

# **The Royal Borough of Kensington and Chelsea**

## **Strategy for Supported Housing 2015 to 2020**



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

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## 1. Introduction

In the Royal Borough of Kensington and Chelsea, the Supporting People programme has been in place since 2003. The programme was established nationally by central Government, administered by local government authorities and delivered by organisations from the voluntary sector. The primary aims were to support vulnerable people across England and Wales to live independently and maintain their housing tenancies, preventing vulnerable people from accessing more acute and expensive services at a point of crisis.

In the Royal Borough this remains a fundamental priority for the services we commission through the provision of good quality housing support services, the promotion and maintenance of independence and realistic move-on options from supported housing. Within the Royal Borough, the Supporting People programme sits within the Council's Housing Commissioning Team, part of the wider Housing Department. This links well with the department's wider preventative agenda to enable vulnerable clients to have access to a suite of supported and independent housing options. The Supporting People Team, as it was formerly known, was renamed the Supported Housing Commissioning Team (SHCT) in 2011.

This strategy details the Supported Housing Commissioning Team's vision and commissioning intentions for supported housing services over the next five years. It outlines the way in which we intend to achieve this through phased procurement and reconfigured service groups. This strategy provides an analysis of local need for our defined client groups previously outlined in the 2007 to 2012 strategy and shown at appendix A, with the exception of the community care group. The commissioning of community care clients was transferred to our Adult Social Care tri-borough colleagues in 2012 and focuses on client groups with levels of support that require higher, more acute and longer support packages. In addition, and building on from the 2007 to 2012 strategy, we have at appendix B outlined what our previous key priorities were, and how we have sought to achieve these.

We have continued to separate out the Homeless Families, Young People and Domestic Violence groups from the Socially Excluded portfolio allowing more targeted commissioning recommendations for individual groups experiencing homelessness.

## **2. Vision**

Our vision for Supported Housing is to improve the quality of life and to promote independence for vulnerable and socially excluded people living in the borough. We aim to achieve this through the delivery of personalised preventative and early intervention housing support services. We want to ensure residents of Kensington and Chelsea are able to achieve their potential for independent living through a time of continued change which will bring with it challenges and opportunities.

Our commissioning for the next five years will take an evidence based approach to the services we commission, drawing on analysis from colleagues across Housing, Adult Social Care departments and other key stakeholders.

We will deliver this through the procurement and commissioning of quality housing support services that offer value for money and better meet the needs of individuals. Building on our previous Supporting People strategy we want to ensure we have the right profile of services across the borough, this includes making best use of accommodation based and non-accommodation based services.

For accommodation based services this means ensuring buildings are best suited to the individual client groups. With our non-accommodation based services, this means ensuring residents are provided with the most appropriate forms of support at the times they need it. To this end, we envisage maximising the use of tailored packages of floating support for residents stepping down to more independent accommodation and making best use of assistive technologies where suitable.

## **3. Strategic aims**

This Supported Housing Commissioning Team has aligned its overall strategic aims to complement national and local priorities. This includes an emphasis on adapting and responding to welfare reform and changes in legislation, taking account of how this affects individuals and impacts on the delivery of the services we commission. In addition to this strategy, we have appended a procurement work-plan found at

appendix C setting out how the team intends to deliver the commissioning priorities for the borough.

The overall strategic aims can be grouped into four distinct categories:

- **Delivering independence** through the provision of secure, stable and flexible environments which enable greater independent living whilst simultaneously providing bespoke support packages
- **Creating opportunities** by offering vulnerable and socially excluded people the chance to improve their quality of life through volunteering and employment opportunities, multi-agency networking and sharing good practice
- **Commissioning really good services** that deliver high quality cost effective and strategically relevant services that are personalised, flexible to changing support needs, well managed, reliable, and can evidence positive outcomes
- **Enhancing engagement and influence** by enabling supported housing providers to put users at the heart of service development and delivery, including choice around the support that is delivered.

In addition, the SHCT will ensure the future priorities of the team are aligned to those of the wider General Needs Commissioning Team who currently cover contracts related to the provision of support for older people and general needs housing. This also includes focusing on the priorities of colleagues and partners from other departments both internal and external, to reduce health inequality, not merely in the sense of absence of illness, but in terms of both mental and social well-being, healthy eating, active engagement and the ability to function independently.

