

SUPPORTING PEOPLE IN KENT COMMISSIONING BODY

MINUTES of a meeting of the Supporting People In Kent Commissioning Body held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 10 October 2013.

PRESENT: Mr P M Hill, OBE (Chairman), Cllr Ms J Anderson (Vice-Chairman), Mr W Adetoro, Cllr K Belcourt, Cllr Mrs C Clark, Mr P Dosad, Cllr M Dwyer, Mr A Hammond, Ms L Hemsley, Mr K Hetherington, Cllr J Howes, Cllr S Howes, Ms S Kaur, Mr J Littlemore, Mr Peskett, Mr R Robinson (Substitute for Mrs T Kerly), Mr C P Smith (Substitute for Mr G K Gibbens), Ms P Smith, Mr P Whitfield and Cllr J Wright

ALSO PRESENT: Ms D Gunn and Ms L Regan (CIH)

IN ATTENDANCE: Ms M Anthony (Commissioning and Development Manager), Mr G Cargill (Commissioning Officer), Ms C Holden (Head of Strategic Commissioning - Accommodation Solutions-FSC), Ms A Slaven (Director of Service Improvement), Mrs D Wright (Head of Commissioned Services) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

14. Apologies

(Item 1)

Apologies for absence were received from Cllr S Chandler (Dover District Council), Ms A Christou (Swale Borough Council), Mr H Cohn (Kent Probation), Cllr J Cunningham (Tunbridge Wells Borough Council), Mr G Gibbens (Cabinet Member for Adult Social Care and Public Health), Cllr A Hicks (Ashford Borough Council), Mrs T Kerly (Ashford Borough Council) and Cllr J Wilson (Maidstone Borough Council).

15. Introductions

(Item 2)

The chairman invited all those present to introduce themselves.

16. Declarations of Interest

(Item 3)

There were no declarations of interest.

17. Minutes of the last meeting of the Commissioning Body 29 July 2013

(Item 4)

Agreed that the minutes of the meeting of the Supporting People in Kent Commissioning Body held on 29 July 2013 be approved as a correct record and

signed by the chairman subject to the deletion of the word “Wednesday” in minute 13 and its replacement with the word “Thursday”.

18. Minutes of the meeting of the Core Strategy Group - 12 September 2013

(Item 5)

- (1) Concerns were raised about the number of officers who had attended the meeting and officers were encouraged to make every effort to attend future meetings.
- (2) Agreed that the minutes of the Core Strategy Group meeting held on 12 September 2013 be noted.

19. Needs Analysis Presentation - CIH

(Item 6)

- (1) Domini Gunn and Lorraine Regan from the CIH gave a presentation on findings from the needs analysis. A copy of the presentation is at Appendix 1 to these minutes.
- (2) Comments were made and questions raised about a number of issues including:
 - the impact of welfare reform on young single people and those with chaotic lifestyles;
 - the priority accorded to service provision for gypsies and travellers and young single people;
 - the importance of ensuring that the conclusions in the CIH report were supported by strong evidence;
 - the fact that the relatively low levels of homelessness in Kent compared with the national average could be attributed to homelessness prevention work.
- (3) Agreed that the presentation be noted.

20. Commissioning Plan

(Item 7)

- (1) Melanie Anthony (Commissioning and Development Manager) introduced the report which provided an overview of the first draft of Commissioned Services' commissioning intentions for housing related support over the next three years. The report was intended to provide the Commissioning Body with the means to debate and develop the intentions and enable the formulation of a robust action plan for re-shaping provision in Kent.
- (2) The report had arisen from the findings of the needs analysis conducted over the summer of 2013 and acknowledged the contribution housing related support made to community resilience and the sustainable communities' agenda as well as the need to focus on universal services and for partners to work together.

