that the implementation of the proposed Supporting People Distribution Formula could have resulted in a reduction in funding from £32 million to £28 million over a period of time. However the indicative figures for the current Comprehensive Spending Review period indicate that Kent will receive £32 million in each of the next three years.

Subsequent grant funding may be dependent on the Outcomes information that Supporting People providers send to the University of St Andrews. The University of St Andrews is the agent for the DCLG for client record forms (indicating the number of people using the service), and Outcomes (data indicating the success or otherwise for service users of the Programme's interventions).

The Commissioning Body will be aware that the Programme has accumulated a considerable amount of savings. The Commissioning Body will be asked to make decisions about spending the accumulated savings over the next three financial years. The most significant of these is the proposed increase in

floating support services for a fixed period of 2 years. The proposals are outlined in this report.

2.0 Inflationary Uplift

Provision will be made for future years' inflation uplifts; subject to final confirmation by the Commissioning Body, year on year.

3.0 Accommodation Based Services

The strategic review of short-term supported housing in conjunction with needs analysis identified services that should be included in bids to the Housing Corporation for grant funding. Originally financial forecasting had factored these services into the 5-year plan as commencing in the financial year 2010/11.

These services are:-

- Young People at Risk in Sevenoaks, Tunbridge Wells & Sevenoaks
- People with Mental Health Problems in Ashford and Tunbridge & Malling
- Women Fleeing Domestic Violence in Sevenoaks/Tonbridge & Malling Areas
- Misusing Alcohol in West Kent
- Teenage Parents in Maidstone

The Core Strategy Development Group has recommended to the Commissioning Body that the Programme funds Floating Support services to these service users until the accommodation services can be commissioned. The identified funding reserved for accommodation services would be converted into a proportion of 313 floating support units.

4.0 Floating Support Waiting List for B & C Banding

The Kent Supporting People Team inherited a number of Floating Support clients banded on 'B' & 'C' Grades. Because of the influx of those on an 'A' band we have been unable to allocate these service users to a service.

At the last Commissioning Body it was agreed that funding could be made available for 3 months to assist in clearing the waiting list for those listed on the 'B' & 'C' bands. The Supporting People Team have asked the Commissioning Body members to extend this funding so that potential service users can receive the service for up to the agreed two years duration of service.

5.0 Floating Support Waiting List for A Banding

Due to extensive advertising of the Supporting People Floating Support Service the referrals for Floating Support services has far exceeded the availability of units. To assist in clearing the waiting list the Supporting People Team asked the Core Strategy Development Group to recommend to the Commissioning Body that additional funding from savings is applied to Floating Support Services for the next two years. It is anticipated that this will considerably contribute to the reduction in waiting times for those in Band A.

6.0 Home Improvement Agencies Handyperson Services in West Kent

It is anticipated that the East Kent and Coastal Primary Care Trust will be funding Handyperson services within east Kent over the next three years. It is proposed that the Supporting People Programme match funds Handyperson services in West Kent over the next three years. This has been an identified gap in services, and will assist older people, and disabled people in maintaining their housing, and therefore their independence. This is a key priority for housing, health, and adult social services, as well as Supporting People.

7.0 Service User Involvement

The Supporting People programme has been investing in enabling Service Users to access qualifications and is paying for two ex-Service Users to be involved in the monitoring and review of services. The funding for the above services have been met for the last two years from the Administration grant. Due to the reduction in the administration grant from April 2008, the Supporting People Team requests that a recommendation is made by the Core Strategy Development Group that this funding is incorporated into the main grant.

8.0 Equality Impact Assessment

This will form part of the Project Plan

9.0 Financial Impact Assessment

The cumulative value of these recommendations is likely to be within the region of £4m in 2008/09. This is affordable within current assumptions.

10.0 Conclusion

Now that we have greater certainty of funding levels for the next 3 years of the programme, it is appropriate that the Programme utilises the savings that have been accumulated in order to further enhance the services that have already been commissioned over the last year or so. The savings can only be spent once and therefore floating support will need to be expanded, and then contracted as the accumulated savings reduce assuming no future increases in grant.

11.0 Recommendation

- i) Additional floating support is commissioned to impact on waiting lists in the A, B, and C Bands.
- ii) A Handyperson scheme should be provided within West Kent
- iii) That the funding identified for accommodation-based services should be tendered for as floating support and converted into accommodation-based services as the services come on stream.
- iv) That service user qualifications and involvement in monitoring and review should be funded via the main grant.
- v) That an approximate figure of just over £4 million is applied to achieving this in 2008/09, and subsequently in 2009/10. This is subject to tendering and further financial scoping of the recommendations.

Members of the Commissioning Body will note that these recommendations and the figures given in Appendix One do not include the impact of the one-off bid referred to in the report tabled later in this agenda under item 11

The Commissioning Body is asked to agree the above proposals.

Claire Martin
Head of Supporting People
01622 221179

Andrea Coleman
Senior Finance and IT Officer
01622 694877

Wk PC T be approved to

Amended

Appendix 1: Budget and Growth Five-Year Forecast

Appendix 1: Budget and Growth Five Year Forecast

**Appendix 1 Budget and Growth
Supporting People 5 Year Forecast**

	2008/09	2009/10	2010/11	2011/12	2012/2013	2013/2014
Grant '000'	32,025	32,025	32,025	32,025	32,025	32,025
Contract Commitments	29,596	34,277	35,134	33,004	33,829	34,675
* Inflationary Uplift	30,188	35,134	36,012	33,829	34,675	35,369
Service Development Funding	4,089		-3,008			
Annual Total	34,277	35,134	33,004	33,829	34,675	35,369
Balance (Expected Grant less Expected Spend)	-2,252	-3,109	-979	-1,804	-2,650	-3,344
Achieved Savings B/F	8,776	6,524	3,415	2,436	632	-2,018
Saving	6,524	3,415	2,436	632	-2,018	-5,362

* Future Rates of increase to be agreed by Commissioning Body

REPORT

By: Caroline Highwood – Director of Resources, Adult Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Local Area Agreement 2

Classification: Unrestricted

For Information

Summary: **This report gives information regarding the involvement of the Kent Supporting People Programme in the second Local Area Agreement and asks the Core Strategy Development Group to recommend a target to be set for the programme.**

1.0 Introduction

The Kent Supporting People Programme has been included in the first Local Area Agreement and Public Service agreement and has successfully met its target. The next Local Area Agreement (LAA2) is currently being agreed and the programme once again has the opportunity to contribute.

2.0 National Context

The new Performance Framework for Local Authorities and Local Authority Partnerships sets out the single set of 198 national indicators which will underpin performance measurement in local government in the future. <http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

3.0 Making the agreement

In each area, the Local Area Agreements will include up to 35 of the 198 national indicators. In Kent, the Kent Partnership Board is responsible for

negotiating the LAA2 targets. The 35 indicators have been agreed with the Government Office for the South East (GOSE) and are available on the Kent Partnership website

<http://www.kentpartnership.org.uk/documents/summary%20of%20provisionally%20agreed%20indicators%2011108.doc>

The targets to be achieved against each of the 35 indicators must now be devised and agreed with GOSE by 31 March. It is anticipated that the Agreement will be signed by Ministers in June 2008.

4.0 Indicator Definition

The Supporting People National Indicator (NI)

NI 141 Number of vulnerable people achieving independent living

has been included in the new agreement. The indicator measures the number of people who have moved on from short term supported accommodation in a planned way, as a percentage of all service users that have left such a service. This data is already collected via quarterly workbook returns and is reported to Communities and Local Government as Key Performance Indicator 2 (KPI2).

Further technical definition of NI 141 is contained within Appendix Two.

This indicator differs from that set in the previous LAA, which included planned move on from floating support services. The Commissioning Body will note that move-on from floating support services is excluded from this indicator in LAA2.

5.0 Target Setting

As supporting partners, the Core Strategy Development Group, Kent Housing Group and the Commissioning Body are asked to put forward a stretch target for this indicator for negotiation with GOSE.

As the nature of these indicators in LAA and LAA2 differ, there is no direct relationship between the two and it should not be anticipated that such an exceptional stretch in the number of move-ons across the county in LAA1, could be achieved on the new indicator in LAA2.

Table 1 shows the KPI 2 figures for that last full year of data available. A baseline for KPI 2 can be calculated as an average of 65.7%. It is reasonable to suppose that a stretch of 5% can be achieved over the three-year period of the next LAA, though the Core Strategy Development Group acknowledged that this target will present challenges to the partnership in the current housing climate.

Table 1
Baseline Data for KPI 2 for 2006/07

Quarter	Overall KPI2
2006/07 Q16	65.3%
2006/07 Q15	66.7%
2006/07 Q14	63.3%
2006/07 Q13	67.6%

However, it is worthy of note that because NI 141 reports on accommodation-based services, the percentages of successful move-ons is affected by the capacity of such services. For example, in a small service of 4 units one less person moving on successfully will affect the percentage by 25%. In accommodation-based services, smaller capacity services are more common than floating support services.

There are a number of factors, which will support the achievement of stretched targets. These are the commissioning of new short-term services such as the Outreach, Resettlement and Rough Sleepers service, the finalisation of an agreement on a countywide Reconnection Policy and the grant allocation and subsequent indicative grant allocations from the department of Communities and Local Government (CLG) for the coming three-year period.

6.0 Equality Impact Assessment

An initial screening of this decision indicates that equality impact is low.

7.0 Financial Impact Assessment

There is no anticipated financial impact of this decision.