This is complemented by our grant funded Well-being Centre in Redcliffe Gardens offering a range of individual and group learning and therapeutic activities to improve and enhance well-being and independence. Also, through our involvement with local health services who regularly provide cook and taste sessions and dietary advice

across our services. We are also committed to ensuring Registered Providers of our supported housing services ensure their buildings are clean, safe and free from disrepair. Building on previous experience, the Commissioning Team will continue to implement and monitor effective and robust performance management systems across our supported housing services.

#### **4. What is housing related support and who benefits?**

The primary purpose of housing-related support is to develop and sustain an individual's capacity to live independently. Housing-related support therefore covers a wide range of activities and behaviours, including assistance with life skills, budgeting, maintaining tenancies, arranging repairs and helping people to understand the consequences of their actions, such as getting along with neighbours, coping with rent arrears and avoiding eviction.

The focus of housing-related support is in enabling and supporting the recipient to 'do things for themselves' and having control over how their support is delivered. It can be delivered in a number of different ways. It can either be long-term or provided for temporary periods. Typically the support is 'upstream', meaning support is provided to people in order to prevent their homelessness or them requiring a more intensive or institutional form of support or care. The types of services provided across Kensington and Chelsea include:

- **Accommodation-based supported housing** – this provides a stable environment and extra help for vulnerable people. Residents and support staff are based within the same building. It is support linked to the building where the service is delivered and this means the service user has to live at a certain address to receive the support. The level of support provided varies greatly from one supported housing scheme to another. Accommodation-based support forms the largest group of services managed by the SHCT.
- **Floating support** – this is currently a free service providing housing-related support for short periods of time, from a few weeks up to two years or more.

This service is offered on a tenure neutral basis, although the majority of recipients live in temporary, supported or social housing. The term floating means that the service is temporary and will “float away” to someone else who is in need when the recipient no longer needs it.

- **Home Improvement Agencies (HIAs) and Handypersons services** – these services provide advice, support and practical assistance to vulnerable homeowners or private tenants who need repairs, improvements or adaptations to remain in their homes. Home Improvement Agencies can also help with grant applications, energy advice and security equipment and other small DIY type jobs around the house.
- **Community alarms** – a community alarm is a personal alarm system that provides a lifeline between vulnerable older and/or disabled people and someone they can rely upon for emergency assistance. The alarm works through a variety of assistive technologies by connecting a landline telephone to a support centre that can respond as and when required.

Community alarms and HIAs help people to manage independently in their accommodation who might otherwise require greater care and support in an institutional setting, such as a hospital or a care home. Without one or more of the services outlined above therefore, it is inevitable that the cost of accommodation in an alternative setting, and the demands placed on other public services would be increased greatly. A primary aim of the SHCT therefore, is to commission preventative services.

The supported housing services offered across Kensington and Chelsea are extremely varied, and as such they are designed to accommodate different client groups. There is not one single group of people who need and receive a supported housing service. Some of the groups of residents accessing housing-related support might include, but are not restricted to:

- Homeless families

- Socially excluded individuals
- People fleeing domestic abuse
- People with substance and or alcohol issues
- Offenders
- People suffering with mild or severe mental health problems
- People with learning disabilities
- People that have physical disabilities and or sensory impairment
- Young people at risk (including teenage parents) and
- Older people with support needs

## **5. The Royal Borough context**

Following Islington, Kensington and Chelsea is the second most densely populated London borough with 131 people per hectare, yet it remains the smallest of all 33 London boroughs. The disparity between extreme wealth and deprivation is unrivalled by any other borough and the ethnic make-up across the borough extremely diverse, with Black and Minority Ethnic groups comprising 21 per cent of the population.

Parts of the borough remain deprived, with the borough being the 103<sup>rd</sup> most deprived in the country in 2010 according to the index of multiple deprivation, which is based on a range of economic, social and housing indicators. Pockets of deprivation are particularly focussed in the north of the borough, although there are pockets elsewhere. These areas usually correspond to areas of social housing and poorer than average health.

A joint strategic needs assessment carried out in partnership between the Royal Borough and our local primary care trust in 2010 shows that residents in the north of the borough experience very high levels of social deprivation compared to more affluent parts of the borough. For example, average figures in the wards of St Charles and Golborne saw 141 and 177 hospital admissions per 100,000 residents for alcohol related illnesses from 2007 to 2010, in contrast to the central southerly

wards of Queen's Gate and Courtfield that saw 35 and 69 admissions respectively for the same period.

