



## **AGENDA**

### **SUPPORTING PEOPLE IN KENT COMMISSIONING BODY**

**Tuesday, 28th January, 2014, at 2.00 pm**

**Ask for: Ann Hunter**

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

**Telephone (01622) 694703**

- 1. Apologies**
- 2. Declarations of Interest**
- 3. Minutes of the last meeting of the Commissioning Body held on 10 October 2013  
(Pages 3 - 34)**
- 4. Facing the Challenge (verbal update)**
- 5. Enhancement of winter provision for rough sleepers (verbal update)**
- 6. 2013-14 Forecast (Pages 35 - 38)**
- 7. Commissioning Plan (Pages 39 - 70)**
- 8. Home Improvement Agency (HIA) Tender- Evaluations (Pages 71 - 74)**
- 9. Performance Management (Pages 75 - 84)**
- 10. Agenda Items for Future Meetings**
- 11. Date of Next Meeting - 2 April 2014 at 2pm**
- 12. Glossary (Pages 85 - 90)**

#### **EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

Peter Sass  
Head of Democratic Services  
(01622) 694002

**Monday, 20 January 2014**

## KENT COUNTY COUNCIL

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### **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

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# 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

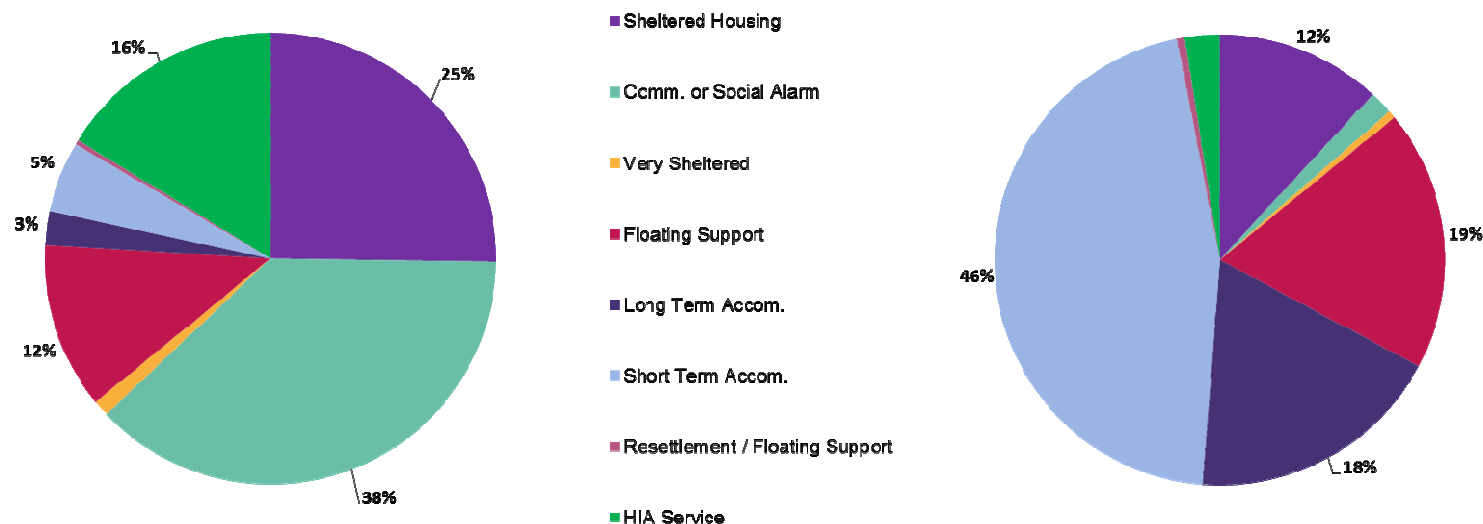
- Analysis of data relating to: current service provision, population and demographic statistics, and outcome data
- Detailed review of Kent housing strategies, existing housing related needs assessments, and public health data
- Consulted with providers, commissioners and service users
- National Policy 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 2<sup>nd</sup> 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
<b><i>All SP client groups and service types.</i></b>	<b><i>Better pathways. Some services to be reclassified as available for people with multiple and complex needs, rather than for specific client groups.</i></b>  <b><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></b> <b><i>Proactive work with private sector to improve access to accommodation.</i></b> <b><i>Consistency re hourly rates and number of hours for each service type.</i></b>	<b><i>Better use of existing provision.</i></b>  <b><i>Removal of duplication.</i></b>  <b><i>If shared outcomes can be agreed with partners there is the possibility of joint funding</i></b>  <b><i>Better value for money.</i></b>



# 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

**By:** Angela Slaven, Director of Service Improvement, Customer and Communities

**To:** Supporting People Commissioning Body – 28 January 2014

**Subject:** 2013-14 forecast

**Classification:** Unrestricted

**Summary:**

This report provides forecast of the outturn for the 2013-14 financial year.

**Recommendations**

The Commissioning Body is asked to note and agree:

- The projected outturn of £23,471.2k against the cash limit of £24,856k;
- An underspend of -£1,385.3k;
- A movement of -£58k compared to the last meeting.

**1. Floating Support in Lieu**

- 1) At the meeting on the 29<sup>th</sup> July 2013, an in-year saving of £608k was discussed following the Commissioning Body's decision to cease the Floating Support in Lieu contracts from November 2013. It was agreed that instead of declaring this as a one-off underspend, that contracts supporting the Troubled Families programme should be extended/commissioned until the year-end.
- 2) Currently, not all of the providers are able to commit to these contracts, or not at the levels budgeted for, so an underspend of £91.6k has been forecast.

**2. 2013-14 Forecast**

- 1) The service regularly reviews the outputs and terms of its contracts and as a result of this, a significant number of contracts have been varied throughout the year and such variations now result in an underspend of £1,443.7k.
- 2) An extra-ordinary meeting of the Core Strategy Group was held on the 25 October to discuss the underspend at that time. The group discussed a number of potential short term projects that could be supported concluding that a proportion of the expenditure should be utilised on a Hostels Plus project for rough sleepers.
- 3) When taking into account the under-utilisation of the Troubled Families contracts of £91.6k, the contract variations of £1,443.7k and the additional expenditure on Hostels Plus, the service as a whole is now forecasting an

underspend of £1,385.3k which represents a movement of £58k from the previous monitoring report (£1,327k)

- 4) An analysis of the category by category variances of budget compared to actual/forecast are shown in Appendix 1.

### **3. Recommendations**

The Commissioning Body is asked to note and agree:

- The projected outturn of £23,471.2k against the cash limit of £24,856k;
- An underspend of -£1,385.3k;
- A movement of -£58k compared to the last meeting.

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## Appendix 1: Forecast 2013-14

	FINANCIAL			ACTIVITY			
<b>Funding and Capacity 2013/14</b>	Budgeted	Forecast Outturn	Variance	Budgeted Capacity	Usage	KPI 1	KPI 2
	£	£	£	Units	%	%	%
Community Alarms	391,000	407,914	16,914	8816			
Very Sheltered	129,300	128,940	(360)	254	91.8%	98.4%	
Floating Support Service	4,318,300	3,018,358	(1,299,942)	1825	65%	96.0%	87.2%
HIA	583,100	538,348	(44,752)	3600			
Leaseholders	21,000	12,774	(8,226)				
Long Term	4,251,600	4,187,100	(64,500)	432	96.9%	99.6%	
Sheltered	2,797,100	2,758,639	(38,461)	5543	77.3%	99.1%	
Short Term Accommodation	10,650,200	10,645,843	(4,357)	1114	94.7%		82.0%
Floating Support in Lieu	1,400,000	1,308,380	(91,620)				
Hostels Plus	0	150,000	150,000				
<b>Total Contracts</b>	<b>24,541,600</b>	<b>23,156,295</b>	<b>(1,385,305)</b>				
Admin	314,900	314,900	0				
<b>Total</b>	<b>24,856,500</b>	<b>23,471,195</b>	<b>(1,385,305)</b>				

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**By:** Angela Slaven, Customer and Communities Directorate, Director - Service Improvement

**To:** Supporting People Commissioning Body - 28 January 2014

**Subject:** Commissioning Plan

**Classification:** Unrestricted

### **Summary**

This report is to provide an overview of the second iteration of Commissioned Services commissioning intentions and plan for housing related support over the next three years. It gives the Commissioning Body a means to debate and develop the intentions and contribute to the planning for reshaping provision in Kent as Commissioned Services embarks on a process of change as part of a wider programme of public sector reform.

### **Recommendations:**

**The Commissioning Body is asked to:**

- 1. Discuss and comment on the commissioning intentions**
- 2. Endorse the commissioning plan.**

### **1. Introduction**

- (1) This is the second iteration of the commissioning plan and has been informed by the findings of the needs analysis carried out over the summer of 2013 and the consultation processes that took place.
- (2) Housing-related support has a significant contribution to make to the wider community resilience and sustainable communities agenda and reform will only be achieved by focusing on the importance of universal services in the lives of residents and the need for all partners to work together to shape communities that promote wellbeing for all.