8.0 Conclusion

The governance bodies of the Supporting People programme in Kent has a role to play in recommending stretch targets for LAA2 on NI 141 for negotiation with GOSE. The programme has performed exceptionally well in the first LAA by improving its processes, promoting close partnership working and tackling barriers to improvement. The focus of the indicator chosen for LAA2 has changed and now excludes floating support services. It is possible that an increase of 5% can be achieved in the number of services users who have moved on in a planned way from short term accommodation based services, as a percentage of total service users who have left such services and therefore that

a percentage of 71% can be achieved. In its February meeting, the Core Strategy Development Group recommended this stretch target to the Commissioning Body.

9.0 Recommendation

Following the recommendation of the Core Strategy Development Group, the Commissioning Body is asked to agree that the target negotiated with GOSE on National Improvement Indicator 141 is a 5% stretch applied to available baseline data .

Melanie Anthony
Performance and Review Manager

Tel: 01622 694937

Background Information: None

Appendix 1: Technical Definition of National Improvement Indicator 141

Appendix 1 Technical Definition of National Improvement Indicator 141

NI 141: Number of vulnerable people achieving independent living			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	The aim is to measure the extent to which housing related support (Supporting People) helps people move on in a planned way to more independent living		
Definition	<p>The indicator measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a percentage of total service users who have left the service.</p> <p>The indicator applies to the following types of accommodation based services;</p> <ul style="list-style-type: none"> • Short term based accommodation services (less than 2 years) • Direct access accommodation (where the intended length of stay is less than a month) <p>Also how outreach services are able to support people to move onto more settled accommodation;</p> <ul style="list-style-type: none"> • Moving rough sleepers into hostels; or • Supporting service users to move on from unstable accommodation into supported housing or permanent housing. Unstable accommodation can include sleeping on friends floors staying in overcrowded accommodation, squatting, sleeping in care <p>This indicator does not include resettlement services as the outcomes for these services should be included under NI 142. This indicator defines a planned move to a more independent outcome that has been agreed with a service user as part of the support planning process. A more independent outcome may be linked to the provision of support. An independent outcome does not always have to involve a service user moving in to their own flat, it can involve a service user moving back with family provided that this outcome support the individual achieve greater independence.</p> <p>A 'planned move' could involve a move to the following</p> <ul style="list-style-type: none"> • A supported housing scheme • Permanent accommodation • Back to the service users family or • Other types of planned move <p>The indicator defines 'unplanned moves' as the following</p> <ul style="list-style-type: none"> • Abandonment • Disappearance • Evictions or departures due to a notice • Taken in to custody • Sleeping rough and • Other unplanned moves e.g. friend's floor 		

NI 141: Number of vulnerable people achieving independent living (continued)

Definition (continued)	<p>A move to the following options is not considered a move to more independent outcome and therefore is also defined as unplanned</p> <p>Acute psychiatric hospital A long stay hospital or hospice</p> <p>Deaths are excluded from the calculation apart from suicides which are counted as an unplanned outcome on the basis that support services are intended to prevent suicides. Where a household moves on, for instance woman with children moving on from a refuge or a family moving on from a homelessness hostel, only one outcome should be shown for each household.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where: x = the number who have moved on in a planned way to independent living; y = the total number of service users who have moved on.</p>		
Worked example	<p>A short term service has 100 service users, of which 20 depart during the quarter. Of these, 12 have moved on in a planned way to greater independence. The proportion who have moved on in a planned way is therefore:</p> $\left(\frac{12}{20}\right) * 100 = 60\%$	Good performance	<p>Good performance is typified by a high percentage</p>
Collection interval	<p>Quarterly (every February, May, August, November)</p>	Data Source	<p>Local authority. Data is obtained by the provider sending a quarterly return to the Administering Authority. All authorities then submit to CLG on a quarterly basis through the Supporting People Local System.</p>
Return Format	<p>Number for data items x and y</p>	Decimal Places	<p>Zero</p>
Reporting organisation	<p>Local authorities; Supporting People Teams</p>		
Spatial level	<p>Single tier and county council</p>		
Further Guidance	<p>www.spkweb.org.uk/subject/Quality and monitoring/Performance framework/</p>		

REPORT

By: Caroline Highwood – Director of Resources, Adult Social Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Service Specification for Community Alarm Services

Classification: Unrestricted

For Information

Summary: This report asks the Commissioning Body to open discussions around the Service Specification for Community Alarms.

1.0 Introduction

At the Commissioning Body meeting held on the 10 September 2007 it was agreed that the Team would carry out a market testing exercise on the current community/social alarms services for older people across the county.

2.0 Consultation

In order to facilitate this process, a consultative group consisting of local Emerging Role of Sheltered Housing (EroSH) members was formed to aid discussion and comment. This group met on three occasions to assist putting together the Alarm Service Specification attached at Appendix 1.

Service user consultation on the specification began in October 2007 and concluded on 31 January 2008. There were no significant comments against the proposed specification with the majority of comments concerning the current length of time to answer the alarm call.

3.0 Market Testing

The Supporting People Team have been unable to gain a true understanding of the appropriate costs for the provision of a basic alarm, a call centre response and the provision of maintenance for the unit. There are differences in operation across the County, and lack of clarity as to what is included in the current costs funded by Supporting People (for example the nature of the actual response, and whether maintenance costs are included or excluded). This means that a more in depth analysis of the position is required before steps can be put in place to meet the Commissioning Body's aspiration, and to achieve the proposed revisions to the service.

4.0 Conclusions

The Core Strategy Development Group requested that the Supporting People Team write to those providers who did not respond to the initial market-testing questionnaire, underlining the significance of this process to meet the Commissioning Body's aims. Further negotiations must be undertaken with providers to better understand and isolate the true cost of alarm provision. This is not to make any change to any services currently relied upon by current recipients. It will however allow clarity for future provision and for the SP programme only to pay for legitimate costs of providing a community alarm. The original aspiration did include the view that any excess funding would be ring-fenced and reinvested to provide wider access to community alarms.

5.0 Recommendations

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

Kevin Prior
Procurement & Commissioning Manager
01622 696198

Background Information:

None

**Appendix One: Alarm Service Specification for the Provision of A
Community Alarm Service**
Appendix Two: Those who attended ERoSH discussion groups

SERVICE SPECIFICATION FOR THE PROVISION OF A COMMUNITY ALARM SERVICE

The specification describes the Service to be delivered under the Steady State Contract for Provision of Supporting People Services.

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

(Kent Five Year Supporting People Strategy 2005-10)

1. Introduction

The Kent County Council Supporting People Team is charged with the commissioning and procurement of alarm services throughout the county. At the present time, provision is variable and price varies considerably. The Supporting People Team would wish to make the delivery and price of the provision of alarm services far more explicit whilst attempting to achieve consistency throughout the county.

It should be clearly stated that these service specifications do not include a physical presence response. Community Alarm Service provision does not include payments for physical attendance to individuals and should be limited to advice, help and support given remotely.

2. Facility

- 2.1 The Supporting People Team is seeking to purchase a monitoring service (or a number of monitoring services) for existing community alarm services. This service will be required on a 24-hour basis for every day of the contract.
- 2.2 Additionally we would wish to purchase regular testing arrangements of the individual alarm units in line with standard TSA requirements.
- 2.3 It is expected that the monitoring service provider would have a good knowledge and level of understanding of community/health/social care support services in the local area where the accommodation exists, including the voluntary sector, and that this knowledge is used to provide effective telephone response and support to individual clients and their families.
- 2.4 Any additional services to be provided must be fully described and priced.
- 2.5 In cases where the monitoring service provider is also the provider of the physical alarm equipment, the alarm equipment should meet the technical requirements of a Telecare service. If this is not the case, the equipment provider will make every effort to upgrade equipment or, in the case of hardwired provision, provide an appropriate dispersed system that can link to a Telecare service should the service user be assessed as requiring a Telecare Service by KCC Adult Services.

3. Social Alarm Call Handling – Quality Requirements

- 3.1 The Supporting People Team requires that the service meets the standards of the prescribed contract monitoring and review tool, namely the Quality Assessment Framework (QAF) Lite. This monitoring tool is specifically designed for use with community alarm services.
- 3.2 In addition, providers must be accredited with part 1 of the Telecare Services Association (TSA) Code of Practice at the outset of the contract.
- 3.3 The supplier shall have in place a quality management system to ensure internal control of quality and consistency of practice. Contractors are required to describe the systems that they operate.

- 3.4 The supplier shall be committed to a process of continuous service improvement. Contractors are required to describe their service improvement plans and demonstrate their past performance in service improvement. This will include the maintenance of the TSA standards as set out above.

4. Call Handling Equipment

- 4.1 The supplier shall fulfil the call handling activities arising under this contract using appropriate call handling equipment.
- 4.2 All calls from social alarm and Telecare systems shall be received and managed on call handling equipment that is specifically designed to receive calls from such systems. Contractors shall provide details of the equipment that they have installed and the age of that equipment.
- The systems deployed by the contractor shall be compatible with the equipment utilised by the landlord. Details of these systems will be made available at a later date.
- 4.3 Contractors shall confirm that the call handling equipment that they use is able to correctly receive and decode messages transmitted from these systems, can correctly display the content of those messages to system operators and can correctly construct, encode and send messages to respond to those systems and remotely manage, configure and programme that equipment.
- 4.4 The landlord may reserve the right to change or augment its installed field equipment during the life of the contract, without an increase in unit monitoring costs or a decrease in key service quality indicators. It should be noted that certain Telecare and Telehealth products or services may affect the unit price. The landlord shall give the monitoring service reasonable notice of any such change in installed equipment types. Contractors shall certify:
- a) Their commitment to meet the customer's requirements.
 - b) The range of equipment that they are currently able to support on their call handling systems.
 - c) Their intention to develop their call handling systems to support all social alarm and Telecare products entering the UK market during the period of this contract.
- 4.5 The contractor shall operate and properly maintain call handling equipment with sufficient capacity to fulfil the requirements of the contract associated with this specification, in addition to any other work transacted via that call handling equipment.
- It is possible that the number of connections monitored under this contract may increase. Contractors are required to certify that
- a) they currently have sufficient system capacity within their call handling equipment.
 - b) they have the capacity to accommodate the landlord's expected levels of business growth without disruption to service quality.
- Each contractor shall certify the additional capacity that it is able to offer to the landlord/SP Team and the number of new connections that could be absorbed in any 12 month period.

