



Tower Hamlets **NHS**
Primary Care Trust

London Borough of Tower Hamlets

Supporting People Strategy 2005-2010

The Supporting People Partnership will work to deliver accessible, high quality and needs led services that promote choice, independence and social inclusion and enable vulnerable individuals to live successfully within the community.


supporting**people**
supporting independence


NATIONAL PROBATION SERVICE
for England and Wales

London Borough of Tower Hamlets Supporting People Strategy 2005-2010

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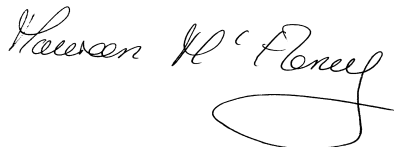
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Foreword

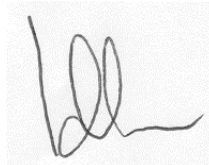
The London Borough of Tower Hamlets has a long tradition of serving people with housing and support needs, in both the voluntary and community sector as well as through the statutory services. We also have a distinctive history of providing innovative and culturally sensitive services, often leading the field in terms of diversity and inclusion. Across the Borough and in all sectors there are many examples of excellence and good practice, where people dealing with homelessness or facing difficult personal or social issues are provided with help to live as independently as possible.

The Supporting People Strategy 2005-2010 is about building on this work, and taking it further. It provides a significant opportunity to improve the way that the needs of vulnerable people are met, by providing effective alternatives to institutional care and preventing more people experiencing homelessness, social exclusion or harmful lifestyles. Within the framework of the Community Plan, this strategy will be key to delivering real improvements in making Tower Hamlets a better place for living well – improving housing, health and social care and promoting healthy living. The central themes of the strategy are promoting independence, choice, social inclusion and quality of life. The aims are to provide high quality services that meet the needs of a diverse community. This will be achieved through working in partnership - with service providers and users, the voluntary and community sector, the local authority, health services and probation.

Finally, this strategy will be subject to regular review. As local needs change and as further needs are identified, our priorities will develop and change with them. And of course we will keep talking with the people that matter - those that need and use our services – whose views will guide our assessment of whether we are reaching our shared goals.



Maureen McEleney
Director of Housing Management
London Borough of Tower Hamlets



Ian Wilson
Corporate Director Social Services,
London Borough of Tower Hamlets



Jeremy Burden
Director of Strategy and Service Improvement
Tower Hamlets Primary Care Trust



Chris Chater
Assistant Chief Officer for Tower
Hamlets, London Probation

1. Executive Summary

Welcome to the London Borough of Tower Hamlets Supporting People Strategy. This Strategy sets out the vision for the future of Supporting People services in the Borough. Through an extensive needs and supply analysis, it identifies our aims and objectives to meet the needs of local people. It also sets out the benefits of the programme to the Borough, including how it will contribute to meeting local and national targets for supporting vulnerable people.

Introduction to Supporting People

Supporting People is a national programme aimed at promoting independence and quality of life for vulnerable people. By providing housing-related support services that enable people to live successfully in their accommodation, Supporting People is an opportunity to bring about a comprehensive change in the way the needs of vulnerable people are met. Launched on 1 April 2003, the programme has introduced a radically different system of providing and commissioning services – led by local needs, focused on the development of partnership working, and supported by a robust review and monitoring system. The programme has a wide scope, providing services for a wide range of people including those who have been homeless, rough sleepers, older people, teenage parents, people with mental health needs and women fleeing domestic violence

Supporting People funds *housing-related* support – the primary purpose of which is to develop and sustain an individual's capacity to live independently in their accommodation. By promoting independence and quality of life, appropriate housing-related support can provide effective alternatives to institutional care and prevent downward spirals into homelessness, social exclusion and harm. Examples of services funded by Supporting People include:

- Sheltered housing services for older people.
- Support workers who visit a wide range of people in their own homes.
- Specific housing-related support in a range of accommodation, including hostels and homes for residents who have specific short or long term needs.

In Tower Hamlets, Supporting People aims to provide the strategic leadership and resources to address the needs of our most vulnerable residents.

Tower Hamlets Vision

As an identified priority of the Tower Hamlets Community Plan, the Supporting People programme actively contributes to its aim of making Tower Hamlets a better place for 'Living Well' - improving housing, health and social care and promoting healthy living. Our vision is: **"The Supporting People Partnership will work to deliver accessible, high quality and needs led services that promote choice, independence and social inclusion and enable individuals to live successfully within the community."** We have set out five key aims by which our success in achieving the vision can be assessed over the next five years. These are to:

- provide effective services which have a positive impact on the lives of our most vulnerable residents;
- ensure services meet the need of a diverse community and enable equality of access for all;
- ensure a partnership approach that delivers local and national strategic priorities;
- ensure the provision of high quality housing related support services which are value for money;
- increase Service User Involvement in service provision and service development;

Strategic Context

The Supporting People Programme in Tower Hamlets is set within the wider local and national strategic context. One of its key aims is to work in partnership to meet shared targets and operate as a delivery tool for other strategic objectives. Supporting People is intended to play a key role in making links between social inclusion, neighbourhood renewal, housing, community safety, health and social care. In addition to the Community Plan, other key strategic documents which involve and link with Supporting People are the Neighbourhood Renewal Strategy 2002-2010, Tower Hamlets Council Strategic Plan 2004-2005, Crime and Disorder Reduction Strategy 2002-2005, Tower Hamlets Housing Strategy 2005-2008, Tower Hamlets Homelessness Strategy 2003-2008 and the Health Improvement and Modernisation Programme 2003 – 2006.

The Planning Approach

The strategy development process has sought to involve all key stakeholders and strategic partners at each stage, including Councillors, the Local Strategic Partnership, service users and service providers and reflects the wide range of views involved in its development.

The process has been overseen by the Commissioning Body, which comprises senior officers with decision making powers from Housing, Social Services Health and Probation; and developed by the Core Strategy Group which comprises staff from the four statutory agencies as well as service provider representatives.

Needs and Supply Analysis

Tower Hamlets is a unique Borough. With a dynamic mix of East End history and global economy, few places can match its diversity, opportunities and social challenges. Rapid population growth over recent years has made the area one of the most densely populated in the UK, with approximately half the residents from ethnic minority groups. The Borough has a young population with the second highest proportion of under-16s in London and a greater proportion of 20-34 year olds than any other local authority. Despite considerable regeneration and structural changes to the economy, the area remains one of the most deprived in the country. Low incomes, high unemployment, crime as well as poor health and housing remain serious problems. Four key local factors which impact on the need for, and design of, housing related support services are: ethnic diversity; housing need and overcrowding; deprivation and the needs of young people.

Our extensive supply analysis demonstrates that the Borough has a wide mix and range of housing related support services, across a broad range of client groups. Tower Hamlets also has a significant amount of cross authority provision. Overall, the Supporting People programme involves:

- Managing a Supporting People grant of over £15m per year.
- Contracting, monitoring and reviewing 164 supported housing services in the Borough.
- Working in Partnership with over 50 providers of housing support services, delivering support to over 6000 people.

Service Quality, Value for Money and Reviews

A central requirement of the Supporting People programme is that all services must be reviewed between 2003 and 2006. The purpose of the review process is to ensure that all services represent a sound and effective investment of Supporting People funding. This is assessed according to a range of criteria including strategic priorities, quality, performance and cost-effectiveness. The review process has identified considerable scope for the improvement of services by raising quality, increasing value for money and reconfiguring services to meet need.

Cross Authority Issues

LBTH will work closely with the Association of London Government in developing a Supporting People Strategy for London, and ensuring that inter borough co-operation is achieved to ensure the interests of vulnerable cross authority tenants are protected. Tower Hamlets is keen to work closely with neighbouring authorities in the development of new services. Participating in the East London Supporting People Group, we support the NELSP Mission Statement that commits to develop a co-ordinated response to best meet the needs of local people across the region.

Risk management

The Supporting People Team has developed a comprehensive policy on the management of potential risks associated with the provision of the Supporting People Programme. Our focus is to ensure service quality and safety are considered at all times. The scale and complexities of the Supporting People Programme demand a thorough assessment of risk to ensure protection against a variety of incidents. The potential impact on service users and staff in schemes, services, communities or The Council require that all potential risks are identified and mitigating action taken in response.

Strategic Priorities by client group

The following table sets out a summary of the needs analysis for each client group and strategic priorities which have been developed.

Client Group	Needs Analysis	Strategic Priorities
<p>Single Homeless and Rough Sleepers</p>	<p>Sustained need</p> <p>There is a sustained need for both accommodation-based services and floating support services. In the case of supported move on for these groups current provision is unable to meet demand. There is also some duplication in floating support services and the need for increased capacity across tenure.</p> <p>Action is required to ensure existing services are supporting those most at need both in terms of support needs and access to minority groups. The development of a move on strategy and review of referral arrangements will also maximise the availability of move on for this client group.</p> <p>There is a need for accommodation services, especially large hostels, to more effectively meet the needs of a population with complex needs.</p>	<p>Services require reconfiguration of accommodation-based and floating support services. Some decommissioning/ remodelling expected.</p> <ul style="list-style-type: none"> ▪ Reconfigure existing accommodation based services to ensure they are targeted at those most in need and accessible to all groups. Within this further units will be need to be created for couples, women-only provision, offenders, BME communities. ▪ Services not meeting decent homes standards to be decommissioned or reprovided – including shared accommodation. ▪ Reconfigure floating support services to improve access, availability, capacity and ensure value for money. ▪ Improve and streamline access and referral arrangements to hostels and accommodation-based services. ▪ Develop a move on strategy that maximises the availability of move-on accommodation. ▪ Increasing the number of specialist drug and alcohol workers in accommodation-based services ▪ Increasing the number of specialist mental health workers in accommodation-based services.
<p>People with Drug and Alcohol needs</p>	<p>Changing need and growing need</p> <p>There is a significant unmet need in services for people with drug and alcohol needs that cannot be met by existing provision. An increase in the number of people accessing drug rehabilitation means the need for second stage follow up accommodation service in the Borough is high. There is also an increasing elderly population with drug and alcohol related needs that cannot access existing services for the elderly.</p> <p>There is also some duplication in floating support services and the need for increased capacity across tenure.</p>	<p>Services require reconfiguration and additional units are needed.</p> <ul style="list-style-type: none"> ▪ Increase the number of units of second stage accommodation for former drug users. ▪ Reconfigure and increase capacity of floating support services to meet the needs of people with drug and alcohol issues. ▪ Develop a specialist sheltered service to meet the needs of an elderly population who have drug and alcohol issues.
<p>Older People</p>	<p>Changing need for sheltered provision. Growing need for frail elderly and floating support</p>	<p>Services require reconfiguration and additional units</p>

	<p>Sheltered housing is a home for life. This means that changes cannot be made to existing provision without a best value review being undertaken. There is a need to define the role for sheltered housing in the Borough and to ensure all services are able to meet the accommodation and quality standards.</p> <p>Whilst the value of sheltered housing is recognised, not all individuals will want to move into sheltered. To maximise individual choice the gap in floating support for this group will be addressed.</p> <p>There is also an increased need for frail elderly units in the Borough.</p>	<ul style="list-style-type: none"> ▪ Undertake a Best Value review of sheltered housing to ensure services are required, of a good accommodation and service standard and accessible to those most in need. ▪ Increase the amount of frail elderly units, including some units for older people with dementia. ▪ Reconfigure and increase capacity of a floating support service for the elderly. ▪ Develop a floating support service for older people with dementia and / or mental health needs.
Women Fleeing Domestic Violence	<p>Sustained Need:</p> <p>There is the need for increased capacity across tenure, especially for women placed in temporary bed and breakfast accommodation.</p> <p>Accommodation standards in some of the services need to be addressed, and a shortage of second stage accommodation.</p>	<p>Requires Additional Units</p> <ul style="list-style-type: none"> ▪ Develop an intensive floating support service for women in bed and breakfast accommodation. ▪ Increase the number of second stage accommodation available. ▪ Remodel existing accommodation based provision that does not meet decent homes standard or is shared. ▪ Ensure services are accessible and able to meet the needs of individuals with drug and alcohol issues through provision of specialist drug and alcohol workers and training.
People with mental health needs and mentally disordered offenders	<p>Changing need and significant unmet need</p> <p>There is a significant unmet need in services for people with mental health issues that cannot be met by existing provision. The nature of services required means that turnover is often slow. Action is required to increase the through put in existing schemes, and additional accommodation units are required across the spectrum of support to address this gap. Some reconfiguration of existing schemes will also ensure services are targeted at those most in need.</p> <p>An increased capacity of floating support services to meet the needs of individuals moving into their own accommodation will also increase throughput.</p>	<p>Services require reconfiguration and additional units</p> <ul style="list-style-type: none"> ▪ Develop additional low support units to improve move-on and move-through. ▪ Reconfigure and retarget existing accommodation based services to ensure they are targeted at those most in need. ▪ Expand intensive floating services. ▪ Decommission or remodel services that do not meet decent homes standard including some shared accommodation. ▪ Reconfiguring floating support services to improve access, availability, improve capacity and ensure value for money. ▪ Ensure services are accessible and able to meet the needs of individuals with drug and alcohol issues. ▪ Establish protocols for increased move-on into general needs accommodation. ▪ Develop a high support scheme for people with dual diagnosis, personality disorders and forensic histories, 8-10 units.
People with Learning	<p>Significant unmet need</p>	<p>Additional units Required</p>

