ESSEX
SUPPORTING
PEOPLE

5 YEAR STRATEGY

2005-2010





CONTENTS

| FOREWORD BY THE CHAIRMAN OF THE COMMISSIONING BODY | | 2 | SECTION 4: DELIVERY, COMMISSIONING 2 AND TIMESCALES | | | |
|--|---|----|---|--|-----|--|
| | | | 4.1 | Commissioning | 71 | |
| | ITIVE SUMMARY | 3 | 4.2 | Commissioning New Services: the SP Development Fund | 72 | |
| SECTION 1: INTRODUCTION | | 11 | 4.3 | The Consultation Process | 73 | |
| 1.1 | Introduction | 11 | 4.4 | The Supporting People Team | | |
| 1.2 | Essex Supporting People Vision | 12 | | Structure Chart | 75 | |
| 1.3 | Progress towards achieving the priorities | 13 | APPEN | DICES | 77 | |
| 1.4 | Use of Client Groups in this Strategy | 14 | Арре | endix 1: Feedback from Service Users and Service User Representative | 77 | |
| | ON 2: KEY ISSUES AND STRATEGIC | 47 | A | Meetings | 77 | |
| | IERSHIP WORKING | 17 | Арре | endix 2: Reports, Strategies and other | | |
| 2.1 | Essex County Description | 17 | | related documents | 79 | |
| 2.2 | Strategic Partnership Working | 17 | Appe | endix 3: | | |
| 2.3 | Financial Projections | 20 | | East of England Regional Cross- Authority Statement | 83 | |
| 2.4 | Key Issues and Recommendations | 21 | Anne | endix 4: | | |
| | ON 3: INFORMATION ON NEEDS ERVICES | 31 | | 5 Year Strategy Action Plan endix 5: | 89 | |
| 3.1 | People who are Homeless | 33 | | Glossary of Terms / Abbreviations | 113 | |
| 3.2 | Chaotic Lifestyles | 37 | | | | |
| 3.3 | Young People | 43 | | | | |
| 3.4 | Older People With Support Needs | 48 | | | | |
| 3.5 | People with Long-Term Care / Support Needs | 54 | | | | |
| 3.6 | Black Minority & Ethnic Issues | 60 | | | | |
| 3.7 | People with HIV / AIDS | 62 | | | | |
| 3.8 | People at Risk of Domestic Abuse | 63 | | | | |
| 3.9 | Refugees | 67 | | | | |
| 3.10 |) Travellers | 68 | | | | |

FOREWORD BY THE CHAIRMAN OF THE COMMISSIONING BODY

The Supporting People 5 Year Strategy for Essex is an important document. It will define the direction for Supporting People services for the next five years. As such, service developments planned and funded through the Strategy will have an impact much longer than that period.

The Strategy presents a robust vision of the priorities for the Supporting People programme. It shows how, despite the financial climate, Supporting People can continue to improve its support to vulnerable people who are increasing their independence.

It is important to understand that the 5 Year Strategy is a living document that will feed into various action plans over the next five years. I expect that it will act as the forerunner of a new way of planning and delivering services.

The Commissioning Body has ensured that the Strategy emphasises the development of Strategic Commissioning in collaboration with health, housing and social care partners. Partnership links are a vital part of the Supporting People programme, even more so as restrictions to the budget mean that increasingly hard decisions will need to be taken.

Our thanks goes out to all those who were involved in the consultation process for this strategy. We received valuable feedback and input from service users, service providers and voluntary organisations, as well as District Councils, Health Care, Social Services and other professionals in our field.

The involvement of such a wide-ranging group has greatly enhanced both the content of this strategy and the direction it has taken. We are delighted that, overall, the consultation period showed us that most stakeholders were in agreement with the underlying themes of this strategy.

I look forward to the continuous engagement of all people who have a stake in the Supporting People programme. With this help, Supporting People will be making a positive contribution for the people of Essex.



Cllr Derek Robinson

Chairman of the Essex

Supporting People

Commissioning Body

EXECUTIVE SUMMARY

Introduction

The Supporting People programme is now at a turning point. Firstly, the publication of this 5 Year Strategy coincides with the Service Review process that looks at all services in terms of their quality, cost-effectiveness and their strategic relevance.

Secondly, the original interim contracts are now coming to an end. This is an opportunity to learn from the way the original contracts enable or inhibit the delivery of services to service users. This is reflected in the draft Strategy for Commissioning and Procurement, which is currently out for consultation (Footnote 1).

Thirdly, Supporting People is determined to change its mix of services to better reflect the needs of the different client groups, and to improve delivery of its services to end users. This means the development of new services where they are most needed and the re-modelling of existing services, but also potential de-commissioning and, in some cases, a radical re-think in the way services are funded. This radical rethink includes:

- Joined Commissioning of long-term services with Social Services.
- Remodelling of services for vulnerable Older People.
- Increased floating support services.

What it means for your organisation

The 5 Year Strategy lays out the reasons for the direction that Supporting People in Essex wants to take. In short, Supporting People aims to help vulnerable people to become more independent, and the best way that it can do this is by working closely with other organisations with the same objectives. This strategy is intended to be a living and adaptable document that will underpin the way the Supporting People programme develops in the face of budgetary constraints. During the lifetime of the strategy it will be sharpened up by the use of local action planning, budget constraints and the consideration of local priorities. The Annual Plan 2005-2006, which will be discussed by the Commissioning Body in July 2005, will contain more detail on the proposed implementation of the strategic direction provided by this document, as will the Action Plan.

The Action Plan that is attached expresses in more detail what this means in practice. It is evident that if this action plan is to be achieved, partner organisations will need to take the lead in a number of initiatives, with Supporting People leading in the rest. We hope that this document will help providers, partner agencies and other interested parties to better understand Supporting People, and how it can help them to help vulnerable people to attain a higher level of independence.

Vision and Objectives

The Essex Vision for Supporting People is that:

Supporting People will

provide practical, housingrelated support that helps
vulnerable people to establish
a life in which they are safe,
can access services and
meet their responsibilities.
As a result, people will have a
better opportunity to sustain
an independent life.

1 This document can be found on the SP website http://supportingpeople.essexcc.gov.uk

Executive Summary

This vision is expressed in four basic outcomes for users of our services. Supporting People helps them to either (A) Sustain their current accommodation; (B) Attain independent accommodation (Move-on); (C) Have access to specialist services; or (D) Achieve a higher level of independence.

Use of Client Groups in this Strategy

In this strategy we will not be using the standard 'primary client group names' as used in other Supporting People and Office of the Deputy Prime Minister (ODPM) literature. Instead we have grouped some of these primary client groups together into what will be referred to in this document as 'client groups'. These groups are as follows;

Priorities

The Commissioning Body and those consulted during the consultation period agreed the strategic direction for the 5 Year Strategy on the issues listed below:

- 1. More Floating Support
- 2. Priority target groups for new services
- 3. Other service groups
- 4. Improved delivery of Supporting People

| Client Group | Primary Client Group |
|--|---|
| Chaotic Lifestyles | Short-Term Mental Health Problems, Drug Problems, Alcohol Problems, Mentally Disordered Offenders, Offenders or at Risk of Offending |
| Older People With Support Needs | Frail Elderly, Older People Mental Health, Older People with Support Needs |
| People who are Homeless | Homeless Families with Support, Rough Sleeper, Single Homeless with Support |
| Young People | Teenage Parents, Young People at Risk, Young People Leaving Care |
| People with Long-Term Care / Support Needs | Long-Term Mental Health Problems, Learning Disabilities, Physical or Sensory Disability |
| Black Minority & Ethnic Issues | Black Minority & Ethnic People |
| People with HIV / AIDS | People with HIV / AIDS |
| People at Risk of Domestic Abuse | Women at Risk of Domestic Violence or Abuse |
| Refugees | Refugees |
| Travellers | Traveller |

1. More Floating Support

To move the balance of service provision away from accommodation-based services, for both preventative and move-on services, in line with need. Across Supporting People service provision there is a relative shortage of three types of floating support:

1.1. Tenancy Sustainment services.

These can help to reduce pressure on accommodation-based specialist services through early intervention, which in itself benefits the service user as well.

1.2 Community-based support for Older People.

The majority of vulnerable Older People live outside sheltered housing, but over 80% of Supporting People funding is tied up in tenure-based support. Service re-provision and service types for Older People will need to address this imbalance.

1.3 Move-on support.

Move-on from specialist accommodationbased services is a key area of unmet need for a large number of service user groups. It involves two distinct aspects.

Firstly, the availability of floating support is required to assist move-on. If targeted well this will have a direct effect on blocked specialist services. The type of support that is required is similar to tenancy sustainment services (see above).

Secondly, the availability of accommodation is limited. This includes transitional housing ("intermediate move-on"). Without accommodation in the community, move-on support cannot be delivered effectively. There are a number of ways in which this can be addressed.

- Linked Funding. Funding for new floating support services could be directed towards and linked to a commitment to provide access to accommodation for people moving on towards independent living.
- Stock Increase. The physical shortage of social or appropriate rented accommodation is a root cause of homelessness and the shortage of moveon accommodation.
- Access to Social and Private Rented
 Accommodation. An increase in the
 access to existing social and private
 stock will have more impact in the short
 and medium term. Given the ongoing
 pressure on social housing stock,
 innovative solutions are sought from
 districts, RSLs, private landlords and
 other partners to achieve improved
 access to move-on accommodation.
- Supported Housing Index. The new Supported Housing Index allows people to register their needs for housing-related support as well as their specific housing needs, to match with similar data on available properties. This application has the biggest potential impact on people with Physical or Sensory Disabilities requiring suitable accommodation.

2. Priority target groups for new services

Supporting People has identified four key groups that should be given priority for the development of new services.

2.1 Homelessness people

Direct access and other Homelessness hostels are well served by good referral arrangements with relevant agencies. An improvement in the turnover rate of clients (which appears to be low in some hostels) requires improved access to move-on and move-on related floating support.

2.2 People with Chaotic Lifestyles

(Ex-offenders, People with Drug or Alcohol problems, People with Mental Health problems, etc.)

Within this client group, Supporting People will **Target Investment** to develop imaginative and joined-up services together with key partners. It will consider the use of alternative referral points, including **Acceptable Behaviour Contracts (ABCs) and Anti-social Behaviour Orders (ASBOs)**, to help effective future targeting of preventative support. Finally, Supporting People is committed to **Improve Communication** in the process of planning applications to improve the contribution that local Members and key partners can make to get scheme approval.

The issues in this client group are closely related to homelessness, but with additional and often complex needs that require housingrelated support that is delivered together with specialist support. There is a low level of floating support and move-on, while exoffenders and people with drugs or alcohol problems have very little specialist provision of accommodation-based services from Supporting People. This is mainly due to problems with getting contentious schemes through planning. Potential solutions to address these issues are to include better targeting of investment, use of ABCs and ASBOs as referral points and to improve communication in the process of planning applications.

2.3 Vulnerable Young People

(Including Teenage Parents in districts without provision)

Services for **Young People at Risk or Leaving Care** are almost exclusively accommodation based, to the potential detriment of the effectiveness of services as people leave without the option of continued low-level support. Therefore, Supporting People needs to consider the development of move-on with adequate floating support.

Investment in young people has the potential to avoid a lifetime of problems, for the young persons involved, for their communities and for support services, as well as for the criminal justice system. This is acknowledged in the new Public Service Agreement (PSA) for Young People between Central Government and Essex County Council, and in the central government's new Children's Act.

For **Teenage Parents** the availability of housing-related support, including accommodation-based services, exists in parts of the County but is almost absent in others. Only 6 out of 12 districts provide specific housing-related support. Supporting People will engage in the development of services in areas of unmet need.

2.4 Frail Elderly People in Older People Services

The proportion of **Extra Care** within accommodation-based services for older people needs to increase through remodelling and re-provision of existing sheltered housing support.

Within the Supporting People services there is an estimated 50% under-provision of extra care services compared to sheltered housing. These services prevent Frail Elderly People from moving into residential care. This helps them to maintain a higher level of independence in a service that is more economical.

3. Other Service Groups

Service development outside the target groups is equally important to continually improve the effective use of Supporting People funding. However, the view of Supporting People is that resources for these developments will have to come from remodelling of services within current and future budgetary constraints, rather than from additional development.

3.1 Vulnerable Older People: Improve Mix of Services

The current mix of Older People services are not available to the majority of Older People who live outside sheltered housing.

Supporting People needs to develop a more effective mix of extra care, floating support and Careline services by (A) Targeting Frail Elderly and the early onset of mental health problems; (B) Improve targeting of support in existing sheltered housing to enable expansion of community-based support in surrounding neighbourhoods; (C) Defining fit for purpose standards for sheltered housing to attract capital and revenue funding.

3.2 People with Long-Term Care/Support Needs: Joined-up Commissioning

The Supporting People programme sits within a complex web of agencies providing care and support services to people with widely varying needs, but generally with similar objectives, e.g. through Independent Living or Valuing People.

Essex County Council has started two pieces of work to explore the potential for joint commissioning involving Supporting People, Learning Disability and Mental Health service teams. This has involved process mapping of commissioning and review processes, together with work on the types of service users to identify the levels of support needed and the appropriate mix of funding responsibility. Early results are positive but

much work remains to be done during 2005. Consideration will be given to broadening this initial trial work.

3.3 Black & Minority Ethnic (BME) Groups: Equality and Diversity

Equality and Diversity is part of the Service Review process, but in the coming years Supporting People will be actively engaged to ensure that needs of BME groups are met either through an inclusive approach in existing services or through development of special services when needed. It will pay particular attention to service gaps for BME Older People and Asian Women Escaping Domestic Abuse.

3.4 Travellers and Gypsies

Research into gypsy and travellers' housing needs that was commissioned by Essex County Council, Thurrock Borough Council, Southend-on-Sea Borough Council and the Essex District Councils. This is due for publication in late 2005.

3.5 People at Risk of Domestic Abuse

The Supporting People Eastern Region Group commissioned Salford University with a research project in to the provision of services for Women Escaping Domestic Abuse. The results of this research, released in March 2005, will be used to develop a regional strategy on Domestic Abuse by the end of the year.

3.6 People with HIV/AIDS

In Essex there is no real provision specifically for people with HIV/AIDS, which is in line with assessment of need by specialists in the field. Supporting people will continue to monitor the need for HIV/AIDS specific services and include these in its Action Plan as appropriate.

4. Improve Delivery of Supporting People

In the coming five years Supporting People is facing the challenge to increase its support to vulnerable people in the face of ongoing budget pressures. Supporting People aims to achieve this through the following initiatives.

4.1 Supporting People Development Fund

Supporting People needs a Development Fund if it is to commission and develop new key services to create a service portfolio that reflects its key priorities. Because of ongoing budgetary pressures, this means that savings over and above the ODPM targets are required.

The setting of priorities for new developments will come from the priorities and actions that are identified in this document and its Action Plan, but will look for specific opportunities that are identified in local Core Strategy Groups, working groups and user forums, or by key partners, for instance through their Expressions of Interest submitted last year. The Development Fund will be allocated through an annual bidding round.

4.2 Improved Contracting Arrangements

Supporting People is seeking to move away from "Block Subsidy" contracts to "Block Gross" contracts. A model Block Gross contract has been agreed across the East of England region and this will be implemented for new services and for most services that are re-commissioned during the course of 2005. All other contracts will be reviewed during the course of the year and, in addition, the work being undertaken by Thurrock Council on output based contracting will be fed into the contract review process.

It is also intended that there should be a thorough review of programme management and contract administration during the course of 2005.

4.3 Procurement

Since the Platinum Cut, Supporting People has not been in a position to procure services. However, over the coming 5 years, Supporting People will be involved in the issuing of new contracts following the current interim contracts for all its services, which may include re-modelling, decommissioning and tendering. The awarding of the Development Fund is also a Procurement process.

The government defines obtaining 'best value for money' as choosing the bid that offers "the optimum combination of whole-life costs and benefits to meet the customer's requirement". This is not normally the cheapest option on offer, but a decision means weighting qualitative arguments against revenue, resource and capital costs.

4.4 Increased Awareness of Supporting People Services

During the consultation period a common theme was that many stakeholders were unaware of Supporting People services relevant to their areas or needs. In some cases Supporting People was not known at all. It is important for Supporting People in delivering an effective service to ensure that not only do all the relevant partners have sufficient information on our services and how to access them, but also that service users are able to easily access this information. The Supporting People communication strategy will have an important role in promoting this.

Financial Projections

The Office of the Deputy Prime Minister (ODPM) announcement in August 2004 confirmed that grant funding for 2005/6 will be £1.72 billion, a reduction of 4.7% nationwide. The Supporting People Grant for the following two years will be £1.7 billion.

The grant allocation for 2005-2006 for Essex Supporting People is £30.144 million. This is a reduction of £2.3 million from the April 2003 starting position and a 5% cut compared to 2004-2005, not taking inflation into account. The Commissioning Body are currently working on the budget for 2005-2006 based on these figures and an announcement is expected in the Summer of 2005.

The downward pressure on the Supporting People budget in Essex may be exacerbated by the long promised, but hotly debated, "Distribution Formula" which will distribute the nationwide Supporting People budget by relative need. The Allocation Formula will be phased in with the 2006-2007 financial year.

Essex Supporting People is committed to continue to make funding available for key service developments that address priority issues. It proposes to do so through the establishment of an SP Development Fund to be financed from additional savings from within the current budget.

Partnership Consultation and Needs-Supply Gap Analysis

The Supporting People Team has consulted the Commissioning Body, the Core Strategy Development Group and the Local Core Strategy Groups as well as providers and key commissioning partners, and service users through a user consultation programme.

The consultation information has been used alongside a need-supply gap analysis that included;

- Benchmarking Supply gap analysis comparing Essex with equivalent Supporting People authorities.
- User Focus Groups including non-users of Supporting People services within client groups.
- **Specific reviews** of existing services provision for client groups.
- Performance Indicator returns from Supporting People providers.

The needs data will be improved over the lifetime of the strategy by the implementation of the Supported Housing Index and the completion of a number of reviews of housing related support needs.

INTRODUCTION

1.1. Introduction

The Supporting People programme is now at a turning point. In the first place, the publication of this 5 Year Strategy coincides with the first phase of the Service Review process that looks at all services in terms of their quality, cost-effectiveness and their strategic relevance. Supporting People is determined to improve the quality of its services in Essex and so help a wide range of vulnerable people retain their tenancies and to remain independent in the community.

Second, the original interim contracts are now coming to an end and Supporting People in Essex is using this opportunity to learn from the way the original contracts enable or inhibit the delivery of services to service users. This is reflected in the draft strategy for Commissioning and Procurement, which is out for consultation over the coming months (Footnote 2).

Thirdly, Supporting People is determined to change its mix of services to better reflect the needs of the different client groups, and how to improve delivery of its services to end users. This means the development of new services where they are most needed and the re-modelling of existing services, but also potential de-commissioning and, in some cases, a radical re-think in the way services are funded. This radical rethink includes;

- Joined Commissioning of long-term services with Social Services (see 2.4.
 Key Issues and Recommendations – 3.2
 Joined-up Commissioning.)
- Re-modelling of services for vulnerable Older People inside and outside housing schemes (see 2.4. Key Issues and Recommendations – 3 Improve Delivery of Supporting People.)

Increased floating support services, especially in areas of unmet need.

And last of all, Supporting People in Essex faces the challenge of settling our budget. This may present difficulties, as we will need to reconcile the effect of budget pressures on services for vulnerable people with the need to continue improvement to services in areas of unmet needs.

What it means for your organisation

At the heart of the Supporting People programme is a partnership of service users, service providers and service commissioners. This partnership further includes representatives from Housing, Health, Probation and Social Care services. Furthermore, this partnership needs to be strong. Supporting People is not a standalone agency and such it will rely on its partners to help face the tough decisions throughout the country. The preparation of this document has included substantial consultation with partners including voluntary organisations, service users and representative groups.

The 5 Year Strategy lays out the reasons for the direction that Supporting People in Essex wants to take and what the key priorities for development are. In short, Supporting People aims to help vulnerable people to become more independent, and the best way that it can do this is by working closely with other organisations with the same objectives.

This strategy is intended to be a living and adaptable document which will underpin the way the Supporting People programme develops in the face of budgetary constraints. This document includes much of what we would wish to do, but if and how

we can achieve this depends entirely on our future financial situation. During the lifetime of the strategy it will be sharpened up by the use of local action planning, budget constraints and the consideration of local priorities. The Annual Plan 2005-2006, which will be discussed by the Commissioning Body in July 2005, will contain more detail on the proposed implementation of the strategic direction provided by this document, as will the Action Plan.

The Action Plan (see Appendix 4) that is attached expresses in more detail what this means in practice. It is evident that if this action plan is to be achieved, partner organisations will need to take the lead in a number of initiatives, with Supporting People leading in the rest. We hope that this document will help providers and partner agencies to better understand Supporting People, and how it can help them to help vulnerable people to attain a higher level of independence.

1.2. Essex Supporting People Vision

The first County Shadow Supporting People strategy was developed in October 2002 and set out the vision for Supporting People in Essex. This vision is that:

Supporting People will

provide practical, housingrelated support that helps
vulnerable people to establish
a life in which they are safe,
can access services and
meet their responsibilities.
As a result, people will have a
better opportunity to sustain
an independent life.

Outcomes for Service Users: Objectives for Supporting People

The Supporting People programme in Essex is based on a strong partnership between the County Council, the twelve Borough and District Councils, the eleven Primary Care Trusts, Essex Probation, local providers and service users.

During the development of this document, the partnership identified four key outcomes for service users of Supporting People. These outcomes cut across most service user groups and are now used to define the key objectives for Supporting People.

The objectives for Supporting People are to help service users to: –

- Sustain their current accommodation
- Attain independent accommodation (move-on)
- Have access to specialist services
- Achieve a higher level of independence

These objectives are discussed in more detail in Section 2.4: Key Issues and Recommendations.

Delivery Objectives

In 2002, the partnership agreed the five main objectives for the Supporting People programme in Essex.

The objectives for *delivering* Supporting People services are to: –

- Ensure value for money from support services
- Respond to the differing needs of communities across the County
- Improve the quality of services
- Co-ordinate assessments and referrals to services
- Develop new 'spend to save' strategies.

In the Shadow Strategy (October 2002) the Commissioning Body further prioritised service developments to: –

- Reduce homelessness
- Reduce crime
- Reduce delayed hospital discharges
- Promote longer independence and choice for Older People

The County Steer (June 2003) further emphasised the need for partnership working, particularly for hard-to-reach groups including vulnerable young people, exoffenders and people at risk of harm or harming.

1.3. Progress towards achieving the priorities

Since the submission of the Shadow Strategy in 2002 work has continued to develop services in line with the identified service priorities.

Research projects

We have commissioned a number of pieces of research to help us improve our knowledge about local services in the County. These include

- A needs mapping report commissioned to identify existing indicators of need including data on housing need, homelessness, Indices of Deprivation, Health figures and others.
- A high-level review of the strategic context for developing the 5 Year Strategy in the County. This helped to set out and analyse the likely impact of growth areas and population trends on the future need for services.
- Contribution to a research project with the Essex Housing Officers Group (EHOG)

in to Black, Minority & Ethnic (BME) housing needs. This highlighted the housing and related needs of all BME communities resident in the County, the accessibility of services and ways to engage with BME communities.

- Involvement in the Supporting People Eastern Region Group research project in to the provision of services for Women Escaping Domestic Abuse. This has helped to identify the need for domestic abuse services and cross authority partnership working.
- A strategic review of Home Improvement Agencies in Essex to look at their structure, relevance and efficiency and to build up a profile of the services. This review provided important information about the demand for the services and the issues they face with funding and staffing.
- Vulnerable Young People Services Strategic Review, initiated by the Core Strategy Development Group. The ongoing review will include a study into the existing mix of services and identify key gaps.

New and proposed services

The services listed below have come in to operation since April 2003.

- Move-on services for women fleeing domestic abuse have been expanded in Basildon
- An extension to a sheltered housing scheme for Older People has been opened in Manningtree
- Two schemes for Young People Leaving Care have been opened in Colchester and Basildon
- Three supported housing schemes for people with a Learning Disability have been opened, two in Basildon and one in Castle Point

- A scheme for people with a Mental Health problem has been opened in Basildon
- A scheme for people with a Head Injury has opened in Castle Point.

The following services are due to open in the next 18 months:

- A scheme for people with Learning Disabilities will open in the districts Epping Forest, Harlow and Rochford.
- A Women's Refuge in Epping Forest
- A Women's Refuge in Castle Point & Rochford area
- A move-on scheme for vulnerable young people in Colchester
- An extra care sheltered housing scheme for Older People in Braintree.

1.4. Use of Client Groups in this Strategy

In this strategy we will not be using the standard 'primary client group' names that you would find in other Supporting People documentation, for example the Performance Indicators workbooks that are used by providers of Supporting People services. Instead we have grouped some of the primary client groups together into client group clusters, which are referred to in this strategy as 'client groups'.

This improves and simplifies data analysis and comparison and also avoids repetition, as many primary client groups have very similar needs. Also it makes it easier to address the problems surrounding people with complex needs, because many people who require these service types will not be restricted to one primary client group.