Research carried out by Glasgow University estimates that Kensington and Chelsea had 1,386 problematic drug users in the borough in 2008 to 2009, at the time representing 1.1 per cent of the 15 to 64 year old population.

Furthermore, there are increasing numbers of residents in the borough using more than one drug (especially alcohol) in addition to problematic and sustained drug use. 1.3 per cent of patients across Kensington and Chelsea are known to have a severe and enduring mental illness; this is twice as high as the proportion in England generally (0.7 per cent) and much higher than London (0.9 per cent). Golborne, St Charles and Notting Barns are in the top ten wards in London with the highest level of working age incapacity benefit claimants for mental health reasons. Colville and Cremorne are also within the top 20 per cent of wards in London with high claim rates. Thus, service users are presenting across our supported housing with increasingly complex health issues that require intensive support and ongoing treatment.

However, drug treatment agencies in the borough have a very high retention rate, with 83 per cent of clients remaining for a 12 week period or more. Local services continue to see individuals within the national waiting time guidelines of three weeks. Significant improvements have also been made by specialist treatment agencies to ensure that residents with substance misuse issues recover. 92 per cent of residents with substance misuse issues known to treatment in the last two years were effectively engaged in specialist treatment, compared to 89 per cent in London generally.

A recent 2013 to 2014 Joint Strategic Needs Assessment on Substance Misuse and Offender Health across the tri-borough area (London Borough of Hammersmith & Fulham, Royal Borough and City of Westminster) estimates that the Royal Borough has 6,482 dependant drinkers and 9,701 high risk drinkers. In addition to this, it estimates 3,677 of the borough's residents are dependant drug users. A similar picture is seen across our neighbouring boroughs of Hammersmith and Fulham and

Westminster where proportionate to population and geographical size, comparable figures are slightly higher. In addition, alcohol related health and crime and problematic drug use have been identified as emerging health issues in the most recent Health and Well-being Strategy.

The results of these ongoing needs across the Royal Borough evidence a continued demand to provide good quality supported housing services, which is further evidenced by the number of referrals being made to our services. Average figures show 56 referrals were made into supported housing services per quarter in 2014 to 2015. As a result, the provision of supported housing is important to the Royal Borough for the following reasons:

- As a preventative programme it is known to save significant amounts of public money for other budgets
- It is widely acknowledged as being of high quality
- It helps to support a significant number of established local policy objectives, for example those set out in the Health and Well-being and the Community Strategies such as:
  - a) building on the many assets and resources already available across the borough
  - b) enabling early intervention and prevention
  - c) providing a range of housing and support options to prevent homelessness and promote mobility
  - d) ensuring continuous improvement in the delivery and performance of housing and support services.

## 6. Funding

In 2003 the Supporting People programme was established with a ring-fenced funding stream of £1.8 billion distributed nationally across local authority Supporting People departments. The programme and associated funding was mainstreamed into local authorities in 2011, to be administered in accordance with individual borough's strategic priorities. Up until this time, the funding had been ring-fenced. Once the ring-fence to funding was removed, local authorities were given more flexibility in how to deploy funding in line with local priorities.

At a local level, in 2010 to 2011 Kensington and Chelsea received £11 million in funding for supported housing contracts across the borough. This had reduced in 2012 to 2013 to £7 million:

<b>Financial year</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
<b>Supported Housing Budget</b>	£11m	£10m	£7m	£7m

Conversely, we have successfully identified new ways to achieve savings and reconfigure our services with a minimal impact on the reduction of available units. However, this gradual reduction in funding emphasises the challenges to maintain the provision of high quality support services that meet the needs of vulnerable people across the borough. As a result, we have had to rethink how services are delivered and provide creative solutions that deliver savings, value for money and minimise the impact on service users.

## 7. Commissioning priorities

The priorities of the Supported Housing Commissioning Team are intended to reflect and respond to the changing needs of our client groups. They are modelled on the needs of applicants approaching the Council for assistance with housing, as well as the needs and trends we see emerging across services and from what colleagues

across the Council and beyond tell us. The priorities made from our 2007 to 2012 strategy, and the achievements made to date can be found at appendix A.