Disabilities	<p>There is a significant unmet need in services for people with learning disabilities that cannot be met by existing provision. The nature of services required means that turnover is slow. Additional accommodation units are required across the spectrum of support to address this gap. Together with an increased capacity of floating support services to meet the needs of individuals living in their own accommodation.</p>	<ul style="list-style-type: none"> ▪ Develop additional units of accommodation. To include; a high support service that is an alternative to residential care or being placed out of the Borough; a service for women who have been abused or require female only support; a key-ring scheme; low supported units. ▪ All new developments to include wheelchair accessibility. ▪ Establish protocols for increased move-on into general needs accommodation. ▪ Establish a process for the strategic collection of information on long term future needs.
Homeless Families With Support Needs	<p>Sustained need</p> <p>There is no current need for specific accommodation based services. There is a need to increase the capacity of floating support services for this group</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Increase access to floating support services as part of an overall reconfiguration of floating support, including support for those in B & B accommodation.
Teenage Parents	<p>Sustained need</p> <p>Current accommodation based services cannot meet the demand, there are a number of teenage parents in unsupported accommodation. Additional units are required.</p> <p>There is also a need to offer floating support services to those who do not access supported accommodation.</p>	<p>Current scheme in development to address needs</p> <ul style="list-style-type: none"> ▪ Develop specific accommodation based service through Drapers City Foyer. ▪ Develop a floating support service for teenage parents not in supported accommodation or following move on to general needs accommodation. ▪ Undertake a service user led review of service users' experience of supported housing, in partnership with PCT
People with Physical Disabilities	<p>Sustained need</p> <p>There is no current unmet need for accommodation services for people with physical disabilities alone. However, individuals will have a range of needs that might be more appropriately met by another service type.</p> <p>There is also a need to offer floating support services to those who do not access supported accommodation.</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Increase floating support units available as part of an overall reconfiguration of floating support. ▪ Ensure all new developments enable access for people with disabilities. ▪ Develop a consistent mechanism for monitoring the numbers and needs of people with physical disabilities and future trends in Partnership with the Partnership Board.
People with HIV / AIDS	<p>Sustained need</p> <p>The changing profile of need for people with HIV and Aids means there is not an unmet need for accommodation services. Services will need to be able to support individuals in their own home on a more flexible basis.</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Reconfiguration of current services to offer flexible floating support services.
Young people at risk and young people leaving care	<p>Growing need</p> <p>The population profile of Tower Hamlets together with the demand for existing services means that existing accommodation based services cannot meet current demand. There is also a recognised unmet need for young people with very complex needs that cannot be met within existing service provision as well as a lack of floating support for this group.</p>	<p>Additional units in development should meet the need for accommodation based services. Expansion of floating support needed.</p>

		<ul style="list-style-type: none"> ▪ Develop further accommodation based services through the provision of Campbell Road and Drapers City Foyer. ▪ Develop an intensive or specialist floating support service for young people with high support needs. ▪ Increase general floating support units available as part of an overall reconfiguration of floating support.
Refugees	Sustained need	Reconfiguration and increased capacity required
	There is no current need for accommodation services. There is some duplication in floating support services and the need for increased capacity across tenure.	<ul style="list-style-type: none"> ▪ Reconfigure floating support services to improve access and availability, improve capacity and ensure value for money. ▪ Continued provision of culturally sensitive services.
Offenders and people at risk of offending	Sustained need	Requires expansion and review of access arrangements to generic services
	There are few specific accommodation based services for offenders, we will need to ensure access into other services where appropriate and maximise the availability of floating support services.	<ul style="list-style-type: none"> ▪ Widen access arrangements within other services to ensure provision for offenders. This will need to consider the requirement for general units as well as individuals with complex needs, women, young people and offenders with families. ▪ Increase floating support units available as part of the overall reconfiguration of floating support. ▪ Increased partnership working with the criminal justice system. ▪ Ensure effective risk management in all accommodation-based services.

Strategy Implementation: Annual Strategy Delivery Plan for 2005-2006

Objective 1: To provide effective services which have a positive impact on the lives of our most vulnerable residents.

Key Activities	How	Lead	Milestone	Delivery date
Developing needs-led service provision that is responsive, driven by clear analysis of need and strategically planned.	<ul style="list-style-type: none"> ▪ Deliver new schemes in development in line with the development programme. 	SP Team	% of new units to be delivered.	March 31 st 2006
	<ul style="list-style-type: none"> ▪ Reconfigure all floating support services. 	SP Team	Proposals and re-tendering process to be complete.	March 31 st 2006
Develop a broad range of	<ul style="list-style-type: none"> ▪ Develop a move on strategy 	SP Team	Draft complete for	March 2006

services to maximise service user choice.			consultation.	
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Objective 2: To ensure services meet the need of a diverse community and enable equality of access for all.

Key Activities	How	Lead	Milestone	Delivery date
Develop services that are sensitive and accessible to the specific needs of the local BME communities, women, people with disabilities and other minority groups.	<ul style="list-style-type: none"> Deliver new schemes in development in line with the development programme. 	SP Team	% of new units to be delivered.	March 31 st 2006
	<ul style="list-style-type: none"> Reconfigure all floating support services. 	SP Team	Proposals and re-tendering process to be complete.	March 31 st 2006
	<ul style="list-style-type: none"> Review eligibility criteria appropriate to client group and support provision. 	SP Team	All service reviews to be completed.	March 31 st 2006
	<ul style="list-style-type: none"> Performance monitoring to be reviewed and new performance indicators introduced to demonstrate the programme's links to local and national targets 	SP Team	Performance indicators in place.	December 31 st 2006.
Provide accessible information and advice on support services.	<ul style="list-style-type: none"> An accessible and well-publicised Directory of Services providing information about local services and the eligibility criteria is in place. 	SP Team	Draft in place for consultation	31 st March 2006.

Objective 3: To ensure a partnership approach that delivers Local and National Strategic priorities.

Key Activities	How	Lead	Milestone	Delivery date
Ensure Supporting People contributes to the wider strategic objectives of the Council, as a key partner in tackling social exclusion, reducing homelessness, crime and anti-social behaviour and other shared targets.	<ul style="list-style-type: none"> Performance monitoring to be reviewed and new performance indicators introduced to demonstrate the programme's links to local and national targets 	SP Team	Performance indicators in place.	December 31 st 2006

Encourage the development of a partnership approach in the planning and review of support services.	<ul style="list-style-type: none"> Increased and more effective sub-regional working, including the development of shared policy and procedure frameworks for accreditation and value for money. 	SP Team	Action plan agreed with sub-region	31 st August 2005
Work with our Commissioning Partners in developing integrated systems for the development, contracting and monitoring of support services.	<ul style="list-style-type: none"> All services funded by more than one local authority funding stream to have joint contract, monitoring and review arrangements. 	SP Team	50% of contract and monitoring arrangements in place	March 31 st 2006

Objective 4: To ensure the provision of high quality housing related support services which are value for money.

Key Activities	How	Lead	Milestone	Delivery date
Undertake regular and robust monitoring of service quality and performance.	Undertake planned programme of service reviews.	SP Team	100% of reviews to be completed.	31 st March 2006

Objective 5: To increase Service User Involvement in service provision and service development

Key Activities	How	Lead	Milestone	Delivery date
Develop service user involvement Strategy to maximise opportunities for service users to influence the pattern of services that individuals' both want and value.	<ul style="list-style-type: none"> Update and implement service user involvement strategy. 	SP Team	Draft to be completed for consultation.	31 st May 2005

Budget Breakdown – Supporting People contracts 2005-2006

Client Group	Number of units	Total contract amount (£)
Homeless Families with support needs	40	224,322
Older People with support needs	838	906,372
Frail Elderly	159	262,957
People with HIV / AIDS	25	121,467
Refugees	34	114,716
Single Homeless	1238	4,695,645
Rough Sleepers	250	1,436,222
Young people at risk and leaving care	115	1,201,007
Mental Health	304	2,876,124
Domestic Violence	57	558,537
Teenage Parents	2	21,809
Generic	815	1,249,774
Learning disabilities	43	595,897
Drugs	21	164,041
Offenders	20	173,965
Alcohol	83	617,032
Physical disabilities	6	29,146
Total	4067	15,249,033

2. Introduction

2.1 What is the Supporting People programme?

Supporting People is a national programme aimed at promoting independence and quality of life for vulnerable people. By providing housing-related support services that enable people to live successfully in their accommodation, Supporting People is an opportunity to bring about a comprehensive change in the way the needs of vulnerable people are met. Launched on 1 April 2003, the programme has introduced a radically different system of providing and commissioning services – led by local needs, focussed on the development of partnership working, and supported by a robust review and monitoring system.

Tower Hamlets Council is responsible for administering the Supporting People programme for the Borough, which involves:

- Managing a Supporting People grant of over £15m per year.
- Contracting, monitoring and reviewing 164 supported housing services in the Borough.
- Working in Partnership with over 60 providers of housing support services, delivering support to over 6000 people.

2.2 Who's it for?

The Programme has a very wide scope, reaching out to many vulnerable members of society, including:

- People who have been homeless or a rough sleeper
- People with drug or alcohol needs
- Older people with support needs, mental health problems and dementia
- People with mental health needs and mentally disordered offenders
- Women fleeing domestic violence
- People with a physical or sensory disability
- People with a learning disability
- People with HIV and AIDS
- Offenders, and people at risk of offending
- Refugees
- Young people leaving care or at risk
- Homeless Families
- Teenage Parents
- Travellers

2.3 What services does Supporting People fund?

Supporting People funds *housing-related* support – the primary purpose of which is to develop and sustain an individual's capacity to live independently in their accommodation. By promoting independence and quality of life, appropriate housing-related support can provide effective alternatives to institutional care and prevent downward spirals into homelessness, social exclusion and harm.

The support funded can either be linked to specific accommodation, or in the form of more flexible services provided to people in their own homes. The amount and type of support may vary, but typical support may include helping a person to establish and maintain a suitable home, help with managing tenancies such as budgeting and support in accessing benefits, and general help in accessing healthcare, community activities and social networks. A full list of the type of support that can be provided by Supporting People services is included as appendix 3.

Examples of services funded by Supporting People include:

- Sheltered housing services for older people.
- Support workers who visit a wide range of people in their own homes.
- Specific housing-related support in a range of accommodation, including hostels and homes for residents who have specific short or long term needs.

2.4 What are the benefits for Tower Hamlets?

Tower Hamlets is a unique Borough where great opportunity and diversity live alongside deprivation and need. Supporting People is aimed at providing the strategic leadership and resources to help tackle many of the problems that our most vulnerable residents face. As a preventative programme, Supporting People can bring a wide range of benefits to individuals and communities. A further key benefit is the programme's ability to support the delivery of a range of national and local targets.

Supporting People in Tower Hamlets can have an impact on three levels - bringing positive change to individuals, communities and services.