- (3) Melanie Anthony said the commissioning of housing related support services would adhere to the principles set out “Facing the Challenge: Delivering Better Outcomes. An overview of future commissioning intentions was set out in Appendix 1 of the report and a Commissioning Framework which had been developed within the service was set out at Appendix 2.
- (4) Services for victims of domestic abuse had been identified as a priority in the Needs Analysis and it was proposed that the first cohort plan would be developed in order to commission services for this group of people.
- (5) In response to concerns that the Commissioning Body would not have the opportunity to agree the detailed commissioning plan, officers said that it had been intended to present the full needs analysis report to this meeting but the needs analysis had taken longer than anticipated. It was also confirmed that the Commissioning Body would be consulted before any services were commissioned.
- (6) The Commissioning Body suggested talking to the Community Safety Partnership about services for victims of domestic abuse and encouraging a consortium approach to commissioning services so local voluntary organisations would not be prevented from tendering.
- (7) Agreed that:
 - (a) the Commissioning Plan be further considered at the meeting of the Supporting People Commissioning Body on Tuesday, 28 January 2014.
 - (b) Domestic Abuse services were a priority and officers would develop a cohort plan to inform commissioning.

21. Update on Floating Support

(Item 8)

- (1) Melanie Anthony (Commissioning and Development Manager) introduced the report which provided the Commissioning Body with an update on the impact of the utilisation of Floating Support in Lieu Services to support the Troubled Families agenda.
- (2) Agreed that the update be noted.

22. Performance Management

(Item 9)

- (1) Melanie Anthony (Commissioning and Development Manager) introduced the report and highlighted aspects of performance management within the Supporting People programme. The key performance indicator that related to people maintaining or achieving independence had been achieved again in Quarter 1 2013/14. Housing related support services had been delivered to nearly 9,700 vulnerable people within sheltered, supported and floating

support services, a further 8,307 people had received community alarms and 944 households had used a housing improvement agency (HIA) service.

- (2) Melanie Anthony also said that improvement plans were being developed to meet a target of 80% set for short term services (KP12) which had not been met in Quarter 1.
- (3) Agreed that the report be noted.

23. Finance Report (Item 10)

- (1) Diane Wright (Head of Commissioned Services) introduced the report which set out a forecast of the outturn for the 2013-14 financial year. A review of contracts accounted for approximately £1m of the projected underspend of £1,327.1K, and the remainder from robust tendering and closure of contracts not being utilised for the Troubled Families agenda.
- (2) In response to questions it was confirmed that this underspend could not be carried forward into 2014/15 or added to reserves.
- (3) The Supporting People Commissioning Body heard of the increased demand for a range of housing related services. The chairman set in context the KCC financial reporting requirements and the demand for the future management of the considerable savings that KCC had to achieve with no service area being exempt. He agreed that ideas for the potential use of the underspend should be explored but stressed that they must be pragmatic, legal and sensible solutions and would need to comply with KCC's policies and procedures.
- (4) Agreed:
 - (a) That the underspend be noted;
 - (b) That officers consider how the underspend might be used in the current year;
 - (c) That an opportunity be given to district, borough and city councils to suggest potential options for using the underspend.

24. Agenda Items for Future Meetings (Item 11)

Agreed that members of the Supporting People Commissioning Body be invited to suggest items for consideration at future meetings.

25. Dates of Meetings in 2014 (Item 12)

Agreed that meetings of the Commissioning Body for 2014 be held on:

Tuesday, 28 January;
Wednesday, 2 April;
Tuesday, 22 July; and

Tuesday 7 October.

All meetings to take place at Sessions House, County Hall and start at 2.00pm

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Appendix 1



Kent County Council

Supporting People Needs Assessment - Findings

October 2013

Summary findings



This presentation is to provide you with the high level findings, conclusions and recommendations of the Kent County Council needs analysis.

CIH have prepared a detailed report that is available.

