



AGENDA

SUPPORTING PEOPLE IN KENT COMMISSIONING BODY

Tuesday, 27th January, 2015, at 2.00 pm

Ask for: **Ann Hunter**

**Swale 2, Sessions House, County Hall,
Maidstone**

Telephone **(01622) 694703**

1. Apologies
2. Declarations of Interest
3. Election of Vice-Chairman
4. Minutes of meeting held on 7 October 2014 (Pages 3 - 6)
5. Provision of Support to Socially Excluded Groups and Future Governance Arrangements (Pages 7 - 10)
6. Performance Management (Pages 11 - 18)
7. 2014-15 Budget Forecast and Reserves (Pages 19 - 20)

Glossary

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, 19 January 2015

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KENT COUNTY COUNCIL

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 Tuesday, 7 October 2014.

PRESENT: Cllr Ms J Anderson (Vice-Chairman), Ms E Bartlett, Cllr Mrs C Clark, Mr H Cohn, Mr A Hammond, Ms S Kaur, Mrs T Kerly, Mr G Lymer (Substitute for Mr C P Smith), Jane Rogers, Ms A Stacey, Ms E Toye, Cllr L Weatherly, Ms T Wenham and Cllr J Wright

IN ATTENDANCE: Mr M Lobban (Director of Commissioning), Ms M Anthony (Commissioning and Development Manager) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

58. Apologies

(Item 1)

- (1) Apologies for absence were received from Ms A Christou, Cllr Mrs K Belcourt, Cllr S Chandler, Mr K Hetherington, Cllr Mrs A Hicks, Cllr J Howes, Mr C Smith, Mrs P Smith and Mr P Whitfield.
- (2) It was noted that Ms E Bartlett had replaced Mr G Peskett and Ms T Wenham had replaced Mr C George on the Commissioning Body.

59. Declarations of Interest

(Item 2)

There were no declarations of interest.

60. Minutes of meeting of the Commissioning Body held on 22 July 2014

(Item 3)

Agreed that the minutes of the meeting held on 22 July 2014 be approved as a correct record and signed by the Chairman.

61. Minutes of the Core Strategy Group held on 1 September 2014

(Item 4)

Agreed that the minutes of the Core Strategy Group Workshop held on 1 September 2014 be noted.

62. Supporting People Review

(Item 5)

- (1) Mark Lobban (Director of Strategic Commissioning) introduced the paper which set out information about the recent review of housing related support

and proposals about the integration of services into a wider social care context. He reminded the Commissioning Body of the main points of the presentation he had given at the meeting on 22 July 2014. He also said that the KDAAT had transferred to Public Health with effect from 1 October leaving a team of six in the Supporting People team managed by M Anthony. He thanked Di Wright (Head of Commissioned Services), who was leaving KCC, for her contribution.

- (2) Mr Lobban said that decisions relating to some client groups within the Supporting People would be taken by the Cabinet Members with responsibility for Adult Social Care and Public Health and Specialist Children's Services but the governance arrangements for socially excluded groups such as homeless people or those experiencing domestic violence was less clear. He said he wanted to ensure that KCC Members understood the services that were being provided to these groups and the impact on statutory functions of any decision not to fund these services in future. He said he proposed to begin that conversation with a paper to the next meeting of the Adult Social Care and Public Health Cabinet Committee on 4 December 2014 and bring a further paper to the next meeting of the Commissioning Body on 27 January 2015.
- (3) During the discussion the following points were made:
 - (i) District and borough councillors need to know how the revised arrangements would impact on their ability to help residents who contacted them to resolve their problems and concerns;
 - (ii) ACC Rob Price, who chairs the Reducing Re-offending Board, should be involved in any conversation about preventative services at the earliest opportunity;
 - (iii) District and boroughs understood budget pressures, the need to avoid duplication of services and wanted to ensure that funding for preventative services was retained;
 - (iv) Homelessness and rough sleeper services were not statutory services for KCC and districts were already funding more Domestic Violence services;
 - (v) The report to the Adults Social Care and Public Health Cabinet Committee should include of a position statement, a paragraph outlining the outcomes of preventative work, the history of the supporting people budget which had been subsumed into KCC's budget, the work done over previous years and how preventative services operated at the local level;
 - (vi) Districts needed assurance that preventative services had been given proper consideration as part of KCC's transformation programme;
 - (vii) It would be unhelpful to lose the partnership approach to delivering housing related services;
 - (viii) Local health and wellbeing boards may not always be the best place to discuss some of the issues related to socially excluded groups.
- (4) Cllr Mrs Anderson read an email from Cllr Mrs Chandler setting out her concerns that the proposed changes gave little opportunity for district council members to have any input in the future, the delivery timescales set out in paragraph 5 of the report did not appear to include consultation with district councils and that it might not be appropriate to include all local health and wellbeing boards in future governance arrangements.