- **Individuals** – Housing related support services have a key role to play in improving the quality of life of vulnerable people by promoting independence, well-being and enabling people to live successfully within their communities. We aim to ensure individuals value the services they are receiving because they have a positive impact on their lives, and enable them to realise their aspirations through appropriate support.
- **Communities** – In providing services that support vulnerable individuals and families, Supporting People can have a positive impact on communities by promoting social inclusion. Supporting People in Tower Hamlets can play a key role in the partnerships and multi-agency work to promote neighbourhood renewal, social inclusion, reduce offending and anti-social behaviour, and enable people to share in community activities, lifelong learning and increased prosperity.
- **Service level** – We are working in partnership to ensure services are high quality, accessible, co-ordinated and effective. Supporting People involves the review of all support services – this enables us to drive up the quality and effectiveness of services in financial and service outcome terms, and ensures they are contributing to the delivery of other key targets and strategies.

The programme will also work as a key partner in the Borough in a number of ways, including:

- Tackling and preventing homelessness and rough sleeping, and ensuring that vulnerable people who are homeless or threatened with homelessness have access to appropriate accommodation and support.
- Increasing choice in housing and support, and promoting independence for groups including older people, people with learning disabilities and people with mental health problems.
- Providing appropriate housing related support services for people with a drug or alcohol related need, in partnership with agencies providing treatment.
- Helping to reduce re-offending and promote community safety, by meeting the housing-related support needs of offenders
- Assisting in meeting national and local targets by providing appropriate services for teenage parents and homeless families with support needs.

Tower Hamlets already has a wide range of housing-related support services. Many of these have grown up on an ad hoc basis, previously financed from various different sources and overseen by a range of different agencies. Supporting People will provide the strategic framework to plan and organise services according to local and regional need, linking with other services to provide an effective continuum of support and care.

2.5 What does this strategy do?

This strategy is aimed at providing a clear direction for Supporting People services in Tower Hamlets, setting out how we will develop the programme over the next five years. More specifically this strategy will:

- Set out our vision for Supporting People in Tower Hamlets. It identifies our aims and objectives for the future pattern of service provision in the Borough over the next five years.
- Assess how effectively the current pattern of services meets identified local and regional needs through a thorough supply and needs analysis. It identifies gaps in service provision, and areas where we need to retarget services to meet need more effectively.
- Set out how the Supporting People Programme is targeted to maximise benefits to the Council and its partners by ensuring it is contributing to meeting national and local objectives.
- Set out our aims for managing and developing the Supporting People programme over the next five years.

2.6 Who is the strategy for?

This strategy is relevant to everyone with a role or interest in services for vulnerable people in Tower Hamlets. This includes service providers, service users, all strategic partners in housing, health, social services and probation, local authority elected members and officers, community and voluntary groups, as well as Central and London Government.

3. Vision, Aims and Objectives for the Strategy.

3.1 Our Vision

Our vision is set within the framework of the Tower Hamlets Community Plan. Supporting People plays a key role in meeting the strategic aim of the plan to improve the quality of life for all who live and work in the Borough. More specifically, Supporting People is a priority within the Community Plan aim to make Tower Hamlets a better place for *Living Well* – improving housing, health and social care and promoting healthy living.

All residents need to have the opportunity, resources and ability to live independently and successfully within the community. Supporting People in Tower Hamlets is working with the Council, Tower Hamlets Primary Care Trust, London Probation, service providers and service users to ensure these opportunities are provided to our most vulnerable residents.

Our Vision is:

“The Supporting People Partnership will work to deliver accessible, high quality and needs led services that promote choice, independence and social inclusion and enable vulnerable individuals to live successfully within the community.”

3.2 Aims

We have set out a number of high level aims by which our success in achieving the vision can be assessed over the next five years:

- **To provide effective services which have a positive impact on the lives of our most vulnerable residents.**
We will do this by:
 - Developing needs-led service provision that is responsive, driven by clear analysis of need and strategically planned.
 - Developing our strategic approach to the collection of information and projection of future housing related support needs.

- **To ensure services meet the need of a diverse community and enable equality of access for all.**
We will promote equality through Supporting People by:
 - Developing services that are sensitive and accessible to the specific needs of the local BME communities, women, people with disabilities and other minority groups.
 - Developing a broad range of services to maximise service user choice.
 - Providing accessible information and advice on support services.
 - Setting minimum standards for all services in meeting the needs of a diverse population.
 - Ensuring all new developments meet wheelchair accessibility standards.
 - Reviewing and re-targeting existing referral and access routes and providing services across all tenures to ensure equality in access.

- **To ensure a partnership approach that delivers local and national strategic priorities.**
 - We will ensure Supporting People contributes to the wider strategic objectives of the Council, as a key partner in tackling social exclusion, reducing homelessness, crime and anti-social behaviour and other shared targets.
 - We will encourage the development of a partnership approach in the planning and review of support services.
 - We will ensure service user views are at the forefront of all service reviews.
 - We will access appropriate services, including translation and advocacy to maximise the opportunities for service user views to be considered.
 - We will work with our commissioning partners in developing integrated systems for the development, contracting and monitoring of support services.
 - We will work openly and honestly as the best way of building effective partnerships - both with service providers and users and as a multi-agency, approach with health, social services, housing, probation and other key agencies.

- **To ensure the provision of high quality housing related support services which are value for money.**

We will achieve this aim by;

 - Setting clear standards for housing support services in partnership with providers and other key stakeholders.
 - Undertaking regular and robust monitoring of service quality and performance.
 - Implementing the quality assessment framework as a key tool in meeting minimum standards and continuous improvement in service delivery.
 - Establishing effective performance indicators for measuring performance and setting minimum benchmarks.
 - Developing and implementing a robust approach to assessing value for money in service provision.

- **To increase Service User Involvement in service provision and service development**

We will achieve this aim by:

 - Developing our service user involvement strategy to maximise opportunities for Service users to influence the pattern of services.
 - Ensuring Providers are both prioritising and developing service user involvement in service provision.
 - Ensuring service user views are at the forefront of all service reviews.
 - Accessing appropriate services, including translation and advocacy to maximise the opportunities for service user views to be considered.

4. Strategic Context

The Supporting People Programme in Tower Hamlets is placed firmly within the wider local and national strategic context. One of its key objectives is to work in partnership to meet shared targets and operate as a delivery tool for other strategic objectives. Supporting People aims to play a fundamental part in making links between social inclusion, neighbourhood renewal, housing, community safety, health and social care.

This part of the strategy sets out the context provided by targets and objectives set across government and reflected in the major strategies and plans in the Borough, which impact on the Supporting People programme. Further analysis of the strategic links for individual client groups are set out with their respective supply and needs analysis. A detailed matrix of the strategies relating to each client group is set out in appendix 5.

4.1 National and local strategic targets

There are a large number of national policy drivers which have an impact on Supporting People generally and on individual client groups. These include National Service Frameworks for Older People, Mental Health and Long Term Conditions, Valuing People (national strategy for Learning Disabilities), national plans to reduce re-offending and drug abuse, and national and regional probation plans. We have summarised the national and local policy framework relating to all Supporting People client groups with a 'strategy map' in appendix 5.

This section sets out the strategic targets which have been set by Government, which Supporting People as a preventative programme will contribute to meeting. These targets provide a strategic framework in which to set the Supporting People programme, as a key partner in delivering a wide range of objectives.

National targets

- Tackling social exclusion and delivering neighbourhood renewal - in particular narrowing the gap in health, education, crime, worklessness, housing and liveability outcomes between the most deprived areas and the rest of England, with measurable improvement by 2010. This is a key priority in Tower Hamlets as a deprived area.
- Tackling homelessness, working with local authorities and their partners to sustain reductions in rough sleeping and the use of Bed & Breakfast hotels to accommodate families with children. Further priorities are to go further in preventing homelessness, increase supply and access to settled housing, and reduce the use of temporary accommodation.
- Increasing the range and choice of housing open to people with learning disabilities to enable them to live as independently as possible.
- Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible, by:
 - increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
 - increasing, by 2008, the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.
- Increasing the participation of problem drug users in treatment by 100% by 2008 and increase year on year the proportion of users successfully sustaining or completing treatment programmes.
- Protecting the public and reducing re-offending by 5% for young offenders and for both adults sentenced to imprisonment and adults sentenced to community sentences.
- Improving health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008, through improved care in primary care and community settings for people with long-term conditions.

Local Government Targets

- Preventing homelessness and repeat homelessness.
- Ensuring that levels of rough sleeping are as close to zero as possible, and at least two thirds lower than the 1998 level.
- Avoiding the use of B&B hotels for families with children for longer than six weeks.
- Reducing the use of other forms of temporary accommodation, especially for families with children, and improving its quality.

- Ensuring that anyone who is homeless or threatened with homelessness has access to appropriate accommodation and support.
- Increasing the proportion of individuals living in a Drug Action Team area who are receiving structured drug treatment for the first time, out of the total number receiving any structured drug treatment in a financial year.
- Increasing the proportion of clients from a Drug Action Team area that complete treatment or move between treatment providers in a planned way, out of the total number of discharges.
- Ensure that all under 18 teenage parents who cannot live with their family or partner are offered supported housing, whether on-site or floating support, to enable them to make a successful transition to an independent tenancy.
- Increasing the participation of teenage parents in education, employment or training to 60% thereby increasing their life chances and reducing both social exclusion and the chances of subsequent unplanned pregnancies.
- Helping people with mental health problems to lead independent and fulfilling lives.
- Enabling adults with mental health problems to live at home.

4.2 The Local Strategic Partnership

At Borough level the over-arching strategic framework is provided by the *Tower Hamlets Partnership*. This is a Local Strategic Partnership which brings together all key stakeholders including the Council, residents, police, health services, public services, voluntary and community groups, faith communities and businesses, with the aim of improving the quality of life for local people. The Tower Hamlets Partnership is responsible for producing the *Community Plan* and the *Neighbourhood Renewal Strategy*, details of which are set out below. Tower Hamlets Partnership has three strands comprising:

- **8 Local Area Partnerships**, which involve local residents in determining local priorities and improvements, as well as scrutinising the performance of public services
- **5 Community Plan Action Groups**, responsible for delivering services in partnership for each of the aims of the Community Plan
- **The Partnership Management Group**, whose membership includes representatives from the Local Area Partnerships and Community Plan Action Groups, has responsibility for overseeing strategy development and ensuring delivery.

4.3 The Community Plan

The strategic vision for Tower Hamlets up to 2010 is set out in *The Community Plan*, which is now in its fifth year. The Plan has five themes, reflected in five Community Plan Action Groups, to make Tower Hamlets:

A Better Place for Living Safely – reducing crime, making people feel safer, creating a more secure and cleaner environment.

A Better Place for Living Well – improving housing, health and social care and promoting healthy living

A Better Place for Creating and Sharing Prosperity – bringing investment into the Borough and ensuring all are able to benefit from and contribute to growing economic prosperity

A Better Place for Learning Achievement and Leisure – raising educational aspirations and achievement, providing a wide range of arts and leisure opportunities and celebrating cultural diversity

A Better Place for Excellent Public Services – improving public services for local people to ensure they represent value for money and meet local needs.

Supporting People is a key priority within the Living Well element of the plan, but also has a broad impact across all five themes, contributing to positive change and acting as a vital delivery tool. Supporting People provides services that aim to:

A Better Place for Living Safely

- Offer appropriate accommodation/ support services to people at risk of offending and victims of domestic violence.
- Reduce offending amongst service users.
- Work with service users with drug and alcohol related needs prioritising harm reduction.
- Reduce anti-social behaviour and improve community safety by providing appropriate tenancy support services.

A Better Place for Living Well

- Improve the quality of life for vulnerable people.
- Improve levels of tenancy sustainment amongst vulnerable people and prevent homelessness.
- Enable older people to remain as independent as possible.
- Reduce hospital admission and prevent delayed discharge, especially in relation to older people and people with mental health needs.
- Work in partnership to improve access to healthcare services for vulnerable people.