The groups are as follows:

| Client Group | Primary Client Group |
|---|--|
| Chaotic Lifestyles | Short-Term Mental Health Problems Drug Problems Alcohol Problems Mentally Disordered Offenders Offenders or at Risk of Offending |
| Older People With Support Needs | Frail Elderly Older People Mental Health Older People with Support Needs |
| People who are Homeless | Homeless Families with SupportRough SleeperSingle Homeless with Support |
| Young People | Teenage ParentsYoung People at RiskYoung People Leaving Care |
| People with Long- Term Care / Support Needs | Long-Term Mental Health Problems Learning Disabilities Physical or Sensory Disability |
| Black Minority & Ethnic Issues | Black Minority & Ethnic People |
| People with HIV / AIDS | People with HIV / AIDS |
| People at Risk of Domestic Abuse | Women at Risk of Domestic Abuse |
| Refugees | Refugees |
| Travellers | Traveller |

The new definitions are as follows; The young people primary client groups are grouped into the 'Young People' client group, the homelessness services under the 'Homelessness' client group and so on. Where some clarification may be needed is with the first client group, 'Chaotic Lifestyles'. People with Chaotic Lifestyles will experience similar problems as those people at risk of homelessness, but could also experience additional complex problems. The complex problems would involve problems with drugs or alcohol, ex-offenders or mental health problems.

In terms of mental health problems there are many grey areas which cause problems for the correct allocation for service users. In the Chaotic Lifestyles client group we are predominantly referring to those with short term and unstable mental health problems. Problems that are having an immediate impact on their ability to maintain their tenancy and/or live independently.

People who have long-term mental health problems, that require ongoing attention from Health or CMHT, are described in the 'People with Long-Term Care/Support needs' section. People with long-term mental health problems are at times referred to in mental health documentation as the 'forgotten generation', as they appear to not have sufficient access to services that match their needs.

KEY ISSUES AND STRATEGIC PARTNERSHIP WORKING

2.1. Essex County Description

Essex is a very large and diverse county with a population of just over 1.3 million people of which some 2.9% are from ethnic minorities. To meet housing demand more than 5,000 new dwellings are being built every year helping to sustain the above UK average population growth in the County.

Essex is a county of contrasts between the industrial Thames Gateway to the rural Districts of Uttlesford and Maldon. The county borders on London with many commuters making the daily journey to work in the capital.

There are a number of large towns such as Basildon, Chelmsford and Colchester with populations of around 100,000. Colchester is England's oldest town and home to a significant army garrison. By contrast Basildon and Harlow are New Towns.

There are high levels of owner occupation across the County, save in the New Towns. Essex is a relatively prosperous county, yet there are wards in some Towns and Districts that rival inner city concentrations of poverty and social exclusion. The County has three of the ten most deprived wards in the Eastern Region. East Basildon is a Neighbourhood Management Pilot whilst Vange and Jaywick are Education Action Zones.

The population of older people is also rising faster than the national average, particularly in the New Town areas as well as the more traditional retirement areas such as Tendring. There are also pockets of high unemployment in places such as Tendring.

Consultation for preparing the Essex Community Plan has revealed that fear of crime remains high even though actual crime levels are below the national average. Supporting People contributes to the aim in the Essex Approach to make Essex a better place in which to live and work, which requires clear objectives and the capacity to work through a range of partnerships. This ties in with the spirit of implementing Supporting People that requires the 5 Year Strategy to link to the work of agencies delivering health and social care, housing and crime reduction.

2.2. Strategic Partnership Working

Strategic Links to Publications

- East of England Regional Cross-Authority Statement (see Appendix 3)
- Essex Approach
- District Community Strategies
- Essex Community Strategy
- Better Care Higher Standards 'Our Commitment to You'
- Intermediate Care Strategies
- Valuing People
- Equal Lives
- Age Matters
- Community Safety Strategies

Supporting People Partnership Framework

The services that Supporting People delivers often support specific partner agencies that provide related support and care services. Supporting People is not a stand-alone agency and needs to work in tandem with other agencies in order to realise joint objectives. This relationship is especially vital when it comes to ensuring that tough decisions will not affect the delivery of key support to vulnerable people throughout the county.

Supporting People either increases the effectiveness of other services or prevents people's need for high-intensity care or support services. First indicative figures from a national study seem to suggest that the benefit realisation of Supporting People services for its partners is close to 100% of the Essex Supporting People budget (see Table 1).

Table 1: Indicative Benefit Realization (£, millions) of the Supporting People programme (Source: Matrix 2004 – Footnote 3)

| Service Area | National Benefit Realization | |
|-------------------------------|---------------------------------|------|
| Independent living | 474 | 8.3 |
| Health | 267 | 7.2 |
| Crime reduction | 108 | 0.8 |
| Homelessness | 278 | 6.2 |
| Social service care provision | | 5.6 |
| Total | 1,337 | 28.1 |

^{*} Essex figures are modelled down by the Essex Supporting People team from the national figures, using relative distributions of service user groups.

Essex Partnerships

The 5 Year Strategy for Supporting People in Essex will contribute directly to the County Council's Strategic Objective of "making Essex a better place to live and work", and to the strategy for tackling Social Exclusion. We will do this by working with partners to support healthy independent lifestyles in the community for everyone and by making Essex a safer place to live through its Crime Reduction partnerships.

The value of Supporting People? At the crossroads – where next for Supporting People? Chris O'Leary, Matrix, presentation 10th September 2004, SPAN

Local Partnerships

Supporting Peoples focus on practical support for vulnerable people is a key element in our ability to contribute to the delivery of the objectives of local agencies.

Each of the District-based Supporting People position statements, which underpin this strategy and its Action Plan, are linked with the community planning processes within their authority.

Social Care & Health

The Supporting People programme for Essex is designed to fit with the major health and social care objectives, including the various National Service Frameworks, Better Care Higher Standards 'Our Commitment to You', Intermediate Care Strategies, Valuing People and local policies such as Equal Lives and Age Matters.

Considerable work has been undertaken with Social and Health Care Commissioning Managers to ensure that the Supporting People strategy is reflective of and reflected in priorities and objectives set out in these strategies and policies.

This document identifies the wide range of Supporting People services that enable people to live healthier lifestyles, prevent crises and reduce risk.

County Managers are party to discussions on how Supporting People can best help to offer more people the opportunity to achieve independent living with support; early and safe discharge from hospital; and prevent unnecessary or premature residential care or hospital admissions.

Housing Strategy

The Supporting People strategy and its priorities are directly linked to the twelve local housing strategies. Each District-based Supporting People Core Strategy Group, which includes the local housing

departments, has produced and updated its own Supporting People position statement incorporating local level needs and supply analysis. These groups have contributed to the development of the 5 Year Strategy Action Plan of Supporting People.

Community Safety

The Supporting People programme for Essex is directly linked to the delivery of community safety strategies. These clearly identify the need for low level support services for individuals at risk of, or in fear of, violence from people within their home and the need for a coordinated approach to tackle anti-social behaviour.

Anti-social behaviour and a fear of crime are significant concerns in many communities across the County. Members are concerned with support for the victims of crime but recognise that Supporting People is a targeted programme to help vulnerable people retain their housing. This is a vital step in breaking individuals' cycles of repeat offending or anti-social behaviour. They will stress the need for closer working with Police through the Crime and Disorder Reduction Partnerships and partners such as Probation, Youth Offending Teams, and Drug Intervention Programmes.

Regeneration & Renewal

As detailed above, the Supporting People strategy is directly linked to Community Planning at both County and District level.

Our strategy will contribute to the renewal strategies across the County by: –

- Providing a range of tenancy support services which contribute to reducing anti-social behaviour and improving community safety;
- Enabling those with support needs to access health, education and training opportunities.

Black & Minority Ethnic Issues

The black and minority ethnic population of Essex is relatively small in comparison to the overall population. The supply mapping exercise for supported housing that we have undertaken shows that there are no services that are specifically designed for, or are targeted at, people from black and minority ethnic communities.

However, as part of the dialogue with providers and the Service Review process we are discussing the approach that providers take to meeting a wide range of cultural and religious needs.

Cross Authority Groups

Essex will strive to provide the services within the County so that local people do not have to leave the County to obtain the support they need unless it is a matter of their positive choice to do so.

Essex has three levels at which it is dealing with cross authority issues:

Links With Essex Unitary Authorities

Thurrock and Southend are unitary authorities with their own Supporting People strategies and structures. Essex meets with them on a regular basis to discuss cross-boundary issues including passporting of accreditation and exchange of Service Review issues. The three Authorities make up the South Essex Thames Gateway housing subregion and are working together to coordinate input to this strategy.

The East of England Region comprises Essex and neighbouring counties Hertfordshire, Cambridgeshire and Suffolk.

Essex is an active member of the Supporting People Executive Regional Group (SPERG, formerly the "RIG"). The activities of the Group have led to the development of the Cross-Authority Statement for Supporting

People, with particular reference to service user groups with strong cross-authority links, including Travellers, People Escaping Domestic Abuse and Ex-offenders (Appendix 3).

Essex is also part of the housing sub-regions of the London Commuter Belt (with Hertfordshire) and the Greater Haven Gateway (with Suffolk). The input from Supporting People into these strategies is coordinated with the Supporting People teams concerned.

London

There is a perception that certain groups of people may actively seek services in the capital. Ignorance of local services might also conceivably play a part. All this suggests that Essex, together with other Home Counties authorities, will have to develop a stronger relationship with commissioning arrangements in London.

2.3: Financial Projections

Strategic Links

- Office of the Deputy Prime Minister Announcement of Funding Levels for the National Supporting People Programme, August 2004
- Supporting People Distribution formula
- Robson Rhodes Review of the Supporting People Programme, January 2004

Financial Projections

National Supporting People Budget 2005-2008

The ODPM announced funding levels for the national Supporting People programme for the next three financial years in August 2004. This confirmed that there will be an overall reduction of funding for 2005-2006, amounting to 4.7% nationwide, but that level of funding was likely to be sustained for the

following two years. However, there is no allowance for inflationary rise built in over the three-year period. ODPM announced that the maximum level of efficiency savings will be capped at 7.5% for any authority.

2005-2006 Budget for Essex

The grant allocation for 2005-2006 for Essex Supporting People is £30.144 million. This is a reduction of £2.3 million from the April 2003 starting position and a 5% cut compared to 2004-2005, not taking inflation into account. The Commissioning Body is currently working on the budget for 2005-2006 based on these figures and an announcement is expected in the Summer of 2005.

2006-2008 Budget for Essex

The downward pressure on the Supporting People budget in Essex may be exacerbated by the long promised "Distribution Formula" which will distribute the nationwide Supporting People budget by relative need from 2006-2007 onwards. This need will be evidenced predominantly by population pressure and Indices of Deprivation (Footnote 4) including factors identifying rural/urban factors of deprivation. The distribution of the national Supporting People budget using the Allocation formula will be phased in starting with the 2005-2006 financial year, although the formula is still hotly debated between counties.

New Service Development

Essex Supporting People is committed to continue to make funding available for service developments that address the key issues that are identified in this document and by the consultation process between December 2004 and early February 2005. Detailed proposals for such an SP Development Fund are pending the ODPM's budget announcement for Essex, but an outline is provided in paragraph 4.2.

2.4. Key Issues and Recommendations

Outcome-Based Objectives

Supporting People support consists of a complex set of services. There are 17 different identified service user groups; 12 districts; and 15 service types that vary in intensity and nature with each service user group.

It is difficult to set priorities for this system, but in this document we have focused on achieving positive outcomes for service users. During the development process it was found that these outcomes for service users could be summarized into four main categories that cut across different service user groups.

Supporting People helps vulnerable people to;

Sustain Current Accommodation

The risk of losing their current accommodation is an early indicator that vulnerable people may need support to retain their independence. This risk may be due to financial and budgeting problems, behavioural difficulties or deteriorating health that reduces mobility, social contact or safety in and around the home. Support is delivered through 'floating support' services that visit people in their current accommodation.

Support to help people to solve their accommodation-related issues is an effective inroad to break the cycle of deterioration at an early stage. Practical support that reduces the worries over their accommodation provides people with a level of stability from which they can address other or underlying problems, especially if they are encouraged to do so and are signposted in the direction of the appropriate support services.

5 Depending on certain client groups, this is also referred to as "move-on accommodation", "Mental Health rehabilitation", "step-down" and "intermediate care".

Attain Independent Accommodation (Move-on)

When people leave specialist support accommodation, such as homeless hostels, foyers, or specialist supported housing, they often have a need for support to help them settle in and establish themselves in their new home. This need tails off over time as people obtain their independence, are able to access services and get support from formal or informal social networks.

The physical accommodation at which Supporting People delivers move-on support varies and the move-on process can be split in two. In the majority of instances, people move on to general needs or private rented accommodation where they would be able to receive low-level floating support that tails off over time.

However, depending on the needs of the individual, people may require another form of move-on first. This other type of move-on involves people leaving specialist accommodation into designated units with short-term let where they receive tailing off levels of more intensive support. In this document we call this "transitional housing" (Footnote 5). After a short stay they can then move into general needs accommodation in the same way as the first type of move-on.

The type of support that is needed during move-on is often identical to the tenancy sustainment services, but with the added complication of the need of adequate accommodation and people's more complicated history of support/care needs. The provision of move-on support and accommodation is important in assuring that more intensive support and care services that are accommodation-based are not getting blocked by people unable to leave or returning.

Access Specialist Services

There are several reasons why people cannot remain in their current accommodation. They may be forced out owing to circumstance or ability to remain independent, or they may require intensive attention from specialist support services that is only provided in specialist accommodation.

The move from their own home into specialist accommodation provides people with a safe and sheltered environment, in which they can access;

- (1) Housing-related support, both to help them to solve their problems and to prepare them for maintaining their independence in the future;
- (2) Specialist support and/or care that address the root cause(s) of their housing-related problems. This support tends not to be provided by Supporting People because it is not directly addressing housing-related issues. Nevertheless, this is crucial to avoid recurring problems and loss of independence, expressed in a "revolving door" pattern of service users.

Therefore, the partnership with agencies and their relevant funding streams is pivotal to ensure that the causes of housing related problems are addressed, and that people are prepared for their move back into independent accommodation. In many cases partner agencies will take a leading role in the funding of these services and the provision of specialist support.

Achieve a Higher Level of Independence

A substantial number of vulnerable people are receiving continuing care or support from other agencies, such as Essex County Council (ECC) Mental Health teams, Independent Living, Learning Disabilities, or through the Health Service. Supporting People can

support them, either outside or within their current accommodation, in the process of increasing their own ability to attain an optimum level of independence and to take part in community life.

Support needs will fluctuate throughout an individual's lifetime depending on the individuals needs and life experiences. There will generally be a need for high intensive support during the transition phase from leaving hospital, the family home or higher levels of care into more independent accommodation to ensure that the move is as easy a transition as possible and the individual develops the necessary skills for more independent living.

Key Issues

On the basis of these client outcomes, a number of key issues have emerged from the research and consultation period. Several of these themes cut across most of the primary service user groups and have an important impact upon local services.

Recommendation A More Floating Support

Across Supporting People service provision there is a relative shortage of different types of floating support.

Tenancy Sustainment services can help to reduce pressure on accommodation-based specialist services through early intervention, which in itself benefits the service user as well. An important element in the effectiveness of such preventative services is the existence of effective referral arrangements. Supporting People is interested to explore how tenancy sustainment services can benefit from;

Referrals triggered by rent or mortgage arrears;

- Referrals through Acceptable Behaviour Contracts (ABCs) or Anti-Social Behaviour Orders (ASBOs);
- Economies of scale e.g. through partnerships or cross-boundary services;
- Improved contracts that reflect the nature of floating support services.

Community-based support for Older People.

The majority of vulnerable Older People live outside sheltered housing, but over 80% of Supporting People funding is tied up in tenure-based support. Service re-provision and service types for Older People will need to address this imbalance. Pilot projects have been established to study how increased levels of community-based support can be funded through re-modelling of existing support in sheltered housing schemes.

Move-on support. Move-on from specialist accommodation-based services is a key area of unmet need for a large number of service user groups.

Floating support

Improving the availability of floating support to assist move-on will have a direct effect on blocked specialist services. The type of support that is required is similar to tenancy sustainment services (see above).

The lack of move-on accommodation is felt across most client groups, especially so for young people, people with chaotic lifestyles and people who are homeless. In parts of the County, the shortage of floating support is identified as the main cause for the limited capacity for move-on, i.e. people leaving accommodation-based services. It is therefore high on the list of priorities for new service development.

Access to Accommodation

In parts of the County there is a limited availability of transitional housing ("intermediate move-on"), but there is a

particular shortage of access to general needs or suitable private rented accommodation across the County.

Without this accommodation in the community transitional housing support cannot be delivered effectively. Supporting People has identified a number of actions to address the shortage of accommodation:

- Linked Funding. Funding for new floating support services could be directed towards and linked to a commitment to provide access to accommodation for people moving on towards independent living.
- stock Increase. The physical shortage of social or appropriate rented accommodation is a root cause of homelessness and the shortage of move-on accommodation. However, addressing this is a long-term issue that needs to be tackled through housing and planning strategies on a district, sub-regional and regional level. Supporting People will help to assure that the specific needs of vulnerable people are included in housing needs assessments.
- Access to Social and Private Rented Accommodation. An increase in the access to existing social and private stock will have more impact in the short and medium term. Given the ongoing pressure on social housing stock, innovative solutions are sought from districts, RSLs, private landlords and other partners to achieve improved access to move-on accommodation. Solutions that have been put forward include
 - Better and joined-up use of existing and new rent deposit schemes;
 - Changes to the priority weightings on housing waiting lists;
 - Discussions on nominations rights for RSL stock;

- Change of use of hard-to-let stock, e.g. for intermediate or transitional housing.
- Supported Housing Index. The new Supported Housing Index allows people to register their needs for housing-related support as well as their specific housing needs. It also has the potential to improve the allocation of homes that are already adapted to match people's physical requirements. Information from the Index will help the planning of future development of services and accommodation.

Recommendation B Priority target groups for new services

Several service user groups have specific housing-related support needs that are not being met by Supporting People. There are cases where this refers to very specific groups, but more often than not vulnerable people will have multiple or complex problems which makes it hard to identify what the primary angle of service delivery is.

Supporting People has identified four key groups that should be given priority for the development of new services.

Homelessness

Single and family Homelessness

Direct access and other Homelessness hostels are well served by good referral arrangements with relevant agencies. An improvement in the turnover rate of clients (which appears to be low) requires improved access to move-on and move-on related floating support.

6 Also it has been realised that if a preventative services wish to be effective then early referral points should be considered, such as Drug Treatment & Testing Order, Drug Treatment Programme, Notice of Intention to Seek Possession orders and, ideally, the first time someone has rent arrears.

People with Chaotic Lifestyles

Ex-offenders, People with Drug or Alcohol problems, People with Mental Health problems.

The issues in this client group are closely related to homelessness, but with additional and often complex needs that require housing-related support that is delivered together with specialist support. The low level of move-on and floating support is noticeable, while ex-offenders and people with drugs or alcohol misuse have very little specialist provision of accommodation-based services from Supporting People. This is mainly due to problems with getting contentious schemes through planning. Key solutions to address these issues are

- Target investment to develop imaginative and joined-up services together with key partners; local political leadership, key agencies, the DAT Strategic Development worker (who will be placed inside the Supporting People team), Probation services, Local Core Strategy Groups including Youth Offending Teams (YOTs) and planning authorities to find pragmatic solutions to overcome the risk of failing planning applications;
- Consider ABCs and ASBOs (Footnote 6) as a referral point to help effective future targeting of preventative support;
- Improve communication in the process of planning applications to improve the contribution that local Members and key partners can make to get scheme approval.

Young People

Young People Leaving Care, at Risk and also Teenage Parents in districts without provision.

Young People at Risk or Leaving Care

Services for Young People at Risk or Leaving Care are almost exclusively accommodation based and these services are not managing to achieve the expected level of turnover of clients.

Development of move-on with adequate floating support, both to help young people and assure landlords, is key to ensure that Young People services achieve their aims.

There is a strong argument for providing support to vulnerable Young People to give them a good start to independent living. A strong link exists between vulnerable young people, drugs or alcohol misuse and antisocial behaviour/offending. There is a considerable crossover between YPLC and clients of YOTs across the County. Investment in young people has the potential to avoid a lifetime of problems, for the young persons involved, for their communities and for support services, as well as for the criminal justice system. This is acknowledged in the new Public Service Agreement (PSA) for Young People between Central Government and Essex County Council, and in the central government's new Children's Act.

PSA: Acknowledge and promote Supporting People's role in the delivery of the PSA target and the new Children's Act.

Teenage Parents

For Teenage Parents the availability of housing-related support, including accommodation-based services, exists in parts of the County but is almost absent in others, with only 6 out of 12 districts providing specific housing-related support.

be addressed in cases by developing cross-boundary initiatives. Teenage parents have a high priority on housing waiting lists, but specialist move-on support is not always present.

2.4 Frail Elderly People in Older People Services

Within the Supporting People services for older people, there is an estimated 50% under-provision of extra care services compared to sheltered housing. These services prevent Frail Elderly People from moving into residential care. This helps them to maintain a higher level of independence in a service that is less expensive to run.

within accommodation-based services for older people needs to increase through re-modelling and re-provision of existing sheltered housing support.

Recommendation C Improve Delivery of Supporting People

In the coming five years Supporting People is facing the challenge to increase its support to vulnerable people in the face of ongoing budget pressures. Supporting People aims to achieve this through:

Improved Mix for Older People Services.

The current pattern of Older People services by Supporting People means that they are not available to the majority of Older People who live outside sheltered housing. Supporting People needs to develop a more effective mix of extra care, floating support and Careline services by;

Targeting Frail Elderly and the early onset of mental health problems. Also provide community support services to older people outside sheltered housing.

- Improve targeting of support in existing sheltered housing to enable expansion of community-based support in surrounding neighbourhoods.
- Defining fit for purpose standards for sheltered housing to attract capital and revenue funding.

Joined-up Commissioning

The Supporting People programme sits within a complex web of services serving a wide variety of people in local communities with a wide variety of needs. Responsibility for commissioning these services rests with a wide variety of statutory agencies. It is therefore desirable to co-ordinate the commissioning of all the various services being provided to individuals or groups of individuals.

However, this co-ordination needs to take place on several levels, principally on the

- Strategic level the various strategies need to be co-ordinated and should not result in strategies having different directions from one another. There must be synergies between the various strategies, otherwise it is almost impossible to achieve any co-ordination.
- Commissioning level if partnership working and service development can be co-ordinated then it will make the task of co-ordinated specification and market development much easier – otherwise it is difficult to achieve concrete coordination on the ground.
- Procurement level if the strategic and commissioning levels have been coordinated then procurement procedures should be relatively easy to co-ordinate.

If these three levels have been achieved then it becomes easier to achieve co-ordinated service review, monitoring and evaluation frameworks. The aim, of course, is to end up with a situation where individuals receive a 'seamless' service and do not get caught up in having to deal with different bureaucracies that hinder effective service delivery when viewed from the perspective of the service user.

Essex County Council has started two pieces of work to explore the potential for joint commissioning involving Supporting People, Learning Disabilities and Mental Health service teams. This has involved process mapping of commissioning and review processes together with work on the typology of service users to identify the levels of support needed and the appropriate mix of funding responsibility. Early results are positive but much work remains to be done during 2005. Consideration will be given to widening out this initial trial work.

Contracting Arrangements

The Council is seeking to move away from block subsidy contracts to block gross contracts. A model block gross contract has been agreed at regional level and this will be implemented for new services and for most services that are re-commissioned during the course of 2005-2006. All other contracts will be reviewed during the course of the year and, in addition, the work being undertaken by Thurrock Council on output based contracting will be fed into the contract review process.

It is also intended that there should be a thorough review of programme management and contract administration during the course of 2005.

Procurement

'Procurement' is defined in this Strategy as the process of acquiring goods, works and services, covering both acquisition from third parties and from in-house providers. It involves options appraisal and the critical 'make or buy' decision. In the case of Supporting People the usual decision is the decision to buy.

In the context of a procurement process, the government defines obtaining 'best value for money' as choosing the bid that offers "the optimum combination of whole life costs and benefits to meet the customer's requirement". This is not the lowest initial price option and requires assessing the ongoing revenue and resource costs as well as initial capital investment. The council's requirement can include social, environmental and other strategic objectives and is defined at the earliest stages of the procurement cycle. The criterion of best value for money is used at the award stage to select the bid that best meets the requirement.

Procurement is also about making choices. The choices that are made about a particular contract or form of partnering are a very clear signal of the approach and thinking of a local authority.