- (5) Melanie Anthony said she would circulate the draft report to the Adult Social Care and Public Health Cabinet Committee to members of the Commissioning Body by 24 October 2014 and would need to receive any comments by Friday 14 November 2014.
- (6) Mr Lobban said: it was important to ensure the right people were involved in early discussions; KCC members had an informed discussion about funding at the Adults Social Care and Public Health Cabinet Committee on 4 December which would feed into KCC's budget for 2015/16; and that this should be followed by consideration of governance arrangements at the next meeting of the SPCB on 27 January 2015.
- (7) Resolved that:
 - (a) The report be noted
 - (b) The proposals set out in paragraph 5(1) - 5(4) and the timescales set out in paragraph 6(1) - 6(3) be agreed.

63. Dates of Meetings in 2015

(Item 6)

- (1) Cllr Mrs Anderson thanked Howard Cohn on behalf of the SPCB for his contribution over many years and wished him well in his retirement.
- (2) Resolved that the dates of meetings of the Supporting People Commissioning Body for 2015 be agreed as follows.
Tuesday 27 January
Wednesday 1 April
Tuesday 21 July
Tuesday 6 October

All meetings to start at 2pm.

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By: Mark Lobban, Director of Strategic Commissioning, Social Care Health and Wellbeing

To: Supporting People Commissioning Body – January 2015

Subject: **PROVISION OF SUPPORT TO SOCIALLY EXCLUDED GROUPS AND FUTURE GOVERNANCE ARRANGEMENTS**

Classification: Unrestricted

Summary: The commissioning of housing related support has been transferred to Social Care Health and Wellbeing. Housing related support is also commissioned to assist groups of vulnerable people outside of the traditional social care groups such as victims of domestic abuse, rough sleepers and offenders. The paper outlines the county council's views on any ongoing commitment to these groups in order that future commissioning and governance arrangements can be planned.

Introduction

1. (1) At its October meeting the Commissioning Body received a report on the findings of the recent review of structures and arrangements for the commissioning of housing related support services in light of its transfer into the Social Care, Health and Wellbeing Directorate within the county council.
- (2) The review found that there were synergies between most housing related support services and commissioning intentions for adults and children's social care. It concluded that the commissioning of these services should be considered within the wider context of social care transformation under the governance of the county council's Adults Transformation Portfolio and 0-25 Transformation Portfolio respectively.
- (3) The review noted that a further consideration of the governance arrangements for socially excluded groups, who do not fall into traditional social care groups and do not directly fit into either of the transformation arrangements would be necessary.
- (4) The report highlighted the need for further, more detailed work to establish the county council's views and plans for future provision for those vulnerable people socially excluded namely;
 - Vulnerable homeless people including homeless families and rough sleepers,
 - offenders including mentally disordered offenders,
 - people at risk of domestic abuse,
 - gypsy/travellers
 - ex-service personnel

Current Context

2. (1) The council spends £7.4m on services in the socially excluded category for vulnerable people who are:-
 - **Vulnerable Homeless** – singles or families, including ex service personnel and rough sleepers (£4.64m)
 - **Offenders** (£648k)
 - **People at risk of Domestic Abuse** (£1.74m)
 - **People from Black and Ethnic Minority Communities** (£83k)
 - **Gypsy Travellers** (£18k)
- (2) Those who use these services present with highly complex needs and histories, and chaotic back grounds including mental health problems, offending, problematic use of drugs and alcohol and learning difficulties. These issues lie at the heart of their homelessness. Whilst they may not reach the threshold for statutory services, such as social care, without help their needs might escalate to levels that do require these more costly interventions.
- (3) Homelessness is governed by legislation and is the statutory responsibility of the district and borough councils. Vulnerable people who access KCC's services do receive advice and guidance from housing authorities but it is the support element, provided by these commissioned services, that prevent tenancies from breaking down leading to repeat homelessness, and an escalated call on public services including adult social care.