Introduction



- In April 2013 Kent County Council commissioned CIH to carry out a needs assessment on behalf of the Supporting People Commissioning Body in order to:
 - *Examine existing data and performance analysis*
 - *Provide an overview of local and national policy*
 - *Map existing supply*
 - *Provide an evidence base of examples of good/promising practice*
 - *Consult widely with stakeholders*
 - *Examine and quantify pathways in and out of services and how these can be optimised*
 - *Examine existing service models and capture ideas for future design*
 - *Quantify the scale and nature of needs: who are services for, what do users need, how best to meet these needs and a cost benefit analysis for each service type and client group.*

Key Questions



Kent Commissioning Body wanted specifically to be able to answer the questions below

- 1. What is the level of need in the population of Kent?*
- 2. Are current commissioned services meeting this level of need?*
- 3. Are current referral pathways working with other commissioned provision?*
- 4. Are current service models adequate?*
- 5. What will be the strategic outcomes that Kent will need to consider over the next 3 years?*
- 6. What are the support options and cost benefits for each client/service group?*
- 7. What are the risks associated with under/over provision?*



Methodology – What we did

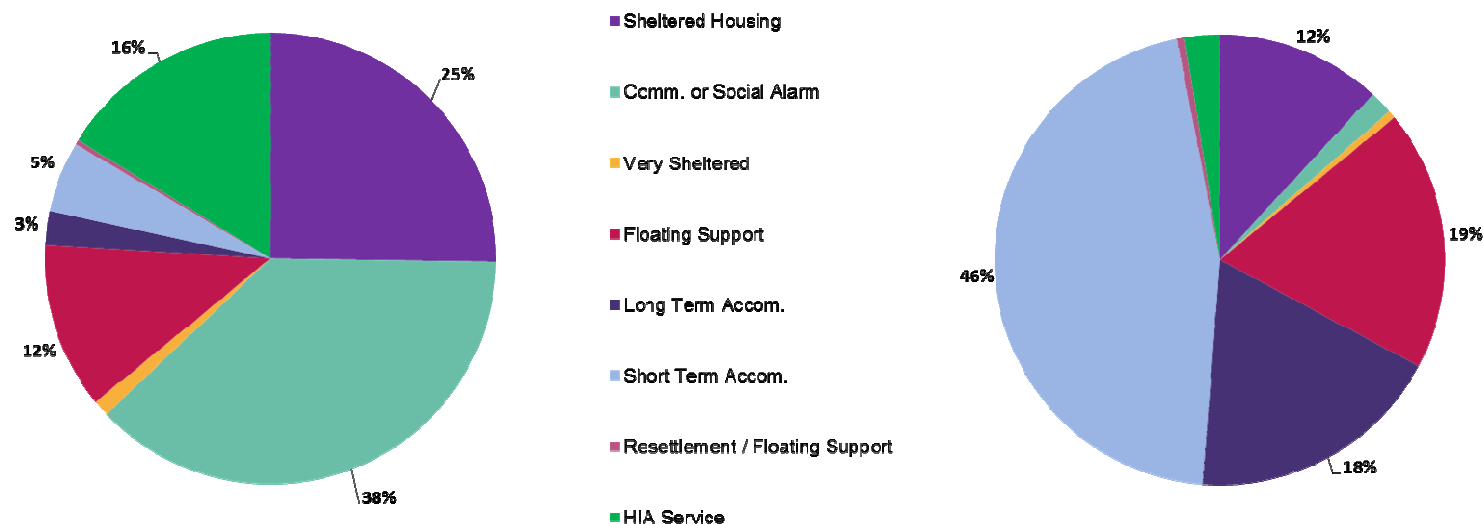
- Analysis of data relating to: current service provision, population and demographic statistics, and outcome data
- Detailed review of Kent housing strategies, existing housing related needs assessments, and public health data
- Consulted with providers, commissioners and service users
- National Policy Review
- visited both long and short term services and considered pathways in operation elsewhere
- Reviewed and assessed Kent's JSNA, Health & Wellbeing Strategy and approach to Public Health.
- Considered the impact of the Health & Social Care Act and the Care Bill in the context of local needs
- Undertook Value for Money exercise
- Looked at various pathway models working effectively in other authorities

3.1 What is the level of need in the population of Kent?



Volume and spend

- Short term accommodation based services make up 46% of the spend on housing support, although only 5% of units
- Floating support represents 19% of spend
- Long term accommodation based services represent 18% of spend
- The majority of units (38%) are for community alarms (older people)



What is the level of Need in Kent ?