### **2. Need for Change**

- (1) The Needs Analysis conducted by the Chartered Institute of Housing has identified the following needs:
  - An increased focus on prevention in all cohorts
  - Better service pathways
  - Wider range of service models
  - Proactive work to access private sector accommodation
  - Services that can address the needs of users with high or complex needs
  - A central referral hub or portal

- Reassessment of long term services in partnership with Families and Social care.
  - Fundamental review of older person's services
  - A reshaping of the monitoring and quality framework fit for new contracting arrangements.
- (2) Current service models must change significantly to focus on prevention and early intervention and deliver personalised, responsive and flexible support that offers real choice and control to those who receive it.
- (3) This will be characterised by
- Accessible information and advice to all residents with support needs
  - A range of services that promote independence and prevent people needing ongoing or repeated support where this can be avoided
  - The importance of universal services in the lives of all residents especially those with support needs
  - The extension of choice and control for all residents' support needs
  - Greater partnership working to shape communities, with the needs of residents at the centre, creating an environment where all residents feel safe through a proactive approach to safeguarding
  - Ensuring that the delivery of services is cost effective
  - Clear pathways in, through and out of services
- (4) Current service models will be unaffordable and insufficient to meet future need. Developing services that are more flexible, that target prevention, early intervention and progress will improve outcomes. This will have a significant impact for the county council and partner agencies through:
- Fewer referrals for social care assessment.
  - Fewer people receiving packages of care.
  - Fewer emergency admissions (and readmissions) to hospital.
  - Smaller packages of care as a consequence of people using universal services and community support networks alongside their personal budgets.
  - Increasing numbers of people benefiting from recovery and rehabilitation services.

### **3. Commissioning intentions**

- (1) The commissioning plan details a thematic focus on future commissioning Appendices 1 and 2. This approach will facilitate alignment with the processes, milestones and budgets of partner and stakeholder commissioners.
- Domestic Abuse
  - Homelessness including rough sleepers



- Learning Disability
  - Mental Health
  - Physical and Sensory Disability
  - Offenders
  - Older People
  - Young People at Risk and Teenage Parents
  - Substance Misuse
  - Gypsies and Travellers
  - Ex-Service Personnel
- (2) These themes will provide the basis for service improvements and redesign through:
- Rationalisation and reconfiguring existing services
  - Even distribution of services across the County
  - Clear referral pathways into services
- (3) Consultation on service design for each cohort will take place as part of the tendering exercises. A proposed timetable for this work is set out in Appendix 3.
- (4) Services for those experiencing domestic abuse will be the first to be redesigned. Appendix 4 gives further detail on the proposed procurement plan for these services.

#### **4 Finance**

- (1) The County Council has consulted on the 2014/15 budget with a proposal for a reduction of £2.4m. The response to the consultation has yet to be published. The final budget allocation will be ratified by Council on 13 February 2014.
- (2) It is clear that the programme will have a strong role to play in delivering savings. This contribution will be made by driving better efficiencies in its services, commissioning jointly with others and in providing preventative services that avoid the need for later, more costly interventions.
- (3) In the event of unsustainable budget pressures it may be necessary to use the reserves to meet short term one-off pressures associated with commissioning.

#### **5. Conclusion:**

- (1) A second iteration of the commissioning plan has been developed arising from the needs analysis conducted during the summer.
- (2) A schedule containing timescales for delivery is proposed. Consultation on service design for each cohort will take place as part of the tendering exercises.

<h4><b>Recommendations</b></h4> <p>The Commissioning Body is asked to:</p>
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- |  |
|--|
| <ol style="list-style-type: none"><li>1. Discuss and comment on the commissioning intentions</li><li>2. Endorse the commissioning plan</li></ol> |
|--|

## **Background Documents**

**Melanie Anthony**

**Commissioning and Development Manager**

**01622 694937**

**Appendix 1 Commissioning Intentions and Rationale**

**Appendix 2 Commissioning Plan**

**Appendix 3 Commissioning Chart**

**Appendix 4 Procurement plan for Domestic Abuse**

# **Commissioned Services (Housing-related Support) Commissioning Plan**

## **2014 – 2017**

**Version 1**

## **Commissioned Services**

### **Commissioning Plan 2014 - 2017**

#### **1. Introduction**

- 1.1 The purpose of this document is to provide a summary of Commissioned Services commissioning intentions for the coming three years.
- 1.2 Commissioned Services has embarked on a process of unprecedented change, which is part of a wider programme of public sector reform.
- 1.3 Housing-related support has a significant contribution to make to the wider community resilience and sustainable communities agenda and reform will only be achieved by focusing on the importance of universal services in the lives of citizens and the need for all partners to work together to shape communities that promote wellbeing for all.
- 1.4 Fundamental changes are required across housing-related support services to enable the delivery of a system that is personalised, responsive and flexible and offers real choice and control to individuals. There will need to be significant changes in the types of services currently available and changes to how resources are utilised particularly with the greater focus on prevention and early intervention.
- 1.5 The commissioning intentions described all have a clear rationale and defined outcomes (Appendix A). They are consistent with the vision and priorities described in the Vision for Kent, Bold Steps for Kent and the Strategy for Public Health in Kent. Many of these intentions build on existing services, approaches and good practice adopted by KCC in recent years.
- 1.6 It is clear how housing-related support services need to change, to deliver a system which is characterised by
  - Accessible information and advice to all citizens with support needs
  - A range of services that promote independence and prevent people needing ongoing support where this can be avoided
  - The importance of universal services in the lives of all citizens especially those with support needs
  - The extension of choice and control for all citizens' support needs
  - All stakeholders working together to shape communities, with the needs of citizens at the centre, creating an environment where all citizens feel safe through a proactive approach to safeguarding
  - Ensuring that the delivery of services is cost effective

1.7 Through the needs assessment it has been recognised that current service models will neither be affordable nor sufficient to meet needs within current resources. It is clear that radical solutions will be required to enable us to deliver these ambitious changes at a time of significant financial restraint. The fundamental shift towards prevention and early intervention will make savings and have an impact for partner agencies through:

- fewer referrals for social care assessment.
- fewer people receiving packages of care.
- fewer emergency admissions (and readmissions) to hospital.
- smaller packages of care as a consequence of people using universal services and community support networks alongside their personal budgets.
- increasing numbers of people benefiting from recovery and rehabilitation services.

## **2. Commissioning Intentions**

2.1 The following ten commissioning intentions will be the focus of service improvement and redesign over the next three years.

### **Domestic Abuse**

2.2 Rationalise domestic abuse service provision on a holistic East and West Kent basis incorporating secure refuges, floating support, resettlement, IDVA services and a sanctuary scheme.

### **Homelessness including Rough Sleeping**

2.3 Ensure even homeless accommodation across the county and specialist rough sleeper outreach support to entrenched and recent rough sleepers. Reconfigure provision on an East and West Kent basis to incorporate hostel accommodation, move-on accommodation, floating support, resettlement and rough sleeper support.

### **Learning Disability**

2.4 Rationalise learning disability services on an East and West Kent basis to ensure a pathway for service users that includes long term and short term accommodation, resettlement, and floating support that recognises some individuals will have an ongoing support need to assist their independence.

### **Mental Health**

2.5 Rationalise mental health services on an East and West Kent basis to ensure a pathway for service users that includes long term and short term accommodation, resettlement, and floating

support that recognises some individuals will have an ongoing support need to assist their independence.

### **Physical and Sensory Disability**

- 2.6 Ensure that supported accommodation across all client groups has sufficient suitable provision to meet the needs of service users who also have physical disabilities in addition to support needs. Ensure that services are sufficiently skilled to maximise choice for those with sensory impairment.

### **Offenders**

- 2.7 Rationalise offender services on an East and West Kent basis so that they include short term accommodation, resettlement, and floating support and ensure that the service provision begins before individuals leave prison.

### **Older People**

- 2.8 Ensure that services for older people with support needs are available in the right place at the right time and that the support meets individual need to enable service users to live independently in their own homes.

### **Young People at Risk and Teenage Parents**

- 2.9 Ensure even young person and teenage parent accommodation across the county. Reconfigure provision on an East and West Kent basis to incorporate hostel accommodation, move-on accommodation, floating support and resettlement.

### **Substance Misuse**

- 2.10 Ensure even provision of services across the county that include supported accommodation, floating support and resettlement, working in partnership with drug treatment agencies.

### **Ex-Service Personnel**

- 2.11 Build on existing work to understand the housing-related support needs of this group and commission accordingly. There are likely to be links and connections with existing provision in homeless and mental health services.