5. Business Continuity Arrangements

- The contractor shall provide the specified services on a continuous basis during the periods specified.
- 5.1 The Supporting People Team wishes to assess the ability of the contractor to meet this requirement. Accordingly, contractors shall provide
- a) A description of the arrangements that they currently have in place for ensuring business continuity for their services.
 - b) A copy of the current risk assessments underpinning their business continuity planning.
 - c) A copy of their business continuity plan.

6. Data Ownership and Protection

- 6.1 All data transferred to the contractor at the start of the contract or arising as a result of the performance of the contract shall be and remain the property of the Supporting People Team and/or the landlord.

- 6.2.1 The contractor shall process such data on the Supporting People Team's behalf, shall facilitate timely access to that data and shall yield up all data to the Supporting People Team on termination of the contract.
- 6.3 All contractors shall confirm that their Data Notification with the Information Commissioner extends to cover such data processing activity and shall provide a copy of their current Data Notification.
- 6.4 The contractor shall operate appropriate systems to ensure that all data is protected from loss, corruption or misuse. Details of these systems shall be provided by all contractors. The contractor shall ensure that all of the data held within electronic systems operated by the contractor is retained for a period of at least 12 months from the date of creation, update or last access, whichever is most recent.
- 6.5.1 The contractor shall indemnify the Supporting People Team in respect of loss or corruption of its data. The contractor shall indemnify the customer in respect of any breach of Data Protection legislation arising from their own actions or those of their employees, servants or agents.

7. Data Integrity

- 7.1 The Supporting People Team recognises that the details of the personal circumstances of service users will change over time. The contractor will be committed to ensuring that its data is accurate, up to date and, where held on more than one system, internally consistent.
- 7.2 As a result of this contract, the landlord's data will be held within its own housing management system and the contractor's call handling systems and notifications of changes to data may be received by the landlord's staff or the contractor's staff. All contractors shall provide a:
 - a) Method statement for ensuring that relevant data, wherever received is updated in both systems on a timely basis.
 - b) Copy of their own procedure for ensuring that data entered by their staff is checked for accuracy
- 7.3 Data held in respect of individual service users should be checked for accuracy on at least an annual basis and matched with the landlord's records to ensure ongoing accuracy.

8. Data Coding

- 8.1 The contractor will agree a data coding scheme with the landlord to ensure that all of the landlord's data is entered and maintained in a consistent form that will support analysis of user and activity data in a manner that meets the business needs. The contractor shall operate the agreed data coding scheme.

9. Data Entry

- 9.1 Tendering parties are required to describe the arrangements that they will make for the creation and update of the landlord's service user and scheme records within the contractor's systems.

10. Call Handling

- 10.1 Contractors are required to provide a copy of their current call handling procedures and the training specification that they use to ensure that their staff are competent to provide the service that seek to provide.
- 10.2 The contractor shall provide a high quality service that is focussed on identifying and responding to the needs of individual service users in an appropriate and empathic manner.
- 10.3 The contractor shall ensure that calls are answered courteously, in the manner agreed for the landlord's service users, and with due regard to the caller's needs and concerns.
- 10.4 Where urgent or necessitous circumstances are known to exist, the contractor will ensure that appropriate action is taken in response to those circumstances.
- 10.5 Where urgent or necessitous circumstances arise, the contractor will ensure that service users receive suitable guidance and reassurance until such time as the circumstances are remedied and/or responsibility is passed to an appropriate other party.

- 10.6 Where an alarm call results in a service user being admitted to hospital, taken into care or otherwise displaced from their home, the contractor shall ensure that a written report is forwarded to the landlord immediately.
- 10.7 Where the calls history for an individual service user would suggest a deterioration in that individual's circumstances, the contractor shall forward a written report to the landlord without undue delay.
- 10.8 The customer wishes to provide services that are tailored to its own mission, values and business processes and are specific to the distinct needs of individuals and the service promises that they have received. Accordingly, the contractor will be required to demonstrate that it can operate multiple procedures within its call handling processes.
- 10.9 The landlord may support individuals with special communications requirements. The contractor will need to facilitate service to individuals who:
- a) Require to communicate in a language other than English
 - b) Have a hearing or speech impairment
 - c) Have a cognitive impairment
 - d) Have a visual impairment
 - e) Have some other special communications requirement
- The mechanisms used to communication with individuals with special needs shall deliver an independent, objective and auditable record of the information provided to and received from these individuals. Contractors shall provide method statement in respect of communication and service delivery for individuals with special communications needs.
- 10.10 The Supporting People Team and Kent County Council wishes to develop a range of customer-focussed Telecare services. The contractor will be required to work with KCC to develop and implement a number of application and user specific procedures in respect of these services.
- 10.11 The contractor will need to ensure that its staff can identify those individuals receiving specialist services which require the use of customised procedures and that staff follow the correct procedure for each customer and call circumstance. Contractors shall provide a method statement covering this requirement and demonstrate their ability to fulfil the requirement.
- 10.12 The contractor shall ensure that the landlord's staff (and Supporting People Team receive appropriate information on request) in respect of incidents occurring on the schemes in general and at the time when staff take a scheme onto local call handling. Such information should include details of emergencies and other circumstances dealt with and details of any service users about which there may be concerns.
- 10.13 The landlord may wish to demonstrate its services to potential customers and service users. The contractor shall facilitate and support such demonstrations by providing appropriate call handling services.

11. Handling Fire Alarm Calls

- 11.1 The landlord is required to undertake a fire risk assessment for each building and this document shall be both available for inspection within the scheme and its contents made available to the monitoring centre.
- 11.2 Signals from fire alarm systems or individual smoke detectors should be handled in accordance with the CFOA Model Agreement on Remotely Monitored Fire Alarms Systems. Test calls from fire alarm systems should be recorded but not passed to the Fire Brigade.
- 11.3 Signals from fire alarm systems or individual smoke detectors located outside the Fire Brigade area in which a Telecare Response Centre is located should be passed to the appropriate Fire Brigade.
- 11.4 When the all clear is given the monitoring centre should arrange for the system to be reset as necessary.

12. Proactive Outbound Calls

- 12.1 In certain circumstances, the landlord may require that the contractor place calls to all residents of selected sheltered housing schemes served by grouped alarm systems to provide those residents with important information. Contractors shall confirm their ability to make such calls to all residents within such a sheltered housing scheme.
- 12.2 As part of its development of specialist Telecare services, the landlord/Supporting People Team may require that calls be made to nominated individual service users on a regular time-scheduled basis. Such calls may be made for the purpose of obtaining information or providing an activity reminder to those individuals. Contractors shall confirm their ability to provide such a facility, provide a method statement for ensuring that such calls are placed at the required time and meet their required purpose and a pricing basis for such calls.
- 12.3 Similarly, the use of specialised equipment or need for specialist care may require referrals to specialised agencies, the customer or service user families. Contractors should provide a method statement or existing protocols with other agencies or customers for this service provision.

13. Access Control

- 13.1 Where sheltered schemes have door entry systems, the contractor will be required to determine and permit entry of individuals visiting that scheme during times when the customer's staff are not on duty on that scheme. Additionally, contractors will be required to maintain a record of all occasions when access was granted. The information to be captured in that record shall be agreed with the landlord. Contractors are required to provide a method statement for the management and recording of this activity.
- 13.2 Where remote electronically operated key safes are installed within the landlord's premises the contractor will be required to determine whether and when those key safes are unlocked and to whom such key access is provided. Based on information given by the landlord Contractors are required to provide a method statement for management and recording of this activity.
- 13.3 Where access to premises is facilitated via a numerical combination device the contractor will be required to hold details of that combination code within the premises / user record. In the event that access is required to premises utilising combination code systems, the contractor will be required to determine whether, when and to whom this code is given. Additionally, contractors will be required to maintain a record of all occasions when the combination code has been issued. The information to be captured shall be agreed with the landlord. Contractors are required to provide a method statement for management and recording of this activity.

14. Relocation of the Call Handling Facility

- 14.1 In the event that the contractor determines to relocate their call handling facility during the period of the contract, or any carry-over period following the initial expiry of the contract, the contractor shall bear the full costs of any reprogramming of the landlord's equipment arising from this event.
- 14.2 Should the contractor decide to use a call forwarding or redirection arrangement instead of reprogramming of equipment, the costs of this arrangement shall be borne by the contractor.
- 14.3 Any relocation of the call handling facility, other than as a result of force majeure, shall be discussed and agreed with the landlord prior to any internal decision to commit to that relocation.

15. Indirect Telephone Connections

- 15.1 Indirect telephone connection arrangements shall include any arrangement that results in a call from the landlord's equipment being routed to the contractor's call handling systems via a non-geographical numbering system, a call forwarding or call redirection system or least cost routing system.

- 15.2 In the event that the contractor wishes to utilise an indirect telephone connection facility, the landlord must be consulted prior to utilising such a facility. The customer will need to be assured of the:
- a) Capacity of the facility in respect of the number of simultaneous connections contacted and delivered via that facility
 - b) Reliability of that facility in respect of % availability and up-time
 - c) Acceptability of any delay to receipt of calls arising from routing calls via that facility
 - d) The impacts of any multiplex ratios, audio compression and digital / analogue conversion algorithms and frequency response characteristics associated with that facility on call quality in respect of speech intelligibility and dynamic range and the reliability of command and data transmission
 - e) The impacts of any additional end-to-end network latency arising from use of that facility and the impact of this on technical service quality and data / control signalling.
- For the purposes of assessment, comparison will be made with the relevant average achieved performance metric of the British Telecom UK telephone network.