Modern public sector procurement processes revolve around the concept of clearly defined stages through which a procurement exercise must pass. There are 'gates' at each stage to ensure that the process is carried out thoroughly. The best known gateway process is that developed by The Improvement and Development Agency (IDeA) which has developed the concept of the procurement cycle, which involves the following key stages:

- Define Service Need
- Develop Business Case
- Define procurement Approach
- Competitive Procurement
- Award and Implement Contract
- Manage Contract
- Contract Close

After each stage there is a 'gateway review' which involves asking a set of searching questions. For example, after the service need has been defined and the programme

brief has been developed, the following questions could be asked:

- Has the need been demonstrated clearly?
- What are the outcomes that the Council is trying to achieve?
- Are the outcomes in line with the strategic objectives and priorities in the approved 5 Year Strategy?
- Can the outcome be achieved in an alternative way?
- What measures would be appropriate to demonstrate that the outcomes have heen met?
- Have we learnt the lessons from similar programmes?
- Are there sufficient resources to fund the programme?

The County Council has developed its own variation of this model and this will be adapted for use in new revised Supporting People procurement procedures, which will be developed during the course of 2005.

SP Development Fund

Supporting People needs a Development Fund if it is to commission and develop new key services to enhance a service portfolio that reflects its key priorities. If Supporting People is to generate a Development Fund, savings over and above the ODPM targets are required.

The setting of priorities for new developments will come from;

- 1. Priorities and actions identified in this document and its Action Plan;
- 2. Development opportunities that are identified in local Core Strategy Groups or by key partners;
- 3. The Expressions of Interest as received from providers and partner organisations.

Supporting People therefore has to;

- Deliver additional savings from existing services to allow development in geographical and service areas with unmet need.
- Conduct annual bidding rounds starting in 2005 on the back of the 2004 expressions of interest, that includes input from Local Core Strategy Groups, service user groups and interested provider organisations.

Increased Awareness of Supporting People Services

During the consultation period a common theme was that many stakeholders were unaware of Supporting People services relevant to their areas or needs. In some cases Supporting People was not known at all. It is important for Supporting People in delivering an effective service to ensure that not only do all the relevant partners have sufficient information on our services and how to access them, but also that service users are able to easily find this information.

Recommendation D Other Service Groups

Service development outside the target groups, e.g. for Older People with support needs, or People with Long-term Care or Support needs (e.g. people with Learning disabilities), are equally important to continually improve the effective use of Supporting People funding. This is currently addressed through service reviews, but also through the development of a Commissioning Strategy. However, the view of Supporting People is that resources for these developments will have to come from remodelling of services within current and future budgetary constraints, rather than from additional development.

BME Groups: Equality and Diversity

People from minority ethnic communities make up a relatively small but increasing proportion of the total population in Essex. As a result there are no specialist service provisions in the county. A study on the housing-related needs of black and minority group in Essex (Footnote 7) found a perceived lack of knowledge on the part of the BME communities concerning the range of services that were available, but also that a limited cultural sensitivity in service delivery could be potentially discriminatory of BME groups.

Supporting people should

- Continue to carry out consultations to establish to what extent BME-specific services are needed and where;
- Consult on in what cases an inclusive approach should be used and where there is a need for special services;
- Pay particular attention to service gaps for BME Older People and Asian Women Escaping Domestic Abuse.

Travellers and Gypsies

We are currently awaiting the completion of research into gypsy and travellers' housing needs that was commissioned by Essex County Council, Thurrock Borough Council, Southend-on-Sea Borough Council and the Essex District Councils. A questionnaire has been recently circulated to all districts requesting details of current authorised and unauthorised sites within each district, together with details of any current planning applications and appeals.

People at Risk of Domestic Abuse

We are currently involved in the Supporting People Eastern Region Group research project from Salford University in to the provision of services for Women Escaping Domestic Abuse. This is helping to identify the need for domestic abuse services and cross authority partnership working. The results of this project, along with the needs and issues identified in Section 3.8 People at Risk of Domestic Abuse, will help form the basis of Supporting Peoples future role in this area.

People with HIV/AIDS

In Essex there is no specific provision for people with HIV/AIDS. A number of key people in this area (i.e. specialist social workers) say that this condition is, and can be, provided for under the banner of Physical or Sensory Disability or in a Mental Health scheme. This is because the actual condition is usually under control, but the housing needs are more closely related to these primary client groups.

Furthermore, a large amount of those who may require specialist housing and have HIV/AIDS are not going to be eligible owing to their immigration status. A rough estimate by social workers is that up to 70% of those in need could be illegal immigrants. These people would be wary of contacting an authority for assistance.

Supporting people should continue to carry out consultations to establish the need for HIV/AIDS specific services.

INFORMATION ON NEEDS AND SERVICES

Needs Information

The need for housing-related support for different client groups is hard to quantify. For instance, hard data exists on the number of people receiving an intensive drug rehabilitation programme, but the link to housing-related support needs is not fully understood.

Benchmarking

The gap analysis is based in first instance on benchmarking Essex Supporting People services against Regional and CIPFA family (Footnote 8) averages. An overview of the expected "benchmark" level of provision of Supporting People services in Essex is given in table 2 on the following page. The main gaps in Essex services appear for: —

- Homelessness Services for Homeless Families and Single Homeless. Young people constitute a large proportion of homeless people.
- People with Chaotic life styles including People with Drug, Alcohol or Mental Health problems, and Ex-Offenders.
- Young People Leaving Care services Homeless provision for teenage parents is only available in half of the Districts.
- Frail Elderly People Provision for older people with mental health problems is above average but is only available in two Districts.
- 8 Chartered Institute of Public Finance and Accountancy family of comparable local authorities: Essex, Kent, Hertfordshire, Hampshire, Surrey, Lancashire.
- The undersupply in service units is 24% compared to the population-weighted national average, with a relative budget shortfall of 30%.

There are small shortfalls in provision for Older People and People with a Learning Disability, which reflects the fact that Essex is a low spending authority in a low spending region (Footnote 9).

Information and Consultation

The Benchmark analysis is complemented using other techniques and information sources. These other techniques include: –

- User Consultation Groups including nonusers within client groups. Consultation meetings are organised to identify unmet need for specific services and potential for service improvement.
- **Specific reviews** of existing services provision for client groups and service types; these are listed, amongst others, in Appendix 2.
- Performance Indicator Returns from Supporting People providers, which are proving to be a useful tool in comparing the performance of services. The data in this document is based on the Quarters 1, 2 and 3 of the 2004/05 period.
- Client Record Forms which are collected for Supporting People by the University of St Andrews in Scotland. These are part of the Performance Indicators which record the previous accommodation status of people who enter Supporting People services. This information is still in its early stages and is used sparingly in this document.

The data will be improved over the lifetime of the strategy by the implementation of the Supported Housing Index and the completion of reviews of housing related support needs by Probation, Mental Health and the Drug Intervention Programme.

Table 2 Benchmark Analysis of Supporting People services against the East Region, Similar local authorities (the "CIPFA family")¹ and the national average. The analysis is weighted by the size of the local populations.

| | | Supply (units) | Expected Supply based on average for | | Difference from Expected (units) | | Difference from Expected (% of Expected) | |
|--------------------|---|-------------------|--------------------------------------|-----------------|--|-----------------|--|-----------------|
| | | Essex County | East Region | CIPFA Family | East Region | CIPFA Family | East Region | CIPFA Family |
| Older people | Older people with support needs | 13,295 | 13,622 | 14,299 | (327) | (1,004) | (2%) | (7%) |
| | Frail elderly | 322 | 485 | 410 | (163) | (88) | (34%) | (22%) |
| | Older people with mental health problems/dementia | 38 | 22 | 10 | 16 | 28 | 74% | 288% |
| Homeless people | Single Homeless with Support Needs | 937 | 1,317 | 726 | (380) | 211 | (29%) | 29% |
| | Rough Sleeper | - | 3 | 12 | (3) | (12) | (100%) | (100%) |
| | Homeless Families with Support Needs | 243 | 1,111 | 830 | (868) | (587) | (78%) | (71%) |
| Young | Teenage Parents | 97 | 60 | 49 | 37 | 48 | 61% | 97% |
| people | Young people leaving care | 31 | 30 | 57 | 1 | (26) | 4% | (46%) |
| | Young people at risk | 435 | 261 | 231 | 174 | 204 | 66% | 89% |
| Others | Traveller | 155 | 143 | 68 | 12 | 87 | 8% | 128% |
| | Refugees | - | 9 | 1 | (9) | (1) | (100%) | (100%) |
| | Offenders or People at risk of Offending | 4 | 51 | 166 | (47) | (162) | (92%) | (98%) |
| | Mentally Disordered Offenders | - | 3 | 8 | (3) | (8) | (100%) | (100%) |
| | People with Mental Health Problems | 475 | 653 | 622 | (178) | (147) | (27%) | (24%) |
| | People with Learning Disabilities | 905 | 779 | 995 | 126 | (90) | 16% | (9%) |
| | People with a Physical or Sensory Disability | 69 | 196 | 165 | (127) | (96) | (65%) | (58%) |
| | Women at Risk of Domestic Abuse | 238 | 143 | 139 | 95 | 99 | 66% | 72% |
| | People with HIV / AIDS | - | - | - | - | - | - | - |
| | People with Alcohol Problems | 7 | 15 | 23 | (8) | (16) | (52%) | (69%) |
| | People with Drug Problems | 26 | 42 | 56 | (16) | (30) | (39%) | (53%) |

¹⁰ The CIPFA family of comparable local authorities consists of Essex, Kent, Hertfordshire, Hampshire, Surrey and Lancashire.

3.1 People who are Homeless

Strategic Links

- A Housing Strategy for the London Commuter Belt Sub-region 2005-2008
- District Homelessness Strategies
- Robson Rhodes Review of Supporting People Implementation
- The Homelessness Act, an introduction, Shelter, Dec 2003
- Homelessness, Supporting People and Substance Misuse in Essex. Executive Summary and Recommendations. Consultants – Andy Horwood, Lynn Horwood and Helen Town.
- East of England Resettlement Draft Strategy.
- East of England Regional Cross-Authority Statement (see Appendix 4)
- East of England Regional Housing Strategy

Cross-reference to other sections of this Strategy

Section 2.4: Key Issues and

Recommendations

Section 3.2: Chaotic Life Styles

Section 3.3: Young People

Context

The Homelessness Act 2002 required that all Housing Authorities develop and publish a strategy detailing how homelessness would be tackled locally.

The process involved undertaking a fundamental review of homelessness in each area to inform the individual strategies. In Essex we received strategies from all the districts that also informed the local Supporting People assessments by the Local Core Strategy Groups.

The contents of this section of the Supporting People Strategy are largely drawn from the individual strategies, but also from material concerning the important issues surrounding homelessness and stemming from the Homelessness Act.

In addition to requiring Housing Authorities to publish a Homelessness Strategy, the Homelessness Act widened the categories of priority need for local authorities to include:

- 16 and 17 years old
- Care leavers aged 18 to 20 years
- People who are vulnerable because of time spent in care, the armed forces, prison or in custody
- People who are vulnerable because of abuse

Homeless applications are decreasing owing to improved signposting to alternative services by district housing departments. Floating support services are increasingly playing a role in preventing people becoming statutory homeless by providing support in people's homes or in temporary accommodation. The trend over the last few vears has been towards an increase in homelessness. Braintree District Council, for example, reported a 25% increase in homeless applications for assistance between 2001/02. In Harlow, over the same period, the total number of homeless households rose from 254 to 350, a 27% rise. In Basildon over the same period, the total number of households in temporary accommodation was 907, compared to 503 in 1999.

However, in the last year's results we find that homelessness is now decreasing. In Basildon the number of homeless households has decreased from 6.6 to 5.2 per 1000 households. In Harlow it decreased from 10.1 to 9.5 homeless households per 1000. Across Essex there is a 37% decline in homelessness applications (Footnote 11).

Tenancy sustainment schemes have played a large role in this reduction. They help people to properly review their options before taking any actions that could reduce their independence and help to engage with other people involved in someone becoming homeless (i.e. their family).

Colchester is a 'Beacon Council for Tackling Homelessness' and has made excellent inroads towards easing the problem. Although the absolute number of homeless people is higher than in other districts, Colchester has seen a drop in homelessness applications in the period between 1998 and 2003, from 1,594 household applications to 1,453.

The London Commuter Belt housing strategy has as one of its principle aims the creation of affordable housing to aid those who are homeless or who are struggling to maintain their tenancies.

Homelessness services are one of the four priority service groups that the Robson Rhodes Review recommended should be the subject of a fundamental Strategic Review.

Information from Monitoring and Review Programme

Not all services have been reviewed vet. First indications from the Performance Indicator returns show a turnover of clients in direct access hostels that is to be expected, with an average projected length of stay that is between 1-3 months. However, several other accommodation-based services, particularly those for homeless families, show an average length of stay between 2-5 years, which is longer than expected given the nature of the services. On average in homelessness services the average length of stay is 2.23 years, which is a good turnover rate. But In those areas of low throughput the county agencies have indicated a lack of move-on accommodation and move-on support as being the fundamental cause of low turnover.

Identified Gaps in Service Provision

Figure 1 shows that most districts have a supply of Supporting People service units that is lower than expected on the basis of the six county average. In most districts there is an absence of specific services that address family homelessness, while more than half of

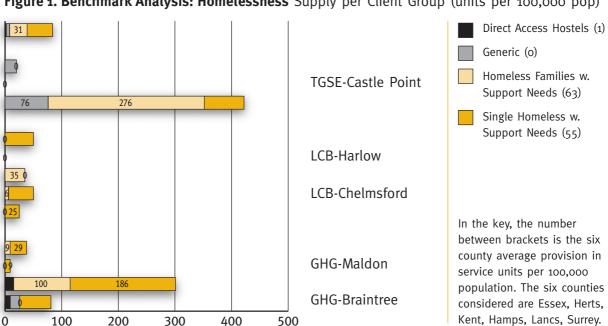


Figure 1. Benchmark Analysis: Homelessness Supply per Client Group (units per 100,000 pop)

the districts have very low levels of supply. It is difficult to assess whether or not these districts have alternative arrangements and services to meet housing-related support needs for people with homelessness issues.

Two areas stand out due to a higher-thanaverage service provision. Colchester as a Beacon authority for homelessness services has a high level of provision, while Basildon has a large floating support scheme for tenancy sustainment (Figure 2).

However, available units and service types do not indicate whether services address multiple needs and at which level of intensity, or whether different services are well coordinated to help as many clients as possible.

Key issues for service development for Homelessness include

100

200

300

400

Floating Support. The 5 Year Strategy identified a general shortage of floating support. In some districts such as Uttlesford and Braintree, the absence of floating support is cited as key reason for problems with service blocking of

accommodation-based services, while in others, including Castle Point and Rochford, the physical shortage of suitable accommodation is cited as the principal cause of restricted move-on capacity.

Figure 2 illustrates the relative availability of floating support and accommodation-based services. Although an "ideal mix" of floating and accommodation-based support is difficult to establish, evidence suggests that there is a general shortage of floating support. This is most evident from Figure 2 for those areas without floating support, be it preventative tenancy sustainment services, or support for people during move-on in non-specialist accommodation. An example of what could be a good mix is the make up of provision in Colchester in Figure 2.

Move-on Accommodation and Support. The 5 Year Strategy highlighted the potential for better move-on arrangements to increase the number of clients helped within short-term services. Views from strategy groups and providers appear to be corroborated by the performance indicators of Supporting People services, which at

group per 100,000 pop.)

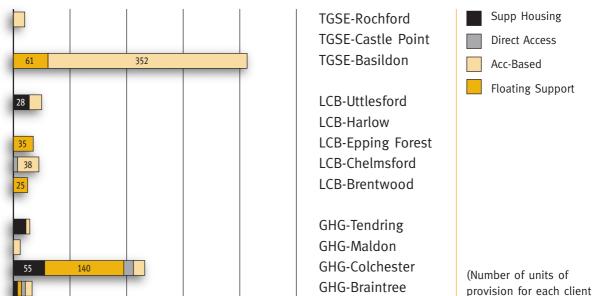


Figure 2. People who are Homeless. (SP units per 100,000 pop)

500

times show average lengths of stay of over 2 years for some homelessness services.

An extended stay in specialist services delays independence and can reduce the efficiency of the service. Accommodation-based services are themselves well served by good referral arrangements with relevant agencies.

- **Tenancy Sustainment Schemes.** Tenancy sustainment schemes are crucial preventative services that help reduce evictions and subsequent chronic homelessness problems. A key aspect to address in prevention is financial strain with lending, credit and debt increasing at a very high rate. Young people are particularly susceptible to this. Credit card lending has increased from 141 million in 1992 to 7,579 million in 2002, and is still rising. The number of young people seeking help for debt has increased ten fold in the last two years Footnote 12). Tenancy sustainment schemes have shown themselves to be very effective. Supporting People currently funds a scheme in Essex in the Basildon District, which is showing good results. Over the course of only two years it has decreased evictions and abandonment within identified vulnerable households from 151 to 123. This shows a 19% decrease in evictions and abandonment under a tenancy sustainment scheme.
- Complex Needs. Drugs, alcohol and mental health problems are inextricably linked with a large section of the homeless client group. Virtually the entire group has had one or more of these difficulties. However, provision for this in Essex is very limited and referral is complex. Multiple needs and chaotic lifestyles are invariably harder to cater for, but there is large scope for increasing provision for this client group with the ultimate aim of providing greater stability, which should in turn aid in moving towards independent living.

- Young People. Young people are consistently highlighted across the county as the homeless group in priority need. Foyers are serving several but not all districts in the county (only Brentwood, Harlow, Colchester, Basildon and Braintree currently have them) and there is a shortage of move-on support (see Section 3.3: Young People). In particular teenage parents, who have different concerns to those of other young homeless, need to be given support to attain independent living.
- **Improved referral.** Improved referral is important for homeless people. There needs to be a good variety of access points for service users. For example General Practitioners or probation officers, which should be well defined and publicised. This is especially important for tenancy sustainment schemes. We need to look at the possibility of landlords/financial institutions alerting support services of potential mortgage/rent arrears. Also there have been complaints that the housing department lists are out of date and very time consuming and expensive to telephone and help and support in this would be beneficial to the service user.

Services Being Developed

There are no homelessness services in the pipeline. However, a large number of homelessness services have expressed an interest in either extending their floating support services or adding a floating support service to complement existing schemes.

Key to the development of such services is an emphasis on clear referral routes and assurances for the availability of move-on accommodation in either the social or private rented sector. Innovative solutions are sought from the Supporting People partnership, including providers, social and private landlords, housing departments and service users.

3.2 Chaotic Lifestyles

Strategic Links

- National Service Framework for Mental Health, 1999.
- Mental Health and Social Exclusion. Social Exclusion Unit Report. ODPM, June 2004.
- District Councils' Homelessness Strategies.
- Homelessness, Supporting People and Substance Misuse in Essex. Executive Summary and Recommendations. Consultants – Andy Horwood, Lynn Horwood and Helen Town.
- East of England Resettlement Draft Strategy.
- National Action Plan, Reducing Reoffending. National Offender Management Service (NOMS), 2004.
- Reducing Re-Offending by Ex Prisoners, Report. Social Exclusion Unit, July 2002.
- East of England Regional Cross-Authority
 Statement (see Appendix 3)
- Exploring community responses to drugs. Joseph Rowntree Foundation, Dec 2004.
- East of England Regional Housing Strategy

Cross-reference to other sections of this Strategy

Section 2.2: Strategic Partnership Working

Section 2.4: Key Issues and Recommendations

Section 3.1: People who are Homeless

Section 3.3: Young People

Context

There is an underlying theme of substance misuse and alcohol abuse that currently runs through a wide range of services, but which has not been directly addressed by Supporting People services so far. There is a strong cross-linkage with general homelessness services, because drugs, alcohol and mental health problems are inextricably linked with a large section of the homeless client group.

Despite quite clearly recognising the scope and importance of the link of drugs, alcohol and mental health problems, there is very little provision for the first two areas, especially when compared to the regional average and to similar administering authorities.

Drugs and Alcohol misuse

Problems relating to substance misuse are a common secondary factor in a range of housing support services. The Regional Housing Strategy quotes recent research that found:

- ▶ 83% of homeless people had taken some form of drug (other than alcohol) in the previous month
- 66% of those surveyed said that drug or alcohol use had contributed to their becoming homeless
- 80% said that they had started using at least one new drug since becoming homeless
- There is a close relationship between drug and alcohol misuse and mental health problems

Mental Health problems

The National Service Framework for Mental Health sets out key objectives for the development of Mental Health Strategies. These include:

 Agreement between health, social services and housing that services for people with a mental illness are developed in the medium and long-term;

- Development of a defined range of care, support and housing options to provide a wide spectrum of care and support within housing settings;
- Maximum use of floating support so that as wide a range of support as is practicable is available within a service users own home.

The National Service Framework further comments: "Service users themselves believe that adequate housing and income, and assistance with the social and occupational aspects of daily living, are among the most important aspects of care and reduce disability." More recent information published by the Social Exclusion Unit (Footnote 13) states that: "One in four tenants with mental health problems have serious rent arrears and risks losing their home." This is confirmed by the Regional Housing Strategy who states: "A significant proportion of homeless people have a mental health problem." The service provider NACRO estimate that 25% of their intake exists of people with mental health problems. In particular, it is important to explore the use of coordinated placement in ordinary general needs housing stock as a way of creating conscious networks and communities of mutual support.

Ex-offenders

In common with a number of service sectors, support for ex-offenders is currently struggling because of a lack of move-on accommodation. In Essex the only accommodation-based services for this category of young people are provided by NACRO (see below 'Information from Monitoring and Review Programme') and which class offenders as only a secondary client group.

The main problem in supporting offenders in Essex is the lack of a clear concept of the numbers of offenders in need of housing, mainly due to the cross-boundary nature of this group. The main aims in supporting exoffenders should be to protect the public, protect the ex-offenders from re-offending and to provide these people with the skills to gain independent living. When referrals are higher than provision, as they are, it is clear that there is a major lack of move-on accommodation, which is vital to achieve the above aims.

The DAT research also demonstrated the widespread use of drugs amongst offenders. Some respondents obtained a drug habit in prison, but most misused substances prior to imprisonment. In many instances their offending behaviour was directly linked to their substance misuse. Furthermore the Social Exclusion Unit found that those who have already offended are three times more likely to re-offend. They also state that drugs and alcohol misuse and mental health problems, along with economic factors, are the main causes of offending.

Joined-Up Services

Overall, there is a local need to ensure a whole system, joined-up approach to strategic commissioning in this difficult service area. Co-ordinating services between Connexions, a UK wide organisation that young people attend for advice and treatment programmes, through the DAT team is beginning. Linking these developments with housing related support services and with health support would make a significant difference. Developing a countywide strategy with shared and consistent protocols should be the starting point, with a real focus on move-on accommodation drawing people away from accommodation-based services in a way which can greatly decrease the likelihood of them re-entering such accommodation.

Information from Monitoring and Review Programme

Specific information from the Service Review programme is not yet available, but we do have some information from our Performance Indicators and client record forms. This information shows the make up of our provision in this area. We have very few services for people with drug & alcohol problems or ex-offenders as the primary client group. They are the John Wright service in Braintree and the NACRO Stop project in Clacton. The vast majority of support is for people with mental health problems, there is little provision for drug & alcohol client group as a primary client group, even as a secondary client group it only amounts to 31% of this client cluster. For offenders and ex-offenders, most of the official provision is supplied by NACRO and linked directly with young people. The average length of stay from the Performance Indicator throughput figures shows turnover is reasonable, averaging at 2.03 years.

Potential Risks to Current Provision and Contingency Plans

There is not sufficient focus on this service user group, with services attempting to 'manage' the issues that they raise in isolation. The overall cost to the community if these issues are not fully managed and coordinated could be significant.

Contingency Plan: Development of a countywide strategy, bringing together the key stakeholders and developing a strategic commissioning plan will ensure the problem of substance misuse is given the appropriate attention.

Identified Gaps in Service Provision

Regional

Figure 3 shows that most districts have a considerable shortfall of Supporting People service units when compared to the six county average. Overall, all of the chaotic

lifestyles client groups have a shortfall except generic services, which are slightly above average. There is a distinct lack, in most cases absence, of services that cater primarily for offenders and for people with drug and alcohol problems. For all the districts, more than half are well below the six county average.

However, this is a rather simple picture of service provision in Essex, as it does not illustrate alternative strategies the districts may have in place for these client groups, or secondary client groups that certain services provide for. For example, despite having no primary provision for offenders, there are 12 NACRO services that provide for ex-offenders as a secondary client group. According to the Supporting People client record forms, 75% of those who enter a NACRO scheme directly from prison enter the service under the client group Single Homeless, and not as the client group Offenders.

Figure 3 shows a large amount of generic services in Maldon. Figure 4 shows that these are mainly floating support services, which will cater for multiple needs. This could potentially be a good first step for most areas. In Basildon and Harlow there is a large provision of units for people with mental health problems. There is a discrepancy in the figures for Chelmsford, which show only a small surplus compared to the six county average, but a very large amount of units in Figure 4.

However, available units and service types only tell part of the story. It does not indicate whether services address multiple needs, and at which level of intensity, or whether different services are well coordinated to help as many clients as possible.