In developing current priorities to meet the needs of different client groups, the SHCT has reviewed a range of options for future commissioning. This is to ensure that services are commissioned effectively and efficiently and complement wider support provision provided by Health and Adult Social Care and other key stakeholders.

Some of the key influences informing our commissioning are set out below:

- Services need to demonstrate that they deliver value for money, in a climate of decreasing revenue grants and that are reflective of need.
- Services need to be strategically relevant to a range of internal and external stakeholders, and achieve measureable and realistic outcomes.
- Welfare benefit reform will result in a significant number of single people living in non-exempt accommodation (mainly but not exclusively in the private sector) that may no longer be affordable to them.
- New service models need to be developed that support and encourage meaningful engagement and positive move-on.
- Our services need to support a higher proportion of people with challenging needs.
- We need to ensure that service users have realistic expectations about their future housing options when accessing supported housing services as a route to independent living.

Based on these influences, we have developed the following short, concise set of overriding priorities as those we believe most pertinent to this strategy.

- To commission services that work in partnership with other statutory and non-statutory services, engage with community partners and strengthen links with the third sector.
- To commission services that provide an ongoing evidence base and achieve clearly defined outcomes, coupled with realistic and achievable move-on options for the individual.
- To commission services that show innovation in the way in which support is delivered that is best suited to the individual, and to commission services that are reflective of the strategic reviews for individual client groups.
- Where possible, to procure integrated services where the support providers deliver both the housing management and the housing support. This will minimise disruption and potential confusion for the service user and provide a more holistic service and a single point of contact for both support and housing management related tasks.
- To provide services that are flexible and equipped to deal with a range of complex needs in environments that are safe and secure.

## **8. Commissioning priorities by service group**

We will begin to introduce a new suite of outcomes based performance indicators to better monitor our services. As commissioners, these will provide us with an accurate view of the performance of individual providers and enable us to focus on the outcomes we want delivered across our supported housing schemes. These outcomes include targets to ensure rent arrears are kept to a minimum and thus ensuring providers focus on key elements of independence such as budgeting and money management, a target around the number of residents in work or training and a target around the percentage of residents satisfied with the support they receive.

### **Priorities for socially excluded services**

Forthcoming priorities for the delivery of supported housing services for the socially excluded group include, ensuring that the support offered to residents in long-term placements is appropriate and proportionate to the support required. To this end, some of our long-term services will be remodelled such that the level of support is linked to the needs of the individual; this will include the ability to deliver support in a flexible and tailored way.

In addition, services housing long-term residents will be designated as long-term units, as opposed to the short stay two year model that most of our supported housing services previously offered.

We will begin procuring services in groups based on their geographical location referred to as Lots. We will ensure schemes are monitored and safe through the provision of office and security hubs for each of the service groups. Service groups will be based on the existing provision of properties. Services delivering what we historically termed medium support, will become generic supported housing services, and will be designed to cater for all single individuals that present with multiple and challenging needs.

Supported housing schemes that offer shared facilities will be remodelled where possible to cater for individuals requiring low support, and also those that are ready for independent move-on accommodation. There is an acknowledged problem in accessing independent accommodation and thus a 'silt-up' in a number of existing services; a move-on strategy including Into Work and Housing is thus being developed in response. These are schemes whereby people working 16 hours or more a week can be offered accommodation for 12 months. During this time they are expected to prepare for move-on.

### **Priorities for young people's services**

We recognise the importance in getting off to the right start in life, and accommodation and support is a critical element to this beginning. For young people, this issue is particularly pertinent. Analysis of data from our internal systems tells us

young people continue to become homeless through family evictions, leaving care environments or through being released from prison.

Based on the presenting need to continue commissioning services that account and cater for this vulnerable client group, we will retain and re-commission medium to high support accommodation based services for young people, diverting resources away from low support services which have been identified as surplus to our commissioning requirements.

We will implement a new service model within some existing services, with increased concierge provision for young people with low to medium complex support needs. The model of support will be flexible enough to respond to and deal with challenging and antisocial behaviour, with more emphasis placed on achieving positive outcomes for individuals in this service group. In addition, we will procure and implement a new single generic floating support service model which includes existing visiting and floating low support services. The service will support young people with low support needs, but will accommodate those that have higher support needs in times of crisis requiring short and intensive intervention.