A Better Place for Creating and Sharing Prosperity

- Reduce poverty by maximising welfare benefits take up amongst service users
- Ensure service users receive appropriate support to manage their finances and avoid unmanageable levels of debt
- Increase support for individuals to access employment and training.

A Better Place for Learning Achievement and Leisure

- Encourage individuals to take part in lifelong learning, volunteering opportunities and meaningful occupation.

A Better Place for Excellent Public Services

- Ensure services are responsive, effective and good value, meeting local needs.
- Ensure services are easily accessible, with convenient points of access for local people.
- Ensure the highest standards of equality in service provision.
- Involve local people in planning and delivery and provide better information about services.

4.4 Neighbourhood Renewal Strategy - 2002-2010.

Tower Hamlets remains one of the most deprived areas in the country and as such is one of 88 local authority areas receiving neighbourhood renewal funding. The Tower Hamlets Partnership has produced a strategy, which focuses on tackling the problems that exist in deprived neighbourhoods – high levels of unemployment and crime, low levels of education and skills and poor health and housing.

The central aims of the strategy are to provide the capacity to join up local services and groups by partnership working, targeting existing and additional resources and involving local people in turning their neighbourhoods around. The strategy lists key targets across all five areas of the Community Plan. Supporting People plays a role in the neighbourhood renewal agenda by providing services that are able to:

- Increase take up of benefits
- Reduce admissions to residential homes.
- Provide services to current and former rough sleepers.
- Continue to work to provide appropriate services for BME communities.

4.5 Tower Hamlets Council Strategic Plan 2004-2005

The Community Plan vision is to improve the quality of life for everyone living and working in Tower Hamlets. The Council's Strategic Plan, updated annually, sets out how the Council will contribute to meeting the vision and broad aims of the Community Plan. It specifies the key priorities the Council aims to achieve, together with a detailed implementation plan which provides a vehicle for monitoring and evaluating Council wide performance.

Mirroring the Community Plan objective for making Tower Hamlets a Better Place for Living Well, the Council identifies ensuring good quality housing and improving health and social care as key priorities. Supporting People is a key delivery vehicle in this area, particularly the goal to: "promote independence through providing effective support in the community."¹

4.6 Crime and Disorder Reduction Strategy 2002-2005

The Tower Hamlets Crime and Disorder Reduction Strategy identifies the top three crime and disorder concerns of local residents as being drug related crime, street crime and anti-social behaviour. Supporting People will be key in ensuring the shared targets and objectives of the strategy are met:

- ***Tackling Drugs and Alcohol misuse***, focussing on treatment and prevention for under-25s, and reducing repeat offending among drug-using offenders.

¹ Tower Hamlets Council Strategic Plan 2004-2005 p8

- ***Making Communities Safer***, including reducing re-offending in adults released from prisons and young offenders released back into the community through providing accredited programmes and access to housing, education, training and support to prevent re-offending.

We will directly contribute to these objectives by:

- Providing services for individuals with drug and alcohol problems that work holistically to improve access and retention in treatment and resettlement.
- Ensuring services are available to support young people at risk of drug misuse, young people with high support needs and those coming out of prison.
- Providing support services aimed at reducing offending and re-offending.

4.7 Tower Hamlets Housing Strategy 2005-2008

The Housing Strategy's key aims are:

- Ensuring all properties reach Decent Homes standards
- Increasing the supply of affordable housing
- Regeneration – targeted intervention to tackle poverty and poor housing
- Improving Services – quality across all areas

Shared Supporting People and Housing Strategy targets focus on helping vulnerable individuals and communities retain their independence. This includes as priorities:

- Ensuring robust needs analysis and appropriate supported housing provision.
- Helping people stay independent in their homes.
- Eliminating the use of B&B for households with children.
- Protecting vulnerable people and tackling hate crime and tackling Anti Social Behaviour.
- Assisting services working with victims of domestic violence.
- Tackling youth crime and drug misuse.
- Reducing repeat offending by drug misusing offenders.

4.8 Tower Hamlets Homelessness Strategy 2003-2008

Supporting People is a key partner in tackling homelessness and is currently working to deliver these targets, as shared priorities in the Supporting People Strategy, through our involvement with the Homelessness Partnership boards and task groups. The Homelessness Strategy has a number of key objectives, which are to:

- Quantify need, targeting services and resources to meet need
- Identify and implement intervention initiatives for those most at risk of homelessness
- Maximise supply of affordable and appropriate housing
- Improve access to services, especially where this involves interagency routes
- Achieve improvements across all services and service providers
- Develop services for young people and BME communities

4.9 Health Improvement and Modernisation Programme 2003 - 2006

The Tower Hamlets Primary Care Trust's Health Improvement and Modernisation Programme sets out a strategic plan for improving local people's health by: raising incomes through work and increased uptake of benefits, raising education standards, improving housing and improving the environment.

Supporting People will have a direct impact on the first of these objectives. We are also committed to meeting shared targets, particularly in terms of providing integrated services and an effective continuum of support for mental health, substance misuse services, older people, learning disabilities, physical disabilities, sensory impairment and HIV.

There are a number of specific ways in which Supporting People will be delivering locally to improve health outcomes for vulnerable people, including:

- Reducing delayed discharge rates from hospital, particularly for older people and people with mental health needs
- Improving individuals' access to health services as an important part of housing related support, particularly amongst client groups at most serious risk such as rough sleepers.
- Contributing to effective harm reduction services amongst the drug and alcohol client group

4.10 Other local strategies which set the strategic context of the Supporting People Programme:

Third Sector Strategy, which seeks to engage and empower local voluntary and community organisations in the delivery of services.

Equalities Action Plan, which sets out the Council's approach to equalities issues within the areas of leadership and corporate commitment, consultation and community development and scrutiny, service delivery and customer care and employment and training.

Private Sector Renewal Strategy, which sets out the Council's approach to assisting private sector residents and landlords access private finance and grant funding to improve their homes as well as increasing the supply of affordable housing through a range of initiatives to bring empty homes back in to use.

Local Area Framework and Affordable Housing Guidance, which set out the Council's affordable housing policies, including the target for private developments and requirements for, tenure mix, size, location, type and design of homes.

Anti Social Behaviour Strategy, which seeks to reduce the fear of crime and other forms of ASB by using joint strategies and partnership arrangements, with a particular focus on eliminating anti-social behaviour from all housing estates.

5. The Planning Approach

5.1 Summary

Agreed by the Local Strategic Partnership *Living Well* Community Plan Action Group, Core Strategy Group and Commissioning Body, the Strategy was presented to Cabinet for agreement in early 2005 following a period of extensive consultation. The strategy development process has sought to involve all key stakeholders and reflects the wide range of views involved.

This section builds on the Supporting People vision and details the process that has been followed in developing and agreeing the Supporting People Strategy in Tower Hamlets. It includes the wide range of consultation initiatives and joint working that has been undertaken, as well as the groups and bodies that have been involved - all of whom have influenced and guided the document's final aims and identified priorities.

The strategy, which builds on the priorities set out in the Shadow Strategy, and reflects ODPM guidance has been developed as the most effective means of meeting our key aims and fulfilling our vision. In particular the aim *"to ensure a partnership approach that delivers local and national strategic priorities"* has set the local planning framework.

5.2 Consultation and Joint working arrangements

The Supporting People team has conducted an extensive consultation process. In covering the broad spectrum of client groups we have worked together with our strategic partners in health, housing, social services and probation as well as service users, providers and other stakeholders. We have maximised consultation opportunities and will continue to build on this approach, and the feedback received, throughout the implementation of the 5-year strategy.

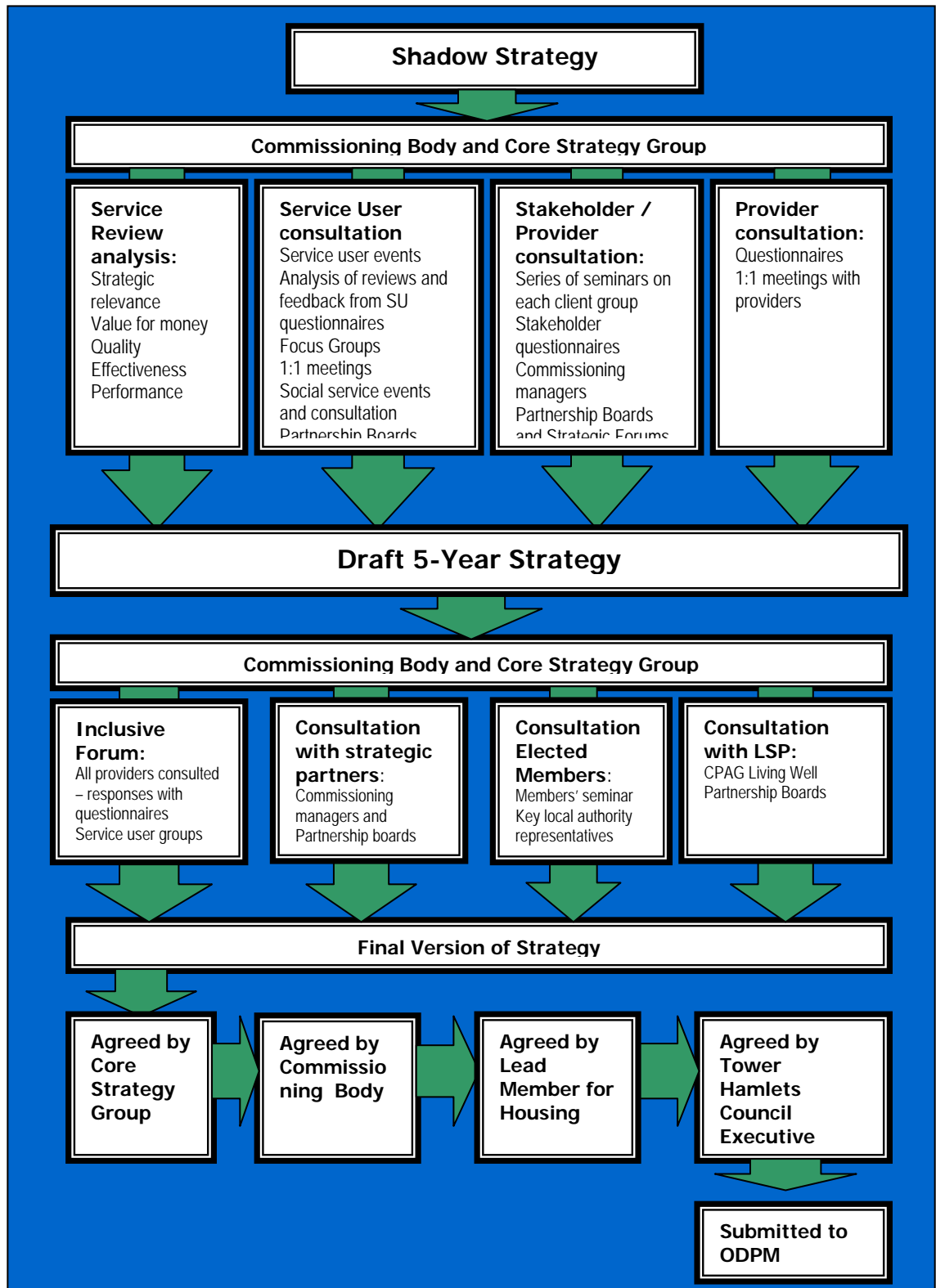
The expertise of our many partners has been paramount in shaping our understanding of how well provision is meeting need and the future requirements for Supporting People services in the Borough. This is an approach that has been reflected in the comprehensive supply and needs analysis for each client group and resulting identified priorities.

Our focus throughout development has been to ensure the Strategy is firmly embedded in the frameworks of wider strategic plans and commissioning strategies. As Supporting People is still a relatively new programme, a great deal of work has been undertaken and will continue to ensure the scope and benefits of Supporting People are understood and embraced at all levels of the Council and local community. We have engaged the Lead Member for Housing and other elected Members to ensure corporate support for Supporting People, helping to connect and integrate the Programme into mainstream council activity.

The strategy will be a working document that informs our core activities. This will enable continuous improvement in taking the process forward over the next 5 years. Key to this is the publication of the strategy, which will improve knowledge of the programme and enable individuals to contribute further to its development, especially service users. As such we will produce a summary document that is available in accessible formats.