Shortfall compared to 5-county average (units per 100,000 pop) Offenders or People at **ESSEX-Average** risk of Offending (13) Generic (o) TGSE-Rochford TGSE-Castle Point

Figure 3. Benchmark Analysis: Chaotic Life Styles

20

40

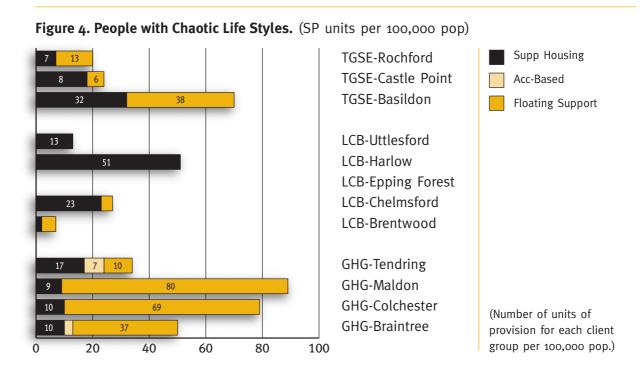
60

80

Mentally Disordered Offenders (1) TGSE-Basildon 70 People with Drug Problems (4) LCB-Uttlesford 13 LCB-Harlow 51 People with Alcohol Problems (2) LCB-Epping Forest People with Mental 33 LCB-Chelmsford Health Problems (24) LCB-Brentwood In the key, the number **GHG-Tendring** between brackets is the six GHG-Maldon county average provision in 73 16 service units per 100,000 **GHG-Colchester** population. The six counties **GHG-Braintree** 10 considered are Essex, Herts,

100

Kent, Hamps, Lancs, Surrey.



Issues

As previously stated, the problems that are part of Chaotic Lifestyles are a common theme running through a range of housing support services. This has a significant impact on various parallel strategies including Homelessness Strategies and Crime and Disorder Reduction Partnerships. The Commissioning Body has highlighted this issue as a key area upon which to focus and to develop a whole systems approach. Key elements in this approach that require attention include:

Move-on accommodation and Floating support. The data shows a lack of move-on support for this group. For example, people completing a short detention period do not receive support from probation services, and unless they have an additional drugs problem, the Drugs Intervention Programme will not be involved either. There is also increased scope for floating support for people with mental health problems, as the treatment and drugs used to allay these problems are continually being improved.

A lack of move-on can mean that service users experience difficulties leaving accommodation-based services, resulting in service blocking. An extended stay in specialist services delays independence and reduces the efficiency of the service. Many of the problems associated with people with chaotic lifestyles can be exacerbated by uncertainty and stress concerning their current and future accommodation. An increase in the number of move-on services available can help to create more certainty in people's lives. Accommodation-based services are themselves well served by good referral arrangements with relevant agencies.

It is important to address practical problems with floating support, a major one being the landlord's rules, in particular those who disallow any visitors, including support workers.

- Anti-Social Behaviour. This set of client groups is often linked with repeat antisocial or criminal behaviour, which is high on national and local agendas. It is crucial that support is provided in close collaboration with partner agencies, which can bring in the expertise to address the underlying causes of clients' behaviour. Creative working is needed to try to develop a proper strategic response that incorporates such links in a planned prevention programme. Drug Treatment & Testing Order (DTTO), Acceptable Behaviour Contracts (ABCs) and Anti-Social Behaviour Orders (ASBOs) could be considered as potential referral points for prevention or early intervention services including tenancy sustainment.
- **Planning Issues.** Experience to date shows that there can be substantial opposition to new schemes at the detailed planning stage. An example of this is the drug and alcohol scheme that was being planned for Arbour Lane in Chelmsford, which received fierce opposition and was rejected in the planning stage. More work needs to be done on how to overcome these issues at a practical level. This should include working closely with the DAT, Probation services, Local Core Strategy Groups and others to find pragmatic solutions to overcome the risk of failing planning applications. Better education and consultation with people in the area will also help to overcome some of the planning problems.
- Specialist Provision. Partly owing to the planning issues mentioned above, current specialist provision in Essex is very low, although a substantial number of services provide support to service users who misuse substances as part of their identified secondary service focus. For people with mental health problems, or multiple needs, there have been suggestions for a sheltered housing

scheme in both Chelmsford and Colchester. There is a need for a sheltered/move-on combination of housing related support for those with multiple needs in these areas, as provision is lower than need. Attention should be given to the potential to develop new services if local need requires it. A floating support-type model is an attractive and flexible model to overcome problems with planning permission.

- **Referral.** Owing to the overlaps in provision that people with chaotic lifestyles will experience, it is important that they are with the right services for the right type of support. Certain needs for support in remaining independent may be better served by alternative services. Referral between the services, as well as externally from GPs, the Probation Service, Primary Care Trusts, Social Services, voluntary organisations, advocacy groups etc. needs to be clearly defined and more fluid. Improved needs identification can help schemes to better identify how a services users needs could be met. Also, especially in mental health cases, people should be able to move between services with relative ease as their situations and needs change.
- Partnership: It is crucial that support is provided in close collaboration with partnering agencies, which can bring in the expertise to address the underlying causes of clients' behaviour. For example, working closely with Probation services.

Consideration needs to be given to developing local detox facilities, as this is a frequently reported concern. Closer working relationships between key stakeholder agencies, such as Connexions, DAT and housing support providers would benefit all parties and enable multi-purpose services to develop.

Research by the Joseph Rowntree Foundation suggests that the way forward in tackling drug related problems is to involve the whole community by actively building trust between stakeholders, devolving funds and decision-making to decisions to the community and involving previously excluded groups such as drug users and carers.

Services Being Developed

None at present

3.3 Young People

Strategic Links

- Teenage Pregnancy Strategy and Action Plan. Social Exclusion Unit, June 1999.
- District Housing Strategies
- District Homelessness Strategies
- > 171: Good practice in supported housing for young mothers, ODPM, 2002.
- Children Leaving Care Act 2001.
- Children's Act

Cross-reference to other sections of this Strategy

Section 2.2: Strategic Partnership Working

Section 2.4: Key Issues and

Recommendations

Section 3.1: Homelessness

Section 3.2: Chaotic Lifestyles

Section 3.3: Young People

Context

The situation for services for young people in Essex is a relatively mixed one. There are a lot of services across the districts providing for young people, but these services are not well distributed in terms of client group or accommodation type. For example, the services in existence are almost entirely accommodation based. There is little move-on or floating support. Furthermore, whilst Young People at Risk and Teenage Parents are reasonably well provided for, Young People Leaving Care (YPLC) are suffering a huge shortage in provision when compared to similar Administering Authorities (46% difference), or compared to the region as a whole.

There is therefore a need to increase non-accommodation based service provision. For example, most Teenage Parents leave their parental home and go straight into their own

tenancy, or enter a specialist support scheme. For some young mothers either of these choices may be acceptable. However, there will be a significant number who need support but find specialist accommodation too oppressive. One cited problems is the policy towards the father as most services will do not allow the parents to stay together in the accommodation and do not always include the father in the support plans. Also, these specialist services do not cater for a parent on their second (or more) child. There are difficulties involving two people under a tenancy with housing benefit, but these problems could be overcome with nonaccommodation based services.

In discussions with providers of YPLC services it became clear that there is huge scope for increased provision in this area. In Essex a large proportion of young people leave the care system to enter straight into a system of floating support, predominantly a tenancy sustainment scheme. Those who leave care and enter into an accommodationbased service find that their chances of success in terms of continuing education, gaining employment and sustaining their tenancy are greatly increased (this is important, for example, the Department of Health found that only 70% of people who leave care do so with any GCSEs or GNVQs). This success could be built on if they then went on to some form of move-on accommodation.

The main problem cited by providers for those who have left care and who have entered into their own tenancy is anti-social behaviour. Typically this infers using their accommodation as a meeting area for their peer group, which in turn leads to the problems of drugs, alcohol and offending. Anti-social behaviour is a main cause of eviction for young people. This problem could be tackled using accommodation-based services or move-on services, for example a housing tenancy with a warden.

However, our accommodation-based provision for young people in general is very good in Essex. In total there are six foyers in Essex, providing 286 units of support. Foyers are particularly good at providing access to services available to young people at risk or leaving care. For example, in Essex 63% of young people leaving care have no education at all, and 49% do not pursue any education or training once they have left. However, if they enter into a Foyer scheme then they have better access to education and training and the take up is much higher.

One particular characteristic of these client groups is the likelihood that service users have multiple and complex problems. Typically, people in this group will be homeless, may misuse substances, may have mental health needs or low life-skills bordering upon learning disability and may have been in care or have committed offences. As a result they may have numerous support plans, which may or may not be linked. This is an important factor to consider and all provision for young people should be based on 'joined-up' thinking.

Information from Monitoring and Review Programme

Not all provision has yet been reviewed. Of those services that have, evidence shows they are largely of a good standard and providing a valuable service.

From the Performance Indicator information we have seen a 'bottleneck' in our system of provision. In a number of services in certain areas the throughput of service users was higher than was expected. This shows there may be a lack of move-on services to aid the throughput in certain areas.

These results have led to the establishment of a Strategic Review Group reporting to the Core Strategy Development Group, which will identify key gaps in the current mix of services. The outcomes of this review will be used in the development of the Action Plan for the 5 Year Strategy.

Identified Gaps in Service Provision

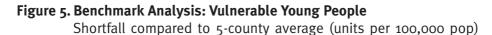
Young people services are almost exclusively accommodation based, with supported housing for YPLC and fovers for Young People at Risk and Teenage Parents (see Table 3). These services are not managing to achieve the expected level of turnover of clients; for example the average projected length of stay in a fover was 3-4 years (April-June 2004 figures). It is clear that there is "service blocking" occurring, although some foyers have since been reclassified to Homelessness hostels and the average length of stay has since come down to around 2 years. The average length of stay for all Young People services is 1.29 years, which shows good general turnover.

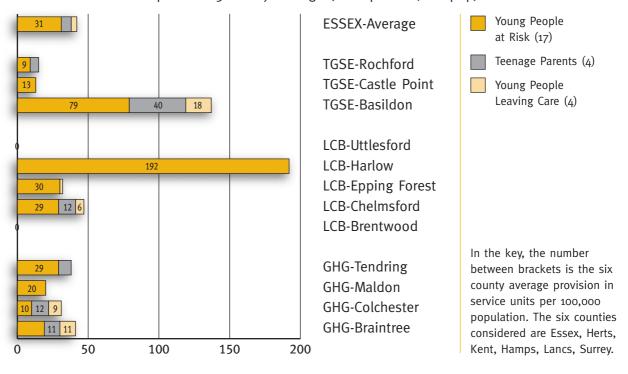
Overall, Essex has a relatively high provision for vulnerable young people when compared to the averages of the five comparable counties. We have the same amount of provision for the 'Young People Leaving Care' client group as the average, and for 'Teenage Parents' and 'Young People At Risk,' we have an above-average service provision (see Figure 5).

In the Thames Gateway South Essex subregion it is Basildon that supplies a high proportion of the provision for young people. In the London Commuter Belt there is a large amount of services for Young People At Risk in Harlow, consisting of mainly accommodation-based units (see Figure 6). The rest of the region shows a mixed picture, with Uttlesford and Brentwood displaying particularly low levels of provision. The Greater Haven Gateway sub-region displays a more consistent picture, with only a slight under-supply and a moderate over-provision when compared to the six-county average.

| Primary Client Group | Floating Support/ Move on | Accommodation Based | Total |
|---------------------------|------------------------------|------------------------|-------|
| Teenage Parents | 7 | 90 | 97 |
| Young People at Risk | 0 | 376 | 376 |
| Young People Leaving Care | 9 | 25 | 34 |
| TOTAL | | 491 | 507 |

Table 3: Supporting People services for vulnerable young people by Type (Floating support or Accommodation-based) (Source: Essex Supporting People October 2004).





Move-on and Floating Support. For young people, Supporting People has no dedicated move-on accommodation. Therefore it is a priority to increase move-on and adequate floating support services. This would improve the turnover of accommodation-based services, help young people and assure landlords. Also it would greatly assist in reducing anti-social behaviour of Young People, particularly in general needs accommodation and private tenancies.

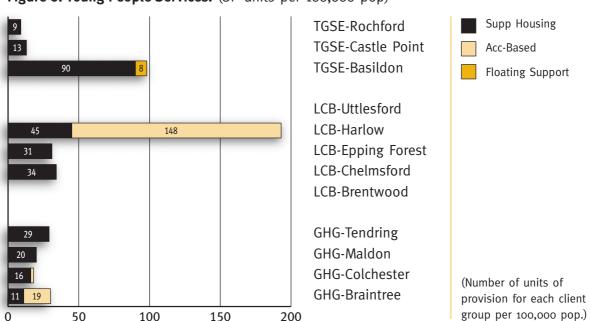


Figure 6. Young People Services. (SP units per 100,000 pop)

Development of services to give young people at risk a good start to independent living needs to address three main strategic issues:

Multiple Needs: There is a considerable link between vulnerable young people, drugs or alcohol misuse and anti-social behaviour/offending. For instance, figures for NE Essex show that 1 in 12 young people leaving care have an issue with taking class "A" drugs with a further 1 in 6 experiencing alcohol problems. There is also a considerable crossover between YPLC and clients of YOTs (Youth Offending Teams) across the County, with 1 in 5 having been involved with the Criminal Justice system. As with all the above, these problems tend to take the form of a repeated cycle, which Supporting People should play a role in helping to break:

"Heroin and crime are like a vicious circle. It's like one big, magnetic circle...

and when you get out of jail it starts. You're slowly getting drawn back in all the time. Slowly you end back on the circle again, moving round and round back in the same direction all the time." (Footnote 14).

Teenage Parents. Teenage parents have a high priority on housing waiting lists, but specialist support is not always present. The distribution of specific services for Teenage Parents across the county is condensed into certain areas. Only half of the districts in Essex have a special teenage parent service, with no Supporting People funded service in Castle Point, Brentwood, Uttlesford, Epping Forest, Harlow or Maldon. Although three of these districts have started discussions on a cross authority working party to address this issue. through the development of a young parent scheme in the Epping/Brentwood/ Uttlesford area. Further scope for accommodation-based support for

teenage parents has been identified in Harlow, Chelmsford and Basildon, through the expressions of interest. It also important that the provision of move-on for this group is extended significantly, as young parents can often find they go from a very supportive environment to no support at all.

Improved referral. Referral in this area is vital and requires good communication and exchange of information between partner agencies. Investment in young people has the potential to create a situation whereby a lifetime of problems can be avoided, both for the young persons involved, for their communities and for support services. If potential clients do not get the right kind of service at the right level of independence then they stand a greater risk of entering the care cycle.

Young people leaving care are already "in the system" and referral for them is likely to involve the Leaving & Aftercare team of Essex County Council, whose task it is to identify the most suitable young people for their different support types and link with other services as appropriate. However, referral routes for other vulnerable young people are less clear.

An effective point of referral could be when signing an Acceptable Behaviour Contract (ABC). This contract between the district council and a resident could include a commitment by the resident to accept Supporting People support. ABCs are designed to precede Anti-Social Behaviour Orders or ASBOs, which themselves are a potential referral route.

Other referral routes are through GPs, landlords, RSLs, Councils, advocacy groups, Social Services, Connexions, housing officers, Citizens Advice Bureaus (CAB) and for young people to refer themselves.

Services Being Developed

Young People Leaving Care: 8 units services in Harlow and Braintree.

A joint service development for an 8-10 unit young parent scheme is being prepared to serve Brentwood, Epping Forest and Uttlesford.

3.4 Older People With Support Needs

Strategic Links

- The National Service Framework for Older People 'Quality and Choice for Older Peoples Housing'
- Essex Approach
- District and Sub-Regional Housing Strategies
- Robson Rhodes Review of Supporting People Implementation
- Audit of Crime and Disorder in Tendring

Cross-reference to other sections of this Strategy

Section 3.5: People with Long-Term Care/Support Needs

Context

Local Context

Older people are the largest Supporting People service group both nationally and in Essex. They currently make up more than 90% of service users in the county, with a share of the Supporting People grant of 31%. Essex has a higher than average and expanding older population. The Office of National Statistics data shows people aged 60 and over made up nearly 22% of the total population in the county in 2002. Projections show an expected increase to over 25% by 2011, i.e. at the end of the 5 Year Strategy implementation period.

Two more factors compound the stress that the ageing of Essex's population will put on services:

Increase in the number of Frail Elderly people by 24%.

Increase in age-related mental health problems.

The Essex Approach, the County's corporate policy document, states that older individuals want to live as independently as possible, which for most means staying in their own home, and this is crucial to their well-being. Giving older people the support they need to stay in their own homes is one of this document's five key pledges. This should also be a priority for Supporting People strategies.

74% of older people in the county live in owner occupied accommodation (Census 2001 figures). Of the older people living in social rented housing (17% of total), just under a third live in sheltered housing.

Sheltered housing across the county is a mixture of different types and ages of properties, including a proportion of 'bedsit' type dwellings. The need to address the reprovision or re-modelling of these hard-to-let properties is a key issue in local housing strategies.

In rural parts of the County, vulnerable Older People live in communities with a poor social infrastructure, without shops or access to public transport, which can lead to isolation and loneliness. The cost of providing support services in such areas is also more expensive as support workers need to travel significant distances to reach service users. In other parts of the County the tourist coastline attracts many older people in retirement.

Central Government Strategic Context

In response to the growing elderly population nationally, improved services for older people is a focus of central government strategy. The National Service Framework for Older People provides a clear structure to take forward health and social care services.

Other related strategic drives include:

- The provision of local services to help in the 'management of chronic illness' (includes older people), which is a key health and social care priority.
- The Department of Health proposal to significantly increase the availability of extra-care sheltered housing with extra funding available.

Both the Office of the Deputy Prime Minister and the Department of Health are keen to see Home Improvement Agency services expand to provide national coverage by 2006.

Robson Rhodes Review

The Robson Rhodes Review investigated the implementation of the Supporting People Programme. As part of a wide range of recommendations, the review recommended that Supporting People Administering Authorities should undertake high-level, strategic reviews of services in the four main service user groups, including older peoples' services

Sub-Regional Housing Strategies 2004 - 2010

The Greater Haven Gateway Housing Subregion proposes the re-modelling of housing for older people, including sheltered, very sheltered and extra care housing both for rent and for lease. The London Commuter Belt region emphasizes the role of Home Improvement Agencies (HIAs) and states "The long-term goal is a network of area-resourced HIAs based on Supporting People Administering Authority boundaries, combining a central management function with local delivery points." The Thames Gateway South East region focus's on the need to look at increasing our use of empty properties and bringing those that are of a lesser quality back up to a good, inhabitable standard.

Information from Monitoring and Review Programme

The reviews of older people services are ongoing with the first outcome reports expected by the end of February 2005. HIA services were reviewed first and review experiences were fed into the HIA strategic review, which was published in February 2005. The review proposed that economies of scale would benefit both their efficiency and the delivery of consistent services throughout the County. A HIA working group is now looking at proposals for cross-boundary working and service standards.

Some Supporting People sheltered housing services are experiencing high void levels because the accommodation does not meet modern standards or rising service user expectations, whilst other schemes will have waiting lists.

Void levels of sheltered accommodation over April-June 2004 averaged: –

- 1 in 10 units for the Thames Gateway;
- 1 in 6 units for the London Commuter Belt;
- 1 in 5 units for the Greater Haven Gateway.

The implementation of Supporting People provides a real opportunity to rethink the nature of housing-related support provided to older people.

The separation of the accommodation from the support service under Supporting People allows for a fundamental re-think of the way services are provided and to ensure they are more in line with the needs and wishes of people using those services. In addition, it is likely to provide a more focussed and cost-effective response to people's needs whilst enabling a larger number of people to remain independent.

Potential Risks to Current Provision and Contingency Plans

- Some sheltered housing accommodation across the county will not meet Decent Homes Standard and/or will not meet the identified needs and requirements of current and future service users.
 - Contingency Plan: Local Core Strategy Groups will identify those properties most at risk.
- There is a risk that Health services will not be appropriately engaged in the community support and prevention agendas

Contingency Plan: Identification of key linkages on a local level, e.g. through Local Core Strategy Groups, will better engage PCTs.

Identified Gaps in Service Provision

The current mix of Supporting People services is inadequate to deal with the variety of needs of Older People to remain independent. Supporting People aims to improve this situation over the coming five years.

Regional gaps. It is a mixed picture for service provision in Essex. In the Thames Gateway South Essex region there is a large number of units for older people with mental health problems/dementia in the Basildon and Brentwood areas, with no provision elsewhere. Frail elderly are well provided for in Rochford, and in both Rochford and Basildon there is a very large number of very sheltered housing units. The data suggest that Castle Point has a marked shortage of Supporting People services for older people.

In the London Commuter Belt provision is erratic and inconsistent. All areas have an undersupply of at least one of the client groups, but all client groups are well provided for in at least one of the districts.

In the Greater Haven Gateway there is no Supporting People funded provision for Older People with mental health problems/dementia. In Tendring and Colchester Frail Elderly services are well above the five-county average, but overall the picture is one of relative under-supply, with a small amount of very sheltered housing services.

The provision of community alarms outside sheltered housing schemes ("dispersed alarm services") appears to vary considerably across the County. Most districts have one or more established community alarm services, sometimes in collaboration with neighbouring services. At the moment of publication of this strategy, further details were being collected through the service review programme.

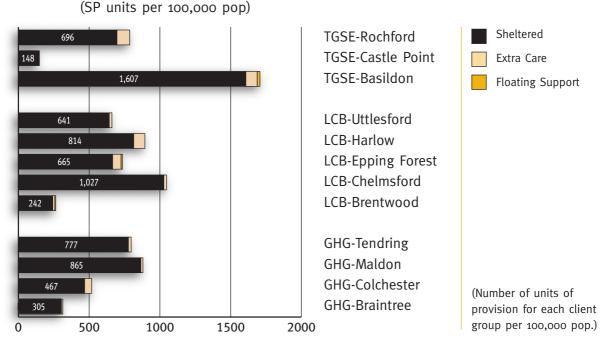
Systems. Community Alarm services are installed in sheltered and extra care accommodation, but also in people's homes as a preventative measure. This is often referred to as "dispersed alarms". The figures available to the Supporting People team at the time of writing this strategy could not distinguished between these two types and are therefore excluded from Figure 8.

Over 80% of Supporting People funding for Older People is going towards sheltered housing, while 75% of all older people in social housing live outside sheltered housing schemes with limited access to services, particularly housing-related support, such as community alarms and community support. In acknowledging this gap, some RSLs have already begun to diversify their warden services.

Community alarms are a low-cost but effective service and there have been major advances in the effectiveness and availability of assistive technology. 'Smart' products linked to Emergency Call

Figure 7. Benchmark Analysis: Extra Care for Older People (units per 100,000 pop) Frail Elderly (31) CIPFA-EXPECTED **ESSEX-Average** Older People with Mental Health Problems/Dementia (1) TGSE-Rochford 64 Very Sheltered TGSE-Castle Point Housing (??) 113 TGSE-Basildon 21 LCB-Uttlesford LCB-Harlow 100 LCB-Epping Forest LCB-Chelmsford 11 10 LCB-Brentwood In the key, the number **GHG-Tendring** between brackets is the six county average provision in GHG-Maldon 20 service units per 100,000 **GHG-Colchester** population. The six counties **GHG-Braintree** 10 considered are Essex, Herts, Kent, Hamps, Lancs, Surrey. 30 60 90 120 150

Figure 8. Services for Older People excluding dispersed Community Alarm services.



Centres that potentially minimise the impact of crisis events such as falls and make the individual person feel more secure. These are a cost effective system and help keep people in their own home, which would also serve well in directing people to other Supporting People services. The cost of these systems is usually below £3 per unit per week, and can costs as little as £2 per unit per week.

- Links with other agencies. Supporting People is co-funding Home Improvement Agencies. These services aim to improve the physical environment of people's homes, but they can also get people in touch with safe maintenance services, such as handyman or grass-cutting schemes, or signposting to community support services. Although most of these fall outside the remit of the Supporting People grant conditions, Supporting People services should establish linkages where possible, especially in terms of referring people on to floating support schemes. There should also be good links with the collaborative care teams and schemes such as Castle Point and Rochford's Fall Prevention Programme.
- **Re-Modelling Existing Schemes.** There are several sheltered housing schemes that are not fit-for-purpose and suffer from high void levels as a result. Supporting People proposes to identify opportunities for re-modelling existing sheltered housing to increase extra-care type provision and reduce the amount of unfit accommodation. Certain demand for dedicated clusters of Older People accommodation remains from a proportion of the current and future elderly population, for reasons of safety, community, socialising and ease of transport. This housing demand will need to be addressed through housing strategies, as it is important to develop schemes in a planned way.

- Sheltered Housing. Supporting People needs to improve the targeting of its housing-related support within existing sheltered housing. This will enable expansion of community-based support in surrounding neighbourhoods. Sheltered housing also needs defined fitfor-purpose standards to attract capital and revenue funding.
- Frail Elderly. Frail elderly are one of the priority target groups in the 5 Year Strategy. Extra care schemes are seen to fill a void between low-support sheltered housing and high-intensity care in residential care schemes. However, there is a sizeable gap in supply of extra care provision relative to the current and rapidly rising population of over 85 year olds. Compared to relative needs, the provision of extra care is 50% lower than the provision of sheltered housing.