Key Issues

3. (1) The county council's view on its ongoing commitment to socially excluded groups was sought in a meeting of the Adult Social Care and Health Cabinet Committee on 4 December. Representatives of the Supporting People Core Strategy Group and Commissioning Body were given the opportunity to have their views represented.
- (2) The committee received a report outlining the purpose of the services and the county council's current financial commitment.
- (3) The report set out the preventative benefit of this provision and its value in diverting demand away from a wide range of statutory provision. The likely impact on the authority's own services and those of strategic partners such as the Police, districts, probation, CCGs and other NHS partners should the services cease was also highlighted.
- (4) Information was provided about the contractual make-up of these services and of the Commissioning Body's ambition to reshape them in light of the findings of the Needs Analysis conducted by the Chartered Institute of Housing in 2013/14. The committee was advised that savings were expected to be delivered as a result of this work via
 - Change in the configuration of contracts and reduction in their number,
 - A reduction in duplication of provision, within the local authority and that of its partners

- Defining, aligning and improving the preventative role to reduce demand on more expensive statutory services
- Increasing capacity by the reduction of artificial boundaries between services and delivering 3 pipeline schemes.

(5) The report drew attention to the requirement for strong effective partnerships with Districts and Boroughs, particularly in their capacity as housing authorities.

(6) The committee was asked to consider the information about these services and agree whether the council should continue to support them to enable future work to be done to reshape them.

Views of the Cabinet Committee

4. (1) The Committee noted the preventative value of the services for socially excluded groups.

(2) The need to work closely with local housing authorities and other strategic partners such as Probation was also recognised.

(3) The Committee agreed to continue support to these groups in order that they may be reshaped in a more efficient manner.

Alternatives and Options

5. (1) Having established and secured the support of the authority to continue to fund services for socially excluded groups, the future governance arrangements for the commissioning of these services can now be considered.

(2) The delivery of housing related support services requires continued effective partnerships with Districts and Boroughs, The authority remains committed to working alongside its district and borough partners and their views will continue to be sought throughout any transition.

(3) There are a range of well-placed alternative arrangements that could be considered to give appropriate expertise and oversight for the socially excluded cohorts e.g. Joint Policy and Planning Board, Kent Housing Group, the Kent and Medway Reducing Offending Board and the Community Safety Board. The inclusion of the local and county health and wellbeing boards should also be considered.

(4) In its September and December meetings, the Core Strategy Group has discussed a range of options and configurations of future oversight and a wide range of possibilities were expressed and considered.

(5) Work continues to refine these views into a workable set of options from which a decision can be made

Recommendations

12. The Commissioning Body are asked

- a) To NOTE the decision of the Adult Social Care and Health Cabinet Committee to continue to support preventative services for socially excluded groups
- b) To DISCUSS alternative governance arrangements that would support the ambition that services across the socially excluded cohort should be better integrated and more clearly aligned with the preventative agenda.

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Background Information:

[Agenda and Reports pack for the Adult Social Care and Health Cabinet Committee meeting of 4th December](#)

By: Mark Lobban, Director of Commissioning, Social Care, Health and Wellbeing

To: Supporting People Commissioning Body January 2015

Subject: Performance Management

Classification: Unrestricted

Summary

This report highlights the aspects of performance management within Supporting People services. Performance against Key Performance Indicators has been mixed in Quarter 2 with KPI 1 being exceeded and KPI 2 being missed marginally by 0.3%. Housing related support services have been delivered to 9,696 vulnerable people within sheltered, supported and floating support services.