High Level Findings



1. People with multiple/complex needs *(Including people who are homeless/at risk of homelessness with mental health, alcohol and drugs needs, and / or a history of offending).*

Group that presents the most challenges in terms of successful outcomes and long term resettlement. Despite evidence of unmet need, adequate provision is available but service models and lack of joined up pathways impede successful placement and move-on.

2. Young People

More 24 hour services needed for young homeless people and less reliance on the use of bed and breakfast accommodation. Better pathways required and there is a need to tackle hidden homelessness, especially amongst high risk groups including those leaving young offender institutions and those who have been in care. A young persons service in Sevenoaks remains a priority.

3. Older People

Rapid growth in the number of older people over the next 10 years, and in particular those living with dementia, are likely to be most marked in Ashford, Shepway, Sevenoaks, Tunbridge Wells, Tonbridge & Malling and Swale. Overall numbers of older people (over 65 years) expected to increase by 23%. Currently 80% of SP funded units for older people in Kent consists of sheltered housing and spend on older people consumes the largest single proportion of the budget (17%). Much of the support is traditional approach.

What is the level of need in Kent ?

High Level Findings



4. Offenders

We received consistent messages from commissioners, providers & service users about a lack of accommodation and a lack of adequate housing support pathways for offenders.

Key messages included:

- No housing advice currently offered in prisons
- Severe lack of accommodation-based units for this client group
- No dedicated resettlement worker for this client group
- Some offender services receive funding from both the DAAT and Supporting People. Such services should be jointly commissioned in future, to ensure shared outcomes and best use of resources

5. Homeless People

- Rent deposit schemes are only used in a small number of districts
- There is a need for more hostels in some areas – (e.g., Sevenoaks, Tonbridge and Malling)– but issues re identifying appropriate sites.
- Single homeless people are not listed as a priority in most of the District Council Housing Strategies.
- We were informed that revised District Council housing allocation policies with the need for a local connection may have a negative impact in the future, though this would require further analysis in order to be verified

What are the levels of need in Kent. High Level Findings



6. Domestic Violence

The change in the national definition of Domestic Abuse now recognises 16/17 year old victims. Whilst Kent refuges have always been open to clients aged 16+, there could be an increase in referrals for younger victims. Refuges are also required to accept male dependants aged up to 18 if in full time education. This could have an impact on refuge accommodation. There are some potential gaps in provision for service users with complex needs.

There is currently no BME specific DV accommodation that is sensitive to cultural needs and there is a requirement to provide flexible accommodation with the ability to house families of varying sizes including single women and large families.

There are on-going issues around suitable move on accommodation. In some areas there is an extremely limited private rented sector. Many clients are still reluctant to explore housing options other than social housing, this is in short supply.

Provision of Sanctuary schemes is inconsistent

What is the level of need in Kent ?

High Level Findings



7. Substance Misuse

Our research has indicated a need for better pathways in and out of services for people with substance misuse issues. Currently the referral process is disjointed, with a system of blanket referrals from prison to several different providers

We received provider feedback about the need for more services with a staff presence outside 9am to 5pm. Existing services, providing lower level support, are not necessarily meeting greatest need. For example, we visited a substance misuse service that has to advertise due to lack of referrals. We also identified the need for more joint funded 24-hour services to protect the security of projects and keep service users safe.

8. Mental Health

We were told that joint working with the community mental health services could be improved and that relationships differ considerably across the county. Referral routes also differ from one area to another and a cross county mapping exercise is recommended in order help identify inefficiencies and to build on good practice .

Both providers and stakeholders identified a need for different tiers of housing with support for people with mental health issues designed to meet needs.

What are the needs of Kent ?

High Level Findings



9. Learning Disabilities

There is a lack of move-on for people into more independent living arrangements if they express a desire to do so and so this is silting up some services.