The mix of support that is provided for Frail Elderly needs to be remodelled into an effective mix of extra care, floating support and Careline services with a focus on targeting the onset of mental health problems, improving the targeting of existing sheltered housing and defining fit-for-purpose standards.

Fear of Crime. In Tendring they found that amongst older people 47% had worried about youth nuisance in the last year, 22% reported problems as a result of this and of these 69% had reported problems more than once. Key to independent living for older people is being able to feel safe in their own home. Supporting People services delivered to people in their home (Community Alarms, Community Support) together with ECCs efforts to increase independent living, aim to decrease the factors that affect peoples desire to move into dedicated Older People accommodation.

who wish to remain in their own homes to do so, in line with our pledge and the pledges in the Essex Approach, then we need to find effective ways of identifying those in need. Many Older People may not ask for help even if they need it and smart working with partners such as PCTs, Social Services, voluntary organisations and referrals from social networks can act as signposting for those in need of Supporting People services.

Services Being Developed

Extra Care: 35 units scheme in Braintree

Extra Care: 30 units in Dobson's Close,

Rochford, substituting a 45-unit traditional sheltered housing

scheme.

3.5 People with Long-Term Care / Support Needs

Strategic Links

- Valuing People: A New Strategy for Learning Disability for the 21st Century
- National Service Framework for Mental Health, 1999
- Essex Approach
- Sub-Regional Housing Strategies
- Robson Rhodes Review of Supporting People Implementation
- Mental Health and Social Exclusion.
 Social Exclusion Unit Report, 2004
- Essex Learning Disability Partnership Board, Housing Strategy, 2004
- East of England Disability Information Network: Disability in the East of England, 2004.

Cross-reference to other sections of this Strategy

Section 2.2: Strategic Partnership Working

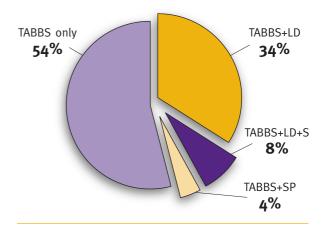
Section 2.4: Key Issues and Recommendations

Context

A substantial number of vulnerable people are receiving continued care or support from other agencies, such as ECC Mental Health, Independent Living, Learning Disabilities, or through the Health Service. Supporting People can support them, either outside or within their current accommodation, in the process of increasing their ability to attain an optimum level of independence and taking part in community life.

The description of people within this chapter is split up between the different client groups. However, it needs to be recognized that this chapter only describes a limited section of each client group, i.e. the section with additional support needs beyond low-level housing-related support. For instance, of all people registered in TABBS (an Essexwide voluntary database of people with Learning Disabilities) as having a learning disability, 58% do not have an ECC-Learning Disability (ECC-LD) care assessment. In a high number of cases this will be because their support needs are not intensive enough to trigger ECC-LD's statutory duties; however, they may well be eligible for generic Supporting People support, for instance tenancy sustainment support or move-on support for vulnerable home leavers.

Figure 9: Estimated distribution of people with Learning Disabilities between two support and care providers, ECC Learning Disabilities Team ("LD") and Essex Supporting People ("SP"). TABBS is an Essexwide voluntary database of people with Learning disabilities.



Each individual has different needs and aspirations, which vary over time and therefore require different levels and ranges of support and care. In this document the term "care" is used when the main aim of the service is to help sustain an individual's level of independence, whereas the main aim of "support" is to increase an individual's level of independence. These support needs are not static and will continually fluctuate throughout their lifetime especially so at a

time of crisis or emotional distress. There is generally a need for high intensive support during the transition phase, for instance into more independent accommodation, to ensure as easy a move as possible and the development of the necessary skills for more independent living.

In rural parts of the County, vulnerable people live in areas with a poor social infrastructure, without shops or access to public transport, resulting in isolation and dependency on others for transport. The cost of providing support services in such areas is also more expensive as support workers need to travel significant distances to reach service users. This is not restricted to rural areas either. There are many new housing developments in the region, which lack mature transport links and access to services for disabled people.

This set of services is currently receiving the highest level of spend per client, typically at £100 per client per week, but 46% of services cost over £250, the large majority of services comprising supported housing for people with Learning Disabilities. Currently, over a third of the budget is spent on only 8% of Supporting People's clients (Figure 9) (Footnote 15).

People with Physical and/or Sensory Disabilities

People with Physical and/or Sensory
Disability (PSD) should have choice in
accessing housing and support services to
meet their individual needs throughout their
lifetime. This should be through all tenures
and usual routes into housing, within their
own communities. The ability to attain an
optimal level of independence requires that
the environment and accommodation that
they live in is conducive to this. Therefore it
is important to include the viewpoints of the
individuals who are receiving the support.

15 The capping of supporting people services at £350 per client per week (see section 4.2) is projected to decrease the proportion of spend from 36% down to 33%.

To achieve this it is essential that people with PSDs are not seen as one homogenous group as has been the tendency in the past. The support and housing needs of an individual with a physical disability will be different to an individual with a sensory disability; the same is also true for people with different types and ranges of disabilities within these groups.

People with Learning Disabilities

The style and approach to the provision of support to people with learning disabilities has changed radically over the last few years both nationally and within Essex.

The driving force nationally since 2001 has been 'Valuing People', the governments' plan for making the lives of people with learning disabilities and their families better. Expanding the range and choice of housing, care and support services is key to giving individuals more choice and control over their lives. People with a learning disability want places to live which have security and which they can call their own. Family carers want to be able to plan and secure the long term living arrangements for their dependents. The Listening to People consultations and the Listening to People evaluation of supported accommodation showed that this is one of the highest priorities for people with a learning disability.

The main Supporting People service for people with Learning Disabilities is Supported Housing. This ranges from group homes to individual flats. For a large number of people, living in small numbers or individually with others with similar needs close by is the most desirable. Social interaction and support from others with similar needs in a community environment is extremely important to an individual's ability to cope and maintain their level of independence. Supporting People currently funds a whole spectrum of service size.

Table 4: National indication of where people reside currently (Footnote 16)

| Accommodation | Approx* |
|-------------------------------------|---------|
| Adults living in the parental home. | 50 % |
| In residential care homes | 30 % |
| In supported housing shared and s/c | 12 % |
| In adult placement | 4 % |
| In NHS care | 4 % |
| Total | 100 % |

^{*} N.B. There is a recent trend towards supported living, although this is not quantified.

Supporting People provides support to 12% of Essex's population of people with Learning Disabilities, which is in line with the national average (Footnote 16). However, a further 12% is in supported housing funded through ECC-LD, taking Essex well over the national average. Two-thirds of the 800 Learning Disabilities clients of Supporting People are receiving support or care from ECC-LD as well. Even after the push to move people out of residential accommodation, just under a third of people with Learning Disabilities are still in residential care and half are living at home.

The current level of cost and intensity of Supporting People services for people with Learning Disabilities is recognized as being disproportionately high, partly owing to the history of establishing Transitional Housing Benefit Scheme and Supporting People funding as well as the closure of Learning Disabilities hospitals, which meant a high level of need of people requiring assistance in establishing their new level of

independent living. Both of these change processes are reaching steady state, which presents a suitable opportunity to review costings and patterns of service delivery. The decline in the number of people with Learning Disabilities living in residential accommodation has not only benefited the individuals concerned but the reduction in the need for high levels and intensity of care has reduced the funding required by ECC-LD and Health. To reduce the number of people in residential accommodation further would mean that significant funding would need to be available.

People with Long-Term Mental Health problems

A stable and a decent home is key to sustaining an individual's ability to maintain their home and take part in community life. Adequate housing and income were key factors identified by service users as stated by The National Service Framework for Mental Health. For people with long-term mental health problems there needs to be ongoing and varying levels of support to ensure the individual can maintain their level of independence and not enter into a downward spiral.

Financial strain and the worry of ensuring that rent and bills are paid and isolation caused by relationships breaking down are major factors for an individual feeling that they are unable to cope. The Social Exclusion Unit states "One in four tenants with Mental Health problems have serious rent arrears and risk losing their home." (Footnote 17) Financial advice and support to access local social support networks within the community are key factors in ensuring that an individuals mental health problems are not heightened.

¹⁶ Valuing People/ODPM Supporting People Announcement; TABBS 2004

¹⁷ Mental Health and Social Exclusion, June 2004

The Robson Rhodes Review recommended Supporting People programmes should undertake fundamental Strategic Reviews of four main types of service including services for people with mental health problems. This document proposes that review should not take place until 2006/7 to give a chance for these new services to 'bed-in'.

Potential Risks to Current Provision and Contingency Plans

- Ineffective and unlinked contract arrangements leading to sub-optional planning of service provision across agencies.
 - Contingency Plan: Joint working with relevant ECC and Health Learning Disabilities and Mental Health teams to achieve convergence in service review, planning and commissioning.
- Review and assessment of current levels of funding for high cost services.
 - Contingency plan: Joined up working and joint commissioning of services between ECC-LD, Mental Health and Supporting People.
- Decommissioning of services
 Contingency Plan: Assessment of impact of not funding the service.

Identified Gaps in Service Provision

Current service provision is a result of the commissioning process at the onset of the Supporting People Platinum Cut, rather than a reflection of Supporting Peoples core objectives and priorities. The result is a substantial overlap between current Supporting People funded tasks and statutory duties of the ECC Learning Disability and Mental Health teams. Supporting People and ECC are funding similar services and often the same service, but with a limited recognition of each others strengths and perspectives. The ongoing work to co-ordinate existing services and service planning is pivotal to

ensure that support for these client groups will not unduly suffer from existing budgetary pressures.

The lack of specialist services for people with Physical and or Sensory Disabilities has meant that people either have to remain in the family home, enter residential care or enter services that cater primarily for Older People and people with Learning Disabilities when this may not be the need of the individual. When the care from the voluntary sector is not available, disabled people must depend solely on statutory providers who account for only 20% of need (Footnote 18).

Figure 10 shows that, across all client groups and districts, Essex is below the average level of service provision compared to other counties. Mental health services have a consistent shortfall except in just three districts. There is a shortfall in services for people with Physical or Sensory Disabilities (PSD) in all but one district. There is also a shortfall in services for people with Learning Disabilities in all but two districts. Two counties stand out due to their higher-thanaverage service provision. Basildon has a higher than average floating support and supported housing for people with Physical or Sensory Disabilities, whereas Tendring has a higher than average provision of supported housing for people with Learning Disabilities. However, available units and service types only tell part of the story. It does not indicate whether services address multiple needs, the level of intensity, and whether the services are well coordinated to help as many clients as possible.

Housing index, which registers individual's support needs, is key to ensuring that the future development of services and accommodation can reflect these support and housing needs. It also has the potential to improve the allocation of homes that are already adapted to match people's physical requirements.

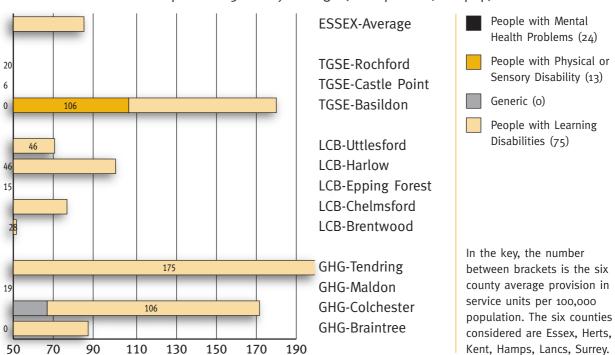


Figure 10. Benchmark Analysis: Long-Term Support/Care Needs
Shortfall compared to 5-county average (units per 100,000 pop)

- Home Improvement Agencies. There is a continuing need for HIA services for people with Physical/Sensory Disabilities. Improving the efficiency of HIAs will help maintain and increase an individual's independence through adaptations to their home and signposting to safe services, as mentioned in Section 3.4 Older People with Support Needs. A delay in adaptations and risk assessments could result in accidents and ultimately hospital admittance, placing strain on Health.
- Floating support for people with Mental Health problems. There is currently a lack of floating support provision in Essex for people with Mental Health problems. Accommodation based support tends to be higher intensity indicating that low intensity support is under supplied. Group homes and shared housing are not always desirable and

can often exacerbate an individual's mental health problem as quite often people do not want continual social contact or the stigma attached with the label of mental health.

Supporting People has identified a number of key actions to address issues for people with LD and long-term care/support needs:

- Joined-up working. Supporting People with ECC-LD/MH needs to establish how the limited Supporting People funds can best help to reduce support costs through decreasing client's needs for intensive care and support.
- Service Review and Care Assessments.

 Through the Supporting People service review programme and a coordinated care assessment review programme of the County's Learning Disabilities team, it is expected that anomalies in the current funding patterns will be addressed,

including the identification of double-funded services. A similar exercise is being discussed with the ECC-MH team. Until these anomalies are addressed and a sustainable costing is established for Supporting People services for people with Learning Disabilities, Supporting People will focus on improving its management of current contracts and is unlikely to engage in further investment for this client group.

Joint Commissioning To ensure a seamless service where the individual's needs and aspirations are met, joined up working and joint commissioning of services between the Supporting People Team and the ECC-LD/MH teams are essential. Discussions are focusing around contracts in which a percentage of the service will be funded by Supporting People and the rest of the service will be funded by the ECC teams. The percentage split would depend on the agreed level of need for Supporting People's low-level housing related support, as well as the budgetary constraints that Supporting People and partners would face.

The agreed "level of need" would be based on the average need across a number of service users and the contract time period. Outcomes from the joined-up service reviews and care assessments will provide good information for this discussion.

Services Being Developed

None using Supporting People funding at present. Undertaking a Strategic Review as recommended will provide more clarity about likely future needs.

3.6 Black Minority & Ethnic Issues

Strategic Links

- Race Equality Strategy
- East of England Regional Cross-Authority Statement

Cross-reference to other sections of this Strategy

Section 2.4: Key Issues and

Recommendations

Section 3.9: Refugees Section 3.10: Travellers

All Sections

Context

People from minority ethnic communities make up just 5.5% (2.9% non-white) of the total population in Essex – much lower than both the national (9%) and regional averages (In Luton it is as high as 35%). Furthermore, people from minority ethnic communities are generally dispersed throughout Essex although there are concentrations in the urban areas of Essex and those areas geographically close to London (i.e. Harlow 5.1%, Epping Forest 4.9% non-white). However, the black and minority ethnic (BME) population is growing, from 1% to 3% between 1991-2001, and the 5 Year Strategy needs to focus particular attention on their service needs, especially those of BME elders.

A study was carried out in 2004 by Salford University called 'Facing the Facts'. This study was commissioned by the Essex Housing Officers Group (EHOG), and informs the rest of this section.

During their research, Salford University were in contact with all of our service providers. Few of the service providers were able to comment in an informed way about the issue of access to services for BME groups, except to comment generally on the low-take up of services. This was seen to reflect a number of issues including:

- A perceived lack of knowledge on the part of the BME communities concerning the range of services that were available:
- The lack of culturally sensitive services which were subsequently seen as being potentially discriminatory by BME groups; and
- The lack of front-line staff from the BME community and the implication that service was white dominated and white centred and as such 'unwelcoming' to BME people;

It was suggested that historically few BME people had used their services and it was felt that such community groups had had to rely on self-help.

None of the service providers had established specialist services catering specially for BME communities. Some of the organisations were, however, supportive of such developments provided that sufficient demand for such services could be demonstrated. In contrast, others strongly opposed what they felt was a separatist approach, which further served to only marginalised BME communities. This latter group preferred an approach that ensured all mainstream services were inclusive of all communities and were seen as such. Two of the housing associations held the middle ground position, that of developing specialist provision within a mainstream service, for example, employing outreach workers to work specifically with BME communities.

Information from Monitoring and Review Programme

BME issues are addressed as part of the service review programme. In addition, client

record returns can provide an insight in the relative access of people with a BME background to Supporting People services. But the quality and rate of return is not yet sufficient to be able use this information with confidence.

Identified Gaps in Service Provision

The Salford University study found that amongst service providers there was limited recognition of need for any specialist BME services in Essex. Nevertheless, over half of those interviewed did feel that there might be a need for specialist services for some groups including:

- Asian women and BME women in general fleeing domestic abuse. This is also recognised and addressed in the cross authority statement.
- Older Asians. The changing pattern of extended family living among this community could result in older family members requiring independent accommodation. However, some service providers were not convinced of the need for separate accommodation for older people from each of the minority groups suggesting instead that a facility for older BME people would suffice.
 - I think there might be a need for independent housing for older minority people. It would be good to mix the cultures
- Young people with support needs.

However, there was a lack of clarity generally concerning the type of provision necessary, who should provide it and where it should be located.

Needs Assessment: It is vital that we should firmly establish if specialist services are needed in this area, and to what extent BME-specific need can be addressed through improving access to existing services and increasing their sensitivity to BME issues.

Services Being Developed

None at present.

3.7 People with HIV / AIDS

Strategic Links

The National Strategy for Sexual Health and HIV Implementation Action Plan, Department of Health, 2001.

Cross-reference to other sections of this Strategy

Section 2.2 Strategic Partnership Working

Section 2.4 Key Issues and Recommendations

Context

In Essex there is no specific provision for people with HIV/AIDS. However, people with HIV/AIDS are an identified primary client group under the ODPM Supporting People Programme. Supporting People has no schemes in Essex with this area as either their primary or secondary client group.

A number of key people in this area (i.e. specialist social workers) say that this condition can be, and is, provided for in PSD and Mental Health schemes. While the actual condition is usually under control, people with HIV/AIDS may require support to cope with illness-related depression or other mental health problems. The housing needs for this group are similar to the needs of the above primary client groups.

Furthermore, a large bulk of those who may require specialist housing and have HIV/AIDS are not going to be eligible due to their immigration status. An estimate by specialist social workers is that this could be up to 70% of those in need. These people would be wary of contacting an authority for assistance.

Potential Risks to Current Provision and Contingency Plans

There is no housing support service currently operating in Essex, although there are people known to be suffering from the condition. Without a housing support service some of these people must be seen as vulnerable.

Identified Gaps in Service Provision

There are no services currently operating in Essex.

It is vital that we should firmly establish if specialist services are needed in this area and if so, in what ways would they be referred into our services.

Services Being Developed

None at present

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3.8 People at Risk of Domestic Abuse

Strategic Links

- East of England Regional Cross-Authority Statement
- Salford Study Domestic Violence
- Essex Against Domestic Violence. The plan of Action.

Cross-reference to other sections of this Strategy

Section 2.4: Key Issues and

Recommendations

Section 3.1: People who are Homeless

Section 3.6: BME issues

Section 3.10: Travellers

Context

Domestic abuse services respond in a variety of ways. Refuges provide safe temporary accommodation and floating support can provide support once someone has been rehoused. Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography. 1 in 4 women will suffer domestic abuse at some point in their lives. On average a woman will suffer serious abuse and assault around 35 times before she reports it to the police (Footnote 19).

Supporting People is about providing the right services at the right time. Early intervention can be key to ensuring peoples safety. In the longer term this can also prevent costs from falling on to other services and help aid the achievement of wider community plans. The development of floating support services has been a significant contribution of Supporting People to the provision of domestic abuse services in the County.

Those seeking refuge may seek help outside of their local authority so there will inevitably be a cross over between authorities. With Supporting People authorities in the East of England region, Essex Supporting People has developed a common strategic approach to cross-authority issues. Through developing services any provision must take in to account natural boundaries and communities and aim to reflect local linkage where practical. We are currently awaiting the results of a report from Salford University, which will help determine future policies in this area.

Potential Risks to Current Provision and Contingency Plans

The provision of services for those people escaping domestic abuse is relatively mixed across the County as shown in Table 5. The table includes direct access hostels because these can provide emergency access for people who cannot stay in a women's refuge, e.g. men escaping domestic abuse, or women with complex needs.

Roughly half of the service units that are funded by Supporting People consist of women's refuges that provide emergency access and intensive support. These are predominantly located in urbanised areas.

Development of floating support-type services help to reach into areas that are less densely populated.

Floating support services also offer support for victims in terms of early intervention and after-care, as well as providing a larger degree of flexibility to tailor service delivery to specific client needs.

Identified Gaps in Service Provision

Regional

The picture across Essex is reasonably mixed (Figure 11). Overall we have slightly more provision than the six county average. In the Thames Gateway South East region there is

an undersupply in all districts except for Basildon, which has a considerable amount of provision, six times the amount of the six county average. London Commuter Belt offers another mixed picture, Harlow has seven times the amount of units that the six county average has, and Chelmsford has double. The other districts have less than the six county average. In the Greater Haven Gateway, the provision for domestic abuse services is fairly consistent with the six county average.

Move-on

One of the critical elements in delivering services along the "support pathway" is the limited availability of move-on accommodation and suitable housing for families with older children seeking refuge. The provision of refuges in Essex is good, above the national average and in the upper quartile. It is still below the governments target however, the provision of women's refuge spaces in Essex will be on the Government's target of 1 bed space per 10,000 people by 2005/2006 (Footnote 20).

Nevertheless, in the absence of sufficient move-on, service blocking still occurs. This is not directly evident from the turnover figures for the refuges, because of the high variation in nature and length of stay of individuals. The shortage of move-on accommodation is shared with other service user groups and is something that needs to be addressed with Supporting People partners in housing departments. However, it must also be recognised that move-on is not always the best solution. For example, those with families will find they don't want constant upheaval, so a better solution for those with families in some instances would be a move from a refuge into a general needs house with floating support.

20 BVPI176, as reported to the Essex County Council Report

21 ODPM: The Provision of accommodation & support for households experiencing domestic violence in England (2002)

Refuges

The availability of safe secure accommodation for women, either as a respite or as a stepping stone to re-housing is critical and potentially life saving. Refuges across the county have an important role to play in the provision of safe accommodation at a time of crisis for women and their children.

Refuge provision is neither the only, nor the main, source of accommodation for homeless women and their families. In March 1999 in England there were over 7,000 households living in temporary accommodation who were homeless because of domestic abuse (Footnote 21). While there was considerable variation at a regional level, only 15% were in refuges. The rest were living in other forms of temporary accommodation – 25% were staying with friends and relatives; 30% were in temporary council or housing association properties; 13% were in hostels and 6% were in Bed and Breakfast accommodation.

Cross-Boundary

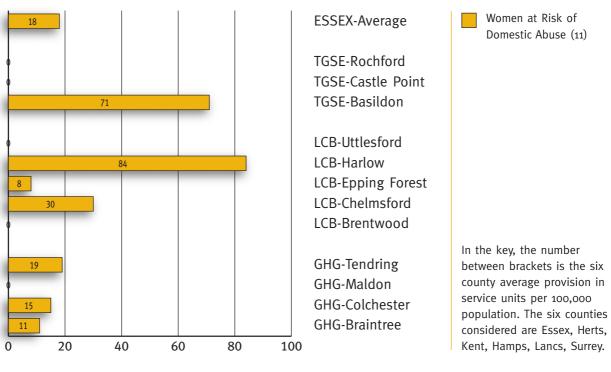
Of the different service types for people escaping domestic abuse women's refuges have the largest cross-boundary component, because many who suffer domestic abuse wish to find refuge away from their local area. Women's refuges therefore have an established national network that places people in appropriate locations.

For the East Region, initial returns suggest that about a third of women escaping domestic abuse accepted into Supporting People-funded refuges come from outside each of the Supporting People areas², although the majority are still referred from within the Region.

Table 5. Supply. Locations of Supporting People Services in Essex Districts and Boroughs (number of service units)

| ESSEX | Thames Gateway South Essex | | London Commuter Belt | | | | | Greater Haven Gateway | | Grand Total |
|--|----------------------------|----------------------------|----------------------|------------|---------------|--------|---------------------------|--------------------------|--------|----------------|
| (Service units) | Basildon | Rochford & Castle Point | Brentwood | Chelmsford | Epping Forest | Harlow | Braintree & Uttlesford | Colchester & Tendring | Maldon | |
| Direct Access Hostels | - | - | - | 8 | - | - | 14 | 19 | - | 41 |
| DV Floating support | 32 | - | - | 7 | 10 | 22 | 8 | 17 | - | 96 |
| Women's Refuges | 24 | - | - | 12 | - | 48 | 10 | 8 | - | 102 |
| WEDV Accommodation with floating support | - | - | - | - | - | - | - | - | - | 0 |
| Grand Total | 56 | - | - | 27 | 10 | 70 | 32 | 44 | - | 239 |

Figure 11. Benchmark Analysis: People at Risk of Domestic Abuse
Shortfall compared to 5-county average (units per 100,000 pop)



Any new refuge provision should be sensitive to the needs of travellers in particular. It has been found that this group increasingly use refuges, most commonly as a respite to recover from physical abuse, but do not tend to go on to permanent housing.

Essex has a relatively low percentage Black and Ethnic Minority population. However the cross-boundary nature of refuge services means that these need to be accessible for a relatively high proportion of people with a black or minority ethnic background. Anecdotal evidence suggests that there is a shortage in accessible services for women from an Asian background. There should be good links with a number of agencies to access a number of services to meet their differing cultural needs.