The following diagram summarises the development of the strategy and how we have consulted at its different stages, together with the key decision making structures.

Table 2: Strategy Development Process: consultation and decision making structure



5.2.2 Service User Groups

There are many examples of good practice in involving service users in the planning and delivery of Supporting People Services. Service users are represented on the Local Area Partnerships and Partnership Boards as well as provider

forums and service user lead groups. In developing the Supporting People Programme in Tower Hamlets we aim to enhance our approach to user involvement in a number of key areas:

- Consulting with key reference groups or consultation groups.
- Exploring the potential for service user led reviews linked in with existing established service user groups and forums where possible.
- Surveying providers' mechanisms for involving service users in their own services and utilising their existing frameworks for measuring service user satisfaction.

"The fact that my opinion was asked at all was a refreshing change"
(David)

At the core of the Supporting People Programme in Tower Hamlets is our commitment to involve service users in a meaningful way. We recognise that effective and robust service user consultation requires a long-term commitment and as such we have developed a Service User Consultation Strategy. This sets out our approach to developing a programme that enables us *"to provide effective services which have a positive impact on the lives of our most vulnerable residents."*

The service user consultation strategy sets out our commitment to:

- **Service User Reviews**

Service user opinion is the cornerstone of our approach to service reviews. We see this as one of the most meaningful ways in which service users can comment on the current and future provision of housing related support services. As such, we write to all service users individually as part of the review process and ask them to complete a short questionnaire indicating their views on service provision. At present over 400 service users have submitted questionnaires and this has directly fed into the strategy development.

We also visit all schemes at the time of reviews to ensure maximum participation. For individuals who would like to give their views in person, we hold focus groups and offer one to one meetings where possible. At the time of writing 3 service users have received £100 as a result of a prize draw designed to encourage participation.

- **Service User Events**

"I'd really like to see services improved so they're easier to access and find out about. It's good to talk about things but only if we'll see action as a result." (Joe)

All service users were invited to a consultation event in July 2004. Over 50 service users attended the one-day meeting to take part in discussions and ask questions. A significant number of single-homeless service users attended, whose views contributed to recommendations made about service provision in hostels and single homeless services. The event also produced several suggestions that the Supporting People Team are now working on such as the development of a local Supporting People website, and the establishment of 'surgeries' to provide opportunities for service users to meet directly with the Supporting People team.

"In hostels the main problem is to get people moved on to the right place. It's important that money is spent well and to have good support workers, and my hostel has been getting a lot better recently. It's good to hear what different people think and give my views." (Antonio)

In general, the service user concerns expressed throughout consultation have helped us to frame the key principles and outcomes expressed in the vision statement, especially in relation to equality in access and referral and joined up and co-ordinated services. Service user concerns are also reflected strongly in other key Supporting People principles expressed in our vision statement – such as the desire to live as independently as possible with appropriate support, and high quality services.

- **Hard to Reach Groups**

We believe that the involvement of all service user groups is vital, especially in relation to client groups such as women fleeing domestic violence, refugees, homeless families and people with HIV and AIDS. Throughout the consultation process we have engaged with groups that are not well represented through other partnerships and forums, including BME groups where English is often not their first language or there are specific communication issues.

In order to do this, we have carried out an audit of community organisations, identifying those with a potential interest in Supporting People. All these groups were invited to a series of consultation meetings for stakeholders. Further contact or information about hard to reach groups is also gained through participation in groups such as the Refugee Forum and Domestic Violence Forum. A full list of groups consulted in the development of the strategy is attached as appendix 4.

In the context of our continuing work to develop service user involvement, we will also make the Supporting People strategy in the main community languages, Braille and large print, available on request.

5.2.3 Stakeholders and Providers

In September 2004 we held a series of consultation meetings focussing on individual client groups, inviting all stakeholders including key statutory and commissioning bodies (including front-line staff representatives), providers, all known service user groups, BME groups and hard-to-reach groups such as refugee communities. The meetings focussed on local needs and strategy proposals.

Much consultation also takes place at a strategic level through the partnership boards and strategic forums, on which Supporting People is represented. These include;

- The Mental health Partnership Board.
- The Learning Disabilities Partnership Board
- The Physical Disabilities Partnership Board.
- The Older Peoples Partnership Board.
- The Homelessness Partnership Board.
- The Domestic Violence Forum.
- The Refugee Forum.
- The Teenage Parents Steering Group.
- The Sheltered Housing Forum.

All consultation has involved an opportunity to submit written comments, in addition a series of one to one meetings have been held across partnerships with key individuals; including,

- All Social Services Commissioning Managers.
- Key PCT Commissioners.
- Age Concern.
- Representatives of the Homeless Persons Unit.
- The Falls Prevention Team.
- Key Managers covering relevant client groups, including, Domestic Violence, Probation, Drugs and Alcohol, and Care Leavers services.

A further key body in the development of the Supporting People strategy is the Providers (Inclusive) Forum for all providers working in Tower Hamlets. The main focus of the Forum is to share information with providers and give opportunities to ask questions and raise concerns. The Forums are scheduled to meet twice a year, and will continue to look at key themes in the development of the Supporting People Strategy.

As a central part of our needs analysis we also asked providers to fill out extensive questionnaires on the needs of their service users, particularly in relation to issues such as length of time in the service, move-on requirements and future support needs. The key results of these surveys have been fed into the client profiles section of this strategy.

6. Needs and supply analysis

6.1 Local context – overall needs analysis

Tower Hamlets is a unique Borough. With a dynamic mix of East End history and global economy, few places can match its diversity, opportunities and social challenges. Rapid population growth over recent years has made the area one of the most densely populated in the UK², with approximately half the residents from ethnic minority groups. The Borough has a young population with the second highest proportion of under-16s in London and a greater proportion of 20-34 year olds than any other local authority.

There is much positive change taking place in the Borough. Educational attainment is rising very quickly – amongst the fastest in the country³. In recent surveys and questionnaires⁴ most people say they like living here, finding it an exciting place with immense variety and strong community spirit. Our Community Plan states that three quarters of residents think Tower Hamlets is a place where people from different backgrounds can live together in harmony, confirming the positive value of the Borough's cultural diversity. However, despite considerable regeneration and structural changes to the economy - 40% of employment in the Borough is now in the banking and financial services sector – the area remains one of the most deprived in the country. Low incomes, high unemployment and crime as well as poor health and housing remain serious problems.

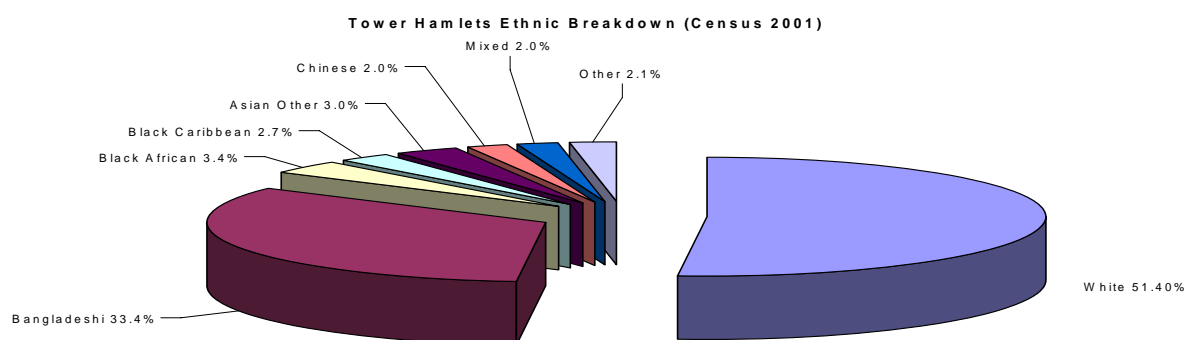
In looking at the specific needs for housing related support, the strategy has considered the overall context in which housing related support is delivered. Providing the background to analysis by client group, the strategy has identified four key local factors which have an over-arching impact on an increased need for housing related support services.

- Ethnicity and diversity.
- Housing need and overcrowding.
- Deprivation.
- Demographic factors - especially the needs of young people.

These factors have an impact on all client groups and are reflected in the Borough's wider strategic priorities.

Ethnicity

Tower Hamlets is one of the most culturally and ethnically diverse communities in the country: 90 languages are spoken in the Borough's schools and over 70% of the Borough's school pupils are from ethnic minority groups. The following graph shows the ethnic background of Tower Hamlets residents according to 2001 census data:



The 2001 census identified 33.4 per cent of Tower Hamlets residents as Bangladeshi. Of the 6 per cent of the population who are Black, a significant proportion are of Somali origin - the second largest minority community in the Borough. However, whilst the Census 2001 data might suggest a community of around 5,000, other reports suggest a community of at least 15,000⁵, which is about 7-8 per cent of the population.

² The 2001 Census ranks Tower Hamlets as the fifth most densely populated local authority area, with the third highest population increase between 1991 and 2001

³ The Tower Hamlets Partnership 'Floor Target Action Plan' (2004) p2

⁴ See Tower Hamlets Council Strategic Plan 2004-2005 p4

⁵ 'Somali Housing Experiences in England' (2003) Ian Cole and David Robinson, Centre for Regional and Economic Social Research, Sheffield Hallam University, p15

The implications of ethnic diversity on the need for housing-related support services are complex. However, there are some general features of the potential housing related support needs of Tower Hamlets' communities which can be identified by focussing on some specific factors

Islamic communities

According to the 2001 census, Tower Hamlets has 71,389 residents who identify themselves as Muslims – the highest number of any local authority in England. Analysis of the 2001 Census data shows that the Islamic Community is the most deprived faith group in the UK with the highest rate of unemployment, the poorest health, fewest educational qualifications, living in the largest households and are least likely to own their own homes.⁶

The Bangladeshi community

In general throughout the UK, Bangladeshis along with Pakistanis are recognised as being worse off than other ethnic minority groups on every indicator of deprivation except for educational achievement – approximately 70 per cent of Pakistani and Bangladeshi children live in poverty⁷. According to the 2001 Census, Tower Hamlets is home to about 70,000 Bangladeshis - approximately half of the UK community.

A recent study of experiences of first generation Bangladeshi women living in Tower Hamlets underlines the particularly difficult situations faced by the Bangladeshi community in terms of poverty, discrimination, poor health and housing⁸. The report found that:

- Three quarters of Bangladeshi families were living in poverty and were housed in overcrowded accommodation (a density of, on average, 1.5 people per room);
- Many of the women had caring responsibilities - 1 in 3 reported caring for someone in the home, the majority of whom were partners with chronic health problems;
- Half the women reported their own health as 'poor' or 'very poor' and experienced high levels of depression and anxiety;
- Many of the women had experienced huge upheavals in their lives caused by famine, illness, political unrest and the sudden death of kin and moving continent; 13% had experienced the death of at least one of their children, 17% had lost a husband.
- Many report that fear of crime and racism is a serious concern: 39% of the women were 'very' or 'fairly worried' about being mugged or robbed. Close to 1 in 3 were 'very' or 'fairly worried' about being physically attacked because of their background;
- 1 in 3 said that they could read and write limited English.

The Somali Community

Tower Hamlets has a long-standing Somali community, originally because of Somali seamen settling in the area. They are the largest refugee community and second largest ethnic minority community in the Borough. Half or more of the community are under 25 and one fifth of Somalis are lone parents – often as a result of deaths or detentions of men during the Somalian civil war⁹.

A report by Sheffield Hallam University found that the Somali Community in Tower Hamlets, as elsewhere, faces considerable social and economic disadvantage¹⁰. The report identified the following key issues faced by the Somali Community in general:

- Unemployment is approximately 70 per cent.
- High incidences of mental and physical health problems and disabilities - related to three issues: difficulties accessing health care, the impact of the refugee experience and inadequate or inappropriate accommodation.
- Difficulties engaging with *both* mainstream services and BME-led agencies and providers.
- Homelessness as a common experience – mostly living with family and friends or in temporary accommodation.
- Severely overcrowded conditions having an impact on physical, mental and emotional well-being.
- Language difficulties as a key barrier.
- Racial harassment reported as a frequent and widespread experience.