### **Priorities for domestic violence services**

A key commissioning priority from the previous Supporting People Strategy sought to develop work around assistive technologies and sanctuary schemes within the borough as a preventative measure to assist residents at risk of domestic violence. Grant funding options remain available for victims or residents at risk of violence. The SHCT, in partnership with stakeholders involved in the provision of domestic violence services, will also be looking into the use, application and benefits of assistive technology as a form of protection against violence and abuse. This follows on from the Domestic Violence Strategy Review in which women fleeing domestic violence were asked to consider alternative accommodation to a refuge if new technology provision for safety was available. Twenty-six out of 51 West London women said that they would.

In addition, the team is working with our current refuge provider to address the issue of including the definition of domestic violence services as a form of supported

housing at the local level. This will ensure a smooth transition for victims of violence when applications for dual Housing Benefit are made, and will ensure occupation of the accommodation is exempt from the Benefit Cap.

Our current services are fully compliant as designated domestic violence services. The provision we have available in the borough is medium support services, designed to develop and sustain an individual's capacity to live independently. Support provision is consistent with the achievement of national objectives in relation to the Domestic Violence Strategy, Homelessness Strategy, Alcohol and Drug Strategy and Crime Reduction Strategy. There continues to be considerable demand for the services provided and as such we will continue to fund and explore new methods of support for victims of domestic violence.

### **Priorities for teenage parents and homeless families**

We wish to continue the provision of supported housing for teenage parents and homeless families and ensure mothers are able to access and receive accommodation based tailored parenting and housing support. Efficiencies and stock rationalisation have seen a reduction in capacity for these client groups over recent years, however these decisions were underpinned by an evidence based need analysis that demonstrated previous mother and baby units were not the best use of buildings.

We have subsequently implemented a new service model within our main mother and baby unit, Andrew Provan House. This has increased support hours and waking night provision for homeless families and teenage parents with medium to high complex support needs. The service now supports single mothers as well as families, where the father wishes to play an active role in the child's life. The model of support will now be responsive and flexible enough to deal with complex needs and family dynamics, focusing on positive outcomes.

As contracts draw to a natural close in respect of the provision for these client groups, we will seek approval to enter into longer term agreements to ensure the continued provision of these services. The SHCT has identified these services to be strategically relevant. This is based on experience and an analysis of current and

projected need that demonstrates there will continue to be a demand for services in these client groups for the foreseeable future. As such, it is envisaged longer term partnership agreements with providers will be sought.

## Appendices

### Appendix A

In our most recent 2007 to 2012 strategy, we set ourselves 15 recommendations for improvements to the delivery of supported housing services. These were identified through a review of provision at that time, with a view to endorsing innovation, listening to colleagues across tri-borough and Adult Social Care, and creating services that better meet local need. In the order set out below this next section seeks to bring together achievements over the previous five year period, emphasising the progress made with regards to each of the recommendations previously made.

- a. To endorse the new Supporting People vision focusing on the promotion of independence, prevention and choice.*

Services commissioned by the SHCT continue to be preventative services. We consider all of our accommodation based and floating support services to be preventative. Cost benefit analysis information demonstrates that significant savings are achieved through the provision of supported housing. This occurs because the services we commission serve to avoid more expensive forms of residential and institutional care, and thus reduce the burden on other public services. In addition, the team regularly reviews individual needs and support assessments to ensure that recipients of support are encouraged and supported to achieve independence.

- b. To ensure that the contribution of the Supporting People programme to the indicators and targets highlighted in the Local Area Agreement are adequately acknowledged and demonstrated, and to work with service providers to ensure that the support provided is more explicitly focused on relevant Community Strategy objectives.*

As mentioned in the introduction of this strategy, the SHCT has faced a reduction in the annual budget year on year from 2007 to date. The team

acknowledges these reductions are likely to continue into the foreseeable future based on the annual Local Area Agreement and central Government budget allocation. As such, we have decommissioned contracts that are no longer deemed strategically relevant. This has allowed these savings to be realised. This has also allowed the team to re-invest some of the savings into services that are strategically relevant but required more funding to respond to the changing needs of the clients and support needs being presented. The team continues to commission new services and where sensible and safe, consolidate existing provision to reduce central overheads and back office associated costs to allow the majority of funding to be used for front line staff. Both of these examples demonstrate a commitment and drive to realise efficiencies, whilst continuing to commission services that deliver value for money.