Floating support

Crime statistics show reported incidents of domestic abuse have been on the increase in recent years. However, little information is available to estimate the hidden need for early intervention, floating or accommodation-based support. There are also certain to be underestimates as to the true extent of domestic abuse owing to under reporting of incidents.

Floating support for survivors of domestic abuse can deliver support to those

- who cannot be accommodated in women's refuges because of their complex needs, their potentially disruptive behaviour, because they are a large family, or because they have older children;
- who are staying with friends or relatives in general needs housing or other temporary accommodation. This can include other services which cater primarily for other client groups.
- who do not wish to enter a refuge.

Some areas of outreach work not delivered under support plans are not funded by Supporting People. However, these 'holistic' floating support options are necessary because they respond to victims changing needs and circumstances and the dangers they may face at different times.

Services Being Developed

There are currently two pipeline schemes being developed in Essex, which will receive Supporting People funding. The first is Colchester and Tendring Women's Refuge, which will have 12 units, and the second is Castle Point & Rochford Women's Refuge, which will have 5 units.

3.9 Refugees

Strategic Links

Race Equality Strategy

Cross-reference to other sections of this Strategy

Section 2.4: Key Issues and

Recommendations

Section 3.6: Black Minority Ethnic Issues

Section 3.7: People with HIV/AIDs

Context

There is little information available for the Essex area and there are no services or provision for this client group at present. We are awaiting a regional study commissioned by EERA that aims to: —

- Identify the housing needs and aspirations of refugees;
- Evaluate access to housing for refugees;
- Assess the impact of refugees on the demand for housing;
- Develop a model for predicting future needs in the region.

According to 2001 census data, those who migrated to Essex from outside the UK numbered only 0.5% of the overall population. The East of England region as a whole had only 0.7% of its population as migrants from outside the UK. This is a very small group for whom, so far, there has been no provision.

However, a large number of those inside this client group may be here illegally and there is certainly going to be a 'hidden' element. Even though they would not qualify for Supporting People help per se, they may have an effect on our services. For example, a number of people with HIV/AIDS are likely to be illegal immigrants and therefore reluctant to see any public sector help.

Potential Risks to Current Provision and Contingency Plans

We have no current provision or contingency plans.

Identified Gaps in Service Provision

None at present. Much depends upon future Government policy and the influx of service users.

Services Being Developed

None at present.

3.10 Travellers

Strategic Links

- East of England Regional Cross-Authority Statement
- The Survey and Assessment of Gypsy and Traveller Needs in Essex Consultation Brief

Cross-reference to other sections of this Strategy

Section 2.4 Key Issues and Recommendations

Section 3.8: People at Risk of Domestic Abuse

Context

A number of districts in Essex have recently faced increasing numbers of gypsies and travellers settling within their administrative area. This has resulted in a number of unauthorised sites being developed, followed by enforcement action and, in certain cases, eviction. The increasing evidence of unauthorized sites indicates that the number of permanent sites is inadequate, and that there may be a requirement for additional sites.

There have been a number of recent planning appeal decisions in Essex and nationally concerning sites occupied by gypsies and travellers. Recently, the ODPM declared that it would not be forcing councils to provide legal sites for gypsies and travellers, despite a report by an ODPM select committee, which finds that local councils are unwilling to provide legal sites voluntarily. Instead the government is going to adjust the Housing Bill to require local authorities to carry out needs assessments for travellers and to include them in their housing strategies. This is currently being debated in the House of Lords.

Potential Risks to Current Provision and Contingency Plans

The issue of qualification for Housing Benefit still applies if a service were to be developed to provide support to existing sites. Because potential services to this relatively stable population would be long-term, tenants not eligible for Housing Benefit would have to be charged whilst others would be exempt. There is the potential to create major difficulties and resentment on sites.

Identified Gaps in Service Provision

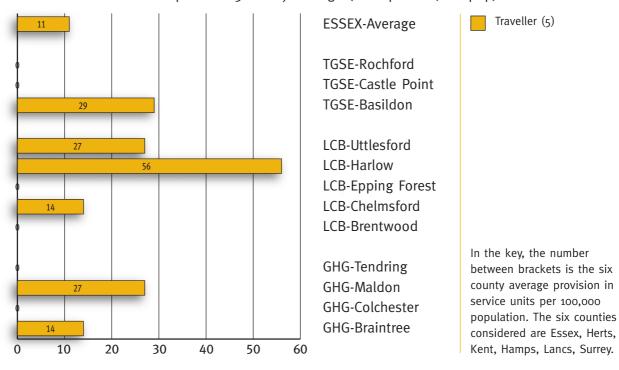
In our region, of the twelve districts, half do not have any traveller services. Six do have traveller services however and are above the six county average. Thames Gateway South East and the Greater Haven Gateway regions have a similar amount of provision, and both have this provision concentrated in certain districts. The London Commuter Belt region has a very large amount of services for Travellers.

Work is ongoing on a Regional level as expressed in the cross-authority statement (Appendix 3). A regional practitioners' workshop on Supporting People services for Travellers will be held this year, which aims to identify potential for harmonisation of services across the county and best practice.

It is known that travellers use women's refuges quite frequently. Usually just as a place for respite, rarely leading onto permanent housing. But this is an area in which future provision should include provision for female travellers.

We are currently awaiting the completion of research into gypsy and travellers' housing needs that was commissioned by Essex County Council, Thurrock Borough Council, Southendon-Sea Borough Council and the Essex District Councils. A questionnaire has been recently circulated to all districts requesting details of current authorised and unauthorised sites within each district, together with details of any current planning applications and appeals.

Figure 12. Benchmark Analysis: Travellers
Shortfall compared to 5-county average (units per 100,000 pop)



Responses have been requested by 6 September 2004, and will be made available to the consultant, the results of which will help determine our policy in this area.

Issues that have been identified are:

- Emphasis on sharing good practice on service provision.
- Literacy support, especially for older people.
- Advice on, and access to, welfare services.
- Health and Safety and environmental issues.
- Access to housing registers.
- DIY.
- Relationship counselling.
- Racial harassment and neighbour nuisance.

Services Being Developed

None at present.

Section 4

DELIVERY, COMMISSIONING AND TIMESCALES

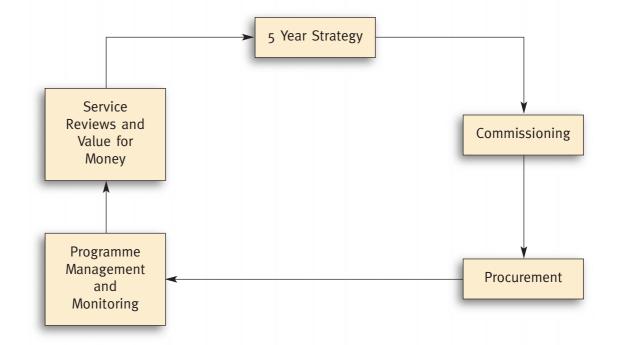
4.1 Commissioning

Commissioning is a word now in widespread use across the public sector. However, it is clear that it has been defined in different ways in different service areas. For ease of use, commissioning was defined as 'a decision on which services the County Council, as the Administering Authority, should be buying and why'. In more detail,

this means the process of specifying and securing services to meet clearly identified needs for housing related support services in the community. So, it covers a strategic approach to identifying needs, setting priorities and shaping the market for housing related support services as well as the purchasing process. There is a close link with the 5 Year Strategy and the each feeds the other as follows:



These elements are part of a wider Supporting People Business cycle:



Why is Commissioning Important?

Commissioning is the vital link which translates the priorities and aspirations contained in the 5 Year Strategy into an actual concrete procurement process which will see the delivery of real services on the ground linked to clearly identified needs and priorities. It is a process which should result in:

- The provision of types of services which will be required in the future;
- Providing a sufficient volume of services;
- Achieving the optimum balance between cost and quality; and
- Clear pathways for changing current service patterns, the encouragement of innovation, and the de-commissioning of redundant or inefficient services.

The Commissioning Process:

- Use of different commissioning formats, such as joint commissioning, partnering and tendering;
- Developing the provider market (including the range and mix of providers);
- Developing a system of risk assessment so there is not an over-reliance on particular providers;
- Using technology to increase efficiency.

Contract specifications, including

- Contract stability (3-5 years);
- Contract arrangements which reflect the range of providers and potential service users:
- Clear, agreed standards and evidence of continuous improvement;
- Flexibility of contracts that reflects the nature of partnership working and referrals.

Contract implementation:

- A transparent system of monitoring;
- Regular and timely payments;
- A support and advice service to smaller providers.

4.2 Commissioning New Services: the SP Development Fund

Supporting People needs a Development Fund if it is to commission new key services that help to build a service portfolio that reflects our key priorities. If Supporting People is to generate a Development Fund, savings over and above the ODPM targets are required. Based on the savings required and feedback from the consultation period the Commissioning Body will propose the size and format of the Development Fund.

Supporting People invited providers and commissioning agencies to submit Expressions of Interest for service developments. These are compared with Supporting People's strategic aims and have helped us to identify which key priorities are identified by providers; how these match the needs that were identified through other sources and where there are opportunities for service development.

A summary of the returns is given in Table 6 opposite. The returns show that partners are identifying opportunities for development in key service and regional areas. The largest group of development proposals are being aimed at young people and chaotic life styles, and at floating support and move-on services across most client groups.

Table 6. Expressions of interest for Supporting People funding by client group and housing subregions: Estimated Annual Contract Value as provided (£) and number of service units. The number between brackets indicates the number of bids received.

| Sub-Region | Homeless- ness | Chaotic Life Styles | Young People | Long-Term Dependency | Older People | Other | Grand Total |
|--|------------------------|--------------------------|----------------------------------|-------------------------|-------------------------|------------------------|----------------------------------|
| Greater Haven Gateway | £269,919 38 (2) | £62,080 36 (4) | f227,592 16 (2) | £143,517 18 (3) | f163,761 101 (2) | | £866,869 209 (13) |
| London Commuter Belt | £45,000 6 (1) | £538,313 52 (5) | £590,267 56 (6) | f320,161 37 (4) | ? 10 (1) | f669,417 14 (1) | £2,118,158 175 (18) |
| Thames Gateway South Essex | | £21,520 20 (2) | f647,346 30 (3) | £256,475 40 (5) | | £37,268 35 (3) | f962,609 125 (13) |
| Total Cost Total Units Total Bids | £269,919 44 (3) | f621,913 108 (11) | £1,465,205 102 (11) | £720,153 95 (12) | f163,761 111 (3) | £706,685 49 (4) | £3,947,636 509 (44) |

4.3: The Consultation Process

Taking Part

Internal Consultation

Progress has been discussed in Local Core Strategy Groups, the Essex Core Strategy Development Group (which includes representation from partners on a Senior Officer level) and the Commissioning Body (representation on Member level). These meetings produced valuable steer and highlighted key issues that were incorporated in this strategy.

Local Core Strategy Groups are part of the Supporting People strategic decision-making process and in this role they were asked to discuss the consultation draft and compare it with their local action plans. This local scrutiny is important in order to compare the strategy with local Supporting People-related activities that are a priority for, amongst others, the Local Strategic Partnership.

Partner Consultation

Contents of the document as it developed have also been discussed with leaders and forums of other associated strategy developments, such as sub-regional Housing Strategies; the Essex Local Strategic Partnership; the Strategic Health Authority and PCTs, Supporting People Cross-authority Groups; Essex Housing Officers Group and their BME Action Group; the Essex Drug Action Team and others.

Providers have contributed to the development through the provider workshop in May, but also through their response to the invitation for Expressions of Interest and ensuing discussions. A number of forums took place to consult providers on their views and suggestions on the priorities as proposed in the consultation draft. This included a Providers Forum on 15th November, the Inclusive Forum 16th December, and the presentation of the Commissioning Strategy on 15th January. Providers were also encouraged to provide feedback through questionnaires that were distributed at the start of the consultation process.

Focus Groups on key service development

The Consultation Draft proposed key service developments for people with chaotic life styles, vulnerable young people and homelessness, but predominantly on an Essex-wide scale. The opportunities and constraints for re-modelling Older People services will be location-specific and the 5 Year Strategy Action Plan will need to address this.

For key service areas in each housing subregion of Essex, focus groups have been initiated through the LCSGs and include provider and user representation. Their remit is to discuss

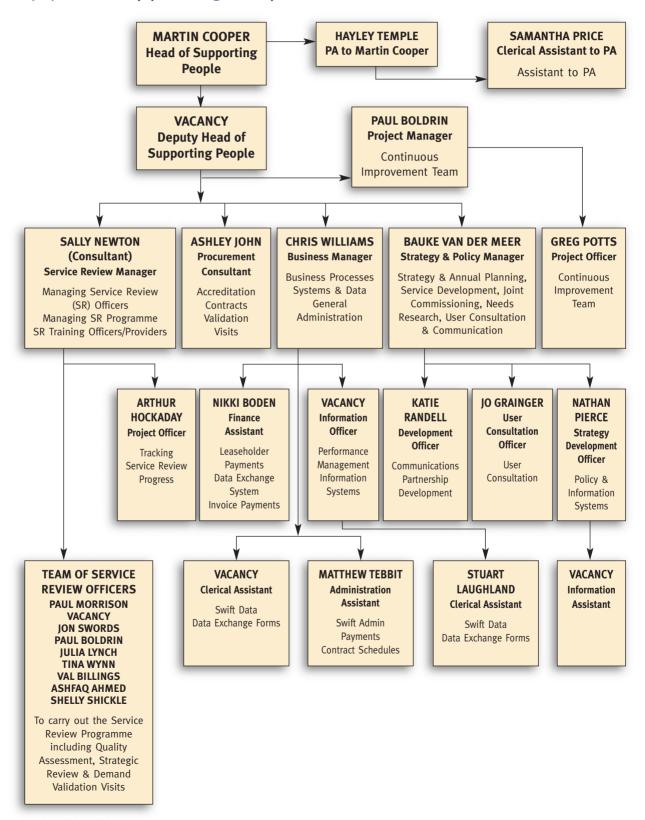
- (1) Linkage between the Supporting People-Essex and local priorities;
- (2) Opportunities for development;
- (3) Action plan for the sub-region for the coming 5 years.

Ongoing User Consultation

The user consultation process has been underway since June 2004 and is a continuous process of developing user forums in collaboration with key partners from Supporting People, as well as distributing leaflets and questionnaires and regular contact with user representative organizations. The consultation draft fed into this process as a priority for discussion.

User participation is ongoing and will be further encouraged to identify key service developments on a sub-regional and local level. The User Participation Officer in the team will take this forward to ensure that as many stakeholders as possible are able to comment on the identified proposals. More detail of this programme is listed in Appendix 1.

4.4 The Supporting People Team Structure Chart (31.03.2005)



FEEDBACK FROM SERVICE USERS AND SERVICE USER REPRESENTATIVE MEETINGS

Service user involvement in the 5 Year Strategy consisted of two rounds of consultations. The views gained have helped to develop and shape the 5 Year Strategy and action plan. A third round of consultations focussing on the annual plan and service user involvement strategy will last until June 2005.

Consultation Stage One: Open discussion on support needs

Stage one took place June-December 2004 and consisted of a series of meetings with user representative groups, organisers of existing user consultation forums including providers and other agencies, and County Council Advocacy Services.

The information gathered made a strong contribution to the Consultation Draft of this strategy; cross-referenced statements were listed in its Appendix 1 and can now be found on our website http://supportingpeople.essexcc.gov.uk

Consultation Stage Two: Discussions on Consultation Draft of Strategy and Action Plan

Stage two took place from the end of December 2004 until 10th February 2005. This second round again consisted of a series of meetings to discuss the 5 Year Strategy and action plan with a wide range of new and existing service users forums.

Short briefings were provided for each client group on the main points in the strategy and the discussions focussed on:

- Do you agree with the key proposals identified?
- Are there any issues or gaps in services that are not included?
- What services do you think that Supporting People needs to develop or change?

The information and views gathered have not only supported the points made in the strategy and action plan but have also significantly added to it.

Consultation Stage Three: Input into the annual plan, July 2005-2006

Stage three began with the Strategy Day on 19th January 2005 and will continue until the end of June 2005.

This round of consultations will build on existing work, focusing on the identification of specific actions to develop the annual plan for the July 2005-2006 financial year and the development of the service user involvement strategy.

Results

A full list of the views and opinions gained from service users would be too great to include in this document (For a full list contact Jo Grainger in the strategy team – Footnote 22). Instead, four key points have been highlighted where views from service users have significantly added to the strategy and four key points that service users have confirmed and backed up in the strategy.

Four key points that service users have added to the strategy:

- There needs to be continuity of service delivery across services. For example, when service users move from an accommodation based service to floating support to ensure as easier a transition as possible to more independent living.
- The need for more information about the types and range of support services that are available and how and where they can be accessed.

- To be able to help older people remain in their own homes there needs to be effective ways of identifying those in need. Many older people will not ask for help even though they need it.
- To overcome substantial opposition to new schemes at the detailed planning stage, there is a need for better understanding and awareness through education and consultation.

Four key points that service user consultations have confirmed in the strategy:

- The importance of and need for floating support. Either instead of entering accommodation based services and allowing people to stay in their own home, or to ease the transition to independent living.
- A lack of available move-on accommodation is obstructing many service users from being able to continue their transition to greater independence. Problems experienced by service users can then be intensified with a long stay in specialist services and the uncertainty of not knowing when and where the service user will be moving to.
- There needs to be a range of referral options with suitable needs assessments to ensure that service users are signposted to the correct services to meet their needs as early as possible.
- There needs to be a range of support services to meet a wide variety of needs so that service users can choose the best type of service for them.

Future consultation after Publication: Service Improvement and Development

Service user involvement will be ongoing after the publication of the strategy. The focus will be on involving service users in future service improvements and service developments. These consultations will be more area and service specific.

The service user involvement strategy is under development and will spell out our approach to service user involvement.

REPORTS, STRATEGIES AND OTHER DOCUMENTS RELATED TO THE SUPPORTING PEOPLE STRATEGY

| Client Group | Service User Groups and Client Representative Organisations | Reports and Documents |
|--|---|--|
| Older People • Mental Health • Frail Elderly | Age Concern, Local Pensioner Action Groups Sheltered and very sheltered housing | The National Service Framework for Older People 'Quality and Choice for Older People Housing'. Department of Health, 2001. Older People Review of Sheltered Housing. From Welfare to well being – Planning an Ageing Society. JRF. October 2004. Needs and Aspirations of Older People Living In General Housing. JRF. November 2004. |
| People with Learning Disabilities | Local Self Advocacy Groups | 'Valuing People'. A new Strategy for Learning Disability for the 21st Century, Department of Health, 2001. Essex Learning Disability Partnership Board, Housing Strategy. January 2004. 'When and If' Housing information and support for people with Learning Disabilities and their older Carers. Findings and recommendations. February 2004. |
| People with Mental Health Problems | NEST,InterAct,Rethink | Steering Group Review of Mental Health residential placements, rehabilitation and supported housing. Key contact-Caroline Robinson Mental Health and Social Exclusion. Social Exclusion Unit Report. ODPM, June 2004. National Service Framework for Mental Health. 1999. |
| People fleeing Domestic Abuse | • Women's Refuges | Salford Study – Domestic Violence. Safety and Justice: The governments Proposal on Domestic Violence, ODPM, 2003 The provision of accommodation and Support for Households experiencing Domestic Violence in England, ODPM, 2002. |
| Homeless People Single People Families Rough Sleepers | Homeless Hostels Matrix Community Enterprise, Colchester | District Councils Homelessness Strategies. Homelessness, Supporting People and Substance Misuse in Essex. Executive Summary and Recommendations. Consultants – Andy Horwood, Lynn Horwood and Helen Town. Poverty and social exclusion in rural East of England: Observatories Social Exclusion Partnership Report 2004. |

| Client Group | Service User Groups and Client Representative Organisations | Reports and Documents |
|--|---|--|
| Homeless People continued | | At the crossroads: Where next for Supporting People and Homelessness? A providers perspective. Rebecca Pritchard. Single homeless people in London, Crane & Warnes, 2001 Homelessness and Loneliness: The want of conviviality, Crisis, Lemos Gerard 2000 |
| BME groupsRefugeesTravellers | | Race Equality Strategy. Traveller Encampments in Suffolk, A Strategy. 2003. 'Facing the Facts' – Salford University Study, Commissioned by Essex Housing Officers Group (EHOG). The Survey and Assessment of Gypsy and Traveller Accommodation Needs in Essex – Consultancy Brief, September 2004. Addressing the Housing Needs of Black and Minority Ethnic People. DTLR Experiencing Ethnic Discrimination and Service Provision, Joseph Rowntree Federation, 2004. |
| Offenders/ Prisoners Mentally Disordered offenders | • The Clockwise Centre | East of England Resettlement Draft Strategy. National Action Plan, Reducing Re- offending. National Offender Management Service (NOMS), 2004. Reducing Re-Offending by Ex Prisoners, Report. Social Exclusion Unit, July 2002. |
| People with Physical and Sensory Disabilities | Local Area Access Groups Essex Coalition of Disabled People Essex Disabled People Association | Respite and Housing and Support Deaf/Blind needs Survey. Tricia Garwood, October 2004. Services for People with Physical Impairments and Mental Health Support Needs. JRF. May 2004. Disabled Young Adults and the Parental Home. JRF. September 2003. Improving the life chances of disabled people. Prime Ministers Strategy Unit. |
| People with Drug or Alcohol misuse problems | Open RoadService User Group organised by DAT. | Homelessness, Supporting People and Substance Misuse in Essex. Executive Summary and Recommendations. Consultants – Andy Horwood, Lynn Horwood and Helen Town. |

| Client Group | Service User Groups and Client Representative Organisations | Reports and Documents |
|--|--|--|
| People with HIV/AIDS | Specialist Social Workers. | The National Strategy for Sexual Health and HIV Implementation Action Plan, Department of Health, 2001 |
| Young People Care Leavers Young Offender Teen Parents Other | ECC Leaving and Aftercare TeamConnexionsFoyers | Teenage Pregnancy Strategy and Action Plan. Social Exclusion Unit, June 1999. Children's Act Children Leaving Care Act, 2001 Factors that influence young people leaving care, JRF, October 2003. Population and Household Change Research. Economic and Social Research Council. The outcome and costs of home start support for young families under stress, JRF, 2004. |
| All Client Groups | Range of service providers across Essex. | District Councils Housing Strategies. District Councils Supporting People Strategy/Position statement. Essex Supporting People County Steer, 2004-2008. Essex Supporting People Shadow Strategy, 2003-2004. 'Shaping the future of Essex', Essex Community Strategy, Essex Partnership, 2004-2024 Regional Housing Strategy Sub Regional Housing Strategies Essex Approach Essex Local Delivery Plan, Essex Strategic Health Authority, June 2003. Robson Rhodes Review of Supporting People Implementation, January 2004. Office of National Statistics Census, 2001 |

EAST OF ENGLAND REGIONAL CROSS-AUTHORITY STATEMENT

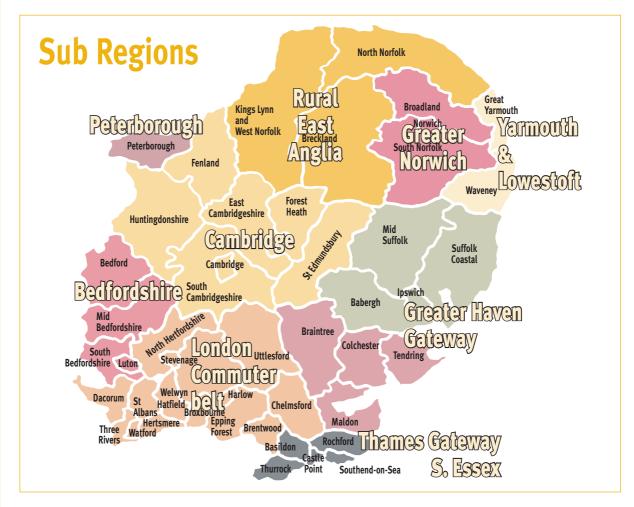
Background

The Office of the Deputy Prime Minister requires all Supporting People Strategies to include a statement about how planning for cross authority services is being carried out. In the East of England Region (See map) the regional working group for Supporting People Lead Officers (Supporting People Eastern Regional Group or SPERG) has agreed this statement to be included in all strategies in the Region. Cross-authority working is coordinated by a Cross-Authority Group reporting to SPERG.

The need for cross authority working

Some Supporting People services provide for people who live outside the immediate area or indeed come from a wide area of the region or county. This may be because they are mobile/rootless, have been in an out of area institution, require accommodation away from their normal area for personal or family security reasons, or have had to move out of the area to receive specialist services which can not be economically provided unless they draw users from a wide area.

Figure 13: East of England region and regional housing strategy sub-regions. Essex is divided between the Greater Haven Gateway, Thames Gateway and the London Commuter Belt sub-regions (Source – East of England Regional Housing Forum: issues paper 2004).



Work will initially concentrate on services for

- People affected by domestic abuse;
- Offenders and ex-offenders;
- Gypsies and travellers.

Other users for whom cross-authority provision is most important are single homeless people, people who misuse substances, people with a physical or sensory disability, and people using culturally specific services.