16. Complaints

- 16.1 Should the contractor receive any complaint from one of the landlord's service users, or their representative, this shall be accurately recorded and promptly passed to the landlord for investigation.
- 16.2 In the event that the landlord/Supporting People Team receives a complaint about the performance of the service being provided by the contractor, the contractor shall co-operate fully and openly with the landlord/Supporting People Team to investigate the circumstances of that complaint and to identify the substance of the complaint, along with any with errors that took place and learning from that incident.

17. Key Performance Indicators & Management Information

- 17.1 The Supporting People Team shall measure performance of the contractor and the contract using a range of KPI's and performance management tools as set out in the Supporting People Contract.
- 17.2 The contractor shall provide the Landlord/Supporting People Team with regular management reports.
- 17.3 The Supporting People Team will specify the content of the above reports in discussion with the contractor. The Supporting People Team and/or contractor may identify additional reports that may further identify performance or issues.
- 17.4 Reports may be provided in printed or electronic format, as agreed between the Supporting People Team and the contractor.
- 17.5 Contractors shall complete the template using ACTUAL DATA for their organisation (over a specific time period), adding other KPI or information regularly reported.
- 17.6 Contractors should identify existing customers that they provide a similar range of information to for their specific data.

18. Contract Start Up

- 18.1 The Landlord/Supporting People Team will provide the contractor with details of each of the sheltered housing schemes to be monitored under the contract.
- 18.2 The Landlord will provide the contractor with details of each service user to be monitored under the contract.
- 18.3 Contractors are required to provide a detailed project plan for set up of the new service. This should include details of:
- Data transfer arrangements
 - Any recoding / reprogramming of equipment
 - Customer liaison arrangements
 - Client contractor liaison arrangements
 - Publicity arrangements
 - Information on service users

- Local information as regards services
- Information on landlord's procedures and scheme details
- ALL costs to be included in the pricing document

19. Out of Hours / Weekend Arrangements

- 19.1 Contractors should provide details of arrangements for providing the service outside normal office hours. This should include:
- Detailed staffing arrangements – specific numbers & escalation procedures in case of emergency.
 - With regard to KPI performance if Out of Hours service varies significantly from the overall averages.

20 Recent Audit & Inspection Outcomes

- 20.1 The contractor shall provide details of any inspection/review of its services carried out over the last 18 months (if prior to that the most recent – clearly dated).
- 20.2 The contractor should also provide results (only) of TSA, Audit Commission and Housing Corporation inspection of parent company.

21. Equipment Fault Reporting and Management Service

- 21.1 The Landlord requires a 24/7 service to receive reports of faults in its installed social alarm and telecare systems. This service shall receive reports of faults from service users or automated alerts from systems. Additionally, the service shall carry out regular remote equipment testing activities for identified installed systems.
- 21.2 When faults are reported or identified, the contractor shall seek to identify the cause of the fault and rectify it remotely with the service user. In the event that the fault cannot be remotely rectified, the contractor shall report the fault promptly to the relevant service organisation.
- 21.3 All faults shall be recorded in a form to be agreed with the Landlord/Supporting People Team. Such reports shall include the unique system identification, the nature of the fault, the date and time when it was identified, reported to the service organisation and resolved, the name of the service organisation and the reference number provided by the service organisation.

Assignment and Sub-Contracting

- 22.1 The contractor shall not assign the contract of which this specification forms part or sub-contract any element of the service without the customer's express written agreement.

Appendix Two

Those consulted as part of the EroSH group

Rose Ellison (Maidstone Housing Trust)
Wendy Brooker (Maidstone Housing Trust)
Stella Collins (Maidstone Housing Trust)
Sheila Corbett (Dartford Borough Council)
Wendy Turner (Invicta Telecare)
Clare Skidmore (Kent Telecare Project Team)
Dominic Buckley (Hanover Housing Association)
Lynsey Todd (Thanet Community Housing Association)
Tina Trinder (Thanet Community Housing Association)
Richard Robinson (Ashford Borough Council)
Jackie Reith (In Touch Support Ltd)
Phil Cross (In Touch Support Ltd)
Sonia Hicks (Invicta Telecare)
Liz Spilman (Sanctuary Housing)
Angela Vince

REPORT

By: Caroline Highwood – Director of Resources, Adult Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Growth Bid for Mental Health Scheme in Thanet

Classification: Unrestricted

For Decision

Summary: This report is concerned with a Private Finance Initiative (PFI) bid for a seven unit accommodation-based service in Thanet. The service is for people with a diagnosed mental health problem.

1.0 Introduction

Organisations that wish to access Supporting People funding should follow the process agreed by the Commissioning Body in September 2007. This requires the production of a business plan that clearly shows how the proposed service meets with strategic plans and will produce desired outcomes. The proposal should gain the support of a member of the Commissioning Body and should clearly set out the cost of the service.

The proposal is then submitted to the Supporting People Team for comment, before being passed to the Core Strategy Development Group for discussion with a view to a report going to the Commissioning Body for a funding decision.

2.0 Details of Bid

The Eastern and Coastal Directorate of the Kent and Medway NHS and Partnership Trust have compiled this bid which is supported by Thanet District Council.

This service comprises accommodation built using funding available under the Private Finance Initiative (PFI). The accommodation includes seven

independent units with one shared communal facility. The landlord is Housing 21, a Registered Social Landlord (RSL). The units are to be made available to tenants on 17th November 2008.

The service will provide specialist health & social care services and housing management as well as housing-related support. The RSL will provide the housing management, specialist staff will provide the health and social care and the contract for the housing-related support will be subject to tender by the Supporting People Team should it be decided that the bid will be funded.

The service is designed to provide long-term support with an expectation that tenants will move on where appropriate. Tenancies will be offered on an Assured Tenancy basis. The Supporting People Team wishes to make the comment that this appears therefore to be designed as long-term accommodation although some referrals will be received from people in hospital receiving acute services. The bid identifies that there is a “need to provide a level of supported accommodation for a complex and hard to move group of people.” (P7 Appendix One)

The bid identifies a broad range of strategies and a high demand for these services as explained fully in section 3 “Strategic Context” of the bid document. Thanet District Council’s housing strategy also mentions the East Kent Joint Policy Planning Board (EK JPPB) which is said to support developments such as this.

It is not possible for the Supporting People Team to comment on the amount of hours necessary for neither the housing-related support nor its cost. The price for similar accommodation-based services is benchmarked lower than the quoted price in this bid.

4.0 Service User Consultation

Any service user consultation will have been undertaken by the Partnership Trust although its nature is not set out within the bid documents.

5.0 Equality Impact Assessment

The Supporting People Team will undertake an Equality Impact Assessment as part of the work to tender for any provision of housing related support

6.0 Financial Impact Assessment

The costs of this service are based on seven tenants, each receiving 12.5 hours per week of housing related support at a guide price of £19.07 an hour. This

guide price is an estimate and not a price agreed by the Supporting People Team. The guide price of the bid amounts to approximately £87k p.a.

7.0 Conclusions

This bid has followed the process set out for the commissioning of growth bids. It has the backing of a member of the Commissioning Body and meets a number of strategic plans and drivers. The price quoted is thought to be largely indicative if it is accepted that the amount of hours of housing related support needed is correct.

In order for the service to open by the target date of November 2008, a tender exercise would need to take place and be completed by September at the latest and preferably before that in order to recruit staff.

It should be noted that this bid forms a part of the wider PFI Better Homes Active Lives bid and agreement to fund this initiative should not be seen as an indication that any future PFI bids would automatically receive Supporting People funding.

The Core Strategy Development Group expressed concern that in funding this bid, a precedent for funding future PFI projects would be set. However, it was acknowledged that the remaining current PFI projects were entered into in the full knowledge that Supporting People funding was unlikely to be available. Any further bids would have to abide by the growth process agreed by the Commissioning Body in September 2007.

8.0 Recommendation

The Commissioning Body is asked to agree to this scheme being funded at a guide price of 87k per annum.

Kevin Prior
Procurement & Commissioning Manager
01622 696198

With contributions from
Ute Vann – Policy & Strategy Officer
Sue Scammel – Planning & Development Manager (Mental Health)

Appendix 1 – Growth Bid Template
Appendix 2 – “Horizons” Growth Bid

Appendix One

Supporting People Team

Growth Bid Template

All growth bids must be fully supported by a member of the Supporting People Commissioning Body detailing how the bid will meet their own strategic objectives and how this will support the SP Programme objectives. This should be attached as an appendix to this document.

Providers submitting a growth bid should provide information by means of the template below which sets out the business case. It should then be returned to the Supporting People Team.

1	Organisation Details	
1.1	Organisation name:	Kent & Medway NHS & Social Care Partnership Trust
1.2	Main address for correspondence:	Redesign Team Eastern & Coastal Area Offices Littlebourne Road Canterbury CT1 1AX
1.3	Registered Office: (If different from above)	–
1.4	Person applying on behalf of the Company or Consortium	Philippa Macdonald
1.5	Position in the Company:	Head of Service Redesign - working age adults
1.6	Telephone Number:	01227 865839
1.7	Fax Number:	01227 812332
1.8	Email Address:	Philipa.macdonald2@kmpt.nhs.uk
1.9	Website address:	http://www.kmpt.nhs.uk/ekmhr

1	Organisation Details	
		<u>edesign</u> <u>http://www.kmpt.nhs.uk/</u>
1.10	VAT Registration Number	654 4198 20
1.11	<p>Is your organisation a public limited company / limited company / a partnership / a sole trader / registered as an Industrial & Provident Society / has Charitable status / other:</p> <p>If a Charity please indicate if your organisation is:</p> <p>a)Unincorporated</p> <p>b)A Trust</p> <p>c)A Company</p>	
1.14	<p>Please state the registration number of your organisation</p> <p>Registered Charity no:</p> <p>Registered Company no:</p>	
1.17	Companies House Registration Number of parent company (if applicable)	

Purpose The purpose of the business case is to provide a full statement of reasons for the commissioning of a service. It should include all the topics below and must have the full backing of at least one member of the Commissioning Body.