⁶ The following figures are all from: *Muslim Housing Experiences* by Housing Corporation / Oxford Centre for Islamic Studies (2004)

⁷ The Guardian 11.10.04

⁸ *Women in transition: A study of the experiences of Bangladeshi women living in Tower Hamlets* (2003) Chris Phillipson, Nilufar Ahmed and Joanna Latimer - published by The Policy Press.

⁹ *Somali Housing Experiences in England* (2003) Ian Cole and David Robinson, Centre for Regional and Economic Social Research, Sheffield Hallam University, p15

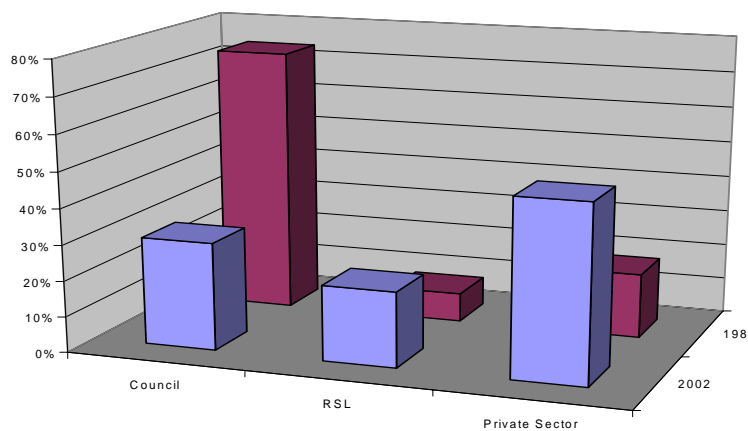
¹⁰ *Somali Housing Experiences in England* (2003) Ian Cole and David Robinson, Centre for Regional and Economic Social Research, Sheffield Hallam University, p17

Translating the needs of the minority communities into specific needs for housing related support is complex. There are issues about engaging with services and the greater role played by family in providing support that will have a direct impact. In our vision statement equalities is seen as a central principle, setting out our intention to ensure the specific needs of the local BME communities are addressed. In developing and reviewing services in all our client groups language difficulties can also cause barriers to effective service access. The strategy seeks to address these and other difficulties in accessing services, ensuring it is a key outcome for Supporting People locally.

Housing need and overcrowding

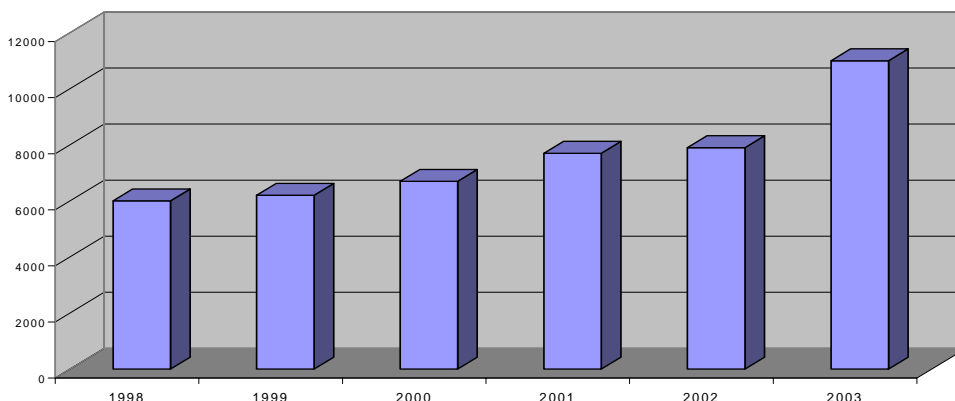
Tower Hamlets is one of the most densely populated inner London Boroughs with over 206,590¹¹ people living within eight square miles. The population is also set to increase faster than the rest of London over the next ten years, according to GLA projections¹². This is continuing a trend of the past 10-15 years when the population increased by over 35,000 between 1991 and 2001. Over a similar period the social housing sector in the Borough has decreased dramatically. The following graph shows the Tower Hamlets tenure profile in 1987 and 2002:

Tower Hamlets Tenure Profile in 1987 and 2002



Over the past five years there has been a sharp increase in the demand for social housing. Increased costs in the owner occupier and private rented sector make these tenures unaffordable for many local people. At present there are over 16,000 households in the Borough requesting social housing. At March 2004, this was broken down as 10,059 registered on the waiting list, 2,419 registered as homeless, and 6,644 registered for transfer.

Numbers on Housing Register in Tower Hamlets

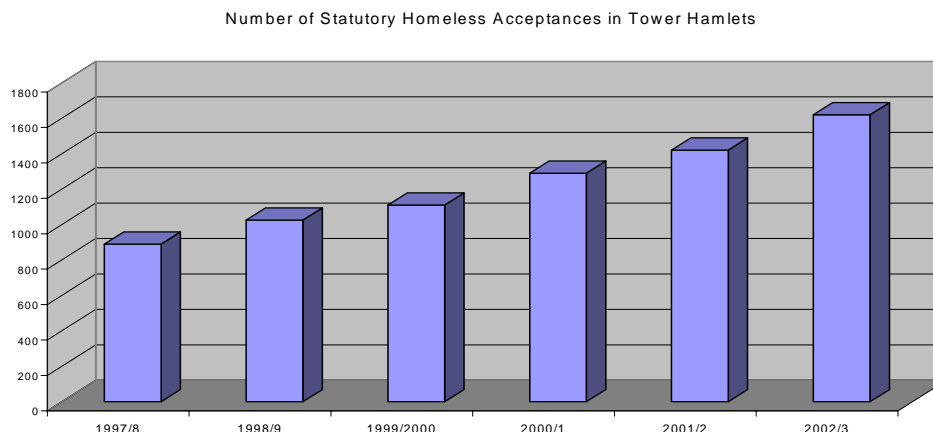


Over the same period the number of statutory homeless acceptances has almost doubled, reflecting London-wide trends. This has a direct impact on the pattern of Supporting People provision as many people are staying in services for longer

¹¹ ONS revised mid year estimate 2003, based on 2001 Census information

¹² LBTH Research and Scrutiny Team 'Borough Profile Updates: Demographic and Household trends' (2004)

due to a severe lack of suitable move-on accommodation. It also has a direct impact on the need for suitable services for young people and single homeless people in particular.



One major impact of the population growth and housing need in Tower Hamlets is overcrowding. The links between overcrowding and homelessness are clear – over 60 per cent of those presenting as homeless to the statutory services have been ejected by family or friends, illustrating the pressures caused by intense housing need. Similarly, for single homeless people, staying with friends or family is less likely to be a long term option.

Available information shows:

- 29% of Tower Hamlets Households as overcrowded, the fifth highest rate in England and Wales¹³.
- The Association of London Government estimates Tower Hamlets to have the highest levels of overcrowding in England¹⁴.
- BME communities are disproportionately affected by overcrowding - with 42% of Bangladeshi households overcrowded.
- About 1000 homeless households are living in temporary accommodation outside of the Borough¹⁵
- Average household size is larger than the average for Greater London¹⁶.

Deprivation

Tower Hamlets population profile exhibits extremes of poverty and deprivation. The Index of Multiple Deprivation 2004, shows the extent of deprivation in Tower Hamlets as the second highest in England. Tower Hamlets is unusual in that there are high levels of deprivation in almost every area – only neighbouring Hackney has more widespread deprivation. The high levels of deprivation have a direct impact on the need for Supporting People services.

Index of Multiple Deprivation 2004, Office of the Deputy Prime Minister			
National Rank	Average of local area scores	Average of local area Ranks	Extent of deprivation
1	Liverpool	Hackney	Hackney
2	Manchester	Tower Hamlets	Tower Hamlets
3	Knowsley	Manchester	Islington
4	Tower Hamlets	Islington	Manchester
5	Hackney	Liverpool	Liverpool

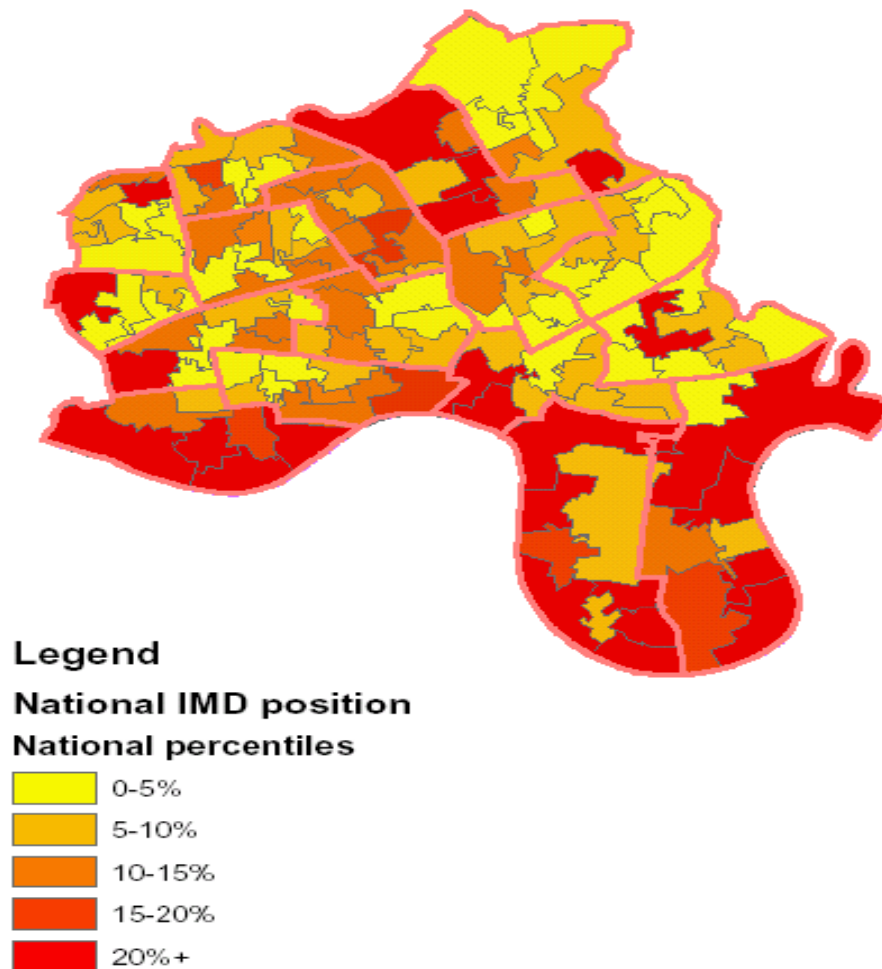
¹³ Census 2001 data

¹⁴ LBTH Housing Strategy Statement 2005-2008 (Draft)

¹⁵ LBTH Housing Strategy Statement 2005-2008 (Draft)

¹⁶ People and Profile fact file 3

The following map of the Borough shows each 'Super Output Area' in Tower Hamlets as a national comparison, according to the Index of Multiple Deprivation 2004. The lightest shade shows areas in the 5% of most deprived areas in the country. The areas in red fall outside of the 'most deprived' 20% of the country and would not be considered deprived on a national scale.



Similar measures of deprivation also point to the challenge Tower Hamlets faces of having areas of severe deprivation across the vast majority of the Borough. Research by the Joseph Rowntree Foundation identifies 15 out of 19 of Tower Hamlet's wards where more than half of children are in families receiving out-of-work means tested benefits¹⁷. This is the highest number of such wards for any local authority in England and Wales, more than Liverpool (12), Manchester (10), Hackney (10) and Newcastle (7).

Other research shows that:

- 43 per cent of households have an income of below £10,000, and 62 per cent an income of below £20,000. 6 per cent of households have an income of over £80,000, suggesting a high degree of income polarisation within the Borough¹⁸.
- 56% of school pupils are eligible for free school meals compared to 16% nationally¹⁹

The local Neighbourhood Renewal Strategy sets out Tower Hamlet's progress against national 'floor targets' which give a picture of the challenges facing the Borough as an area with high levels of deprivation. Where possible data has been compared between 2001 and 2003.