Some services have dual funding from ASC and there is a need for SP and ASC to work together more efficiently. We suggest that the Council considers a more joined up approach to this client-group

The SP Commissioning Officer felt that there needs to be more work to check if the current supply of supported housing units is appropriate and that there is not an over-supply

10. Physical Disabilities

The CB previously agreed to consider decommissioning services that are specific to an individual having physical disabilities on the basis that having a physical disability does not give an inherent need for to housing related support services. Adult Social Care and SP joint fund some schemes and we feel that there may be some duplication in the delivery of tasks in some instances. For example the full time support manager at one scheme was replicating some of the housing support tasks also covered by social workers.

What are the levels of need in Kent?

High Level Findings



11 Gypsy & Travellers

This client group has high priority in the Kent Supporting People strategy, but there is limited data about their needs in terms of housing support. The strategy states that there has been an increase in populations originating from Eastern European countries and that in some districts travellers and gypsies are the largest minority ethnic group. Through the work we have undertaken there has been no mention of a lack of provision for gypsies and travellers from service providers, commissioners or service users. We therefore feel that although the current SP strategy highlights this as a priority, this may not be the case.

12. Refugees

This group is in the 2nd highest priority band in the Kent SP strategy. Through the work we have undertaken there has been no mention of a lack of provision for refugees from service providers, commissioners or service users. We therefore feel that although the current SP strategy highlights this as a priority, this may not be the case.

13. HIV & Aids

Strategy has a stated aim to mainstream the provision of floating support for people living with HIV/Aids. There is no evidence for Housing support for this group due to ASC already cater for this group'.

Are commissioned services meeting this level of need ?



- Consistent messages have emerged about how current service provision could be improved to better meet the needs of service users and prevent the revolving door syndrome. The development of improved service pathways, better information sharing and better partnership working are seen as key. The development of flexible outcome focussed models is also seen as an essential component of a new approach to the delivery of housing support in Kent.
- There was consistent feedback from commissioners and a wide range of service users about the importance of developing programmes of activities for service users and improving access to education and training opportunities.
- Finally, the majority of stakeholders, commissioners and service users who attended the Appreciative Inquiry consultation events held in July 2013 expressed a wish for accommodation-based services to allow pets, as this was felt to have a major impact on health and wellbeing.



Are current referral pathways working with other commissioned provision?

- People with high, multiple and complex needs were the predominant groups in all the short term services we visited, including the mental health service.
- There is a core group of people with high needs who do not cope well if moved from hostel accommodation straight into their own flats. Providers felt that these people would benefit from a more stepped process, and examples of this currently exist.
- Services only staffed from 9am to 5pm does not provide a good model for these groups. Services were experiencing problems with out of hours drinking and anti-social behaviour, and new service models need to take this into account.
- Several providers supported the idea of low support shared housing as an interim stage between moving out of hostels into completely independent accommodation
- There is a need for much better inter-agency communication and information sharing.
- Several providers mentioned poor relationships with the community mental health team - delays in assessments and poor communication.
- There is a wide range of different referral processes in place. One individual can be referred to various providers - all undertaking individual but similar assessments.



Are current service models adequate?

Overview

- Kent has a very diverse demographic profile. There are many areas with high levels of deprivation and poor health status, particularly in northern and eastern coastal areas, as well as more affluent communities in the west of the county. Estimates show a significant growth in the number of older people over the next 10 years, along with growing rates of dementia, learning disabilities and mental illness. Life expectancy amongst the most deprived remains well below that of people in the least deprived areas.
- The majority of spend on housing support is for older people, people with a learning disability or mental illness, homeless people, and young people at risk.
- However, according to the data provided services for a number of client groups are currently below expected utilisation levels and this should be the subject of further review. The generic floating support service in particular, which represents nearly half of the total floating support provision, was below expected utilisation at the start of this project but now nearing full utilisation.
- There has also been a notable reduction in the number of new clients entering services in 2012 compared with the previous two years.
- Services for some client groups look to be relatively expensive, in particular short term accommodation based services (due to high number of hours).