In 2003-2004 across the region over a third (37%) of people newly receiving services for people affected by domestic abuse in the East Anglia came from outside the Administering Authority (AA) where the service was located – a total of 735 people. 601 people moved in the opposite direction e.g. out of AA's to services elsewhere. For offenders 42 people – 18.6% of new referrals for the client group – moved in and 48 people moved out, and for travellers services, 15 people (18.5% of new referrals) moved in and 7 out.

The proportion of people moving elsewhere to receive Supporting People services is variable across the region – the highest figures are in Cambridgeshire and Peterborough, the lowest in Norfolk and Thurrock.

The aims of cross authority working

- to protect services with a high proportion of out of area users which might not be seen as a local priority
- to coordinate forward planning for such services, in particular for those services which are near the borders of each Supporting People Administering Authority area.
- to inform the Regional Housing Strategy
- to monitor how services are operating

Action Plan for Cross-Authority Working – for SPERG, Regional Cross-Authority Group & Administering Authorities

| Activity | Deadline |
|---|----------------|
| Agree structure for cross-authority working | September 2004 |
| Agree initial cross authority statements | September 2004 |
| Develop regional client group strategies | July 2005 |
| Develop protocols for sharing local development plans/review outcomes | March 2005 |
| Develop procedures for joint commissioning of new cross authority services | April 2005 |
| Share experience of reviews | April 2005 |
| Consider forward programme for other client groups | June 2005 |
| Single homeless | |
| People who misuse substance | S |
| Culturally specific services | |

People Affected by Domestic Abuse

Introduction

Domestic abuse services help to prevent homelessness by providing support to those fleeing domestic abuse. Domestic abuse occurs across society, 1 in 4 women and 1 in 6 men will suffer domestic abuse at some point in their lives (Footnote 23). Especially women may suffer serious abuse before reporting to the police.

Those seeking refuge often seek that help outside of their local authority so there will inevitably be a cross over between authorities.

Strategic Links

Cross-authority planning for domestic abuse services intersect with several regional and local strategies, the key ones being national Domestic Violence Policy, (Sub) regional housing strategies and County and District Homelessness Strategies. Linkages with other strategies take place through, amongst others, the County SP Partnerships and Crime & Disorder Reduction Partnerships.

Objectives for Domestic Abuse services

The main aim for cross authority collaboration is to ensure that administrative borders do not impede a range of outcome-based objectives, including:

- Provision of immediate access to good quality safe emergency housing and support.
- Access to good quality childcare that enables victims to maintain or take up work if appropriate.
- Easy access to mainstream health, social care and educational services.
- Provision of suitable move-on accommodation and support following emergency accommodation as soon as practicable.

To achieve these objectives, the Supporting People partnerships need to:

- Move to a situation where all cross authority domestic abuse services fully meet the national standards framework for such services promoted by ODPM.
- Work with other statutory agencies to ensure not just joined up thinking but joined up action, including referral arrangements, support delivery and service development.

Supply and Needs Gap Analysis

Roughly half of the Region's SP funded service units for Domestic Abuse consist of Women's Refuges. This is the service type for this client group with the largest cross border component, because it receives nationwide referrals. Nevertheless, two-thirds of referrals are from within the East region.

Yet, most victims escaping domestic abuse do not stay in refuges; in 1999 only 15% of victims in England did so (Footnote 24). Floating support can offer support in other temporary accommodation types and intervention points (prevention, early intervention, after-care), however its cross border element is relatively small.

Across service types, key supply shortages have been identified for:

- Move-on accommodation, leading to service blocking of specialist accommodation services, especially women's refuges.
- Suitable housing for families with older children seeking refuge. This leads to similar service blocking as described above.
- Support for people/families with complex needs and chaotic lifestyles who cannot always be supported in refuges. They may need floating support on a regular long-term basis to maintain a stable life and to retain their accommodation.

Delivery Objectives

Diversity and Service Planning The Supporting People teams in the region are committed to use a region-wide population profile to plan women's refuges to address the likely demographic and cultural profile of their clients. Service development or re-modelling needs to be based on liaison with neighbouring authorities and a clear information exchange protocol, e.g. outcomes of service reviews and gap analysis.

Charging Counties with a high level of service provision run the risk of receiving a disproportionate number of cross-border placements. Cross-border provision of refuge places continues to be based on relative reciprocity of service provision, i.e. with all counties striving to have equal levels of refuge provision as a proportion of its population (e.g. by using Best Value Performance Indicator BV176).

The relative availability of refuge places is compromised when service blocking occurs. Throughput analysis is needed to identify priority issues, e.g. using quarterly returns by SP providers of the ODPM's performance indicator of throughput (SPI4).

Availability of services to all Victims with (large) families or with older male children are not easily placed. The relative provision of safe accommodation for these groups should follow the same principles of reciprocity as for Women's refuges.

Cross authority Actions

Service Development:

- Sustain and jointly develop a network of needs-based cross authority services. Encourage providers to extend access criteria where possible and appropriate.
- Improve quality and range of safe accommodation and support for victims with or without families, with specific cultural needs or with complex needs.
- Expand floating support and related services for moved-on people. Encourage contracting floating support through support staff in existing refuge provision.

Information Exchange and Partnership Working:

Regional workshop to ensure input from partner agencies.

- Monitor existing provision, share information about services, track cross authority movement and referral patterns.
- Regional throughput analysis to assess need for move-on accommodation.
- Research to improve the picture of regional domestic abuse needs where supporting information is required from regional colleagues.

Travellers

There is no clear national policy for accommodating Gypsies and Travellers. Only 30% of local authorities nationally have a written Gypsy/Traveller accommodation policy. This reflects the lack of a specific duty to consider Gypsy/Traveller needs and the tendency to equate Gypsy/Traveller accommodation with site provision only. The transient nature of this client group means that when they do access services, they are unlikely to experience a consistent approach from county to county.

Sites in England (Footnote 25)
suggests that compared
to the total population
Gypsy caravans are
disproportionately numerous
in the Eastern region. This is
reflected in provision of
SP services nationally.
However, through comparing
services across the
Eastern Region, there is no
consistency of approach to
supporting travellers.

25 Centre for Urban and Regional Studies, University of Birmingham, July 2003 The following aims and issues were identified at a regional workshop that considered how the region could progress and develop services for travellers as a partnership.

- Emphasis on sharing good practice on service provision. Common quality standards.
- Literacy support especially for older people.
- Advice on and access to welfare services (including health).
- Health and Safety and Environmental Health Issues.
- Access to Housing Registers.
- DV and relationship counselling.
- Site availability networking and movement monitoring.

The Cross Authority Sub-Group will progress some of these issues by holding a practitioner workshop for the Eastern Region in 2005. This will enable AA's to share their knowledge from service reviews, and to look at the variety of provision across the region. In addition the sub group will:

- Analyse available data on sites, current services and migration
- Look at ways to ensure that housing support is available for all Travellers whether living on authorised sites, unauthorised sites, on private land or in permanent housing
- Ensure that the housing support needs of Travellers are looked at in an holistic way by challenging stereotypes and assumptions about the lifestyles of travellers

The East of England Development Agency (EEDA), as part of their 'Investing in Communities' initiative are about to commission some regional research looking at issues for travellers. Supporting People

will contribute to the brief for this research and use the outcome to inform future development across the region.

Offenders and those at Risk of Offending

The role of housing related support services for offenders and those at risk of offending is to assist in Crime Reduction by

- a) providing safety and security for offenders leaving prison, or those at risk of offending
- b) providing safety and security for the community and the offender where it is in the interest of both parties to be housed away form their home locality
- providing the opportunity to acquire independent living skills to reduce the risk of re offending

These priorities will be echoed in national and local strategies for Housing, Homelessness and Crime Reduction. However, generally, the needs of offenders in relation to accommodation and support are not well represented. The National Probation Service is currently developing local strategies to plan for the housing and support needs of offenders.

Further work is required if these are to be coordinated into the Regional and local Supporting People strategies, and the regional plans of the Probation Service. Only then can an appropriate response can be made across the region.

Key issues for support services for offenders across the region are

- There is a lack of information on the number of offenders seeking accommodation across the boundaries
- The number of referrals to housing projects identified as focussing on support for offenders, outstrips supply

- Services offering support immediately prior to, and post release are in short supply, and do not act across the administering authorities boundaries
- Offenders present with a range of complex support needs,
- The transfer of PAGS funding to the Supporting People budget leaves the Probation Service with no direct link to ensure access for offenders to accommodation
- Move-on accommodation from shared supported housing provision remains a critical issue for this client group, and again can be seen as a cross boundary issue.

Action Plan for Offenders for the Eastern Region

Given the lack of information concerning the number of offenders seeking accommodation outside their home location further work is required to

- a) Examine the supply of specific accommodation within the region for offenders
- b) Examine the extent to which referrals are made across boundaries within the region
- c) Compare the referral and allocation policies across the regions to identify opportunities to improve the access routes into housing with support and removing structural blockages to offenders accessing housing
- d) Hold a regional workshop in early 2005 to bring together the practitioners in the field to examine the issues in increasing the supply of supported housing for offenders.

By this time the National Probation Service will have produced their own Strategies concerning the housing and support needs of offenders and this will be used to inform any ongoing work.

5 YEAR STRATEGY ACTION PLAN

| THEM | E (A) UPPORTING PEOPLE PROGRAMME | 90 | THEMI | E (D) ERABLE OLDER PEOPLE | 104 |
|------|---|-----|----------------|--|------------|
| 1. | Improved Commissioning, Procurement and Value | | 1. | Prevention and Early Intervention | 104 |
| | for Money of Supporting People Services | 90 | 2. | Sheltered Housing and Community-based Support | 106 |
| 2. | Continuous Improvement of Service Delivery | 92 | 3. | Shortage of Extra Care units in the region | 107 |
| 3. | Improve effect of Partnership working on Supporting People programme | 93 | | E WITH LONG TERM | 400 |
| 4. | Develop Service User Involvement and evidence its effect on Supporting People programme | 94 | 1. | SUPPORT NEEDS Continuous Improvement of Existing Services | 108 108 |
| 5. | Further Develop Evidence- Based Working | 95 | THEMI OTHER | E (F) R CLIENT GROUPS | 110 |
| | LESSNESS AND VULNERABLE | | 1. | Services for People escaping Domestic Abuse | 110 |
| | LE WITH CHAOTIC LIFE STYLES | 97 | 2. | Access to services for Black & | 111 |
| 1. | Continuous Improvement of Existing Services | 97 | 3. | Minority Ethnic Groups (BME) People with HIV/AIDS | 111 |
| 2. | Floating Support for Move-on, Tenancy Sustainment and Temporary Accommodation | 99 | 4. | Services for Travellers | 112 |
| 3. | Access to Specialist Accommodation-based Services | 100 | | | |
| 4. | Miscellaneous: Contracting, Planning | 100 | | | |
| THEM | E (C) ERABLE YOUNG PEOPLE | 101 | | | |
| 1. | Continuous Improvement of Existing Services | 101 | | | |
| 2. | Floating Support: Delivery of tenure-independent services | 102 | | | |
| 3. | Services for Teenage Parents | 103 | | | |

THEME (A) THE SUPPORTING PEOPLE PROGRAMME

Cross-Linkages to Partner Strategies

Essex Approach:

Reduced Council Tax; Best use of Resources and seek to get better all the time; Develop and Support our Staff; Work with others to improve what we do; Active Citizenship; Putting People at the heart of what we do. **Essex Community Strategy:**

partnership to improve standards of service and cooperation across services; Responsiveness to people's needs Being Served Well and Fairly; Deliver efficient, high quality public, private and voluntary services, working in and views; Ensure service providers are accountable to the public.

Promoting independence and housing choice for people in vulnerable groups; "Access for Vulnerable Groups to General-needs Accommodation" (Footnote 26)

Regional Housing Strategy:

Homelessness Strategies:

Prevent and tackle homelessness amongst young people; Merging and remodelling services to promote availability to all across sub-region; developing referral protocols; explore added value of jointly commissioning services. **Sub-Regional Housing Strategies:**

Contribute information and input to development of three year Supporting People strategic plan. Access to appropriate housing for vulnerable single people and families. Probation Resettlement Strategy:

Progress to Date (17 February 2006) > Explore SP contracting arrangements that reflect flexibility necessary for effective By when? Maintain Essex Strategic Reserve (ESR) for development of Supported Housing service delivery and that reduces overhead costs How will this be achieved? (and who by, including key partners) **Deliver Pipeline Schemes** Objectives: **Procurement and Value for** Improved Commissioning, Money of SP Services

Improved Contracting arrangements particularly Floating Support effectiveness of SP services, to improve flexibility and Key Outcomes/actions

 Value Improvement Project (VIP) on Floating Support Services · Dialogue with key providers, especially in Pilot Projects

Project awarded and

March 2006

Post Service Review Implementation of VIP to other service areas

26 The Regional Housing Strategy proposes that "health professionals may be able to act as "advocates" on behalf of clients."



| THEME (A) THE SUPPORTING F | THEME (A) THE SUPPORTING PEOPLE PROGRAMME – FOCUS 1 continued | | |
|--|---|---------------|---|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Improved analysis and implementation of Value for Money concept (VFM) | Continue VFM analysis, ensuring amongst others Like for like comparisons of services Inclusion of "Quality" indicators when assessing "Value" of a service. | March 2006 | VFM 2004 report published and used in Service Review; Internal steering group overseeing further research |
| Develop Best Practice by Providers and Key stakeholders | Improve guidance on SP; develop local working groups including providers, through the local CSGs where possible Develop joined up commissioning with key partners (see Themes) | November 2005 | |
| Delivery of Pipeline capital schemes | Development of ESR schemes by District and RSL partners | 2008 | Delays to some schemes in planning process |
| Delivery of existing ESR proposals and identification of revenue funding | Use SP Development Fund to revenue-fund key strategic developments Work with partners on identifying alternative sources for revenue funding | 2010 | ESR schemes in preparation for YPLC |

THEME (A) THE SUPPORTING PEOPLE PROGRAMME

| Focus 2: Continuous Improvement of Service Delivery | Objectives: ► Ensure Service Reviews have impact on the quality and "Value for Money" of the SP service programme ► Improved SP business management ► Increase capacity for Move-on from existing services | ey" of the SP service pr | ogramme |
|---|--|--|---|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Complete all service reviews involving all stakeholders and service users. | Continuation of ongoing programme Offer and develop with Providers plans & alternatives as appropriate to create savings Implementation of Outcome Review Recommendations in line with Commissioning Strategy and User Involvement Strategy | March 2006 Post service review | Service Review scheme delayed but on target for completion on time Joined-up service reviews with ECC-LD team |
| Ongoing improvement to business management procedures and IT | Maintain ongoing drive on Continuous improvement in the SP team and business processes Develop internal capacity to avoid commissioning outside consultants. Ensure new contracts set-ups are better manageable by both SP team and providers | Audit Commission Inspection of SP partnership: Jan 2006 | Continuous Improvement Team (CIT) in place Business processes mapped and being implemented Staff recruitment in process |
| Improve access to existing accommodation for Move-on | Revisit move-on agreement of EHOG Review opportunities for improved referral and nomination arrangements Increase use of private rented stock through innovative practices, e.g. joined-up working with rent deposit schemes Better planning of Move-on as part of "throughput planning" approach | 2005 2005-2007 2006-2007 2005-2007 | |
| Increase available accommodation for Move-on | Increase in Social Rented Accommodation through new developments, re-modelling, empty homes | 2008-2010 | |

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| Focus 3: Improve effect of Partnership working on SP programme | Objectives: Improve mechanisms for Partnership working to increase its impact on the delivery of SP and SP-related services. | he delivery of SP and 9 | SP-related services. |
|--|--|-------------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Strengthen the implementation function of local Core Strategy Groups (LCSGs) and their linkage with providers | Role of LCSGs in implementation of the SP strategy agreed LCSGs' minutes and progress reports reflecting new role and vitality | May 2005 Nov 2005 | SLAs in progress |
| Help improve the co-ordination of agencies in terms of referral and care/support plans involved. | Improve knowledge of SP services through, amongst others, a training plan for social workers With key service delivery partners: Clarify responsibilities for co-ordinating role Identify and address opportunities for improvement Contribute to developing common terminology through publication of a glossary and implementation of a Communication Strategy | June 2005 April 2005 | Consultation for Strategy has widespread; Leaflets for service users are ready for distribution amongst front-line staff |
| Ensure Partners' collaborative work is reflected in strategies, service plans and ongoing work. | Input in consultation exercises and engagement in strategy implementation | Jan 2005 | |

THEME (A) THE SUPPORTING PEOPLE PROGRAMME

| Focus 4: Develop Service User Involvement and evidence its effect on SP programme | Objectives: Improve joined-up nature of service user involvement (participation, consultation) and follow-up. Development and Implementation of User Involvement Strategy | sultation) and follow-up | ď |
|---|--|--------------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Contribute to joined-up working on user involvement and consultation exercises between SP partner organisations | Engage in ECC user participation group Joined-up working reflected in SP User Involvement Strategy | July 2005 | |
| Consultation and publication of Involvement Strategy | Use of existing user groups and user representative organisations Involvement of carers Sharing of good practice Involvement of potential and future users, especially for Older People | July 2005 | |
| Ensure users are involved in service development aspects of the SP programme | User involvement in execution of Action Plans post service review User representation in service development initiatives | 2005-2007 | |

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| Focus 5: Further Develop Evidence- Based Working Through better use of Information Analysis, Research and Strategic Reviews | Objectives: Implement the Supported Housing Index Improve quality and use of Needs and Supply data | | |
|---|---|---------------------------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions New Supported Housing Index (SHI-2) in place and used in all districts to fill local information needs. | Installation and population of SHI with existing data by operators in District Housing Departments Publication of SHI-2 to service users, social workers and implementing housing (needs) departments SHI fully operational | Spring 2005 Nov 2005 April 2006 | SHI-2 operational in Basildon |
| Develop Needs database and analysis methods to improve assessment of needs for both general and specialist services. | Establishment of central ECC Needs data base Address hiates in existing needs data with key partners, including Health Information Services, EPS, Essex DAT, YPLC, YOTs, DIP, ECC-MH | Nov 2005 April 2006 | Strategy & Policy Unit now taking lead; resources being identified; Work in progress with YPLC, ECCLD&MH, Essex DAT. |
| Report available Performance Indicators (PI's), needs and supply data and its analysis to local SP working groups (including LCSGs) and Providers | Provide bi-annual reports on PI and Client Record data to Providers and Stakeholders via Website and e-mail alerts Use "on-demand" analysis of existing information to support discussions in districts & specific service areas | April 2005 June 2005 | |

| THEME (A) THE SUPPORTING P | THEME (A) THE SUPPORTING PEOPLE PROGRAMME – FOCUS 5 continued | | |
|---|--|---|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Analysis of "service chains": distribution and type of service (including transitional housing) and throughput vs. revolving- door support. | Initiate or join supply analysis projects with County-wide partners including District Housing Depts, ECC-MH, EPS, Essex DAT, ECC-L&AC, ECC-OP, ECC-LD Make use of "throughput" analysis of PI and Client Record data | 2005-2008 series of research initiatives | MH supported housing review under way; PI and Client Record data ready for analysis, immediate plans for analysis with DIP & Essex DAT |
| Commission Strategic Reviews as necessary into specific service areas | Identify need for Strategic Reviews with key partnersCarry out Strategic Reviews | July 2005 2005-2007 | |
| Improve Supply Data to enable better use for strategic analysis and Value for Money comparisons | Work with Hertfordshire SP on improved Client Group classification for SP services and registry of cross-boundary services | 2005-2006 | |
| Develop common information sharing protocols where need for information is not met. | Explore use of existing information sharing mechanisms, e.g. referral panels and Single Assessment Identify and act upon opportunities to use SLAs or statutory obligation to share information | 2005-2006 2005-2007 | |

THEME (B) HOMELESSNESS AND VULNERABLE PEOPLE WITH CHAOTIC LIFE STYLES

Cross-Linkages to Partner Strategies

Essex Community Strategy:

Regional Housing Strategy:

SHA Strategy 2005-2008:

NSF Mental Health:

Reduced Council Tax; Best use of resources and seek to get better all the time; Give the elderly the support they Essex Approach:

need to stay in their own homes.

Make services are easy to reach; Deliver efficient, high quality public, private and voluntary services; Ensure that community needs for affordable housing are met in a sustainable way.

Support local housing authorities make the shift from crisis management to prevention of Homelessness; Access

to Health services and support for Homeless. Essex in excellent health: To reduce health inequalities. Promote social inclusion of individuals and groups with mental health problems.

Enhance offender access to housing and support through effective strategic partnerships; Exploration further development of Rent Deposit Guarantee schemes. Probation Resettlement Strategy:

Prevent homelessness and ensure suitable accommodation through strengthening supported housing, the private sector and earlier interventions and preventative techniques from all partner agencies. **Sub-Regional Housing Strategies:**

Focus 1: Continuous Improvement of Existing Services

Objectives:

> Stimulate Joined-up Service Delivery by ensuring best possible support/care arrangements between partner agencies

Investigate alternative points of referral including ABCs and ASBOs

▶ Improve access to services for people with multiple or complex needs

► Develop service capacity for **Ex-Offenders**

(17 February 2006) **Progress to Date** ∞ Service Review April 2006 By when? SP provider/support worker to promote effective referral arrangements referral to SP support, e.g. ABCs/ASBOs; 1st Rent arrears; Neighbour SP, CDRPs and LCSGs to review opportunities for using triggers for complaints; application process for Housing waiting list How will this be achieved? (and who by, including key partners) Use the ABC or ASBO contracts as referral point for accepting SP engagement in referral Key Outcomes/actions working groups SP support.

| THEME (B) HOMELESSNESS AND VULNERABLE PEOPLE | ND VULNERABLE PEOPLE WITH CHAOTIC LIFE STYLES – FOCUS 1 continued | pan | |
|---|---|-----------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Improve involvement of key agencies in multiple needs cases, e.g. Mental Health with Drugs/Alcohol related issues. | Identify access problems; propose and implement best practice solutions including (1) Assess and implement SLAs as appropriate; (2) Development of key worker networks between agencies Model service planning to existing schemes that respond to multiple needs Share best practice, road shows, especially if an agency has been recognised at being very good at something | April 2006 | |
| Identify and address bottlenecks for Ex-offenders to access existing services through referral/access/service gaps. | Map use of current services by ex-offenders using EPS data and SP Client Record returns Working group to review bottlenecks, including the role of SP services for "high-end" and "low-end" offenders | June 2005 May 2005 | First batch of Client Record Forms available for analysis |
| | Develop tender for Ex-off services as appropriate, looking at both accommodation-based and Floating Support service needs | July 2005 | DIP and DAT on board to work on service mapping and exploration of bottlenecks |

THEME (B) HOMELESSNESS AND VULNERABLE PEOPLE WITH CHAOTIC LIFE STYLES

| ially for those with multiple needs | By when? Progress to Date (17 February 2006) | July 2005 or 2006- 2007 Development Fund bidding round IH April 2006 Ion, April 2006 |
|--|---|--|
| Objectives: ▶ Build capacity for delivery of tenure-independent services, especially for those with multiple needs | How will this be achieved? (and who by, including key partners) | Develop, with key partners, service specifications for relevant Floating Support services in priority areas as identified in the Strategy and put out to tender Identify need for improved communication with people leaving MH services and opportunities for referral Develop, with local CSGs, scope and tender for (preventative) tenancy sustainment services based on experiences in e.g. Basildon, Maldon With District homelessness teams, ensure and develop linkage with bousing-related support in temporary accommodation |
| Focus 2: Floating Support for Move-on, Tenancy Sustainment and Temporary Accommodation | Outcome/measure | Key Outcomes/actions Reduce Move-on (Footnote 27) bottle necks through increase in Floating Support services Increase in Tenancy Sustainment services |

27 Floating Support for move-on = flexible support for people who are moving on from specialist accommodation into general needs-type accommodation, where they can stay once SP support no longer required. Service requirements similar to those for preventative tenancy sustainment services (2.1.2)

| Focus 3: Access to Specialist Accommodation-based Services | Objectives: Support development of pivotal service developments that address unmet need | et need | |
|---|---|-------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Act on outcomes from detailed needs analyses | Develop, scope and tender for identified services that address areas of urgent and unmet need | April 2007 | |
| Focus 4: Miscellaneous: Contracting, Planning | Objectives: ▶ Improve Contracting arrangements to improve flexible and joined-up delivery of services ▶ Address gaps in current joined-up working ▶ Overcome risk of failing planning applications | ivery of services | |
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Develop move-on services that enable flexibility, quality and continuity of support, e.g. by retaining same support worker and defining required skills level. | Investigate contracting opportunities in Value Improvement Project on Floating Support, including Support hours as contract basis Flexibility of support pattern Contract size and referral implications | Nov 2005 | Project started and consultant identified to take work further |
| Overcome obstacles in planning process by working closely with ECC, DAT, LCSGs, Members and planning authorities to find pragmatic solutions. | Harlow YP Supported Housing project gaining planning permission | April 2006 | Process ongoing |

THEME (C) VULNERABLE YOUNG PEOPLE

| Cross-Linkages to Partner Strategies | gies |
|---------------------------------------|---|
| Essex Approach: | Reduced Council Tax; Best use of resources. |
| Essex Community Strategy: | Make sure all our services are easy to reach, welcoming and known about. |
| CYPSP: | Developing integrated service provision; information sharing and assessment (ISA); Service user and carer involvement in service planning & performance management; joint commissioning; implementing the National Service Framework. |
| NSF for Children: | Access to age-appropriate, responsive services. |
| Connexions: | Helping young people to make decisions about their future; helping young people who have problems with drugs, alcohol, depression, are (at risk of) becoming homeless. |
| Teenage Pregnancy Strategy: | Better support for pregnant teenagers and teenage parents; better prevention of the causes of teenage pregnancy; joining up action at every level including community involvement. |
| Valuing People: | Helping young people with Learning Disabilities with transition into adult life. |
| Focus 1: Continuous Improvement of | Objectives: ▶ Ensure joined-up working in existing schemes and in move-on process |

| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
|---|---|----------|---|
| Key Outcomes/actions Continued positive outcomes for Young People Leaving Care or At Risk | Provide new suitable contracts for YP services post service review Ensure action plans of service reviews are acted upon | 2005 | |
| Delivery of YPLC pipeline scheme in Harlow and Braintree | Provide support for the scheme in the planning process | 2005 | Earlier planning application has been rejected; new submission in process |

Existing Services

▶ Develop existing pipeline schemes for YPLC

| | THEME (C) VULNERABLE YOUNG PEOPLE | J. | |
|--|---|--|--|
| Focus 2: Floating Support: Delivery of tenure-independent services | Objectives: ► Increase number of Young People helped in accommodation based services through improved Move-on and Floating Support services | ices through improved M | love-on |
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions YPLC: Support ESR proposals to Housing Corp for Move-on: 8 units in each of 5 districts. | Agreement on scheme development with Districts Tender for support service once schemes come on-line | 2005 2007-2008 Devl. Fund tender | Proposals formulated; Districts are engaged in working out details of proposals. |
| Improved joined-up service delivery for Young People with multiple needs | Support improved linkage of ECC-L&AC services with DAT, local DARGs and YOTs, through improved information sharing and joined- up working practices Review with Health community-based support for Teenage Parents | 2005-2007 | ECC L&AC team involved |

| Focus 3: Services for Teenage Parents | Objectives: ► Close Service Gaps for Teenage Parents | | |
|--|--|-----------|---|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Support the development of a cross-authority Teenage Pregnancy scheme for Uttlesford, Brentwood and Epping Forest | • Scheme developed and opened | 2008 | Discussions between Districts in advanced stage |
| Improved joined-up service delivery | Review with Health community-based support for Teenage Parents Ensure access to appropriate move-on accommodation and support to avoid service blocking | 2005-2007 | |
| Support improvement of accommodation for teenage pregnancy service in Basildon and in Harlow | Schemes re-housed in new accommodation | 2008 | Issue identified and discussions with providers and Districts ongoing |

THEME (D) VULNERABLE OLDER PEOPLE

Cross-Linkages to Partner Strategies

Essex Approach:

Support Independent Living for Older People.