- **Education** – Tower Hamlets has seen some of the greatest improvements in GCSE results in the country. In 2001 only 34 per cent of pupils gained five or more GCSEs at grades A* to C – this has now risen to 43 per cent in 2003
- **Unemployment** – at 11.8 per cent this was the highest rate in London in 2001. Unemployment rose to 13.8 per cent in 2003 but has more recently fallen to 10.5 per cent²⁰. Persistent problems remain with youth unemployment, and repeat and short-term spells of unemployment. Economic inactivity is a serious problem in the Borough - the

¹⁷ Strategies Against Poverty: A Shared Road Map (2004) Donald Hirsch / Joseph Rowntree Foundation, p23

¹⁸ Tower Hamlets Housing Needs Study (2004) Fordham Research Ltd.

¹⁹ LBTH Borough Profile / DFES 2002

²⁰ LBTH Performance Indicators 2003/04

employment rate is 52.5 per cent which is 21.5 per cent below the average for England. Census 2001 data shows that Tower Hamlets has the highest rate of economic inactivity in England and Wales, with 7.6 per cent of people in this category.

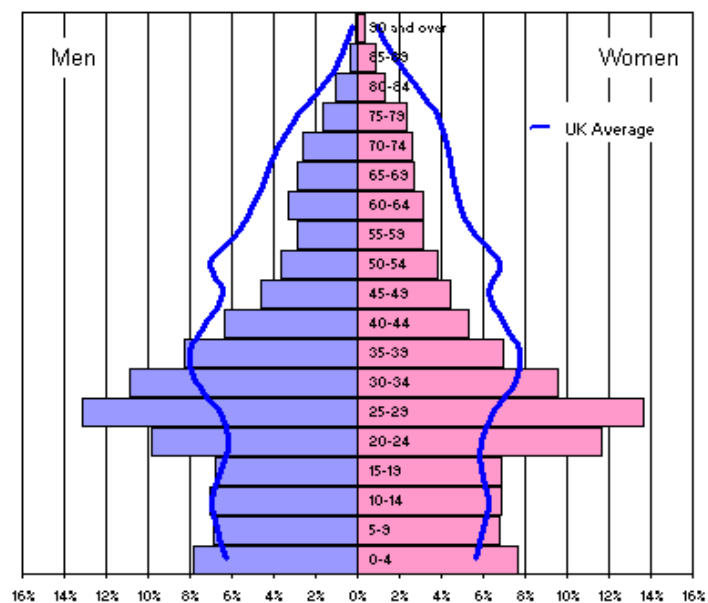
- **Crime** – Both domestic burglary and vehicle crime remain well above average and have risen between 2001 and 2003. The burglary rate is 30 per cent higher than national average and street crime is three times higher than national average, although recent figures show that the number of street robberies is now falling²¹.
- **Health** – The gap between life expectancy in the Borough and national averages has increased between 2001 and 2003. Life expectancy in the Borough is 3 years 4 months below national average for men, and 1 year 8 months below average for women. There are above average teenage pregnancy rates, although this has been falling, reducing the gap between Tower Hamlets and national averages.
- **Housing** – in 2001, 81 per cent of local authority homes failed to reach the Government's decency standard, this has fallen to 75% in 2003

The combination of poor health and housing, low incomes, and high crime and unemployment increase the need for housing related support services and the likely vulnerability of local residents. For example:

- About 12,700 or 16 per cent of households contain someone with a special need, and almost half of whom live alone²²
- Mental health needs in Tower Hamlets are 20-30% higher than in the rest of the county²³.
- Non-psychotic but still severe and disabling mental illness is estimated to be present in 21 per cent of the general practice population²⁴

Demographic Information and the needs of young people

Tower Hamlets has an unusually high proportion of young people compared to national averages. The Borough has the second highest proportion (22%) of under-16s in London and a greater proportion of 20-34 year olds (34%) than any other local authority. Bearing in mind the high levels of deprivation and housing need, there are therefore predicted to be higher than average numbers of vulnerable or at risk young people. Needs are predicted to be higher amongst supporting people client groups including young people at risk or leaving care, homeless families and teenage parents. The following chart shows the Tower Hamlets age breakdown compared to national averages.



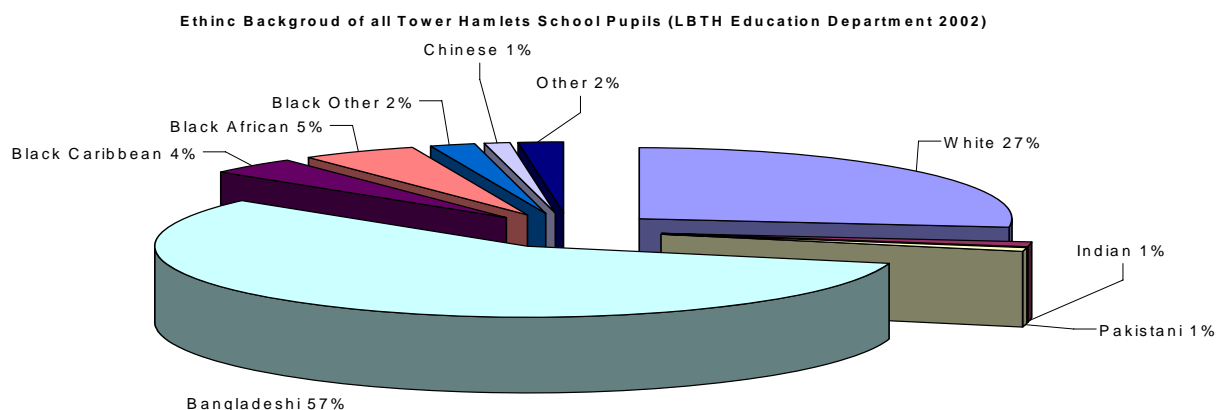
²¹ LBTH Performance Indicators 2003/04

²² Tower Hamlets Housing Needs Study (2004) Fordham Research Ltd.

²³ Tower Hamlets Health Improvement and Modernisation Programme (THPCT) p10

²⁴ Mental Health Commissioning Strategy 2004-2006, LBTH Social Services p20

The ethnic background of Tower Hamlet's youth population is extremely diverse, as the following chart shows. This partly reflects the demographic pattern of the ethnic minority communities – half of the Bangladeshi community is aged under 20.



Young people in the Borough often face significant challenges:

- 1,402 young people had fixed term exclusions from school in 2002
- Connexions Futures identified 522 young people not in education, training or employment in November 2002.
- The LBTH Homelessness Strategy identifies housing problems for young people as an increasing priority.

The Strategy is aimed at ensuring that broad demographic trends in the Borough should be reflected in the services provided. Supporting People also has a vital role to play in wider inter-agency strategies to reduce youth crime and substance misuse and other linked priorities.

6.2 Supply - an Overview

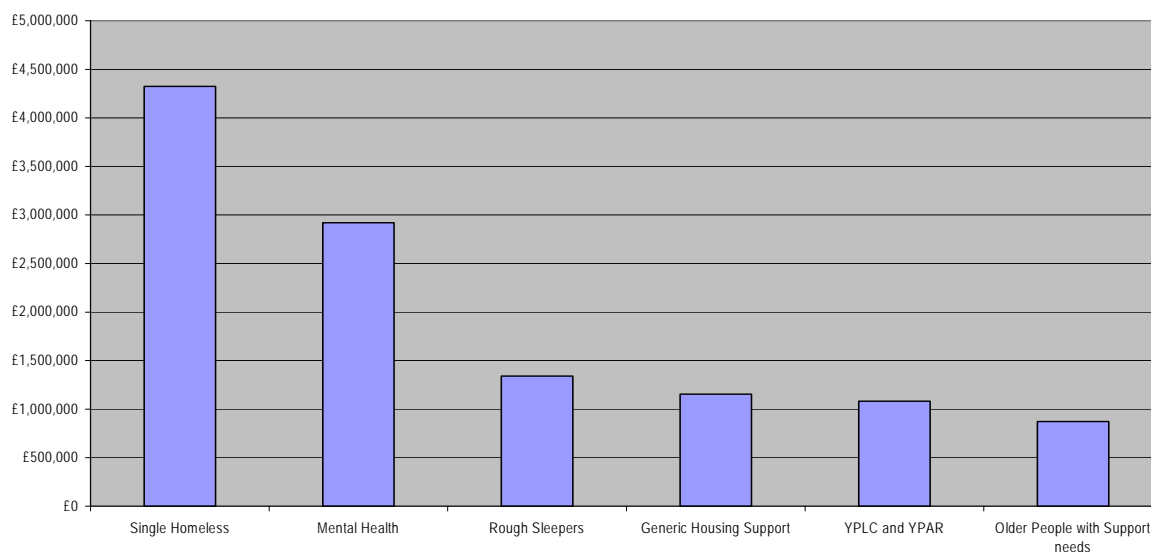
Our extensive supply analysis demonstrates that the Borough has a wide mix and range of housing related support services, across a broad range of client groups. However not all needs are being met. Further work has been identified to ensure that gaps in provision are addressed in future years and that all necessary research is undertaken. Tower Hamlets also has a significant amount of cross authority provision. Strategic considerations are aimed at ensuring a balance between a continued commitment to cross authority services while ensuring the needs of local people are met.

It should also be noted that people are often vulnerable due to a range of different factors and issues and it is not always useful to categorise users into single client groups. The choice of just one primary and one secondary client group has resulted in providers making some single choices which will not wholly reflect need, and so the supply mapping does not always give complete view of the provision.

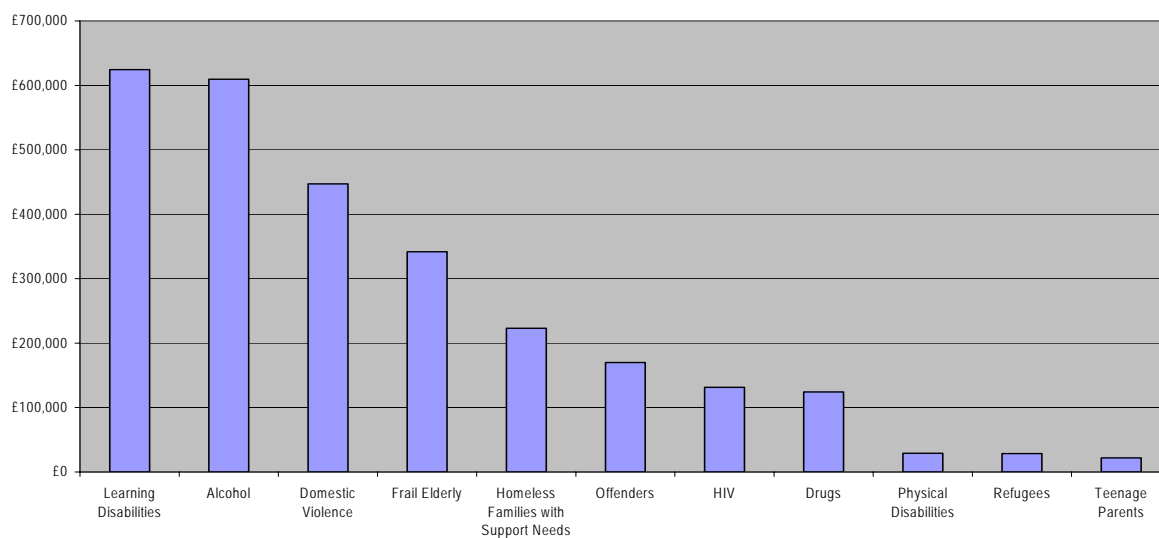
The following graphs and tables show:

- The Supporting People budget breakdown by client group
- Number of services and units of support
- Supply profile of supporting people services, in comparison with regional and national averages
- Unit cost comparison with regional and national averages
- Provider profile.
- Utilisation levels of Supporting People services by client group

Supporting People Budget Breakdown - Larger Client Groups (Feb 2004)



Supporting People Budget Breakdown - Smaller Client Groups (Feb 2004)



In addition the Supporting People Budget also includes approximately £123,00 for Home Improvement Agencies, £47,000 for decorating services and £15,000 for community alarm services.