- c. Work to ensure that services are more effectively targeted. For example, accommodation-based services should increasingly be targeted at those with relatively high or complex needs, chaotic young people and those with dual diagnosis and mental health problems.*

The SHCT works in close partnership with the Council's recently named Single Homeless Team, a replacement of the former Social Inclusion Team. This allows regular liaison on eligibility criteria, referrals and issues arising on the ground. We are therefore better able to ensure individuals receive the most suitable placements, from those with dual diagnoses to those leaving care. In addition, our Single Homeless Team delivers a multi-agency approach to referrals, ensuring all relevant agencies, from community mental health teams to community assessment and primary services, maintain involvement in a particular service user's care.

- d. To develop policies to improve throughput in services, including a move-on strategy with an explicit link of allocating appropriate move-on accommodation together with resettlement support.*

A priority over the previous five years has been to maximise throughput across our services. We believe in providing support to vulnerable individuals, and to ensuring individuals continue to receive aftercare support once moved on from a service. We also acknowledge that some individuals are unlikely to acquire enough independence to move-on, and are likely to remain institutionalised to the extent of needing perpetual support. We offer a continued commitment to providing support for those individuals, but also believe in encouraging individuals, who no longer require support, to move on. To this extent, in partnership with the Single Homeless Team options have been developed to identify and support throughput across our services.

- e. To develop the approach for joint commissioning of services for young people, those with mental health needs and those with learning and physical disabilities.*

In 2012 Kensington and Chelsea took part in the formation of the tri-borough shared services arrangement. In unison with Hammersmith and Fulham and Westminster this arrangement continues into the present and seeks to bring about savings through sharing services across borough boundaries whilst also combining back office and management costs. Whilst the directorate of Housing has retained sovereignty across the three boroughs, unlike our neighbouring departments of Adult Social Care and Family and Children's Services, we nevertheless have strived to embrace joint working in our commissioning and procurement of relevant services. This includes the high support mental health services previously commissioned by the Supported Housing Commissioning Team. We also take part in regular liaisons with tri-borough colleagues for the future procurement of our Home Improvement Agency, community alarms and young people's services as part of a commitment to joint working.

- f. *To develop approaches to the procurement of services for older people in line with the forthcoming Older People's Housing Strategy and for community care client groups.*

Following on from the points made above we continue to engage with colleagues in Hammersmith and Fulham and Westminster regarding the future offer we plan to present to older people. This includes joint working with Adult Social Care departments and Housing on the creation of an enhanced Home Improvement Agency, better use of assistive technologies for older people including the benefits offered from Telecare. Recently we have commissioned consultants Ridgeway Associates to provide a range of recommendations on improvements to the delivery of older people's housing, including how to provide a more holistic overall approach. This includes the option of combining a Community Alarm Service, a floating support service, handypersons and Home Improvement Grants services.

- g. *To finalise eligibility criteria for services based on outcomes, including a focus on the contribution of Supporting People in services jointly funded with adult social care on the achievement of short-term outcomes.*

Within the contract documentation for all of the services we currently commission, we include the following five key deliverables and actively encourage all of our providers to strive towards the achievement of these outcomes for the users they support:

- Economic Well-being
- Enjoyment and achievement
- Maintaining a healthy lifestyle
- Staying safe
- Making a positive contribution.

In addition to those outcomes listed above, we have introduced a new suite of performance indicators that will allow a more enhanced monitoring of our

providers and the performance of their services. This will include monitoring of residents' arrears levels, setting a target for the number of residents who have secured education, training and/or employment and ensuring a set percentage of stakeholders are satisfied with the service. Furthermore, our forthcoming procurement intentions will include the use of outcomes based performance indicators as a vital indicator of the services' performance. This will ensure effective and realistic monitoring.

- h. To ensure the development of a market capacity for the delivery of more flexible non-accommodation based preventative support services. This was to include flexibility in terms of their duration including one-off assistance, and flexibility in terms of the tasks undertaken, including more practical assistance than is currently funded. For our socially excluded group, this should be focused around developing the services accessible from the Well-being Centre and for older people; this was to be linked to the development of individual budgets.*

The SHCT has recently entered into a contract for the commissioning of a generic floating support service. This was achieved through a regulated EU procurement process and ensured a thorough and competitive market test. The provision of this service allows individuals to receive support at one-off intervals when required, and further allows the flexibility such that the provision can 'float away' when the service is no longer required. A review of our Well-being Centre, completed in 2013, evidences a continued demand for the programmes and services available to residents across our supported housing services. It is clear from this review that stakeholders who refer individuals to the centre see it as a solid and secure foundation for the well-being of its users, and to some degree, a pathway to recovery and normality. Based on the evidence obtained we want to continue the provision of this service and ensure residents continue to benefit from the centre.