## **3. Recommendations**

- 3.1 The recommendations from the needs analysis include:
- Reducing the number of contracts, making the programme more manageable and enabling more flexible provision.
  - Introducing clear pathways in and out of services so that individuals understand the journey they are on.
  - Consideration to reducing the high support hours in some services.
  - Exploring the needs of ex-service personnel.
  - Improving service models to enable increased utilisation and throughput.
  - Reviewing older persons' services in the light of changing needs.
  - Improving the tenancy readiness of services users including the use of rent deposit schemes and the private rented sector.
  - Using a single assessment tool

## **4. Supporting Documentation**

- 4.1 The following documents will be available on the KCC intranet and the internet early in 2014.
- Commissioning Business Plan
  - Commissioning Framework
  - Commissioning Consultation Plan

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Cohort	Domestic Abuse	
<b>Current supply Summary</b>	The programme currently funds 100 refuge spaces and 160 floating support places. Total annual value £2m. A county wide Independent Domestic Violence Adviser (IDVA) service is commissioned through partners via probation at a cost of approx. £1m. A small number of Sanctuary schemes are funded across the county via Community Safety partnerships. The value of these contracts is yet to be determined.	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• Gaps in provision around complex needs such as substance misuse</li> <li>• No BME specific accommodation</li> <li>• Move on pressures</li> <li>• Inconsistent Sanctuary provision</li> </ul>	
Rationale	Commissioning Intention	Outcome
To ensure that a more cohesive, seamless service is delivered to the client group, which is able to respond effectively to changing demands and needs	<p>To rationalise existing domestic abuse service provision into 2 holistic services, one covering East Kent (Ashford, Canterbury, Dover, Shepway, Swale and Thanet) and one covering West Kent (Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge &amp; Malling, Tunbridge Wells). These services should incorporate the following provision:</p> <ul style="list-style-type: none"> <li>• Secure refuge provision sited in each district; including establishing new refuge accommodation in Tonbridge &amp; Malling</li> <li>• A tenure neutral floating support service to women and men at risk of domestic abuse</li> <li>• Resettlement support to people leaving refuge services</li> <li>• A sanctuary scheme to facilitate security improvements to victims within their own homes to reduce homelessness caused by domestic abuse</li> <li>• An IDVA service to work within the community and SDVCs</li> </ul> <p>The services commissioned must provide support to clients of any gender with additional and complex needs, such as substance misuse, mental health problems, learning disabilities, offending behaviour and gypsy/ travelers and older adults</p> <p>Where possible, joint commissioning with Medway Unitary Authority should be explored.</p> <p>To redesign referral routes into services and improve access to the private rented sector with use of a rent deposit and/or social lettings model.</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>More cost effective (lower overheads through having a single contracted provider in each area) and flexible provision which covers the entire county.</p> <p>Flexible, more innovative models of intervention that reduce domestic abuse and social and financial costs of patterns of homelessness associated with domestic abuse.</p>

<b>Funding required</b>	Currently combined costs are around £3m excluding the Sanctuary schemes A funding envelope of £3.5 million is approximated to be required.	<b>Timing</b>	Phase 1- complete April 2015
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Cohort	Homelessness including rough sleeping	
<b>Current supply Summary</b>	The programme currently funds over 1500 units for this client group in 31 services including 3 for rough sleepers. Total annual investment £4.9m	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• No provision in Sevenoaks District, little in Tonbridge and Malling BC</li> <li>• Elsewhere, remodelling and redesign will enable services to meet need, especially those with complex needs</li> <li>• A pathway approach, with emphasis given to community based preventative work will be more effective in preventing repeat presentations and securing shared outcomes</li> <li>• Effective use of the private rented sector with appropriate support, including rent deposit will improve move on and throughput.</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To effect better outcomes by ensuring more even spread of provision across the county, thus balancing the burden on resources to other agencies such as local authorities, private sector landlords and drug and alcohol services.</p> <p>To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence.</p>	<p>To rationalise provision of homeless accommodation based services to ensure an even spread of hostel provision across the county. The districts which currently have no homeless accommodation are: Dartford, Shepway and Sevenoaks. Tonbridge &amp; Malling has limited provision.</p> <p>To ensure availability of specialist rough sleeper support to both entrenched rough sleepers, and new entrants to the streets.</p> <p>To reconfigure existing provision, and the additionally required services as detailed above into 2 holistic and flexible community based services covering East Kent and West Kent, to include hostel accommodation, lower support 'move on' accommodation, floating/resettlement support and rough sleeper support such as "Housing First" approaches. Provision must respond and address the needs of BME and emerging minority communities.</p> <p>To reconfigure the levels of support available in services to develop personalised pathways through homelessness services with reducing support as clients increase in independence.</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>More cost effective (lower overheads through having a single contracted provider in each area) and flexible provision which covers the entire county.</p> <p>Flexible, more innovative models of intervention that reduce rough sleeping and social and financial costs of patterns of repeat homelessness.</p>

<p>To ensure that a more cohesive, seamless service is delivered to the client group, including those with complex needs which is able to respond effectively to changing demands and needs</p>	<p>To incorporate into future commissioning plans appropriate provision for emergency bed spaces, and suitably cited locations for provision of SWEP (severe weather emergency protocol).</p> <p>To redesign referral routes into accommodation based services and improve access to the private rented sector</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>Clear pathways through support services will enable clients to receive the appropriate levels of support and move through the available services in a timely fashion, positively impacting on throughput, and availability of support to new entrants</p> <p>More responsive emergency provision, which could be delivered on a more cost effective basis than is currently available to district and borough councils</p>
<p><b>Revenue Commitment required</b></p>	<p>Costs at April 2013/14 were £6m. Remodelling the service with above enhancements is estimated to reduce costs to £4.9m.</p>	<p>Phase 2 – complete April 2016</p>

Cohort	Learning Disability	
<b>Current supply Summary</b>	Current investment heavily favours long term services (over 40 services, annual investment in excess £3m) over short term services (3 services, annual investment £260k)	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• Pathways in through and out of services need to be more clearly defined. Lack of move-on support hinders throughput in existing services, which become “silted up”.</li> <li>• High number of services with high level hours, possible duplication with Families and Social Care (FSC) Many of these services have little or no move-on</li> <li>• Low utilisation could indicate an oversupply</li> <li>• Lack of provision for those preparing to move into supported accommodation (e.g. those with ageing parents)</li> <li>• Take a collaborative approach to future commissioning these services with FSC.</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence</p> <p>More flexible models of provision will encourage better throughput and move on</p>	<p>To rationalise the existing provision, to ensure that the contracts in place are fit for purpose and meet the needs of the client group. To introduce greater flexibility in delivery models to facilitate support at an appropriate level to service users as they move through their support journey including the step up and step down from supported housing services.</p> <p>To ensure flexibility of provision, and that all contracts are able to meet the housing related support needs of service users with learning disabilities.</p> <p>To reduce the total number of contracts by commissioning holistic contracts on an East Kent and West Kent basis with clear pathways to independence for service users. This will incorporate a review of support hours being delivered in each scheme, and the timescales that service users are eligible to receive support at each stage of their journey.</p> <p>To ensure that services for other client groups (such as domestic abuse, floating support services and young persons services) are equipped to meet the needs of service users who may also have a learning disability</p> <p>To redesign referral routes into accommodation based services and improve access to the private rented sector</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>Improved access to supported housing for people with a learning disability at same or lower cost.</p> <p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>Reduced dependency upon more costly residential care</p> <p>That existing services, and specialist commissioned services are able to meet the needs of clients with learning disability, and service users have the flexibility to receive the most appropriate service</p>

		for their needs.
<b>Funding required</b>	Whilst the impact of the FSC accommodation strategy cannot be known, a remodelling of the service could sustain sufficient accommodation based services and a community base for longer term low level support for an annual investment of approximately £2.5m	Phase 3 – complete April 2017

<b>Cohort</b>	<b>Mental Health</b>	
<b>Current supply Summary</b>	Annual Investment of £2.97m in 36 services. Whilst the number of accommodation based units is evenly spread between short term and long term, the investment in short term services is greater by approximately a third.	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>Pathways in through and out of services need to be more clearly defined. Lack of move-on support hinders throughput in existing services, which become “silted up”.</li> <li>High number of services with high level hours, possible duplication with Families and Social Care (FSC) Many of these services have little or no move-on</li> <li>Low utilisation could indicate an oversupply</li> <li>A focus on prevention, low level support to avoid dependence upon accommodation based services and residential care.</li> <li>Ensuring that other services e.g. Homelessness, offenders, substance misuse are well equipped to address the complex needs of those who present.</li> <li>Take a collaborative approach to future commissioning these services with FSC.</li> </ul>	
<b>Rationale</b>	<b>Commissioning Intention</b>	<b>Outcome</b>
To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence.	<p>To rationalise the existing provision, to ensure that the contracts in place are fit for purpose and meet the needs of the client group. To introduce greater flexibility in delivery models to facilitate support at an appropriate level to service users as they move through their support journey including the step up and step down from supported housing services.</p> <p>To ensure flexibility of provision, and that all contracts are able to meet the housing related support needs of service users with mental health problems</p> <p>To reduce the total number of contracts by commissioning holistic contracts on an East Kent and West Kent basis with clear pathways to independence for service users. This will incorporate a review of support hours being delivered in each scheme, and the timescales that service users are eligible to receive support at each stage of their journey.</p>	<p>Improved access to supported housing for people with a mental health issue at same or lower cost.</p> <p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p>
More flexible models of provision will	To ensure that services for other client groups (such as domestic abuse, homelessness and young persons services) are equipped to meet the needs of service users who may also have mental health problems	Reduced