1. Introduction

- (1) This report contains performance information relating to Quarter 2 of 2014/15.
- (2) Data is provided on the targets agreed by the Commissioning Body for Key Performance Indicators 1 and 2 for 2014/15.

2. Key Features

- (1) The provider's achievements in Quarter 2 are as follows:
 - 9,696 people in sheltered housing, supported accommodation and floating support services were helped towards attaining independence.
 - The number of people who have left long term services and who have achieved independence was 472. **(Appendix 2)**
 - The number of people who moved on successfully from short term services was 325. **(Appendix 2)**
- (2) The overall key performance indicator target of 98.2% for Long Term Accommodation (KPI1) has again been met. Of the 109 services that report against this indicator 94 met or exceeded the target with 78 services attaining 100%. **(Appendix 1)**
- (3) The overall key performance indicator target of 80% set for Short Term Accommodation based services (KPI2) has not been met in Quarter 2, however only fell short of the target by 0.3%. **(Appendix 1)**

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) Services continue to support clients in achieving a wide range of outcomes. Across the 5 high level domain areas, services are best achieving in maximising income and establishing contact with family and developing confidence and choice.

Recommendations;

The Commissioning Body is asked to:

1. Note the report

Background Documents

None

Melanie Anthony

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Appendix 1 Key Performance Indicators

Appendix 2 Destination data

Appendix 3 Outcomes

Appendix 1 Key Performance Indicators

1. Key Performance Indicator 1 Quarter 2 (July – October 2014)

Figure 1 Key Performance Indicator 1 – Achieving or maintaining independence Target 98.2% (Long term accommodation and Floating Support)

KPI 1 Target 98.2%	Q2 2013/14	Q3 2013/14	Q4 2013/14	Q1 2014/15	Q2 2014/15
Accommodation (97 services)	99.1 (6501)	99.0 (6494)	98.8 (6416)	99.2 (6421)	99.2 (6408)
Floating Support (13 services)	96.0 (1523)	95.9 (1750)	98.0 (1783)	97.7 (1684)	97.7 (1691)
Overall KPI1	98.5 (8032)	98.3 (8244)	98.6 (8217)	98.9 (8105)	98.9 (8099)

(110services)

1.2 Overall KPI 1 has been exceeded again this quarter.

1.3 Accommodation services have performed well with 99.2% of individuals achieving or maintaining independence.

2. Key Performance Indicator 2 - Quarter 2 (July – October 2014)

2.1 The overall target set for KPI 2 has been missed marginally in Quarter 2.

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

KPI2 Target 80%	Q2 2013/14	Q3 2013/14	Q4 2013/14	Q1 2014/15	Q2 2014/15
Accommodation (87 services)	82.0 (315)	88.8 (301)	80.7 (271)	80.6 (291)	80.7 (281)
Resettlement service (2 services)	87.2 (68)	73.2 (41)	80.2 (73)	97.8 (45)	73.3 (44)
Overall KPI 2	82.9 (383)	86.6 (342)	80.6 (344)	82.6 (336)	79.7 (325)

(89 services)

2.2 KPI 2 performance fell short of the target by 0.3% in Quarter 2. This is mainly attributable to the decrease in performance noted for resettlement services. 57 of the 89 services that report against this indicator met or exceeded the target with approximately half of those (29) attaining 100%.

Appendix 2 Destination data

3. Destination data- Quarter 2 (July – October 2014)

3.1 A total of 1054 people left housing supported services in Quarter 2, with the majority leaving in a successful, planned way having been supported to achieve greater independence.

3.2 Of the 325 planned moves from short term services, 75 were made into the private rented sector, 69 into supported housing and 56 into the social rented sector.