- i. To develop a new model of support provision for older people, centred around the separation of the automatic link between the provision of accommodation and support, and to investigate the possibility of using sheltered units as the*

*hub for support services delivered both to tenants in sheltered accommodation and others in the local community.*

In recent years, we have recognised that simply being a resident of sheltered housing does not in itself indicate a degree of support is required. As such, we have sought to separate these two elements whilst simultaneously ensuring those that do require support, receive it. To this end, working alongside our providers we have implemented an enhanced housing management service and drop-in services for residents of sheltered housing such that support is readily available where required.

- j. To investigate the role and scope of the Council's Home Improvement Agency, both in terms of the provision of a wider range of services including handyperson services, and the extension to wider client groups including people with physical and sensory disabilities.*

Over the previous five year period we have commissioned a Home Improvement Agency to deliver a range of services, including housing advice, advice and processing of various Government grants that enable residents improved accessibility and safer security systems around the home. We recognise this provision plays an important role in allowing individuals to remain within their homes and maintain their independence for as long as possible. The SHCT is currently exploring new and improved way to deliver housing grants, odd jobs and repairs services to vulnerable residents.

- k. To carry out a strategic cost benefit analysis of the contribution of community alarms services and telecare assistance to the extension of non-accommodation based support services for older people and other client groups.*

We continue to work closely with our Kensington and Chelsea Tenant Management Organisation (KCTMO) for the delivery of community alarm services for older people across the borough and we ensure this service is made available to all residents regardless of tenure or property type. Our

current service arrangements working alongside our KCTMO allow us to achieve significant cost reductions. These services provide both residents and family members with reassurance and peace of mind. Work continues around the future arrangements for these services but we remain committed to continuing the provision of community alarms.

- l. To investigate the mechanisms for withdrawing Supporting People funding from those service users who do not currently or no longer need housing-related support but who continue to live in accommodation which otherwise would attract Supporting People funding.*

Both the SHCT and our colleagues in the Single Homeless Team regularly meet with the providers of our supported housing services. During these liaisons discussions take place around residents moving in, and on, from supported housing. Where suitable we encourage our providers to refer clients suitable for independent living onto our private rented scheme for an offer of independent private sector housing. In addition, our single homeless officers are in the process of writing a move-on strategy for individuals no longer in need of supported housing.

- m. To ensure that the economic case for funding housing-related support services is constructed and made use of where and when appropriate.*

With each of the supported housing services procured we ensure there is both a sound financial and evidence base before initiating a tender. We liaise with operational colleagues to confirm the demand is there for the service in question. In addition, we consider the potential cost implications for other departments across the Council and other public services, if the service were not to be procured. There is broad recognition across the sector and elsewhere that services providing housing-related support allow significant savings to be made elsewhere. This is achieved through delayed or avoided hospital admissions, not having to admit individuals to residential or more institutional forms of accommodation and the avoidance of rent arrears and

evictions achieved through supporting residents with financial and budgeting advice.

- n. To develop a commissioning plan based on the priorities identified in the 2007 to 2012 strategy.*

Following the priorities identified in the 2007 to 2012 strategy we have subsequently developed commissioning plans for the future supported housing services across the borough. These plans include pooling resources and grouping supported housing properties together based on geographical location. This will enable us to retain all supported housing properties whilst simultaneously delivering savings.