<p>encourage better throughput and move on</p> <p>Equity of access into services, and reduce the complexity of entry into services for both service users and referring agencies</p> <p>To ensure that those with hoarding issues are able to safely maintain tenancy/ occupancy</p>	<p>Commissioning of further accommodation based dual diagnosis provision to address the identified need for further provision to meet the needs of service users with substance misuse and mental health problems.</p> <p>To redesign referral routes into services and improve access to the private rented sector</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p> <p>Explore the need for a county-wide service for hoarders</p>	<p>dependency upon more costly residential care</p> <p>More transparent, equitable access arrangements for Mental Health services across Kent.</p> <p>Additional provision to meet the identified needs of the dual diagnosis group.</p> <p>Improved support for individuals and increase in stakeholders knowledge of compulsive hoarding; promotion of healthy living and address social isolation; address environmental issues and risk of fire death to service users and neighbours</p>
<b>Funding required</b>	<p>Whilst the impact of the FSC accommodation strategy cannot be known, a remodelling of the service could sustain sufficient accommodation based services and a community base for longer-term, low level support for an annual investment of approximately £2.2m Cost of a hoarders service is yet to be determined.</p>	<p>Phase 3 – complete April 2017</p>

Cohort	Older People	
Current supply Summary	80% of funding for older people is tied to sheltered housing (£2.7m, 5570 household units and £414k on 8870 community alarms and £129k in very sheltered)	
Needs Analysis Summary	<ul style="list-style-type: none"> <li>• High level of need set to rise in Ashford Shepway Sevenoaks Swale, Tunbridge Wells and Tonbridge and Malling.</li> <li>• Traditional approach of services largely in sheltered housing</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To create preventative to ensure that clients receive the levels of support they need, at sufficient levels to maximize their independence.</p> <p>More flexible models of provision will improve equity of access into services,</p>	<p>Review of Older Peoples services with support needs, including a review of the sheltered and very sheltered housing stock in conjunction with FSC, Health and District/Borough Council partners.</p> <p>To review and rationalise the existing provision, including community alarms to ensure that the contracts in place are fit for purpose and meet the needs of the client group across all tenures. To introduce greater flexibility and choice in delivery models to facilitate support at an appropriate level to service users as they move through their support journey, including for dementia and discharge from hospital.</p> <p>To reduce the total number of contracts by commissioning holistic contracts on an East Kent and West Kent basis with clear pathways to independence for service users.</p> <p>Work with Health, Las and HIAs regarding further Winter Warmth initiatives to reduce winter deaths for older people particularly those with heart and lung issues</p> <p>To ensure that older people are helped to live healthy lifestyles, make healthy choices, reduce health inequalities and reliance upon residential nursing homes.</p> <p>To review the provision of a Home Improvement Agency service in light of the Integrated Transformation Fund.</p>	<p>A county wide understanding of existing services and sheltered housing provision is developed to inform future capital and revenue investment.</p> <p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>To improve health and wellbeing of older people and decrease dependency on more costly crisis services</p>



		More transparent, equitable access arrangements for older people services across Kent.
<b>Funding required</b>	The impact of the FSC accommodation strategy cannot be known and the future models of provision will be co-designed.	Phase 3 – Complete April 2017

Cohort	Offenders	
<b>Current supply Summary</b>	11 services are currently commissioned providing 138 units of mostly accommodation based support. The services are not evenly spread, with 3 of the 9 accommodation-based services located in Maidstone borough. Annual contract value £742k	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• Shortage of accommodation-based units</li> <li>• Lack of resettlement support</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence</p> <p>More flexible models of provision will encourage better throughput and move on</p>	<p>To rationalise the existing provision, to ensure that the contracts in place are fit for purpose and meet the needs of the client group. To introduce greater flexibility in delivery models to facilitate support at an appropriate level to service users as they move through their support journey including the step up and step down from supported housing services.</p> <p>To ensure flexibility of provision, and that all contracts are able to meet the housing related support needs of former offenders</p> <p>To reduce the total number of contracts by commissioning holistic contracts on an East Kent and West Kent basis with clear pathways to independence for service users.</p> <p>To explore the possibility of low level “move-on” accommodation based service, taking account of the existing pattern in provision.</p> <p>To redesign referral routes into accommodation based services and improve access to the private rented sector.</p>	<p>Improved access to supported housing for ex offenders at same or lower cost.</p> <p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>That existing services, and specialist commissioned services are able to meet need and service users have the flexibility to receive the most appropriate service for their needs.</p> <p>Reduction in repeat offending</p>
<b>Funding required</b>	The improved throughput from existing services and better access to the private rented sector will relieve demand for current provision. The additional resource required is likely to be met via competitive procurement.	
		Phase 1- complete April 2015

Cohort	Young People	
Current supply Summary	The service currently commissions 28 short term accommodation based services and floating support. The annual cost of this provision is £4.4m	
Needs Analysis Summary	<ul style="list-style-type: none"> <li>• More 24hr services needed for young people</li> <li>• Reduction in reliance on bed and breakfast, especially among those leaving young offenders institutions and those leaving care.</li> <li>• Re-examine the number of hours per individual in accommodation based services</li> <li>• Tackle hidden homelessness amongst young people</li> <li>• Address the need for a young persons' service in Sevenoaks district</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To further develop and improve the Troubled Families and KIASs agendas.</p> <p>To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence</p> <p>More flexible models of</p>	<p>To align with partners to develop a commissioning process and budget that ensures suitable provision, including prevention and emergency accommodation and support, is available to meet the needs of young people at risk and teenage parents, including homeless 16 and 17 year olds.</p> <p>To rationalise the existing provision, to ensure that the contracts in place are fit for purpose and meet the needs of the client group. To introduce greater flexibility in delivery models to facilitate support at an appropriate level to service users as they move through their support journey including the step up and step down from supported housing services. Establish a new accommodation based service in the Sevenoaks district.</p> <p>To ensure flexibility of provision, and that all contracts are able to meet the housing related support needs of young people</p> <p>To reduce the total number of contracts by commissioning holistic contracts on an East Kent and West Kent basis with clear pathways to independence for service users.</p> <p>To redesign referral routes into accommodation based services and improve access to the private rented sector.</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>Improved access to supported housing for young people at same or lower cost.</p> <p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>Existing services, and specialist commissioned services are better able to meet need; service users have the flexibility to receive the most appropriate service for their needs.</p> <p>Reduction in homelessness in young</p>

provision will encourage better throughput and move on.		<p>people. Reduction in care leavers and young offenders in unsuitable accommodation.</p> <p>Reduction in repeat offending among young people</p> <p>Reduction in spend in B &amp; B</p>
<b>Funding required</b>	The impact of the Specialist Children's Services Accommodation Strategy cannot be known, however it is likely that with the rationalisation of services, the above ambitions could be realised for an annual figure of £3.8m	Phase 1- complete 1 <sup>st</sup> April 2015

Cohort	Physical/Sensory Disability	
<b>Current supply Summary</b>	There are 5 service currently commissioned for those with physical/sensory loss. All service deliver low level support at 6 hours or less per person with the exception of a specialist community alarm. The annual cost of these services is £138k	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• The Commissioning Body has previously agreed to decommission services that are specialist for physical disabilities.</li> <li>• Closer inspection reveals duplication</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To ensure that future provision is inclusive of those with sensory disability.</p> <p>To ensure the specialist accommodation and support needs of those with physical disabilities are appropriately funded.</p>	<p>To ensure that rationalised contracts for all other clients groups include provision for those whose first language is BSL.</p> <p>Through the Accommodation Strategy, work with KCC Families and Social Care to ensure that specialist accommodation and support needs of those with a physical disability are appropriately funded.</p> <p>To redesign referral routes into accommodation based services and improve access to the private rented sector.</p>	<p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>Single commissioning source for supported housing for those with a physical disability</p> <p>That existing services, are able to meet the housing related support needs of those whose first language is BSL.</p>
<b>Funding required</b>	No additional funding is required to deliver needs in this cohort.	
		Phase 1- complete October 2014

