Kent County Council
Supporting People Needs Assessment –findings.
29th July 2013

Introduction & methods

It is hoped that this analysis provides a useful starting point for identifying possible gaps and duplication in service provision, and that our findings can be used to inform Kent County Council's future commissioning plans for housing support services.

This analysis has brought together datasets about the volume (units), cost, quality and outcomes of services, as well as interviews from stakeholders, staff and providers.

This presentation will highlight some of the key issues and potential challenges and recommendations for you to consider

Executive summary

- Kent County Council commissions approximately 280 separate housing support services and will spend over £24M in the current year
- The county's very diverse demographic and health profiles represent important challenges for how these services should be commissioned in the future
- As expected, services for a small number of client groups make up the majority of spend. Some services operate below expected utilisation levels and overall the average weekly cost in services varies according to the amount of support delivered and the hourly rate
- Existing services for older people with support needs currently make up around 80% of all units. It is likely that there will be a change in demand and the nature of that demand in the future
- There have been a number of improvements in quality and performance over the last 3 years. Short term services in some cohorts are achieving less than 80% of outcomes
- The number of new clients entering services dropped for many client groups in 2012

Current service provision – overview

- Kent County Council will spend approximately **£24M** on 280 housing support services in 2013/14
- 80% of units are for older people with support needs
- Nearly **half** (46%) of the forecast spend is for short term accommodation based services
- Five client groups – older people, people with learning disabilities, people with a mental illness, homeless people, and young people at risk – make up around **three quarters** of total spend
- Generic floating support represents around **half** of the current floating support provision, both in terms of volume and spend
- HIA and alarm services are provided almost **exclusively** for older people

Over-arching Issues

Referrals and Allocations

- Wide range of different referral processes in place. One individual can be referred to various providers - all undertaking different assessments.
- Processes around 'move on' are difficult and there is work to do re promoting and developing the private rented sector to provide more choice
- Many areas have now amended allocation policies. Challenge is for providers to look at additional accommodations such as PRS. Manage expectations about clients not securing social housing
- Work more closely with PRS – tenancy certificate/rent deposit

Floating Support

- New Floating Support nearly at full capacity
- Are there ways of capturing people earlier and doing more in respect of the prevention agenda.
  - Perhaps work with people prior to crisis Floating Support currently working with people in crisis, who are much more likely to lose their home
- All accommodation based services contracted to offer FS once the client moves on but some people may not have had access to supported housing but require low level floating support.

Individual Client Groups

Offenders

- Lack of pathways for offenders
  - No housing advice currently offered in prisons
  - Shortage of accommodation-based units for this client group
  - Are services effectively using the hours of support that are they are contracted to deliver and are the hours of support appropriate?
  - No dedicated resettlement worker for this client group
  - People in services are there for considerable time

Homelessness

- Most of the County has lower than national average rates of statutory homeless, with the exception of Ashford and Dartford (which are significantly higher).
- Need to ensure that the FS service is available to people *at risk* of homelessness rather than just those that will become homeless
- Make better use of housing stock
- Need to understand why some service are not fully utilised
- Need to develop pathways through services
- Manage expectations of clients – not everyone will get access to social housing.
- Need to have a more even spread of homelessness provision across the county
- How can you use current provision to stop second night out ?

Domestic Violence

- Potential gaps for service users with complex needs e.g. – substance misuse, severe mental health problems, learning disabilities, offending behaviour, gypsy/ travellers.
- Additionally, consideration should be given to the service needs of male victims of abuse.
- Whilst Kent refuges have always been open to clients aged 16+, there could be an increase in referrals for younger victims due to change in national definition of DV
- Unmet need for refuge in Tonbridge & Malling
- Is there an appetite to develop a county wide community DV service?

Multiple Needs

- Gaps in provision for people with multiple/complex needs (including single people who are homeless/at risk of homelessness with mental health, alcohol and drugs needs, and / or a history of offending
- Only one dual diagnosis 15 bed in Sevenoaks.
- Ex-service personnel - there is currently a need to understand the needs of this group better

Substance Misuse

- Shortage of services
- Broadening and strengthening services to link in with other SP funded services

Young People

- More 24 hour services are needed for young homeless people and less reliance on B&B accommodation
- Better pathways required
- There is a need to tackle hidden homelessness, especially amongst those leaving young offender institutions and those who have been in care
- YP services are now being delivered in Tonbridge and Malling, Dover, Shepway and Swale. Ashford and Sevenoaks remain un-delivered
- Nevertheless, county-wide need for more accommodation-based services including temporary accommodation and emergency accommodation for young people, to underpin the Dartford model.

Older People

- Lots of services for older people but are they the right services?
- Need for more choice and different housing options for older people as their circumstances and expectations change
- Need to address issues such as dementia, social isolation and mental health
- Rationalise community alarm provision?

Learning Disability

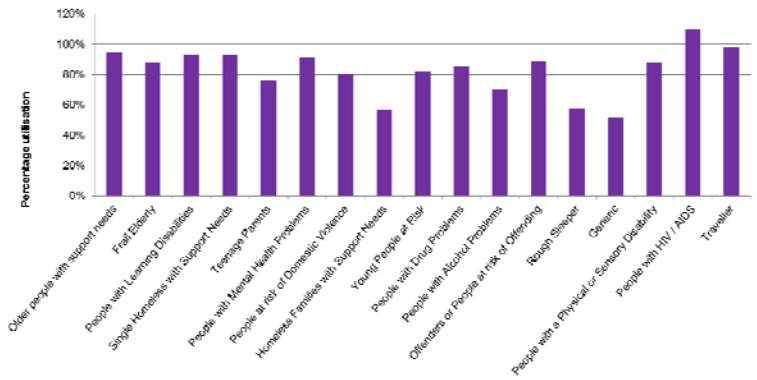
- 44 contracts. Vast majority will have some or all of service users receiving care.
- Lots of supported housing hours going in to many services (14 hours per week)– Is there a better way of commissioning this to meet personalisation agenda ?
- Is the generic floating support reaching people with Learning Disabilities ?
- How long should people remain in Supported Housing – should there be an upper limit?

Mental Health

- Need for long term Mental Health services for those with low and medium needs
- Need clear pathways through and help people to move on. People presenting now with more complex needs and more substance misuse.
- Referral routes differ, depending on mental health teams. Need to unpick referral routes

Utilisation by client group

- Services for some client groups (including the generic floating support service) are below expected utilisation levels



Recommendations to consider

- Improve service models that support increased utilisation and throughput
- Utilise funding to commission new services in the right place where there is a real need for example dual diagnosis, homeless (including offenders),
- Older persons services – Needs of older persons are changing there is a need to review older persons services.
- Young People – better commissioning/work to address unmet needs/shared outcomes
- Tenancy ready/RDS/PRS

Recommendations to consider

- Reduce numbers of contracts making programme more manageable to enable more flexible provision
- Introduce clear pathways in and out of services. So that people understand the journey they are on
- Consider upper limit for **some** long stay services - 2, 3 or 4 years max ?
- High numbers of support hours going in to some schemes need to consider reducing
- Explore the needs of ex-service personnel