## Appendix B

<b>Older people</b>	<ul style="list-style-type: none"><li>• Older people with support needs</li><li>• Frail elderly people</li><li>• Older people with mental health problems</li></ul>
<b>Socially excluded people</b>	<ul style="list-style-type: none"><li>• Single homeless people with support needs</li><li>• Rough sleepers</li><li>• People with mental health problems</li><li>• People with short-term needs</li><li>• Refugees</li><li>• People who misuse alcohol or drugs</li><li>• Travellers</li><li>• Young people leaving care</li><li>• Young people at risk</li><li>• People with HIV/AIDS</li><li>• Offenders and those at risk of offending</li><li>• Offenders with mental health problems</li></ul>
<b>Homeless families and young people and Domestic violence</b>	<ul style="list-style-type: none"><li>• Homeless families with support needs</li><li>• Teenage parents</li><li>• Women fleeing domestic</li><li>• Young people with support needs</li></ul>

## Appendix C - Procurement work-plan

Client Group	Service & Scheme	No. of Units	Proposed Procurement
<b>Socially Excluded Single Homeless Provision</b>	<b>Lot 1:</b> 599 Harrow Road (8 units) - 100 Barlby Road (5 units) - 5 Barlby Road (5 units) -124-126 Highlever Road (8 units) - 24 Dalgarno Gardens (7 units)	<b>33</b>	<b>2015</b>
<b>Socially Excluded Single Homeless Provision</b>	<b>Lot 2:</b> 30 St Charles Square (6 units) - 36-38 St Charles Square (16 units) - 45-49 Chesterton Road (16 units) - 280 Ladbroke Grove (7 units) - 128 Oxford Gardens (5 units) - 198 Latimer Road (11 units)	<b>61</b>	<b>2015</b>
<b>Socially Excluded Single Homeless Provision</b>	<b>Lot 3:</b> Heaney Lodge, Basing Street (11 units) - 49 Cambridge Gardens (9) - 57 Cambridge Gardens (9) - 37 Cambridge Gardens (5) - 100 Lancaster Road (7) - 132 Lancaster Road (132)	<b>48</b>	<b>2015</b>
<b>Socially Excluded Single Homeless Provision</b>	<b>Lot 4:</b> 48 Stoneleigh Street/No's 44 and 47 Ainslie Place (14) - 65 Elsham Road (11) - Culross House Bridge Close (23) - 40 Colville Terrace (10) - 37 Chepstow Villas (9)	<b>67</b>	<b>2015</b>
<b>Young Persons Female &amp; Mother &amp; Baby</b>	<b>Dashwood House</b> , 6 Pembridge Square London, W2 4ED	<b>24</b>	<b>2015</b>
<b>Mother &amp; Baby</b>	<b>Andrew Provan House</b> , 8-9 Pembridge Square, London, W2 4ED	<b>19</b>	<b>2015</b>
<b>Young People</b>	<b>39 Longridge Road</b> , London, SW5 9SD	<b>12</b>	<b>2015</b>
<b>Socially Excluded Single Homeless Provision Mixed</b>	<b>Warwick Road Complex Needs Service:</b> 23 Elsham Road London W14 8HB (11) - 88-90 Finborough Road London SW10 9BA (68) - 34-38 Warwick Road London SW5 9UB (24) - 35-44 Thorndike Close London SW10 (10)	<b>113</b>	<b>2016</b>
<b>Socially Excluded Single Homeless Provision</b>	<b>173-175 Cromwell Road</b> , London, SW5 0SE	<b>56</b>	<b>2019</b>

<b>Socially Excluded Single Homeless Provision</b>	<b>Visiting Support Service:</b> 41 Gunter Grove London SW10 0UN (5) - 89 Finborough Road London SW10 9DU (6) - 60 West Cromwell Road London SW5 9QS (7) - 16 Eardley Crescent London SW5 9JZ (8)	<b>34</b>	<b>2015</b>
<b>Socially Excluded Single Homeless Provision</b>	94 Redcliffe Gardens & 53 Warwick Road including Well-being Centre	<b>20</b>	<b>2015</b>
<b>Young People</b>	31 Barlby Road (7) - 13 Bevington Road (7) - 9 North Pole Road (5) - 25 Oxford Gardens (8) - 189 Freston Road (8) - 266 Westbourne Park Road (8)	<b>43</b>	<b>2021</b>
<b>Young People</b>	<b>Burton White House</b> , 10-12 West Cromwell Road, London, SW5 9QJ	<b>24</b>	<b>2015</b>
<b>Young People</b>	<b>Beacon House</b> , 2-4 Bina Gardens, London, SW5 0LA	<b>16</b>	<b>2021</b>
<b>All Client Groups</b>	Generic Floating Support Services	<b>105 units</b>	<b>2016</b>
<b>Domestic Violence Services</b>	Kensington & Chelsea Refuges	<b>19</b>	<b>2016</b>