Cohort	Substance Misuse	
<b>Current supply Summary</b>	There are two specialist substance misuse services (18 units, £195k) both of these services are in East Kent. A third scheme is being piloted in west Kent.	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• Better pathways</li> <li>• Higher support levels</li> <li>• Prioritise dual diagnosis</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To ensure that those with substance misuse problems have fair access to appropriate help and support, in addition to their other needs</p> <p>To create clear pathways through the services available to ensure that clients receive the levels of support they need, and that support reduces as they increase in independence</p>	<p>Expand the provision of services for this cohort by ensuring that the housing related support needs of those with substance misuse (alcohol and drugs) issues are met within each of the other cohorts e.g. mental health, offenders, older people and homeless.</p> <p>To introduce greater flexibility in delivery models to facilitate support at an appropriate level to service users as they move through their support journey including the step up and step down from supported housing services.</p> <p>Ensure comprehensive inclusion of this cohort within all schemes to ensure that the required expertise is utilised appropriately to encompass the needs of substance misusers in Kent.</p> <p>Evaluation of recent pilots to establish a model for future delivery of specialist substance misuse services for those with dual diagnosis</p> <p>To redesign referral routes into services and improve access to the private rented sector</p> <p>To increase focus in service on delivering to the health and wellbeing e.g. delivery against the <a href="#">Six Ways to Wellbeing</a></p>	<p>Greater access to housing related support for those with substance misuse issues</p> <p>Reduction in homelessness among those with substance misuse issues.</p>
<b>Funding required</b>	Joint commissioning with drug and alcohol services are proving to be effective.	Phase 1- Complete April 2015

Cohort	Gypsies and Travellers	
<b>Current supply Summary</b>	One service of four units is currently commissioned at 4 hours per week at a cost of £14k annually.	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>The analysis did not uncover any unmet need in this cohort.</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To ensure that future provision is inclusive of Gypsies and Travellers</p> <p>To ensure the specialist support needs of Gypsies and Travellers are appropriately funded.</p>	<p>To ensure that rationalised contracts for all other clients groups include provision for gypsies and travellers.</p> <p>Through work with KCC Gypsy and Traveller Unit and district and borough partners Families and Social Care to ensure that specialist support needs of this group are appropriately funded.</p>	<p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>Single commissioning source for supported housing for those with a physical disability</p> <p>That existing services, are able to meet the housing related support needs of Gypsies and Travellers</p>
<b>Funding required</b>	No additional funding is required to deliver needs in this cohort	
		Phase 1- complete April 2015

Cohort	Ex Service Personnel	
<b>Current supply Summary</b>	No specialist provision for this client group is currently in place via Commissioned Services	
<b>Needs Analysis Summary</b>	<ul style="list-style-type: none"> <li>• No specific mention is made of this client group in the needs analysis</li> <li>• This group are currently found across a range of existing services e.g. mental health, homelessness</li> </ul>	
Rationale	Commissioning Intention	Outcome
<p>To ensure that future provision is inclusive of ex-service personnel</p> <p>To ensure the specialist support needs of ex-service personnel are appropriately funded.</p>	<p>To ensure that rationalised contracts for all other clients groups include the ability to deliver specialist support to ex-service personnel.</p> <p>Through work with JPPB, district and borough housing and development partners ensure that specialist supported housing needs of this group are met.</p>	<p>More cost effective, flexible provision that meets the needs of the client group and deliver high quality services.</p> <p>That existing services, are able to meet the housing related support needs of ex-service personnel</p>
<b>Funding required</b>	Until the work of the Service Personnel Task and Finish group is complete, it is not possible to quantify the future revenue that may be required. A short term solution or pilot may be possible, repurposing over supply in other cohorts e.g. Mental health during phase 1	



Appendix 3 Commissioning Schedule

		2014				2015				2016				2017			
Page 65	Phase 1	Young People															
		Domestic Abuse															
		OFF															
		Phys/Sens															
	Phase 2	Gypsy Travellers															
		H/Less															
		SM															
	Phase 3	LD	Joint Working with FSC accomodation Strategy														
		MH	Joint Working with FSC accomodation Strategy														
		OP	Joint Working with FSC accomodation Strategy														
		Ex Service Personnel	Exploration of temporary solutions														

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## Draft Procurement Plan Domestic Abuse

<b>TITLE:</b> Kent Integrated Domestic Abuse Service	<b>VALUE:</b>	<b>Ref:</b>
<b>Procurement Lead:</b>	<b>Date:</b>	
<b>Client Lead:</b> Angela Slaven	<b>Position:</b> Director of Service Improvement	

### Description:

The Kent Integrated Domestic Abuse Service is the responsibility of the Kent Commissioned Services Team which aims to work in partnership to deliver needs led, value for money, high quality housing support services for vulnerable people.

The contract is to provide a full range of services to support those affected by Domestic Abuse including, but not limited to:

- Provision of Refuge Accommodation for women (and their children) fleeing domestic abuse;
- Provision of safe accommodation based solutions for 'hard to reach' groups fleeing domestic abuse, such as male victims and gypsy/ travellers;
- Outreach services to provide community based support to service users within their own accommodation;
- A consistent and universal Sanctuary Scheme to improve safety for victims choosing to remain in their own accommodation;
- A rent deposit to facilitate move on to suitable privately rented accommodation;
- A countywide IDVA service

### Funding

The majority of funding is drawn from the Kent Commissioned Services 'Supporting People' budget, which currently stands at around £2 million per annum.

There may be potential to draw in external funding sources to offer additional services as part of this contract.

### Value

The contract is proposed to have a maximum budget of £3.5 million per annum.

### Business Objectives:

The supplier will contribute towards the following outcomes:

- Improved long-term mental and physical health, well-being and quality of life for people affected by domestic abuse
- Reduction in repeat victimisation
- Reduction in domestic homicide and offences related to domestic abuse
- Improved public health and reduced health inequalities in Kent
- Increased employment and reduced financial burden on local communities, including but not limited to; training, education and sustained employment
- Improved access to and exit from domestic abuse services
- Reduced need and demand for public services amongst people who have

experienced domestic abuse.

- Reduction in homelessness caused by domestic abuse

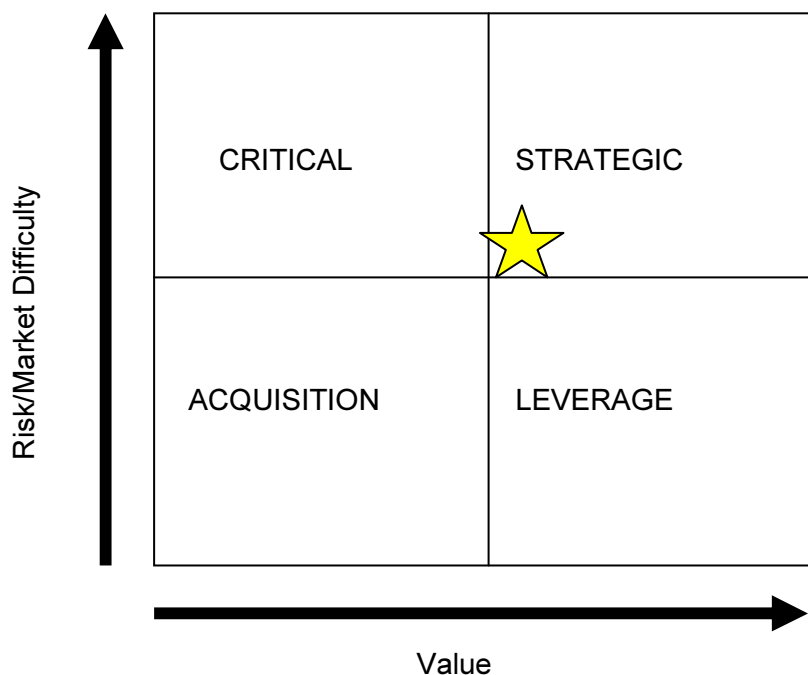
#### Current Supply arrangements:

There are currently 10 individual contracts across Kent to deliver housing related support in a refuge setting, and 2 floating support contracts. These contracts are delivered by 5 separate organisations. There is currently not a domestic abuse refuge in Tonbridge and Malling, which has been identified as a gap in supply. A county wide IDVA service also exists. There is an inconsistent pattern of Sanctuary provision across the county.

#### Market Position:

The market for these services is predominantly from Registered Social Landlords (RSLs) and the third sector. We expect there to be a good level of interest in this procurement and the business team have an excellent level of market knowledge.

A market engagement event will be held early in the procurement to test the appetite within the sector for delivery of larger, integrated contracts covering a wider geographical area.



#### Procurement Risks:

*What are the main risks in carrying out this procurement (what could go wrong?) How do we mitigate*

these risks?