Appendix Two

Supporting People Team Growth Bid

**for 'Horizons' -
A supported housing and recovery service**

Thanet Locality

Date: November 2007

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1. Summary of the Service

- 1.1. Mental Health Services within the Eastern and Coastal Directorate of the Kent and Medway NHS and Partnership Trust (KMPT), have been undergoing review and redesign since 2004. A new model has been proposed to deliver mental health services in the community, part of which includes the development of intensive supported housing for people with severe mental health problems. These are people who have traditionally been unable to sustain tenancies either at an independent level or within traditional supported accommodation, but do not require residential care. The service will provide Housing Management by Housing 21, Specialist Health and Social Care Services will be provided by KMPT and **the accommodation housing related support will be tendered by Kent County Council (KCC) Supporting People Scheme**. The East Kent local housing authorities, KCC and KMPT as the home organisation, have supported the development of this new service. They have committed to developing 33 units of accommodation across the directorate. The service for the purpose of this document will be referred to as Horizons.
- 1.2. Horizons is a whole systems service and will identify people across a range of services, (inpatient units, rehabilitation and residential placements) that are ready to move back into the local community. Horizons will provide this vulnerable group of people the opportunity to reintegrate with their communities with the level of support that they need to ensure that this is successful.
- 1.3. Each locality within the directorate will have staff employed by KMPT who will provide the specialist health and social care service for Horizons. The relevant Registered Social Landlord (RSL) will provide housing support, in the case of Thanet this will be Housing 21. It is also anticipated that there will be a housing related support provider who will be commissioned by KCC supporting people or its strategic partners. It is felt that 12.5 hours per unit per week, 52 weeks per year, of housing related support will be required at a

cost of £19.07 per hour. The following table clarifies the roles and responsibilities associated with housing management support, housing related support and specialist health and social care services.

a) Housing Management (All below are Housing Officer Functions)

1.	Ensuring tenants are aware of and fulfil their contractual commitments through tenancy (tenancy agreement and conditions)
2.	Establishing, issuing and enforcing tenancy agreement.
3.	Setting, collecting and accounting for rent and service charges i.e. ensuring housing benefit claims are made and rent paid.
4.	Organising health and safety checks i.e. gas and electrical equipment.
5.	Organising inspection, repair and improvement of the property.
6.	Upkeep of communal areas/gardens.
7.	Maintenance/repairs/replacement fixtures and fittings i.e. carpets/curtains/white goods/external repairs etc.

* These functions are all covered by Housing Benefit Eligible Rent Payments

b) Housing Related Support Services (Provided by Housing Related Support Provider)

1.	Develop an understanding of the landlord/tenant relationship in terms of rights and responsibilities of each party.
2.	Advice/Assistance in setting up utilities.
3.	Assisting tenants to purchase/set up utilities, change of address notification etc.
4.	Advice on maintaining the property in good condition and giving advice on reporting problems and repairs.
5.	Advice on understanding the tenant handbook.
6.	Provision of information about local community services and facilities that tenant can access.
7.	Initial guidance on personal safety and living independently.
8.	Guidance on safety and security of the dwelling – including awareness of neighbour nuisance and anti-social behaviour.
9.	Advice/guidance on alarm systems and key fob entry systems etc
10.	Environmental risk assessment as appropriate to the service user.
11.	Advice and guidance on how to make a complaint about the landlord and support services.
12.	Life skills, normally up to a maximum of 2 years.
13.	Empowering individuals to overcome the discrimination and stigma associated with mental health problems.
14.	Supervising/monitoring good mental health and medication
15.	Assistance to gain access to employment and training.
16.	Assistance to find move-on accommodation.

c) Specialist Health and Social Care Services (provided by Horizons)

1.	Person Centred Planning (CPA)
2.	Risk Assessment & Monitoring
3.	Management of self-harm and behaviour (includes anti-social behaviour).
4.	Medication Management – ensure taken/monitor effectiveness/monitor mental health state/monitor side effects.
5.	Psychological social intervention.
6.	Occupational Therapy/CBT
7.	Rehabilitation service input if required
8.	Issues relating to substance misuse.
9.	Personal Hygiene issues.
10.	Eating/Dietary Planning
11.	Monitor/facilitate general health care needs/health promotion.
12.	Facilitating and maintaining engagement with the community i.e. enabling access to leisure facilities, community services etc.
13.	Enabling access to volunteering, training/education and employment.
14.	Enabling daily living skills.
15.	Crisis Intervention.
16.	24 hour on call support.

1.4. In Thanet (George Culmer Court) there will be 7 units and an additional shared facility. The shared facility enables residents to have a communal area for meetings etc, access to an area where activities of daily living (ADL) can be assessed and developed, and a secure office space for service user files etc.

1.5. People accessing Horizons will be in receipt of secondary services at the enhanced CPA (care programme approach) level and will have a local connection with the district. This means that each person will have a care co-ordinator who will assess care needs, develop a care plan, implementation, ongoing monitoring and formalised review of care. The care co-ordinator in conjunction with the mental health team will also be responsible for ongoing assessment and management of risk. It is anticipated that care co-ordination will sit with the teams providing intensive health and social care support to Horizons, and that these teams will be a specialist function within the existing community teams. It is acknowledged that staff within the Horizon

project will have protected case work in line with the units and not be diluted by generic team responsibilities. It is also acknowledged that cover for annual leave and sickness, will be provided by the wider mental health team in that locality. It is proposed that the Team within the Horizons project will consist of 2 qualified mental health professionals (1WTE band 7, 1WTE band 5) and support staff (2 WTE band 3) per locality.

- 1.6. The aim of Horizons is to enable and empower people to maximise their level of functioning within their own home. As mentioned above needs including support needs are identified via CPA, the specialist team responds to their needs accordingly. The overall objective of Horizons is to monitor and support individuals in their own homes seven days per week, 52 weeks per year, with on call arrangements.

2. Evidence of Need

2.1. In the acute service approximately 20 plus patients at anyone time are identified as being a 'delayed discharge'. In essence this refers to people who are thought well enough to leave hospital but appropriate placements have yet to be found. These people often have complex needs and have traditionally been unable to sustain tenancies either at an independent level or within traditional supported accommodation. To identify this group a number of needs assessments were conducted. One such needs assessment was conducted utilising the data collated via patient census information: *Adult Mental Health Acute Inpatient Census December 2004; Rehabilitation Inpatient Census December 2004; Single Agency Assessment Data for the period June 2003 – December 2004 (Total 105 assessments with mental health as basis for need); Service Shortfalls identified by the Community Mental Health Teams; East Kent Continuing Care and Residential Care Placements Panel November 04-February 05*. Details of which are contained in annex 1. This indicated that there was a need to provide a level of supported accommodation for a complex and hard to move on group of people as mentioned earlier.

2.2.A further more recent need assessment completed by Kent Supporting People's team in November this year also highlighted the prevalence of people with severe mental health problems within the Eastern & Coastal Directorate locality. When compared against national data Thanet, Dover and Shepway all show high rates of suicide in males with Thanet equally high in rate of female suicides, indicating that these are areas of significant need. The Report also noted that people with mental health problems are the client group with the highest demand for services, this constituted from April – September 2007 17.9% of all referrals. Within this 16.9% were identified as having other multiple needs, 11.8% having substance misuse difficulties and 8.4% having physical/sensory difficulties. They too highlight the majority of people referred for supported housing was either in some form of temporary accommodation or in hospital. They concluded that more housing related support is needed for this vulnerable group. It is felt that housing related support services will be an important element of proposed community based alternatives to hospital. They also note that service users and their carers also highlight the need for more specialist supported housing for those with high levels of support needs, on a longer term basis than has traditionally been provided.

2.3.The Review of mental health services within the Eastern and Coastal Directorate of KMPT, have been ongoing since 2004. Part of this has been the restructuring of inpatient services and the development of specialist teams that will assist the move on of people deemed to be delayed discharge within existing services and intensive specialist support team to work with the most vulnerable group that will be accessing Horizons service. As this service is a whole systems approach, people who would benefit from the additional support provided, to ensure a successful transition to the community, will be identified from a variety of services such as inpatient, rehabilitation, and residential placements. This crucially fits with the vision set out in Kent's strategy for better active lives where empowerment of individuals to live independently and actively within their communities is seen as central to any service development.

3. Strategic Context

3.1. There have been a number of drivers both at a national and local level within health, adult services, supporting people and housing that all support the development of services such as Horizons. It is as a result fairly wide and complex. This section aims to outline the key drivers and legislative framework that relate to the Horizon service.

3.2. National Priorities: The National Service Framework for Mental Health (NSFMH) published in 1999 set out a vision for improving mental health services, at the heart of this was the provision of mental health services 24 hours a day, 7 days a week, reduction of suicide and improvement of outcomes enabling a better quality of life for service users, their families and the wider community. The NHS Plan set out a programme to promote the improvement of health and reduction of inequalities that are currently present. For mental health modernisation of services is critical. The emphasis placed on the development on services which provide 24 hour access to support with those with the most complex needs, and to ensure that these services are more responsive. It also promoted the joint working of agencies to provide a needs led service addressing inequalities, preventing unnecessary admissions and facilitating timely discharge. The Mental Health policy Implementation plan (DOH, 2000) also states that other services are critical to the mental health system such as a good range of residential services including specialist recovery based services. It also promotes a whole system approach including a full range of agencies and services that support the provision of high quality mental health services. The white paper Our Health Our Say (DOH, 2006) also sets out a new path for the health and social care system where a radical shift in the way services are delivered is described ensuring that they are more personalised and are more geared to promoting healthy lifestyles and independence rather than managing crisis's.