3.5 What strategic outcomes will Kent CC need to consider over the next 3 years ?

- **Integration of health & social care** and the stated objectives from DH to treat people at home and/or close to their communities will require greater awareness of housing & support needs
- **Increased needs** & complexity of needs will require housing support pathways to be integrated with those from health and social care
- **Care bill** - The defining principle is the definition of wellbeing, around which all assessments and interventions should be developed. The definition includes suitability of accommodation. This provides the potential for a greater focus on how decent housing and related support can be incorporated into assessments and planning for personalised services to address people's needs.
- **Welfare Reform** the multiple effect of welfare reform is likely to impact on many vulnerable people across Kent CC



What are the support options and cost benefits for each client/service group?

Client/service group	Support options	Cost benefits
<i>All SP client groups and service types.</i>	<i>Better pathways. Some services to be reclassified as available for people with multiple and complex needs, rather than for specific client groups.</i> <i>A range of service types – from intensive assessment beds, through to highly staffed short stay hostels, some with 24-hour support, with the option to move to less intensive 9-5 hostel provision when ready, then to low level shared housing if required – and finally out to the community, with resettlement support according to need, regularly reviewed.</i> <i>Proactive work with private sector to improve access to accommodation.</i> <i>Consistency re hourly rates and number of hours for each service type.</i>	<i>Better use of existing provision.</i> <i>Removal of duplication.</i> <i>If shared outcomes can be agreed with partners there is the possibility of joint funding</i> <i>Better value for money.</i>



Risks

Risk associated with under provision

- Loss/ gaps or reductions in preventative support services will result in increased costs for acute services in the medium to long term
- In the short term marginalised groups including homeless people & offenders require support to mitigate the impact of welfare reform without this the risks of repeat homelessness & reoffending may increase
- Demographic pressures from an ageing population with more complex needs requires a housing & support pathway to complement health & care pathways if costs are to be managed & needs met
- The county's priorities in the JSNA, reflected in HWB strategy & CCG priorities, risk not being met if insufficient supported housing & housing related support are available
- Existing and new legislation places/will place duties on the county to deliver a range of services that can be planned & delivered more effectively through the provision of supported housing & housing related support

Risk associated with over provision

- Services under-utilised not a good use of public funding
- Over provision in one cohort could lead to the needs of another to go unmet
- Too many contracts and providers delivering duplicated services
- Risk that people will not be moved on within the appropriate time if difficult to fill voids
- Will not necessarily get the right people in the right services



Conclusions

- Current housing support provision in Kent may or may not be fully utilised **Subject to further analysis** and there is an uneven spread of provision across client groups

Need for better service pathways

- current service pathways should be re-designed; particularly those for short stay services.
 - A useful first would be for each District Council (or possibly 2-3 Councils working together) to work with Kent SP, local providers and commissioners in order to decide what their local service pathways could look like.
- Work would include a review of the range of support services (not just SP funded) currently being delivered locally, and an analysis of performance, using our findings as a starting point for discussions.
 - Working together with stakeholders, local strategic housing leads and providers, a number of tailored local service pathways can then be designed, using existing services as a basis.
 - Future service design should take account of the feedback received from service users, providers, commissioners and other stakeholders who attended the Appreciative Inquiries and completed the questionnaires.



Conclusions (continued)

- We feel that a collaborative approach to service design will provide an opportunity to develop robust and sustainable service pathways in each district that reflect the needs of service users and are flexible enough to meet changing demand in the future. These local pathways can then form the basis of a future commissioning plan for housing support and other related services.
- Need for wider range of service models*
- Local service pathways should ideally include a range of different service models in each area, to give service users the best chances of ultimately living as independent a life as possible. Ideally, local short-stay service pathways would include the following:
 - Joint funded, possibly 24 hour assessment beds, where people can stay for a short while whilst their needs are assessed.
 - Preventative community based services those support those in need of assistance to avoid crisis point
 - Medium support hostels, staffed 9am to 5 pm, where individuals can stay for a maximum of 9-12 months, whilst support provider works on a support plan aimed at enabling people to move on successfully. (Maximum length of stay would be need to be flexible for high risk individuals.)
 - An optional next stage for some people would be shared housing offering low level support, where people could live together until they have gained the life skills, confidence and independence necessary to enable them to move into the community.
 - Ongoing resettlement support, as at present, tailored to the needs of the individual.