<b>Risk</b>	<b>Controls/Mitigating Action</b>
TUPE – bidders put off by costs	➤ Bidders will be provided with all TUPE information upon request – money has been set aside to pay for additional costs.
Bidders not aware of opportunity	➤ Open day to be undertaken and providers who attend will be emailed once advert has been published ➤ The client also holds an email list for all providers they have had contact with
Risk of challenge	➤ Procurement will follow best practice and be open and transparent – Oversight and assurance by a procurement manager.
Landlords/ property owners withdrawing properties from the process	➤ Robust consultation and engagement with owners of buildings from the outset. ➤ Development of contingency provision in the event of

#### Procurement Route Options & Evaluation:

##### Part: B

This contract will be awarded to one single supplier for East Kent and one for West Kent ; this replicates the model currently in place for floating support and will deliver greater consistency, flexibility of service and value for money.

Evaluation will be carried out in line with the evaluation model and weighting which will be published with the ITT. Strategic procurement will have oversight (and involvement in the evaluation process) to ensure best practice is adopted and lessons learned are incorporated.

#### Evaluation Team

The evaluation team will comprise of key stakeholders in the domestic abuse sector, which will include representation from KCC Procurement and Commissioned Services, Local Authority Housing, Criminal Justice and Public Health Partners and the Kent and Medway Domestic Abuse Co-ordinator.

Following the evaluation and interview process an evaluation report will be written which will detail the teams' recommendation for contract award.

#### Value for Money

The evaluation will include an assessment of quality of service and value for money. Bidders will be asked to detail how they intend to deliver the services they will be supplying. Suppliers will be made aware of any need for efficiency savings within the delivery of service provision and we will be evaluating this aspect of the submitted tender. Suppliers are required to meet minimum service levels throughout the life of the contract, and it is expected that opportunities for income generation and adding 'value' to the contract are explored and pursued throughout the contract duration. Consideration will be given to the next contract price, by analysis of unit costs during the life of this contract.

#### Procurement Route Recommendation:

This opportunity will be advertised on the Kent business portal and awarded to a single supplier; this will provide economies of scale and continuity across Kent.

Estimated Outline Timescales:

Task	Start date
Invite Expressions of Interest	June 2014
Invite tenders for provision of service	July 2014
Prepare tenders	September 2014
Evaluate tenders and tender clarification	October 2014
Draft tender evaluation report	November 2014
Review tender evaluation report and agree contract award	November 2014
Standstill period	November 2014
Award Contract	November 2014

Resources Required:

Procurement Manager support to inform the procurement process.  
KCC Consultation Team support for consultation and market engagement events.  
Commissioned Services Administration Team support for facilitation of events, minute taking etc.  
Additional Commissioning Officer support with tender process.

Reviews Planned:

Throughout the procurement of the Domestic Abuse service the Supporting People Commissioning Body will receive regular reports on the progress.  
The evaluation team and the procurement manager will regularly review the activity being undertaken and will liaise with the required departments as required.

**By:** Angela Slaven, Customer and Communities Directorate, Director - Service Improvement

**To:** Supporting People Commissioning Body 28 January 2014

**Subject:** Home Improvement Agency (HIA) Tender - Evaluations

**Classification:** Unrestricted

### **Summary**

This paper summarises feedback received as a result of a review of the Home Improvement Agencies (HIA) Tender and Tender Evaluation process and captures 'Lessons Learnt' to inform future commissioning plans.

### **Recommendations;**

The Commissioning Body is asked to note:

- 1 The outcome of this evaluation report and ensure future commissioning reflects the 'Lessons Learnt'.

### **1. Introduction**

- (1) Following the final award of contracts for Home Improvement Agencies and Handyperson Services which began on 1 October 2012, a review of the tender process was conducted during the period July – October 2013.
- (2) As a standard step the outcome of this exercise was to capture 'lessons learnt' which would inform future commissioning.

### **2. Context**

- (1) A questionnaire was circulated to all members of the Core Strategy Group inviting feedback on their involvement in different aspects of the re-tendering process at various stages.
- (2) Members of the tender evaluation panel attended a meeting to review their involvement in that process.

### **3. Feedback from the Core Strategy Group**

- (1) One district council returned a completed questionnaire to the Supporting People inbox.
- (2) Findings were as follows:
  - Lack of feedback to comments regarding the service specification
  - Confusion related to the inclusion of the Disabled Facilities Grant work.
  - Lack of clarity around the framework agreement.

- (3) The respondent stated that any future process should be simpler, more transparent and details clarified before the tender is advertised.
- (4) At the December 2013 meeting further suggestions were made by Core Strategy Group regarding the information in the public domain available to potential bidders prior to tender.

#### **4. Lessons Learnt (Tender Process)**

- (1) As a result of this feedback Commissioned Services would in future adopt the following approach:
  - Provide the Core Strategy Group with a written consultation plan and timetable
  - A consultation report that:
    - Confirms the final service specification
    - Clarifies how the consultation has influenced the outcome
  - Provide the Core Strategy Group with a written procurement plan with timetable prior to advertising the tender, where possible.
  - Re-evaluate the details available to potential bidders prior to tendering.

#### **5. Feedback from the Evaluation Panel members**

- (1) Discussions identified aspects of the process that worked well together with aspects of the process that worked less well, as follows:
  - Evaluators worked well as a group, meetings diarised in advance, training was sufficient and overall most technological aspects worked well.
  - There were issues with communication and a lack of consistency in comments made from the Commissioning Team , possibly due to the organisation's restructure, a range of procurement advice obtained and technical problems in the room used for the moderation scoring.

#### **6. Lessons Learnt (Tender Evaluation)**

- (1) The group reflected on their experiences and made the following suggestions to improve the process:
  - Develop and implement a communication strategy for each cohort
  - Ensure all knowledge is shared within a broad based team
  - Identify appropriate evaluators with specialist knowledge as soon as possible
  - Invite the Core Strategy Group to nominate individuals to be involved in future commissioning processes
  - The Core Strategy Group to identify a representative to be the lead for all twelve districts in each commissioning exercise with responsibility for helping with communication to all members of the Core Strategy Group
  - Guidance document to be published and distributed before evaluation process starts
  - Ensure appropriate time is allocated in the procurement plan to agree the evaluation guidance



- All evaluators to sign a confidentiality agreement
- Ensure the meeting room for the moderation scoring has all technological requirements
- Ensure all queries and scores are resolved prior to the evaluation period being concluded at the moderation meeting.
- Ensure time frame is appropriate and communicate reasons for any delays
- Interview bidders face to face, where appropriate.

## **7. Conclusion**

- (1) A procurement of the Home Improvements Agencies was a complex exercise undertaken during a difficult period of change.
- (2) It was agreed that improvements in communication will result in better understanding and interpretation of information.
- (3) All involved have enhanced their own learning and development. The 'Lessons Learnt' will ensure the continuous improvement of future commissioning processes.

### **Recommendations;**

The Commissioning Body is asked to note:

- 1 The outcome of this evaluation report and ensure future commissioning reflects the 'Lessons Learnt'.

### **Background Documents**

None

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**By:** Angela Slaven, Customer and Communities Directorate, Director - Service Improvement

**To:** Supporting People Commissioning Body 28 January 2014

**Subject:** Performance Management

**Classification:** Unrestricted

### **Summary**

This report highlights the aspects of performance management within the Supporting People programme. The key performance indicator that relates to people maintaining or achieving independence has been achieved again in Quarter 1 2013/14. Housing related support services have been delivered to 9,733 vulnerable people within sheltered, supported and floating support services and a further 8,307 are in receipt of community alarms and 944 households have used an HIA service.

### **Recommendations;**

The Commissioning Body is asked to NOTE the report

## **1. Introduction**

- (1) This report contains performance information relating Quarter 2 of 2013/14.
- (2) Data is provided on the revised targets agreed by the Commissioning Body for Key Performance Indicators 1 and 2 for 2013/14.

## **2. Key Features**

- (1) Since the last report the providers' achievements are as follows:-
  - The number of people in sheltered housing, supported accommodation and floating support services who have been helped towards attaining independence increased to 9,733 in quarter 2.
  - The number of people who have left long term services and who have achieved independence in quarter 2 was 331 (Appendix 3)
  - The number of people who moved on successfully from short term services was 383 in quarter 2 (Appendix 3)
- (2) The key performance indicator target of 98.2% for Long Term Accommodation (KPI1) has improved in quarter 2 and been exceeded. Floating support services did not achieve the target and actions are being taken to continue to improve performance (**Appendix 2**)
- (3) In an improvement since quarter 1 the key performance indicator target of 80% set for short term services (KPI2) has been exceeded. Floating Support n lieu services that are now included in Troubled Families are not excluded from the count for the first time (**Appendix 2**).