3.3. Local Priorities: Much of the redesign work that has been undertaken within KMPT is based on National Priorities some of which have been outlined above. Again, in line with such guidance, the organisation has used flexibilities granted to adapt these to local need whilst retaining the overall drive for modernisation and improved quality of care. Flexibilities set out in section 31 of the Health Act 1999 have been used to enable effective working partnerships to be established with Social Care. Visions and direction of service development for this vulnerable group is shared with a commitment to promote recovery, social inclusion and reduce the avoidable use of hospital beds. It is acknowledged that this can only be achieved through partnership working with other agencies. The Vision for Kent is Kent's community strategy (a cross service vision over 20 years) highlights improving health, care and wellbeing as being one of its key themes with its overriding vision emphasising the importance of community facilities in promoting healthy living and independence. The long term aims of this strategy are to ensure people receive the support they need to maintain their safety and independence within their local community. The Kent Local Area Agreement between KCC their partners and the Government Office of the South East acknowledges the importance of developing modern social and health care services that promote independent living. It has specific outcomes for improving the health of Kent's residents and reducing health inequalities and promoting independent living. This proposal supports the following targets from Kent's Public Service Agreement 2 with Central Government, *'To help Kent's most vulnerable adults, aged 16-64, to live independently and to reduce avoidable use of hospital beds'*. Active Lives, 2007-2016- The ten year vision for Kent Adult Social Services sets out the local strategic foundation which supports the development of this service. It sets out the direction for service development including: *'Empowering and supporting people in managing their own lives so they remain as independent and as active as possible. Seeking to expand the variety of places from which people and carers can access services, and providing a single point of contact. Ensuring people and carers access the right services in the right ways'*. Towards 2010 also sets out challenging targets to make Kent a better place for all. These include: *'Increase the number of people supported to live independently in their own homes.'*

Strengthen the support provided to people caring for relatives and friends. Work towards reducing the number of people benefit dependant through our Kent Supporting Independence Programme’.

3.4. Supporting People vision is working in partnership with others to provide high quality, cost effective and flexible housing related support services for the vulnerable people of Kent. These services promote independent living; facilitate social inclusion and maintain safety and security (Thanet District Council Housing Strategy 2006-2010, page 12). Housing related support also contributes to meeting of national targets and objectives set out in the NSFMH and Suicide Prevention Strategy and those set within Kent’s Toward 2010. In particular through improving mental health treatment for homeless people; preventing homelessness through appropriate, targeted health support; reducing emergency hospital admissions; provide more preventative services and ensuring stable homes for more vulnerable people; and improving quality of life, providing greater stability to deal with other issues and decreasing social exclusion. Supporting People also contributes to meeting provisions of the Disability Act 1995 and Disability Equality Duty as people with mental health problems need to be able to access health services and treatments on equal terms with other citizens. Other key documents and how this translates to supporting people are found in their Draft Report Updated Needs Analysis; Kent Supporting People Team; November 2007, pages 109 - 111.

3.5. The Mental Health Move – on Accommodation strategy was developed in partnership with Health, Social Services, East Kent Area local housing authorities, voluntary groups and users. This strategy identifies; *‘the need for extra care accommodation to address the delayed discharge from hospital. In 2004 the East Kent NHS Partnership Trust (now KMPT) completed a review of local mental health in patient services. The review concluded that more community based housing support was needed. Thanet District council is working in partnership with mental health review and redesign on inpatient services team via the JPPB (joint policy and planning board) to provide units of*

supported housing in Thanet. This will be developed as part of the Kent PFI bid....Thanet also supports the provision of an extra care move on facility in the Canterbury area to serve patients from the wider East Kent Triangle area. A Snapshot of need at March 2005 indicates 25 inpatients with no discharge address.' (Thanet District Council Housing Strategy 2006-2010, page 11).

3.6.As mentioned in the Thanet District Council housing strategy, the East Kent Joint Policy Planning Board for Housing (EK JPPB) now the JPPB (housing) supports and promotes interagency working, linking priorities with housing authorities and those of partner health and social care agencies and supports such developments.

3.7.Overall legislation, national and local direction empowers agencies such as KCC, KMPT, and housing to assess the need of individuals for extra care and supported housing. This is achieved via a joint assessment process that informs allocations panel. Potential tenants that have been assessed as requiring such support will be placed on a waiting list for these facilities. It is clear that national and local priorities support the development of this service.

4. Service Implementation

4.1.As outlined in section 1 the Horizons service will be delivered at three levels. Housing Management support, housing related support, and specialist health and social care service. Horizons has been developed as a result of a redesign process of mental health provision in the Eastern and Coastal Directorate KMPT which highlighted a number of people who no longer required acute hospital intervention but that were unable to successfully live independently in the community. These people were however too able for residential care. As a result a key workstream of the redesign project was the development of intensive supported housing opportunities for people with severe and enduring mental health problems by winter 2008. The key feature of this

service is that it is accommodation based long term scheme that provides, housing support, housing related support and specialist mental health and social care support for people whose needs until now have remained unmet.

4.2. The Housing workstream has been sponsored by the JPPB and the Mental Health Joint Commissioning Board. Capital funding has been secured from the Housing Corporation for the development of the new supported housing units in other districts. In the Case of Thanet 7 units plus 1 shared facility are to be developed. The registered landlord is Housing 21. These units will have assured tenancy as it has been developed via a PFI (Private Finance Initiative) scheme. The units are due open on 17 November 2008 and are situated in George Culmer Court. The workstream also had to consider identification of funding for both housing related support and specialist health and social care services, and development of a service specification for community based services that will support clients living within the new units.

4.3. Housing (Management) support will be provided via the RSL, in this case Housing 21. The costs involved with this will be obtained via Housing Benefit eligible rent payments and therefore do not pose costs to the local health and social care economy.

4.4. Housing Related Support: Since April 2003 the Supporting People programme has been responsible for commissioning all housing related support services from specialist housing support providers. KCC is the chief administering authority for the programme and all proposals for new supported housing that have housing related support revenue implications are required to be supported by the Supporting People Commissioning Body. It has been identified that Horizons will need 12.5 hours per week per unit of housing related support. The current cost of this support is £19.07 per hour. It is envisage that support will be required for 52 weeks. It is proposed that the housing related support is tendered through the supporting people process.

4.5. Specialist Health and Social Care service: Staff employed by KMPT will provide the specialist health and social care service for Horizons. Staff within the Horizon project will have protected case work in line with the units and not be diluted by generic team responsibilities. It is also acknowledged that cover for annual leave and sickness, will be provided by the wider mental health team in that locality. It is proposed that the Team within the Horizons project will consist of 2 qualified mental health professionals (1WTE band 7, 1WTE band 5) and support staff (2 WTE band 3) per locality. Care co-ordination will sit with the teams providing intensive health and social care support to Horizons. The costs of developing this service will be met by the redesign of the mental health in-patient services.

4.6. It has been key and will remain so, that involvement and partnership working is developed and is integral to the success and delivery of Horizons. Regular multi agency meetings occur where progress is discussed and issues can be raised and resolved.

4.7. Six months prior to the opening of the units a panel will be convened in which to consider referrals to Horizons.

5. Anticipated Outcomes

5.1. Horizons is a unique service which seeks to provide intensive supported accommodation to enable this particular vulnerable group of people the opportunity to reconnect with their community.

5.2. The additional support, from housing related support to the specialist health and social care services, will enable the complex needs of these individuals to be met. The support provided will enable individuals to build on their skills of daily living both personal and domestic; their confidence in their abilities should also show a marked improvement; individuals who may have previously had repeated admissions, periods of homelessness etc will gain stability and subsequently a sense of community and belonging.

- 5.3. Horizons key feature will be the empowerment of those accessing its service. The building of skills and most importantly the reconnection with the wider community. The support provided will tackle exclusion previously experienced by this group of people.
- 5.4. This service provides a greater level of support than traditionally provided within supported living schemes. The support provided is therefore on a longer term basis. People who access this service are not expected to move on quickly however it is anticipated that steady progress is made re developing skills required to live independently, maintain tenancies and skills required to become an active member of the local community.
- 5.5. Reduction in delayed discharges are also anticipated as those who can move onto independent/supported living in the community will be able to do so, and those with greater needs requiring further support, being able to access relevant services, such as rehabilitation or residential care.
- 5.6. Horizons is about partnership. Partnerships between service providers and the people accessing them, but also across agencies; from health to social care to housing to the wider community. It is this whole system approach that will work together to gain inclusion for this vulnerable group of people and aid them in their journey to recovery.

6. Timescales

- 6.1. Horizons first set of units are set to be provided in the Thanet locality. They are due to be opened on 17 November 2008. Prior to this a number of actions need to occur. This section outlines key tasks and proposed completion dates.

- 6.2. The project team is responsible for the setting and ongoing monitoring of timescales. The project team consists of representatives from KMPT – senior management and operational staff a financial representative attends upon request; KCC; and Housing.
- 6.3. The project group meets monthly.
- 6.4. Bid for funding re housing related support to be written and presented by December 2007, supported by a commissioning body representative.
- 6.5. Operational policy to be in final draft by March 2008.
- 6.6. On call specialist mental health support system to be agreed upon to cover the hours between 2000 and 00830 by March 2008 and incorporated into the operational policy.
- 6.7. Panel to be established to consider referrals into the Horizons service April 2008 will meet monthly as part of the PFI contract.
- 6.8. Mental Health Awareness training to be provided for Housing 21 management staff. Other training needs for both the housing related support staff and specialist team to be identified and commissioned as appropriate.
- 6.9. Seven units plus single shared facility due to open on 17 November 2008.