Conclusions (continued)

Need for proactive work to access private sector accommodation.

- Accessing appropriate move on accommodation remains a key challenge for providers, particularly as the supply of social housing diminishes. Several providers mentioned that the work currently funded by some District Councils to improve access to the private rented sector has been very effective.
- These initiatives could be extended to ensure that they remain available with thought given to joint funding, linked to rent deposit schemes and possibly social lettings agencies.

Service users with high needs and 'dual diagnosis'

- There is a group of service users with high and complex needs in each area who move between services but rarely settle successfully.
- These individuals need a range of support to meet their particular needs, which are likely to include an offending background, substance misuse, history of anti social behaviour, homelessness and mental health problems.
- Many services in Kent are supporting people with very similar needs, although their stated aims and objectives are different and there is a need to rationalise current service provision.

Conclusions (continued)



- Agencies need to work more collaboratively at a local level. Information sharing should be improved and more joint funded services would be beneficial..

Need for central referral Hub

- We feel that a central referral portal or Hub would help prevent duplication and unnecessary paperwork.
- Individuals are currently often referred to a range of different services, each of which conducts a needs assessment etc.

- The providers that we spoke to would support the concept of a housing support Hub for Kent, but emphasised the need to ensure that services could still manage the balance of people with different needs within services and the importance of ensuring that providers do not 'cherry pick'.

Longer term services

- Further investigation of long term services should be carried out as it appears that some double funded provision by adult social care and SP exists.



Conclusions (continued)

Longer term services

- Where there is both adult social care and SP funding going in to services there is a need for SP and ASC to work together more efficiently. We suggest that the Council considers a more joined up approach to this client-group that are joint funded
- Some long term services are expected to move people on – this is not happening in some cases. Future commissioned service should be clear that their remit is to move people on – this make take longer than two years in some instances, but some services have become homes for life which is silting up services and reducing the amount of people services can help
- There appears to be too many hours of support going into some of the long term services. We suggest that some of this is not housing related support and would be more appropriately funded by ASC
- There is some concern over utilisation levels (inc short term) and we need to do further analysis here, once the questionnaires from stakeholders, commissioners and providers have been returned and analysed.



Conclusions (continued)

Older people

- We feel that there is a need for a fundamental review of current service models for older people. The majority of SP spend for older people is currently funding traditional sheltered housing provision.
- Alternative service models based on a community asset based approach, would enable more effective use of funding and flexible, outcome focussed services that continue to meet changing needs.

Managing the Programme

- Kent will need to develop a new robust monitoring and quality framework as part of the new commissioning regime.
- We would suggest that Kent CC begins to monitor the quality of their services through the new SQT that replaces the QAF, the SQT has been supported and funded by DCLG.
- Kent CC could consider the current governance structure to ensure that it remains the most appropriate way of monitoring the programme long term.



Recommendations

- Introduce a relevant range of service models to meet identified needs that cater for the diverse needs of vulnerable people across Kent
- Introduce a referral hub to ensure ease and equity of access
- Implement appropriate housing support pathways in discussion with districts and partners.
- Reduce number of contracts and providers (encourage consortia bids)
- Models should include additional Rent Deposit schemes /Social lettings enterprises
- Where Long term services are jointly funded there is a need for SP and ASC to work together more efficiently.
- Implement a new robust quality and monitoring framework
- Remove SP funding from those services that are not delivering housing support or are duplicating tasks funded by other sources
- Newly commissioned services should focus on dual diagnosis and young people
- Kent CC should develop clear measurable outcomes that providers understand and are able to report
- Monitor the utilisation of all services as current data indicates that numbers are falling, despite increase in need
- Review older people's housing related support services
- Redistribute number of hours being delivered in many of the services

Recommendations



- Ensure move on is identified as a priority and managed appropriately from long term services
- Look at how the programme is governed to ensure that current arrangements are fit for purpose in the longer term
- As part of the SP commissioning plan, more joint working with key agencies should be undertaken to ensure shared outcomes are agreed