### **3. Conclusion**

- (1) Most people who used sheltered housing, floating support and supported accommodation during quarter 2 have successfully achieved and maintained independence or moved on to a more settled way of life.
- (2) Across the 5 high level domain areas, services are best achieving in maximising income and establishing contacts with external groups and family. In an improvement since quarter 4 of 2012/13, long term services such as sheltered housing have continued to perform well with high achievement against outcomes that relate to staying safe and being healthy.

#### **Recommendations;**

The Commissioning Body is asked to:

1. Note the report

#### **Background Documents**

None

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**Appendix 1 Contractual Information**  
**Appendix 2 Key Performance Indicators**  
**Appendix 3 Destination data**  
**Appendix 4 Outcomes**

## Appendix 1 Contractual Information

Service Type	Contracted £	Units
Community Alarms	407,914	8,816
Extra Care	128,940	254
Floating Support Service	3,018,358	1,825
HIA	538,348	
Long Term Accommodation	4,187,100	432
Sheltered Housing	2,758,639	5,543
Short Term Accommodation	10,645,843	1,114
Leaseholders	12,774	
<b>Subtotal Contracted</b>	<b>21,697,916</b>	
Hostel Plus*	150,000	
Floating Support in Lieu*	1,308,380	
<b>Overall Total contracted</b>	<b>23,156,296</b>	

*\*additional services*

## Appendix 2 Key Performance Indicators

### Key Performance Indicator 1 Quarter 2 (April – Oct 2013)

- (1) The overall target of 98.2% against **Key Performance Indicator 1 (KPI1)** in quarter 1 (April - Oct) of 2012/2013 (Figure 1)

**Figure 1 Key Performance indicator 1 – Achieving or maintaining independence Target 98.2%**

KPI 1 Target 98.2%	Q2 2012/13	Q3 2012/13	Q4 2012/13	Q1 2013/14	Q2 2013/14
Accommodation (long term)	97.8	98.9	95.0	97.3 (6638)	99.1 (6501)
Floating Support	93.3	97.8	92.3	98.8 (1499)	96.0 (1523)
Overall KPI1	96.9	98.7	94.6	98.5 (8137)	98.5 (8032)

(110 services)

- (1) The improvement in performance in accommodation based services is a result of fewer providers reporting unknown departures.
- (2) . Floating Support in lieu services that are now included in Troubled Families are excluded from the count for the first time this quarter.

### Key Performance Indicator 2 - Quarter 2 (April – Oct 2013)

- (1) The target set for KPI 2 has been exceeded in quarter 2

**Figure 2 Key Performance Indicator 2 - Percentage of planned move-ons from short term services Target 80%**

KPI2 Target 80%	Q2 2012/13	Q3 2012/13	Q4 2012/13	Q1 2013/14	Q2 2013/14
Accommodation (Short Term)	81.5	80.9	82.4	78.5 (295)	82.0 (315)
Floating Support (5 services)	71.3	64.2	66.2	71.0 (88)	87.2 (68)
Overall KPI 2	79.07	78.1	79.6	76.6 (383)	82.9 (383)

(91 services)

- (2) There was a fall in the number of services that failed to reach the target this quarter (27) when compared to last quarter (92). These services have been contacted and improvement plans are being developed to prevent further reoccurrence.

- (3) Following work with providers there has been an improvement in the number of services reporting unknown destinations (53 in quarter 1 and now 36 in quarter 2). Efforts continue to improve data quality in provider returns.

### Appendix 3 Destination data - Quarter 2 (April- Oct 2013)

- (1) The number of people leaving housing support services in Q2 was 1024. Most people left services in a successful, planned way having been supported to achieve greater independence.
- (2) Of the 383 planned moves from short term services, 161 were made into the social rented sector.
- (3) There were no evictions from long term services in Q2.

**Figure 3 Departures destinations achieved in Quarter 2**

#### Floating Support, Long Term Accommodation (KPI1)

Departure Reason KPI 1	Total
Moved into Independent accommodation / completed support programme	275
Died	62
Care/Nursing home/Hospice/Hospital	55
Other Unknown	54
Long term supported housing	32
Sheltered Housing	24
Short Term Supported Housing	8
Taken into custody	4
Abandoned Tenancy	2
Planned - Supported Housing	1
<b>Total</b>	<b>517</b>

#### Short Term accommodation (KPI2)

Departure Reason KPI 2 - planned	Total
Planned - Staying with friends/family	124
Planned - Supported Housing	93
Planned - Rented private	73
Planned - Social Rented	68
Planned - Previous Home	9
Planned - Prison	7
Planned - Sheltered Housing	5
Planned - B&B	4
<b>Total</b>	<b>383</b>

Departure Reason KPI 2 - unplanned	Total
Other/Abandoned	69
Taken into custody	19
Staying with friends/family	15
Sleeping Rough	7
Died	5
Hospice/Hospital/Care home	3
Unplanned - B&B	2
Unplanned - Supported Housing	2
Unplanned - Rented	2
Unplanned - Home	1
<b>Total</b>	<b>125</b>



## Appendix 4 Outcomes

- (1) A summary of the **outcomes achieved in short term services** such as supported housing and floating support during quarter 1 and 2 (April - Oct 2013) across the five themed domains is supplied in **figure 4**.

**Figure 4 Performance of floating support and short term accommodation based services against the Outcomes Framework April 2013 – Oct 2013 (Quarter 2)**

Total 1440 individuals

Type of Support	Number of individuals who required this support (of 1440 individuals)	Number of individuals who had successfully achieved this outcome at point of departure	As a % of those who required this support
<b>Achieving Economic Wellbeing</b>			
To maximise Income	1175	1115	95%
To reduce debt	533	432	81%
To obtain paid work	321	110	34%
<b>Enjoy and Achieve</b>			
To participate in training/education	449	315	70%
To participate in informal learning	302	274	91%
To participate in work-like activities	280	204	73%
To establish contact with external groups	979	932	95%
To establish contact with external groups	449	430	96%
<b>Be Healthy</b>			
Manage physical health	659	598	91%
Manage mental health	676	588	87%
Manage substance misuse issues	441	326	74%
Technology helping to maintain independence	67	61	91%
<b>Stay Safe</b>			
To maintain their accommodation	796	645	81%
To secure/obtain settled accommodation	1073	820	76%
To comply with statutory orders	191	162	85%
To better manage self harm	179	162	91%
To avoid causing harm to others	130	114	88%
To minimise risk of harm from others	348	311	89%
<b>Make a positive Contribution</b>			
To develop confidence and choice	954	897	94%

- (2) Since working with providers and offering assistance to providers who were submitting a poor number of outcomes the return rate this Quarter has improved further still to 94%.

- (3) Providers made returns in respect of 1,440 individuals who left short term services from April to Oct 2013. The number of outcomes each individual may seek during their stay within the service will vary and almost all service users seek more than one outcome whilst they are using the service. Providers have successfully delivered 85% of the outcomes sought by service users on their individual support plans

**Figure 5**

A summary of the **outcomes achieved in long term services** such as sheltered housing, supported accommodation during quarter 1 and 2 (April – Oct 2013).

Total 878 individuals

Type of Support	Number of individuals who required this support (of 878 individuals)	Number of individuals who had successfully achieved this outcome of review	As a % of those who required this support
<b>Achieving Economic Wellbeing</b>			
To maximise Income	182	178	98%
To reduce debt	25	22	88%
To obtain paid work	34	4	12%
<b>Enjoy and Achieve</b>			
To participate in training/education	52	36	69%
To participate in informal learning	111	106	95%
To participate in work-like activities	56	38	68%
To establish contact with external groups	144	143	99%
To establish contact with external groups	67	62	93%
<b>Be Healthy</b>			
Manage physical health	146	137	94%
Manage mental health	76	71	93%
Manage substance misuse issues	7	6	86%
Technology helping to maintain independence	186	184	99%
<b>Stay Safe</b>			
To maintain their accommodation	120	120	100%
To secure/obtain settled accommodation	73	65	89%
To comply with statutory orders	5	4	80%
To better manage self harm	18	17	94%
To avoid causing harm to others	13	13	100%
To minimise risk of harm from others	53	53	100%
<b>Make a positive Contribution</b>			
To develop confidence and choice	120	117	98%

- (3) Providers made returns in respect of 878 individuals who left long term services from April – October 2013. Providers have successfully delivered 92.5% of the outcomes sought by service users on their individual support plans. Across the majority of outcomes, achievement rates are high, especially within Staying Safe and Be Healthy. Long term supported housing services include 34 contracts for retirement, sheltered or very sheltered housing schemes. These services account for 5,797 households of older people. The overall number of

individuals seeking work or work-like activities in long term services is much lower in than the number seeking such outcomes in short term services.