7. Financial Information

- 7.1. Horizons support is divided into three sections. Housing related which will be funded via housing benefit and provided by the RSL (In Thanet Housing Twenty One); Housing related support; and specialist health and social care service. This section will focus on the proposed costs for both the housing

related support and the specialist health and social care service related to this service.

7.2.Housing Related Support: The current cost of providing housing related support is £19.07 per hour. Horizons will require 12.5 hours per unit per week. This makes the weekly cost per unit £238.38. Support for 7 units/people would equate to £1668.63 per week. A year support for 7 units would therefore cost £86,768.50 or £12395.76 per year per unit. As illustrated in the table below

Housing Related Support cost per hour	Support costs per unit per week (12.5hrs)	Support costs per unit per year	Total support costs per week (based on 7 units)	Total support costs per year (based on 7 units)
£19.07	£238.38	£12395.76	£1668.63	£86768.50

Annex 1: East Kent Adult Mental Health Housing Needs Assessment 2005

CANTERBURY AND COASTAL AREAS

Acute Inpatient Census

*(patients whose 'home' locality is Canterbury Coastal and are identified as having no discharge address)

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Female	65	Schizophrenia	Self Neglect/Exploitation	Supported Housing	Y
Female	55	Schizophrenia	Self Neglect/Exploitation Harm to Others	Rehab → possible future need Supported Housing	N
Male	36	PTSD (refugee)		Supported Housing	Y
Male	19	Schizophrenia	Suicide/Self Harm	Supported Housing	N
Male	28	Schizophrenia	Harm to Others	Rehab → possible future need supported housing	N
Male	22	Schizophrenia	Suicide/Self Harm	Supported Housing	N
Male	33	Other Psychosis	Risk Harm to Others (prison → DVH)	Supported Housing	N
Male	67	Schizophrenia	Risk Harm to Others (37/41)	Supported Housing	Y

East Kent Continuing Care and Residential Care Placements Panel

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	40	Schizophrenia	Self neglect	Supported Housing	N

Rehabilitation Inpatient Census

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	32	Schizophrenia	Low	Supported Housing	Y
Male	24	Schizophrenia	Self neglect	Supported Housing	N
Male	20	Schizophrenia	Medium	Supported Housing	N

Male	42	Schizophrenia	Not identified	Supported Housing	N
Male	31	Schizophrenia	Not identified	Supported Housing	N
Female	24	Schizophrenia	Not identified	Supported Housing	N
Male	28	Schizophrenia	Self and others	Supported Housing	N
Male	49	Schizophrenia	Low	Supported Housing	N
Female	51	Schizophrenia	37/41	Supported Housing	N
Male	30	Schizophrenia	Low/medium	Supported Housing	N
Male	63	Not identified	Self neglect	Supported housing	N
Male	55	Schizophrenia	Low	Supported housing	N
Male	37	Schizophrenia	Medium/High	Supported Housing	Y

Single Agency Assessment

	Supported Housing	Independent Living Scheme	Floating Support
June 2003 – December 2004	7	9	4

THANET

Acute Inpatient Census

*(patients whose 'home' locality is Thanet and are identified as having no discharge address)

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Female	49	Other psychosis	Self neglect/exploitation	Residential Care or possibly Thanet Scheme?	?
Female	43	Depression	Suicide/self harm	Residential Care or possibly Thanet Scheme	Y
Male	18	PTSD	Suicide/Self Harm	Supported Housing	N
Male	29	Other psychosis (admitted	Self harm/suicide Harm to others	Supported Housing	N

		from prison)			
Male	45	Schizophrenia	Harm to others	Supported Housing	N
Male	29	Other psychosis	Suicide/self harm	Supported Housing	N
Male	31	Schizophrenia	Suicide/self harm	Supported Housing	N
Female	35	Other psychosis	Self neglect /exploitation Harm to others	Supported Housing	N
Female	46	Personality Disorder	Suicide/self harm	Supported Housing	N
Female	38	Other psychosis	Suicide/self harm	Supported Housing	N
Male	42	Depression	Suicide/self harm	Supported Housing	N
Male	25	Other psychosis	Risk harm to others (prison → DVH)	Future supported housing need?	N
Male	36	Schizophrenia S. 37/41	Risk harm to others	Future supported housing need	N

East Kent Continuing Care and Residential Care Placements Panel

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Female	51	LD and Schizophrenia	Exploitation and self neglect	Supported Housing	N
Male	37	Schizophrenia		Supported Housing	N
Male	38	Schizophrenia	Suicide/self harm	Supported Housing	N
Female	62	Depression	Self harm	Supported Housing	N

Rehabilitation Inpatient Census

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	39	Schizo-affective disorder	37/41	Supported Housing	N
Male	25	Schizophrenia	Exploitation	Supported Housing	N
Male	34	Schizophrenia	Low	Supported Housing	Y
Male	43	Schizophrenia	37/41	Supported Housing	N

Male	33	Schizophrenia	Low	Supported Housing	N
Male	42	Schizophrenia	Low/medium	Supported Housing	Y
Male	45	Schizophrenia	Low/medium	Supported Housing	Y
Male	56	Schizophrenia	Low/medium	Supported Housing	Y

Single Agency Assessment

	Supported Housing	Independent Living Scheme	Floating Support
June 2003 – December 2004	0	0	30

DOVER DISTRICT

Acute Inpatient Census

*(patients whose 'home' locality is Dover/Deal and are identified as having no discharge address)

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	55	Other psychsosis	Self neglect/exploitation	Supported Housing	Y
Female	40	Schizophrenia	Self neglect/exploitation	Rehab → Supported housing?	N
Female	50	Depression	Suicide/self harm	Supported Housing	Y

Rehabilitation Inpatient Census

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	50	Schizophrenia	Self and others	Supported Housing	N
Male	48	Schizophrenia	Low	Supported Housing	N
Male	37	Schizophrenia	Self and others	Supported Housing	N
Male	48	Schizophrenia	Self neglect	Supported Housing	N

Male	44	Schizophrenia	37/41	Supported Housing	N
Male	27	Schizophrenia	Self Harm	Supported Housing	N
Female	40	Schizophrenia	Self Harm/Neglect	Supported Housing	N
Male	38	Schizophrenia	Self neglect	Supported Housing	N
Male	55	Schizophrenia	Self neglect	Supported Housing	N
Male	48	Schizophrenia	self and others	Supported Housing	N

Single Agency Assessment

	Supported Housing	Independent Living Scheme	Floating Support
June 2003 – December 2004	0	1	1

ASHFORD

Acute Inpatient Census

*(patients whose 'home' locality is Ashford and are identified as having no discharge address)

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Female	59	Schizophrenia	Self neglect/exploitation	Residential or Supported Housing with appropriate support?	N
Male	37	Schizophrenia		Supported Housing	N
Male	37	Schizophrenia	Self neglect	Supported Housing	N
Male	30	Schizophrenia	Self neglect and exploitation	Supported Housing	N

East Kent Continuing Care and Residential Care Placements Panel

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	46	Psychosis	Medium (37/41)	Supported Housing	N

Rehabilitation Inpatient Census

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Male	36	Schizophrenia	Not identified	Supported Housing	N
Male	45	Bipolar disorder	37/41	Supported Housing	N
Male	47	Schizophrenia	Not identified	Supported Housing	N
Female	41	Schizophrenia	Not identified	Supported Housing	N
Female	34	Schizophrenia	Exploitation Self harm	Supported Housing	N
Male	35	Schizophrenia	Medium	Supported Housing	Y

Single Agency Assessment

	Supported Housing	Independent Living Scheme	Floating Support
June 2003 – December 2004	0	1	2

Service Shortfalls (Completed by CMHT)

Gender	Age	Diagnosis	Risk	Accommodation Required	Delayed Transfer
Female	20	Mood disorder	Self Harm	Supported Housing	N
Female	19	Mood disorder	Self neglect	Supported Housing	N
Female	20	Mood disorder	Self Harm	Supported Housing	N

By: Caroline Highwood, Director – Resources, Kent Adult Social Services

To: Supporting People Commissioning Body – March 2008

Subject: Better Homes Active Lives Housing PFI

Classification: Unrestricted

Summary: To apply to the Commissioning Body for one off funding from the Supporting People Grant to aid the provision of Extra Care and Supported Housing under the Better Homes Active Lives Housing PFI

For Decision

1.0 Introduction:

The County and ten of the twelve District Councils in Kent finalised the procurement process of a PFI in October 2007 and have now moved into a new phase with Housing 21 to build 340 units of accommodation.

The next phase will deliver 275 units for older people in the form of Extra Care Sheltered Housing, 58 units for people with learning disabilities and seven units for people with mental health problems.

The aim and purpose of the accommodation is to provide care and support to the tenants and to provide a genuine alternative to residential care and be instrumental to moving people out of institutionalised environments.

2.0 Strategic Fit:

The development of this accommodation meets the aims of a number of Kent County Council strategies and targets including Towards 2010, Active Lives, the Local Area Agreement, assists with PSA2 targets and supports the delivery of local district Council Housing strategies.

The Kent Supporting People Five Year Strategy states:

“We will realise our vision through.. .. Promoting integration and partnership working at all levels in order to increase overall the strategically planned supply of housing-related support units in the county and promote new service developments for the prioritised client groups, choice and sustainable housing solutions for vulnerable people”

Attached at Appendix One is an extract from the Kent Supporting People Five Year Strategy relating to the client groups.

The BHAL project is also important to central government delivering key priorities of the Treasury and the Communities and local Government Department. The public

private partnership between 11 local authorities is unique has also been promoted by them as a best practice example of joint working.