Independent Living; Being part of a community; Feeling safe.

Improving Health & Well-being: "Ensure 100% Home Improvement Agency coverage across the region"

Improving and re-modelling the provision of housing for older people. **Sub-Regional Housing Strategies:**

More local services, less time in hospital To provide the right services in the right place when needed, with as

Health Strategy 2005-2008:

NSF for Older People:

Regional Housing Strategy: **Essex Community Strategy:**

much as possible close to where people live.

Provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.

| Objectives: | > Scope opportunities for HIA services to contribute to Service Mix for Older People | > Stimulate use of Community Alarms and opportunities created by advances in technology |
|-------------|--|---|
| Focus 1: | Prevention and Early | Intervention |

| Progress | (17 Februa |
|---|------------|
| By when? | |
| How will this be achieved? (and who by, including key partners) | |
| | |

> Increase access to community-based SP support

| Outcome/measure | How will this be achieved? (and who by, including |
|--------------------------------|---|
| Key Outcomes/actions | |
| Equal access to HIA services | Implement recommendations of HIA w |
| across the County through | outcomes, including |
| joined-up working with Health, | Importance of HIAs in service mix for |
| ECC, Districts and providers | - Linkage with HIA related services in |

| • Implement recommendations of HIA working group and service review 2005-2007 | 2005-2007 | Model developed to |
|---|-----------|--------------------|
| outcomes, including | | match grant |
| Importance of HIAs in service mix for OP & PSD | | distribution with |
| - Linkage with HIA related services including "Home from Hospital" or 2005-2008 | 2005-2008 | Needs indicators |
| Handyman services | | |

| 2006-2007 | |
|---|------------------|
| Agree with co-funders equitable distribution of SP and ECC grants | between Counties |

Cross-boundary collaboration where appropriate



| THEME (D) VULNERABLE OLDER PEOPLE – FOCUS 1 continued | R PEOPLE – FOCUS 1 continued | | |
|---|--|--------------------------------|---|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Improved use of Community Alarms services across different types of tenure and accommodation, to pre-empt and support community-based support needs | Identify opportunities for development that are budget-neutral within Older People allocation of the SP budget | 2007-2008 | |
| Improved Community-based support in conjunction with existing services by ECC-0P, Health and Districts | Identify opportunities for development that are budget-neutral within SP - Older People budget Quantify need for intensive floating support for frail elderly and older people with mental health needs; develop service spec with Health, ECC-OP, ECC-MH | 2006-200 <i>7</i> 2005-2006 | Ongoing discussions on expanding reach of support from sheltered housing services |

THEME (D) VULNERABLE OLDER PEOPLE

| Focus 2: Sheltered Housing and Community-based Support | Objectives: Develop alternatives for sheltered housing schemes that are not fit-for- purpose Improve targeting of SP support inside and outside sheltered housing schemes to vulnerable older people Improve contracting arrangements to reduce overhead and improve flexibility of support Develop opportunities created by community-based support Limit effect of SP budget pressures on access to housing-related support for vulnerable older people | purpose chemes to vulnerable o bility of support t for vulnerable older p | lder people eople |
|--|--|--|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Improved balance of spend and access to support between vulnerable older people who live inside and outside sheltered housing schemes | Sheltered Housing Pilots including Principle of access to SP support independent of tenure Matching support within Sheltered Housing schemes to need Opportunities for community-based support, e.g. links to community alarm services, keysafe, telecare Flexibility of support intensity, e.g. through contracting on hour rather than unit basis Identification of housing, community and location issues underlying successful sheltered housing schemes Roll-out of best practice from Pilots across the County Collect views and expectations of both current and future users of Older People services | 2005-2006 2006-2008 2005-2007 | Pilots started in 5 Districts |
| Limited impact of budget pressures on number of vulnerable older people that are supported to retain their independence | Improved targeting of vulnerable older people; improve effectiveness of services e.g. through use of community alarms Work with key commissioning partners (Health, Districts, ECC-OP) to secure preventative services for Older People | 2005-2008 | |
| Discontinue or re-model services that are delivered in accommodation that is not fit-for-purpose | Support Districts and Providers in identifying schemes and finding alternative use for accommodation. | 2005-2008 | |

| | THEME (D) VULNERABLE OLDER PEOPLE | <u>"</u> | |
|---|--|---|--|
| Focus 3: Shortage of Extra Care units in the region | Objectives: ▶ Address absolute and relative shortage of Extra Care units in the region (Footnote 28) ▶ Identify re-modelling opportunities from Sheltered Housing ▶ Increase joined working with Health on housing-related services that address bed-blocking in the NHS | (Footnote 28) dress bed-blocking in tl | ne NHS |
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Identify re-modelling opportunities from Sheltered housing, taking account of, amongst others, Locality; suitability of building; service need; community. | Work with Health, District-based partners, ECC-OP and providers to scope re-modelling to Extra Care from both Sheltered Housing and Residential Care Develop Extra Care schemes | | |
| Develop Extra-Care schemes in new accommodation | Identify resources for capital and revenue funding with key partners, including Health, ECC-OP and Districts | 2006 | |

28 Addressing the shortage both in terms of numbers and relative under-provision when compared with SP-support in sheltered accommodation. "Extra Care" refers to all support for older people who need more care/support than what is available in sheltered housing services.

THEME (E) PEOPLE WITH LONG TERM CARE/

Cross-Linkages to Partner Strategies

Reduced Council Tax. Essex Approach:

Valuing People:

Essex Community Strategy:

Make sure all our services are easy to reach, welcoming and known about; Deliver efficient, high quality public, private ad voluntary services.

control over where, and how they live; to lead full and purposeful lives in their communities and to develop a range of friendships, activities and relationships; promote holistic services for people with learning disabilities Enabling People To Have More Control Over Their Own Lives; To enable people to have a greater choice and

through effective partnership working.

A better life for people with long-term conditions: To help people lead longer, independent lives, with less pain and fewer problems, and avoid having to go into hospital.

Create register of need for and availability of adapted property to facilitate better matching, **Sub-Regional Housing Strategies:** Health Strategy 2005-2008:

Objectives:

> Ensure support for current number of service users in the face of ongoing budgetary pressures

▶ Identify and mitigate risks of funding and service gaps with partners

Re-configure contracting arrangements to improve joined-up service delivery

Scope opportunities created by Floating Support

Progress to Date

By when?

How will this be achieved? (and who by, including key partners) Key Outcomes/actions Outcome/measure

Limited impact on care + support delivered to service users as a pressures and service review result of downward budget outcomes

2005 Joint working on identifying risks with regards to service delivery and Co-ordinated service reviews with ECC-LD and MH teams budgets

2005-2008

Continued over

Continuous Improvement of

Existing Services

| THEME (E) PEOPLE WITH LONG | THEME (E) PEOPLE WITH LONG TERM CARE/SUPPORT NEEDS – FOCUS 1 continued | | |
|---|---|--|---|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Improved targeting of SP support within client group | Identification of statutory responsibilities of Health, ECC-LD and ECC-MH partners and relation to the SP remit Establish how client group can best benefit from combination of ECC statutory care and SP housing-related support | 2005 2005 | |
| Joined up commissioning arrangements with ECC-LD and ECC-MH services | Agreed Action Plan for to effect convergence of commissioning by partner organisations, including Joined-up service review process Common understanding on role of Supporting People in delivering Support to Client Group Addressing front-line staff issues on joined-up service delivery Convergence of commissioning arrangements and contract monitoring | 2005 2005 2005-2006 2006-2010 | Draft Action Plan in place for both ECC-LD and for ECC-MH joint commissioning; co-ordination between ECC-LD care assessments and SP Service Reviews; joint risk assessments on budgetary implications of downward pressure on SP grant. |
| Investigate relative need and scope in LD services for Floating Support compared to specialist accommodation. | Review, with key partners (ECC-LD, ECC-MH, Health), availability and future need for independent move-on accommodation for people with long-term care-support needs Ensure that in (floating) support services, support is available at flexible levels of intensity and in those periods when housing-related support is most needed | 2006 | |

THEME (F) OTHER CLIENT GROUPS

Cross-Linkages to Partner Strategies

Regional Housing Strategy:

Domestic Abuse

Commitment to fairness and equal opportunities for all. Essex Approach:

Make sure all minority groups can access services without difficulty and develop comprehensive social inclusion. **Essex Community Strategy:**

Better communication to improve BME groups' understanding of and provision for their needs.

Involve BME communities in service planning, delivery and setting service standards and priorities; Developing Sub-Regional Housing Strategies:

services for single homeless with mental health problems.

Prevention of Domestic Abuse; Agencies to address risk factors and identify victims as early as possible. "Safety & Justice":

| Focus 1: Services for People escaping Domestic Abuse | Objectives: A Continuous improvement of DA Services | | |
|--|--|------------------------------|--|
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Development of DA strategy for the East of England (with DA stakeholders) | (a) Workshop on DA research and SP joint statement to start strategy development process(b) Development of regional DA strategy | Early April 2005 Nov 2005 | |
| Work group to identify distribution, type and access to DA services in Essex and opportunities for improvement | | Autumn 2005 | |

| | THEME (F) OTHER CLIENT GROUPS | | |
|--|---|--|--|
| Focus 2: Access to services for Black & Minority Ethnic Groups (BME) | Objectives: ► Ensure access to and availability of specific service needs for vulnerable people in BME groups A Continuous improvement of DA Services | people in BME groups | |
| Outcome/measure | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Implement findings and actions emanating from the BME research and ongoing needs assessment. Ensure sufficient service capacity to meet needs either within existing services or through development of special provision. | Assess how BME issues are addressed in Service Review process Further develop participation of BME communities in SP programme. Close working with the BME Action Group and BME Development Worker Continued monitoring of existing and future need of BME community specific support Address potential shortfall in WEDA support for BME women Close working with the BME Action Group and BME Development | 2005 2005-2007 2005-2008 2006 | |

| People with HIV/AIDS | Objectives: Note: The sure access to and availability of services for people with HIV/AIDS is a service of the services for people with HIV/AIDS is a service of the services for people with HIV/AIDS is a service of the services for people with HIV/AIDS is a service of the services for people with HIV/AIDS is a service of the services for people with HIV/AIDS is a service of the services for the service of the services for the service of the services for the service of the servic | | |
|--|--|----------|---|
| Outcome/measure Ho | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Establish with key partners specific needs for housing-related support that are not met through current service provision. | • Raise issue with Health partners for reference | 2005 | |
| Focus 4: Services for Travellers | Objectives: Continuous improvement of Travellers Services | | |
| Outcome/measure Ho | How will this be achieved? (and who by, including key partners) | By when? | Progress to Date (17 February 2006) |
| Key Outcomes/actions Development of Traveller strategy for the East of England | Workshop on traveller research and SP joint statement to start strategy development process Development of regional Traveller strategy | May 2005 | Research on Traveller Groups in Thames Gateway South Essex Ongoing; workshop preparation in |
| Implement service improvements post Service Review | Collaboration with key partners, advocacy groups as appropriate | 2006 | |

GLOSSARY OF TERMS/ABBREVIATIONS

| Term/Abbreviation | Meaning |
|-------------------|--|
| AA | Administering Authority of the Supporting People programme. The AA is responsible for the implementation and administration of Supporting People. This is usually part of the local authority, in our case Essex County Council. |
| ABC | A written agreement between a young person who has been involved in anti-social behaviour, the police & Local Housing Officer. |
| Accreditation | This is a regular assessment of a support provider to check if they are able to provide a good quality Supporting People service. |
| Advocacy Groups | A group that offers support to people to have their say, represent their interests and obtain services that they need. |
| ASBO | An injuction taken out against an individual who has been causing persistent acts of anti-social behaviour. |
| Beacon Council | Council that has been recognized by central government to be leading the way in a particular service area. |
| Benchmarking | A comparison of similar services by quality, performance and cost. |
| Best Value | A duty on local authorities to assess and review the services they provide for local people and improve them by the best means available. This must be done in consultation with the people who use the services and the wider local community. |
| Block Gross | 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. |
| Block Subsidy | A contract for a support service, which is usually long-term or permanent, e.g. sheltered housing. Grant payments to the provider will vary, depending on how many people receiving the support service qualify for the subsidy at any given time. Providers tell the SP team on a monthly basis who has moved in and out of their service, and the subsidy payment is adjusted accordingly. Some service users may be charged for this service. |
| ВМЕ | Black and Minority Ethnic groups. |
| Capital Funding | One off funding to create assets such as buildings. |
| Care | To help sustain an individuals level of independence. See also 'personal care'. |
| Care and Repair | See Home Improvement Agency below. |
| | |

| Meaning |
|--|
| Community alarm service (See Community Alarms). |
| A group of elected Councillors and board members from the County Council, District/Borough Councils, the Health Service and the Probation Service in Essex responsible for guiding the Supporting People programme in Essex. |
| People with multiple, often interlinked problems that prevent them from having basic stability in their life. Having basic stability is inhibited by people's difficulties in holding down a tenancy, a job, or social relationships. The result is that they keep falling back into "non-coping behaviour" for example misuse of drugs or alcohol, homelessness or mental health problems. |
| Chartered Institute of Public Finance and Accountancy – Family of comparable local authorities: Essex, Kent, Hertfordshire, Hampshire, Surrey, and Lancashire. |
| A category, such as 'older people' or 'single homeless' used to help the Supporting People teams monitor who is accessing services, and identify where there is a need for new services. |
| 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 Supporting People teams can monitor who is using the service. No personal details are recorded. |
| To formally choose a provider to carry out a particular support service. |
| An alarm system for older and disabled people to call for help in case of emergencies. |
| A person who has several needs that are interrelated and need to be addressed together. |
| A confidential advice & support service for all 13-19 yerar olds. |
| Neighbouring Administering Authorities working together to plan and develop policies and services across the group. |
| A service designated by the ODPM to provide support for service users originating from another Administering Authority's area i.e. not Essex residents. |
| A group of senior officers from public organisations in Essex responsible for overseeing the Supporting People programme in the County. |
| Core Strategy Group. See also: LCSG. |
| |

| Term/Abbreviation | Meaning |
|---------------------------------|---|
| CYPSP | Children and Young People Strategic Partnership, Essex wide, set up as a result of the 2004 Children's Act. |
| DARG | Drug & Alcohol Reference Group. District-based teams of relevant organisations who meet to share good practice and co-ordinate their work. |
| DAT | Drug Action Team for Essex. The DAT is related to DARG teams in individual districts. |
| Development Fund | A fund created from efficiency savings to promote new Supporting People developments. |
| DIP | Drug Intervention Programme, previously the Criminal Justice Intervention Programme (CJIP). |
| Direct Access Hostel | Accommodation that people who are/have become homeless can access immediately. |
| Distribution Formula | This is a formula that will distribute the nationwide Supporting People budget by relative need. This will be evidenced predominantly by population pressure and Indices of Deprivation including factors identifying rural/urban areas of deprivation. |
| DTTO | Drug Treatment and Testing Order. |
| EAWR | Essex Association of Women's Refuges – The umbrella organisation for women's aids groups across Essex. |
| ECC | Essex County Council. |
| (ECC) Soc. Services | Essex County Council's Social Services Department. |
| EEDIN | East of England Disability Information Network. |
| EERA | East of England Regional Assembly. |
| Efficiency Savings | Reduction in funding that does not result in a reduction of support to the service user. |
| EHOG | Essex Housing Officers Group. |
| EPS | Essex Probation Services. |
| ESR: Essex Strategic Reserve | A system of pooling funds and other resources between district/borough and county council's to provide for the development of new supported housing. |
| Essex Supporting People Team | The team employed by Essex County Council responsible for implementing and running the Supporting People programme in the County. |
| Expressions of Interest | Invitation for providers and commissioning agencies to fill complete and submit 'Expressions of Interest forms' identifying the need for new service developments or expansions to existing services. |

| Term/Abbreviation | Meaning |
|---|---|
| Extra Care Sheltered Housing | Accommodation for older people that provides access to timely support and care on-site; designed to maintain people's ability to live independent lives. |
| Foyers | Schemes for young people that provide supported housing, training and employment opportunities. |
| Frail Elderly | Older People who are infirm and in need of more support and some level of personal care. |
| FS: Floating Support | Support services that are not specifically tied to a particular property or group of properties. |
| General needs accommodation | Social rented accommodation that is not linked to any support or special needs. |
| GHG | Greater Haven Gateway housing sub-region (Braintree, Colchester, Maldon and Tendring). |
| HIA: Home Improvement Agency | Organisation that helps older and disabled people carry out repairs and improvements to their home. |
| Housing Benefit | A means tested state benefit paid to council or private tenants who need help paying their rent. |
| Housing related support | Support specifically aimed at helping people to establish themselves, or stay in, their own homes. Examples of housing related support include helping people learn to: manage their money, apply for benefits, keep their home secure, access other services. This does not include personal care. |
| IDeA : Improvement & Development Agency | Organisation that works in partnership with councils to ensure performance & share best practice. |
| Intermediate Care | Support, personal and health care provided to people who have just been discharged from hospital or to prevent people having to spend longer periods in hospital, mostly provided through PCT funding. |
| Joined-up commissioning | To work with other statutory agencies to co-ordinate the commissioning of various services being provided to individuals or groups of individuals. |
| LCB | London Commuter Belt housing sub-region (Brentwood, Chelmsford, Epping Forest, Harlow and Uttlesford). |
| LCSG : local Core Strategy Group | District-based Supporting People strategy group of commissioning partners who inform the SP strategy and help the implementation of Supporting People policies in line with local priorities. |
| Long Term Services | Services that are intended to last for longer than two years. |
| Move-on Support | Housing-related support to help people settle into a more independent environment when they are leaving an accommodation-based support or care service. |

| Term/Abbreviation | Meaning |
|--|--|
| Multiple Needs | A person who has more than one need. |
| New Towns | Centrally planned towns developed in the 1950/60s. |
| NSF | National Service Framework. Set national standards and timescales to improve health services. |
| NHS | The National Health Service. |
| ODPM: Office of the Deputy Prime Minister | The national Government department responsible for housing, local government and the Supporting People programme. |
| Outreach | When an organisation brings medical or similar services to people at home or to where they spend time, such as an outreach centre. |
| PCT | Primary Care Trusts – responsible for planning and providing healthcare services. |
| Performance Indicators | Performance statistics submitted to the Supporting People teams by support providers. They are used as part of contract and quality monitoring. |
| Personal Care | Personal care includes help with personal hygiene, eating requirements, dealing with problems of immobility, assistance with medication and general well being. Not funded by Supporting People. |
| Platinum Cut | The final estimate of the pricing of all services when Supporting People went 'live' in April 2003. |
| Procurement | The process of acquiring goods, works and services, covering both acquisition from third parties and from in-house providers. It involves options appraisal and the critical 'make or buy' decision. In the case of Supporting People the usual decision is the decision to buy. |
| Providers | Organisations, companies, charities and individuals that provide support services to people. |
| PSA | Public Service Agreements. Commitments to the public on what they can expect for their money. |
| QAF | Quality Assessment Framework. Providers self assess their service against national objectives set up by the ODPM. The Supporting People team use the results as part of the benchmarking process, with the aim of continually improving the services in Essex. |
| Refuge | These are services that provide emergency type accommodation with support for people escaping violence/abuse or threats of violence/abuse from a current or former partner. |
| Residential Home | Accommodation run by health authority for people with high intensity care needs, not tenure based. |

| Term/Abbreviation | Meaning |
|--|---|
| Revenue Funding | Funding of monthly recurring costs, such as labour, maintenance and rent. |
| RSL | Registered Social Landlord. |
| Service User | Someone who is using support services. |
| SHI-2: Supported Housing Index version 2 | A new release of a system operated by the County and District/Borough Council's to record and collect information on people in need of supported housing services and to match this with available and suitable properties. |
| Short Term Services | Services that are intended to last for less than two years. |
| Specialist Accommodation | Includes homeless hostels, foyers and refuges. |
| SPERG | Supporting People Eastern Regional Group. |
| SR: Service Review Programme | The system of examining the quality of services funded by the Supporting People programme. |
| Stakeholder | An individual or group with an interest in the success of Supporting People in delivering intended results and maintaining the viability of the Supporting People services. |
| SHA: Strategic Health Authority | Countywide body responsible for creating strategic health plans, monitoring quality and performance, increasing the capacity of local services and ensuring national priorities are integrated into local plans. |
| Support | To increase an individuals level of independence. 'See also housing related support'. |
| Support Service | A service eligible for funding through Supporting People. This could include advice on maintaining a tenancy, help with filling in forms, help with keeping accommodation safe and secure, etc. |
| Supported Housing | These are services that provide accommodation and support to enable those people with physical disabilities, learning disabilities or mental health problems to live independently. |
| Supporting People Grant | Money from the government to pay for housing related support services under the Supporting People programme. |
| Supporting People Programme | The programme came into effect on 1st April 2003, and pays for all services providing housing related support. Services are monitored on their quality, performance and cost. |
| TABBS | An Essex-wide voluntary database of people with Learning Disabilities. |
| Tenancy Sustainment Support | Preventative or Early Intervention Support that helps people stay in their current accommodation when they are experiencing problems that put them at risk of losing their tenancy. |

| Term/Abbreviation | Meaning |
|-------------------------------------|---|
| Tenure / Tenancy | Describes what type of housing you live in and how you are paying for it: Owner-occupant; private or social rented including through RSLs; leaseholder. Supported Housing generally falls under the category "Social Rented". N.B. "Residential" means that you do not pay rent and therefore do not have a tenure. |
| TGSE | Thames Gateway South East housing sub-region (Basildon, Castle Point and Rochford). |
| Transitional housing | Designated units with a short term let (6months - 2years) with reducing levels of more intensive support. |
| Transitional Housing Benefit (THB) | Up to 31st March 2003, THB paid for housing related support in instances where the service user needed help to pay for their service. |
| Unmet need | Used to describe the situation where there are not currently services in place to meet the identified needs of people in the area. |
| Voluntary Organisation | Organisations that are non-profit driven, non-statutory, autonomous and that exist for the benefit of the wider public or specific groups within a wider society. |
| YOT | Youth Offending Team. |
| YPLC | Young People Leaving Care. |

Essex Supporting People

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