Figure 3 Departures destinations achieved in Quarter 2

Floating Support, Long Term Accommodation (KPI 1)

Departure Reason KPI 1	Total
Moved into Independent accommodation / completed support programme	442
Other Unknown	29
Died	77
Care/Nursing home/Hospice/Hospital	43
Sheltered Housing	23
Long term supported housing	7
Short Term Supported Housing	12
Abandoned Tenancy	3
Taken into custody	4
Evicted	3
Total	643

Short Term accommodation (KPI2)

Departure Reason KPI 2 - Planned	Total
Staying with friends/family	101
Social Rented / LA	56
Supported Housing	69
Rented private	75
Previous Home	15
B&B	7
Sheltered Housing	2
Prison	0
Total	325

Departure Reason KPI 2 - Unplanned	Total
Staying with friends/family	25
Other Unknown	34
Taken into custody	14
Rented private	2
Sleeping Rough	4
Hospice/Hospital/Care home	1
Supported Housing	0
Died	3
Previous Home	1
Social Rented / LA	0
Total	84

Appendix 3 Outcomes

4.1 A summary of the **outcomes achieved in short term services** such as supported housing and floating support in Quarters 1 and 2 2014/15 (April – Oct 2014) 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 – Oct 2014

Total 1600 individuals

Type of Support	Number of individuals who required this support (of 1600 individuals)	Number of individuals who had successfully achieved this outcome at point of departure	As a % of those who required this support
Achieving Economic Wellbeing			
To maximise Income	1348	1252	93%
To reduce debt	782	643	82%
To obtain paid work	342	201	59%
Enjoy and Achieve			
To participate in training/education	396	306	77%
To participate in informal learning	263	237	90%
To participate in work-like activities	259	207	80%
To establish contact with external groups	1086	1012	93%
To establish contact with family	579	566	98%
Be Healthy			
Manage physical health	703	646	92%
Manage mental health	607	522	86%
Manage substance misuse issues	374	255	68%
Technology helping to maintain independence	41	39	95%
Stay Safe			
To maintain their accommodation	972	814	84%
To secure/obtain settled accommodation	1208	958	79%
To comply with statutory orders	196	156	80%
To better manage self-harm	128	117	81%
To avoid causing harm to others	120	98	82%
To minimise risk of harm from others	283	255	90%
Make a positive Contribution			
To develop confidence and choice	848	781	92%

4.2 Providers made returns in respect of 1,600 individuals who left short term services from April to October 2014. 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 86% of the outcomes sought by service users on their individual support plans. This proportion has risen by 1% since the previous Quarter.

Figure 5

A summary of the **outcomes achieved in long term services** such as sheltered housing, supported accommodation during Quarters 1 and 2 (April – Oct 2014).

Total 943 individuals

Type of Support	Number of individuals who required this support (of 943 individuals)	Number of individuals who had successfully achieved this outcome of review	As a % of those who required this support
Achieving Economic Wellbeing			
To maximise Income	667	661	99%
To reduce debt	42	33	79%
To obtain paid work	31	12	39%
Enjoy and Achieve			
To participate in training/education	77	45	58%
To participate in informal learning	245	221	90%
To participate in work-like activities	62	50	81%
To establish contact with external groups	412	397	96%
To establish contact with family	197	194	98%
Be Healthy			
Manage physical health	436	418	96%
Manage mental health	136	123	90%
Manage substance misuse issues	16	12	75%
Technology helping to maintain independence	704	699	99%
Stay Safe			
To maintain their accommodation	367	364	99%
To secure/obtain settled accommodation	67	55	82%
To comply with statutory orders	9	9	100%
To better manage self-harm	11	9	82%
To avoid causing harm to others	9	9	100%
To minimise risk of harm from others	60	60	100%
Make a positive Contribution			
To develop confidence and choice	464	462	96%

4.3 Providers made returns in respect of 943 individuals who left long term services from April – October 2014. Providers have successfully delivered 96% of the outcomes sought by service users on their individual support plans. Across the majority of outcomes, achievement rates are high, especially within Stay Safe and Make a Positive Contribution. Long term supported housing services include 34 contracts for retirement, sheltered or very sheltered housing schemes. These services account for 5,916 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.

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By: Mark Lobban, Director of Strategic Commissioning Social Care, Health & Well Being

To: Supporting People Commissioning Body January 2015

Subject: 2014-15 budget forecast and reserves

Classification: Unrestricted

Summary:

This report provides the current forecast for the 2014-15 financial year and an update on the reserves position.