## Supporting People in Kent – Glossary of Terms

Abbreviation or Term	Description
Accommodation based	The housing related support being delivered is linked to specific properties with a service. These properties may include self-contained or shared accommodation. It may also include staff based in an office or a visiting arrangement. Accommodation based services are also known as “Supported Housing”
Accreditation	This is a regular assessment of a support provider to check if they are able to provide a good quality housing related support service
Band A	<p>Those individuals who are in highest need of floating support are banded A on the central waiting list. They include those who</p> <ul style="list-style-type: none"> <li>• Are under threat of eviction</li> <li>• Experiencing domestic abuse or harassment</li> <li>• Are under 18</li> <li>• Sleeping rough, in their first tenancy, setting up a new dwelling or going to move-on accommodation after a period in an accommodation-based service</li> <li>• Are vulnerable due to having been institutionalised</li> </ul>
Benchmarking	A comparison of similar services by quality, performance and cost. This is one of the ways of ensuring the quality of services provided in Kent
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.
Capacity	The total number of support packages or accommodation with support units deliverable at any one time.
Choice Based Lettings (CBL)	A new system in the allocation of social housing designed to offer more choice and involvement for customers in selecting a new home. Available social rented housing is let by being openly advertised, allowing customers to 'bid' or 'register an interest' in those homes which are advertised widely in the neighbourhood (e.g. in the local newspaper or on a website).
Clinical Commissioning Groups (CCGs)	Local groups of doctors (mainly GPs) that replaced primary care trusts in April 2013 as the commissioners of most services funded by the NHS in England
Client Record Form	Forms used to monitor all new clients who use Supporting People services. The statistics are then collated by The Centre for Housing Research (CHR) and data is used to help SP teams identify needs. Details available at <a href="http://www.spclientrecord.org.uk">www.spclientrecord.org.uk</a> 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 the authority 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 housing related support, such as Housing, Social Services, Health and Probation. Its role is to strategically direct and scrutinise the programme.
Contract Monitoring	Contract monitoring is the regular process undertaken by Administering Authorities to ensure that providers comply with the requirements of the contract and are performing effectively. Contract monitoring is an extremely important process as it provides regular information to update authorities' understanding of the quality and effectiveness of Supporting People services and the Value for Money the programme achieves. In Kent, much of the contract monitoring is conducted by local Monitoring and Review (M & R) Officers.
Contract Schedules	These are part of the Supporting People contract and contain details of the services to be provided in the contract and the cost of each service

Abbreviation or Term	Description
Core Strategy Group	This multi agency group provides a strategic steer to the programme and report to the Commissioning Body. Membership includes provider and service user representation.
Cross Authority Group (CAG)	Neighbouring AA's working together to plan and develop policies and services across the group
Cross Authority Provision	A service designated by the CLG to provide support for service users originating from another Administering Authority (AA) e.g. women's refuges
CLG	Department for Communities and Local Government (formerly the ODPM)
Direct Payment	Direct payments are paid to people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from council commissioned services. A person must be able to give their consent to getting direct payments and manage them, even if they need daily help to do this.
DV/DA	Domestic Violence/Domestic Abuse
Eligibility Criteria (EC)	A document that sets out what housing related support tasks can be paid for and those that cannot.
Essential Role of Sheltered Housing (EROSH)	EROSH is the national consortium for sheltered and retirement housing working on behalf of residents and providers of these services.
Fixed Capacity Contracts	A contract under which the units to be paid are fixed at a number agreeable to both the Provider and the authority. The number of units relates to housing benefit claimants. The contract changes from a block subsidy model to a block gross model to assist with budget monitoring and budget setting for both the Provider and the authority. The contract value agreed is subject to review should the amount of units available fall below 10% of the capped amount.
Floating Support	This kind of support is "attached" to the person, not the property and can follow a service user if they move to another address. It only lasts for as long as the client needs it and then "floats" away to the next person in need. The service user does not need to live at a certain address to receive the support.
Floating Support protocols	This countywide agreement describes how floating support will be administered.
Foundations	The national co-ordinating body for Home Improvements Agencies (HIA)
Health and Wellbeing Board	A forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities established under the Health and Social Care Act 2012
Homes and Communities Agency (HCA)	The Homes and Communities Agency (HCA) is the national housing and regeneration agency for England, with an annual investment budget of more than £5bn. The HCA was formed on 1 December 2008 along with the <i>Tenant Services Authority</i> and is a non-departmental public body, sponsored by Communities and Local Government (CLG).
Home improvements Agency (HIA)	An agency which enables vulnerable people to maintain their independence in their chosen home for the foreseeable future. "Vulnerable people" may include older people, people on low incomes, disabled people etc.. Their homes would usually be private rented leasehold or owner occupied.
Housing Benefit (HB)	A means tested benefit paid to council or private tenants who need help paying their rent
Housing Related Support (HRS)	Support specifically aimed at helping people to establish themselves, or to stay in their own homes. Examples of housing related support include helping people learn to manage their own money, apply for benefits, keep their home secure, access to other services

Abbreviation or Term	Description
Indices of Multiple Deprivation (IMD)	The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Together these various Indices make up the Indices of Deprivation 2007.
Individual budget	Funding from a variety of sources that is brought together into one bank account. This allows greater choice and control over many aspects of life e.g. housing, community care, health, benefits, income, grants etc. The person can choose to use their individual budget themselves or a third party can manage the funds for them.
KASS	Kent Adult Social Services
Local Housing Allowance	Local housing allowance (LHA) is the housing benefit paid to local income tenants who rent from private landlords. The amount of LHA paid is dependent upon factors such as the number of bedrooms and the maximum rent allowed for properties in your area.
LSVT	Large scale voluntary transfers of council housing. This could be to a private company or to a registered social landlord.
Managing Agent	A managing agent is an organisation providing housing management services (such as collecting rent) on behalf of another body, often a Registered Social Landlord (RSL). The managing agent may also provide the support services.
NHF - National Housing Federation	The NHF provides advice and support for not-for-profit housing providers. Their website address is <a href="http://www.housing.org.uk">www.housing.org.uk</a>
(Performance Indicators PI's)	Performance statistics submitted to the authority by Providers. They are used as part of contracts and monitoring Key Performance Indicator 1 (KPI1) measures the percentage of people who have maintained independence Key Performance Indicator 2(KPI2)measures the percentage of service users who have moved on in a planned way from temporary living arrangements
Procurement	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 authority uses 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 housing related support 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	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

Abbreviation or Term	Description
Involvement	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
SERIG	South East Regional Implementation Group This group comprises the lead officers of housing related support programmes across the region. They meet to consider issues of national and regional policy and liaise with CLG
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 have an interest in the housing related support services the authority commissions. Stakeholders share or contribute to the aim of the services.
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	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 receive housing related support services.
Support Provider	The organisation providing housing related support services paid for by the authority. Organisation types include registered social landlords, voluntary sector organisations, local authorities, charities and the private sector
Support Service	A service eligible for funding for housing related support. This could include advice on maintaining a tenancy, help with filling in forms, help with keeping accommodation safe and secure etc.
Tenant Services Authority (TSA)	The TSA is the regulatory body for social housing. Having formed on 1 December 2008, the TSA took over the regulatory powers of the Housing Corporation.
Tenure neutral	Tenure neutral floating support services means that support can be offered to an individual regardless of the sort of housing they live in e.g. private rented, social housing, owner occupied.
Triple Aim	Triple Aim is a concept led by the NHS Institute for Innovation and Improvement. It is designed to optimise the health system by taking into account three dimensions: <ul style="list-style-type: none"> <li>• The experience of the individual</li> <li>• The health of a defined population</li> <li>• Per capita cost for the population</li> </ul> This approach has been adopted to tackle health inequalities in two deprived wards in Thanet, Margate Central and Cliftonville West
Troubled Families Programme	Troubled families are those that have problems and cause problems to the community around them, putting high costs on the public sector. The government is committed to working with local authorities and their partners to help 120,000 troubled families in England turn their lives around by 2015 and in particular to ensure the children in these families have the chance of a better life, and at the same time bring down the cost to the taxpayer.
Universal Credit	Universal credit is a new benefit that will eventually replace many other welfare benefits - including housing benefit, income support and jobseeker's allowance.
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



Abbreviation or Term	Description
Validation Visit	A visit to a housing related support service by a commissioning officer to establish whether the Provider is achieving the standards they are contracted to deliver. Service users, staff and stakeholders are consulted 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](http://www.communities.gov.uk)
- [www.sitra.org.uk](http://www.sitra.org.uk)
- [www.housing.org.uk](http://www.housing.org.uk)
- [www.kent.gov.uk/supportingpeople](http://www.kent.gov.uk/supportingpeople)

Contact the Kent Supporting People team [supportingpeopleteam@kent.gov.uk](mailto:supportingpeopleteam@kent.gov.uk)

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

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