3.0 Funding Request:

The request for funding is for a one off, non-recurring amount of £ £355k that are costs associated with the Better Homes Active Lives Housing PFI (BHAL) for the provision of supported accommodation.

These schemes have been registered as growth schemes with the SP Team since 2004 when it was identified that the PFI would be progressed. It should be noted that no further funding will be requested for housing related support costs or for the on-call alarm in the Extra Care schemes. The work in developing the BHAL PFI programme has resulted in a model of service provision which is affordable, without the need to call on Supporting People funding.

4.0 Financial Impact:

If this request for one-off funding is agreed, the accumulated savings figure (shown in the budget report elsewhere on this agenda) would be reduced by £355k.

5.0 Recommendations:

The Commissioning Body is asked to approve the expenditure of £355k ~~in legal costs~~ request for funding.

Christy Holden
PFI Contract Manager
Better Homes Active Lives
01622 694272

*towards the
future provision
of housing support.
Subject to legal ok.*

Appendix One

Extract from the Kent Supporting People Five Year Strategy 2005-2010

Older People

Extra Care sheltered housing, Community Alarms and Home Improvement Agencies meet our strategic priorities and all currently commissioned services are strategically relevant."

Priorities for Service Change/ Development

- There is a need for more extra care sheltered accommodation across the areas where the highest proportions of older people live. To fund this provision, capital and revenue funding will be required.

How will we get there?

- A new extra care sheltered scheme funded under ADP in Thanet. Time scale: 2007.
- A new extra care sheltered scheme funded by Social Services in Faversham Time scale: Summer 2006
- Proposed development, under PFI, for supported accommodation schemes in the following areas: Ashford (40 units), Dover (40 units), Dartford (40 units), Maidstone (40 units), Shepway (40 units), Thanet (40 units), Tunbridge Wells (40 units) and Sevenoaks (40 units). The revenue funding implication for these units equates to an estimated £35 per unit, per week. Time scale: 2007
- We will identify sheltered accommodation with the potential to provide extra care services. Time scale: 2007/08
- We will carry out a review of all services for Older People with Support Needs in the county which will enable us to consider and plan for:
 - Potential for remodelling warden serviced accommodation with provision of Floating Support to only those older people with support needs who require such support. This would enable the delivery of a flexible model of support across tenures which has a greater reach than previously and reflect need, eligibility and take into account the scarcity of resources.
- Development of a set of minimum standards for all sheltered accommodation and establish a five year timeframe during which all services will be expected to reach that minimum standard. Time scale: Autumn 2005

Learning Disability

- Proposed development, under PFI, for supported accommodation schemes in the following areas: Ashford (6 units), Canterbury (6 units), Dover (6 units), Dartford (8 units), Maidstone (8 units), Shepway (8 units), Swale (6 units), Thanet (6 units), and Tonbridge & Malling (6 units). The revenue funding implication for these units equates to an estimated £982,800 per annum. Time scale: 2007/2008.

REPORT

By: Caroline Highwood – Director of Resources, Adult Social Services

To: Supporting People in Kent Commissioning Body

20 March 2008

Subject: Self Directed Support

Classification: Unrestricted

For Information

Summary: **This report is concerned with the introduction of self-directed support and its possible implications for the Supporting People Programme. It makes reference to direct payments and personal budgets and the possible impact on existing contractual models.**

1.0 Introduction

In 2005 the government's policy "Improving the Life Chances of Disabled People" set out a new vision for the services that support disabled people. It proposed that by 2012 all disabled people would control their own Individual Budget.

A Self-Directed Support steering group has been set up within Kent Adult Social Services. The purpose of this group is to oversee the development and advise on the implementation of Self-Directed Support in Kent Adult Social Services (KASS). The group will report through the Active Lives for Adults (ALfA) Programme to the Strategic Management Team.

2.0 Principles of Self-Directed Support

Self-Directed Support places the service user at the heart of planning, choosing and controlling the support that they need. It may be expressed as a personal budget, which would still be managed by KASS, although the service user will have defined the service. Where the service user wishes to manage their own services the personal budget would become a direct payment, (KASS

already supports around 1400 people on direct payments) Principles that define Self-Directed Support are:

- Right to independent living – if someone has an impairment which means they need help to fulfil their potential as a citizen, then they should get the help they need
- Right to a personalised budget – if someone needs ongoing paid help they should be able to decide how that money is spent
- Right to self-determination – if assistance is needed to make decisions, the decisions should be made as close to the person as possible, reflecting their interests and preferences
- Right to accessibility – administration and rules must be clear, as simple as possible and transparent in order to maximise the ability of the individual to take control of their own support
- Right to flexible funding – people should be free to spend their personalised budget in the way that suits them to achieve identified outcomes without unnecessary restrictions
- Accountability principle – both the service user and the funder have a responsibility to explain decisions, share information and account for the ways that funding has been used
- Capacity principle – service users, their families and communities should not be assumed to be incapable of managing their own support

Self-Directed Support means that:

- people will be in control of their support without necessarily having to take on the financial and employment responsibilities
- the allocation of money is at the start of the assessment process so that people can plan their own lives
- people will have an opportunity to either manage the money and support themselves or of having the money and support managed for them
- people will have as much or as little help in directing their own support as they need

Individual budgets will be a further development of these principles by combining other funding streams within KASS such as Independent Living Fund and Supporting People.

3.0 The process

There will still be an assessment process to see whether people are eligible for community care services under the Fair Access to Care rules. The process will continue to include provision of information for people not eligible for support

from Kent Adult Social Services (KASS). There will, however be some differences:

- **Information.** There will be quality information, advice and guidance that are easily accessible and available. People will be helped to make their own self-assessment and find their own solutions
- **Access to social care.** For those eligible there will be faster and easier access to social care with a self-assessment process with appropriate level of assistance where required. Fast track provision of equipment and one off payments to purchase equipment or support will be developed.
- **Resource Allocation System (RAS).** People will self-assess with help if needed and assessment will be proportionate to need. The assessment allows a notional budget to be allocated at the start of the process (RAS). Knowing what money is available in a personal budget will allow people to plan their lives in a better way.
- **Support Plan.** A support plan will be drawn up by the person with an appropriate level of assistance. This will be focused on goals and outcomes. All support plans have to be agreed against the level of risk and cost
- **Managing the money.** The person's budget will be managed in a number of ways – by the person themselves, a representative, independent living trust, broker, provider organisation or, as now, by KASS
- **Co-ordinating support.** People can choose to do this themselves or ask any of the organisations in above bullet point for assistance

The Department of Health has instigated a set of 13 Individual Budget Pilots to look at the way of meeting the support needs of people more effectively by allocating resources transparently, giving a cash or notional sum to use on their care or support package. These pilots bring together a variety of funding streams including the Supporting People programme. The publication of the evaluation from the pilot schemes is scheduled for March 2008.

4.0 General Implications for Supporting People Programme

Once individual budgets are developed, self-directed support and direct payments are likely to have implications for the programme and the delivery of services under current arrangements.

It would be entirely possible for an individual to elect to have their support given to them by a neighbour, relative, friend or a professional support provider. This has obvious implications for existing providers and contracts.

For floating support services, a certain amount of choice exists to the service user in that there may be more than one provider in any given area. This choice currently does not extend to the service user choosing their own support provider and this goes against the principle of self-directed support.

For accommodation-based services, choice is more restricted as service provision is linked to the accommodation and is provided by a landlord or a service provider under contract. This support provision is often a condition of tenancy.

All of these factors will have real implications for the long-term operation of Supporting People. The evaluation of the national pilots will clearly be extremely helpful in developing this view and considering how individual budgets may be implemented in Kent.

5.0 Conclusion

Self-Directed Support is a key principle that is supported by central government and KASS and, if individual budgets are to be implemented they will have strategic and operational implications for the Supporting People Programme. A further report will be presented to a future meeting once the national evaluation of the pilot sites has been published.

6.0 Recommendations

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

Kevin Prior
Procurement & Commissioning Manager
01622 696198

Background Information <http://www.lga.gov.uk/lga/aio/19195>

Supporting People in Kent – Glossary of Terms

Abbreviation	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
Audit Commission	An independent body responsible for ensuring that public money is used responsibly, economically and effectively
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 Hampshire
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. 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.
Capacity	The total number of support packages or accommodation with support units deliverable at any one time.
Client Record Form	Forms used to monitor all new clients who use Supporting People services. The statistics are then collated by The Joint Centre for Scottish Housing Research (JCSHR) 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.

Abbreviation	Description
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
Cross Authority Group (CAG)	Neighbouring AA's working together to plan and develop policies and services across the group
Cross Authority Provision	A services 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)
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.
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 needs it and the "floats" away to the next person in need. The service user does not need to live at a certain address to receive the support.
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.
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 lease hold 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	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
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.
National Directory of Services	A directory of all Supporting People funded services in England which is accessed via the Communities website or at www.spdirectory.org.uk
NHF - National Housing Federation	Also known as the Natfed the NHF provides advice and support for not-for-profit housing providers. Their web site address is www.housing.org.uk

Abbreviation	Description
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 (KPI2) Key Performance Indicator 2 the number of service users who have moved on in a planned way from temporary living arrangements
Procurement	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
SPkweb	The Supporting People Knowledge website (published by CLG)- this is accessible to all by logging onto www.spkweb.org.uk The Kweb contains all the guidance and related documents on the Supporting People programme
Steady State Contract	The agreement in place for the provision of housing related support held between the Supporting People Team and individual service providers
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

Abbreviation	Description
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. This changes the contract 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.
Supporting People Distribution Formula	A formula developed by the DCLG 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 Year Strategy 2005-2010	The strategy is a five year plan giving detailed supply and needs mapping information across the county in relation to the various vulnerable client groups that the Supporting People programme supports
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.
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