1. 2014-15 Budget and forecast

- 1) The budget of £22,546k and forecast spend of £21,839k is shown in Appendix 1, allocated against the type of spend.
- 2) The current forecast is that the budget will be underspent by £707K.

2. Reserves

- 1) The balance in the Supporting People reserve account is £1,943.5k.
- 2) The only commitment currently made on this balance is £240k which is the balance of the agreed £400k maximum expenditure for Excellent Homes for All.

3. Recommendations

The Group is asked to note and agree:

- The 2014/15 budget of £22,546k, which has a current underspend of £707k forecast.
- The reserves balance of £1,943.5k, with £240k committed.

Author details:

Mel Anthony
Commissioning and Development Manager
Social Care, Health & Wellbeing

Contact details:

Michelle Goldsmith
Finance Business Partner – Social Care, Health & Wellbeing

Appendix 1

2014/15 Budget and forecast

Directorate	Description	Cash limit £'000	Forecast £'000	Variance £'000
SC,H&W	Team	440.0	440.0	0
SC,H&W	Older People	4,199.3	3,892.1	(307.2)
SC,H&W	Adults - Physical Difficulties	138.5	138.5	0
SC,H&W	Adults - Learning Difficulties	3,386.4	3,352.2	(34.2)
SC,H&W	Adults - Mental Health	2,904.3	2,916.7	12.4
SC,H&W	Other Adults	7,508.6	7,421.8	(86.8)
E&YP	Young People	3,968.9	3,677.7	(291.2)
Total		22,546.0	21,839.0	(707.0)

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	Those individuals who are in highest need of floating support are banded A on the central waiting list. They include those who <ul style="list-style-type: none"> • Are under threat of eviction • Experiencing domestic abuse or harassment • Are under 18 • Sleeping rough, in their first tenancy, setting up a new dwelling or going to move-on accommodation after a period in an accommodation-based service • Are vulnerable due to having been institutionalised
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 www.spclientrecord.org.uk These are completed by providers each time they take on a new client. Details such as previous type of accommodation, client group and ethnicity are recorded so 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

Abbreviation or Term	Description
	effectiveness of Supporting People services and the Value for Money the programme achieves. In Kent, much of the contract monitoring is conducted by local Monitoring and Review (M & R) Officers.
Contract Schedules	These are part of the Supporting People contract and contain details of the services to be provided in the contract and the cost of each service
Core Strategy 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).

Abbreviation or Term	Description
Home improvements Agency (HIA)	An agency which enables vulnerable people to maintain their independence in their chosen home for the foreseeable future. "Vulnerable people" may include older people, people on low incomes, disabled people etc.. Their homes would usually be private rented leasehold or owner occupied.
Housing Benefit (HB)	A means tested benefit paid to council or private tenants who need help paying their rent
Housing Related Support (HRS)	Support specifically aimed at helping people to establish themselves, or to stay in their own homes. Examples of housing related support include helping people learn to manage their own money, apply for benefits, keep their home secure, access to other services
Indices of Multiple Deprivation (IMD)	The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Together these various Indices make up the Indices of Deprivation 2007.
Individual budget	Funding from a variety of sources that is brought together into one bank account. This allows greater choice and control over many aspects of life e.g. housing, community care, health, benefits, income, grants etc. The person can choose to use their individual budget themselves or a third party can manage the funds for them.
KASS	Kent Adult Social Services
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 www.housing.org.uk
(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

Abbreviation or Term	Description
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 Involvement	The processes and mechanisms by which the AA consults and engages with people who use the service, or who may use the service and ensures that their views are reflected in the programme. It is good practice and a grant condition that providers involve service users.
Sheltered Housing	Housing specifically for older and or disabled people. Includes a block or group of houses with resident or visiting warden and individual house, bungalow and flats which receive support from a mobile warden or pendant (emergency) alarm
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

Abbreviation or Term	Description
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"> • The experience of the individual • The health of a defined population • Per capita cost for the population 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
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
- www.sitra.org.uk
- www.housing.org.uk
- www.kent.gov.uk/supportingpeople

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

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

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