Supporting People Client Group Summary – March 2004

Client Group	Number of services	Number of Units
Frail Elderly	4	159
Generic Housing Support	5	815
Homeless Families	4	40
Mentally disordered offenders	0	0
Offenders and people at risk of offending	1	20
Older People with mental Health problems / dementia	0	0
Older people with support needs	34	838

People with physical or sensory disability	2	6
People with Alcohol Problems	7	83
People with drug problems	2	21
People with HIV/ AIDS	3	25
People with learning disabilities	10	43
People with mental health problems	25	304
Refugees	4	34
Rough Sleepers	7	250
Single Homeless	28	1238
Teenage Parents	1	2
Travellers	0	0
Women at risk of domestic violence	5	57
Young People at Risk	7	96
Young People Leaving Care	5	19
Community Alarm Service	8	238
HIA	2	2222
Total	164	6510

The following table shows the number of supporting people units per 1000 of the population in comparison to regional and national averages. Red figures indicate an apparent over-provision of services, green figures an under provision:

According to these regional and national averages (but without considering specific local needs and pan London provision) Tower Hamlets has a supply profile as follows:

Over-provision comparison to regional / national averages	In line with regional / national averages	Under-provision in comparison to regional / national averages
Frail elderly, Generic housing support, People with alcohol needs, People with drug needs, People with HIV / AIDS, Refugees, Rough sleepers, Single homeless Women at risk of domestic violence.	Offenders and people at risk of Offending People with mental health problems Young People at Risk and Young People leaving care	Homeless Families with support needs Older people with support needs People with physical or sensory Disabilities People with learning disabilities Teenage parents

The following table shows the weekly unit costs of supporting people services in Tower Hamlets. Red figures indicate costs above regional and national averages, green figures costs below regional and national averages.

According to these regional and national averages therefore, the unit costs of services in Tower Hamlets according to client group is as follows:

Costs above average	Costs in line with average	Costs below average
Homeless families with support needs People with physical and sensory Disabilities People with HIV / AIDS People with learning disabilities People with mental health problems Teenage Parents Young people leaving care	Offenders and people at risk of Offending People with alcohol problems Refugees Women at risk of domestic violence Young people at risk	Frail Elderly Generic housing support Older people with support needs People with drug problems Rough sleepers Single Homeless

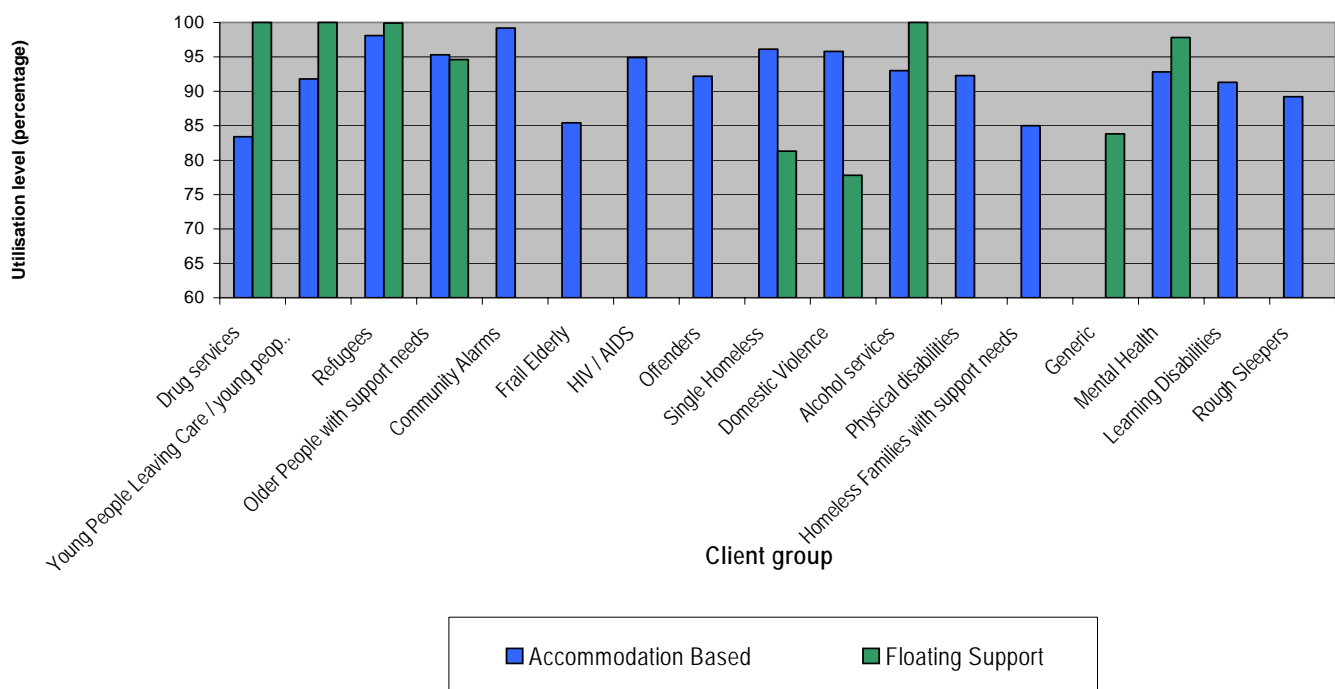
Detailed information on value for money for each client group is contained within the appendix.

The following table shows a profile of the providers in Tower Hamlets.

Provider organisation type	No. Providers	No. Services	No. Units	Funding (£000)
Charitable Organisation	17	34	817	4,651
Local Authority - Housing Dept	1	7	982	1,260
Local Authority - Social Services Dept	1	11	277	407
LSVT(RSL)	3	3	70	40
NHS Trust	0			
Other	0			
Private Company	0			
Private Individual	1	1	3	32
RSL	21	84	1,884	8,182
Voluntary Not for Profit Organisation	8	20	144	720
TOTAL	52	160	4,177	15,292

The following graph shows the utilisation rate of supporting people services by client group, divided between accommodation-based and floating support services.

Utilisation Levels of Supporting People Services by client group (04/03 - 04/04)



7.0 Needs analysis and strategic priorities by client group

7.1 Single homeless with support needs and rough sleepers

Services for single homeless people with support needs and rough sleepers have been considered together as many services have access for both groups. There are a limited number of schemes for CAT and clearing house referrals only, these schemes, specifically for rough sleepers are identified in the supply analysis.

Strategic Framework

The key strategic framework for single homeless people with support needs and rough sleepers is provided by:

- **London Borough of Tower Hamlets Homelessness Strategy 2003-2008**
- **Achieving Positive Outcomes on Homelessness (2003)**
- **Homelessness Act 2002**
- **More Than a Roof: A Report into Tackling Homelessness (2002)**
- **Coming in from the cold: The Government's strategy on rough sleeping (1999)**

LBTH Homelessness Strategy 2003-2008:

Supporting People is a key partner in delivering the Homelessness Strategy, five of the six aims of the Homelessness Strategy directly correlate to the focus of the Supporting People programme. The team will work closely through the work of the Homeless Partnership Board in meeting these objectives;

- Quantify need, targeting services and resources to meet need
- Identify and implement intervention initiatives for those most at risk of homelessness
- Maximise supply of affordable and appropriate housing
- Improve access to services, especially where this involves interagency routes
- Achieve improvements across all services and service providers
- Develop services for young people and BME communities

A key objective here is to build on existing relationships with the Homeless service to ensure a co-ordinated approach to homelessness and re-homelessness, ensuring Supporting People has a strong emphasis on preventative provision.

Achieving Positive Outcomes on Homelessness (Homelessness Directorate 2003)

This is an advice note for local authorities from the Homelessness Directorate which sets goals for 2003-2004. All local authorities are expected to meet the Government's targets to achieve:

- An end to the use of B&B Hotels for homeless families with children, except in emergencies, and even then for no longer than six weeks; and
- Levels of rough sleeping that are two-thirds below the levels recorded in 1998, or lower.

Local authorities were also asked to set targets around reducing levels of repeat homelessness, reducing the main causes of homelessness and reducing inappropriate use of temporary accommodation. Supporting People has a key role to play in all of these objectives.

The Homelessness Act 2002

The framework for statutory homelessness is provided by the Homelessness Act 2002. This gives stronger rights to homeless and potentially homeless households than the previous 1996 Housing Act. The 2002 Act brought in a number of measures relating to housing duty, advice and assistance, temporary accommodation, reviews and appeals, people fleeing violence and households with children. It also required local authorities to carry out a review of homelessness and homelessness services in their area and to publish a homelessness strategy as a result. Local authorities were also required to consider services and support for all people in need of housing, not only those for whom there is a statutory duty to house.

More Than a Roof: A Report into Tackling Homelessness (2002)

In March 2002 the Government published 'More than a Roof' which set out new approaches to tackling homelessness focussing as much on problems homeless people face – such as relationship breakdown, poor physical and mental health, debt - as on the places where they live. The Homelessness Act 2002 and consequent local homelessness strategies, as well as Supporting People are central to this approach. The report set falling numbers of rough sleepers in

the context of rising statutory homelessness, the problems faced by people living in temporary accommodation, and overall housing need.

The Government's Rough Sleeping Strategy 1999: Coming in from the cold

The Rough Sleepers Unit was set up by the Government in 1999, with the aim of reducing the number of rough sleepers in England by two-thirds by 2002. The RSU published a strategy in 1999, 'Coming in from the cold' which aimed to:

- Help rough sleepers to move off the streets, with the support of specialist teams of street workers
- Improve access to hostels for rough sleepers and the quality of support provided for them in hostels
- Provide help in preparing for resettlement into a permanent home and ensure rough sleepers were able to sustain their new tenancies
- Help rough sleepers to engage in meaningful occupation, training and employment.

Despite the fall in the numbers sleeping rough and some of the above being funded from outside of the Supporting People budget, all of these broad aims are shared with Supporting People and we work in partnership with others agencies to achieve these aims.

The Need for services

Estimated Population Rough Sleepers:

- Between January to March 2004, 19 rough sleepers were contacted on the streets in Tower Hamlets by outreach teams, 6 of whom were new contacts. This is comparable to 22 contacted in the same period in 2003, of whom 11 were new and 30, of whom 15 were new in July – September 2003 (Broadway Rough Sleeping Bulletins).
- The number of Rough Sleepers identified in Tower Hamlets from street counts, 19 for the first quarter of 2004, is relatively low in comparison to other inner London Boroughs (e.g. Hackney 29, Islington 48, Southwark 111, Camden 188, for the same quarter).
- This figure compares with the client record data that shows there were 620 new service users in Tower Hamlets schemes between April 2003 to March 2004, who were rough sleepers.
- The ethnic background of rough sleepers in the Borough does not reflect the local ethnic make-up – 75 per cent of rough sleepers contacted on the streets in 2003 were White British or White Other. 8 per cent were Black or Black British and only 3 per cent Asian or Asian British²⁵. However, anecdotal evidence from local agencies suggest that there are a number of young Bangladeshi men sleeping rough who do not seem to be picked up by counts or outreach teams. This may be because their patterns of rough sleeping are different to others and / or they are more reluctant to engage with services.
- Amongst rough sleepers contacted on the streets in Tower Hamlets in 2003, 44 per cent had an identified alcohol need, 42 had an identified drugs need and 36 per cent an identified mental health need²⁶. The actual proportion with these needs could be higher since for each group about a third of the rough sleepers needs were 'not known.'

Estimated Population single homeless:

The number of statutory homeless acceptances has roughly doubled since 1997/1998, reflecting London wide trends. 1308 single people or childless couples presented to the Homeless Service in the nine month period from 01.10.03 to 30.06.04. Of these;

- 393 were accepted as being in priority need.
- 196 were accepted as in priority need but following subsequent investigation the duty was ceased.
- 915 were not provided with housing due to being found not in statutory need - 765 were judged to be non-priority. All, however, would have been offered general advice and assistance.
- Client record data identifies 908 new service users who were single homeless between April 2003 to March 2004, 9 percent on whom were women.
- Amongst new single homeless service users the largest ethnic group was British (36%) followed by African (28%), Caribbean (11%), White Other (8%), Bangladeshi (5%) and Irish (4%).

Consultation with Stakeholders

A consultation event for all stakeholders was held in September 2004. A number of issues were identified:

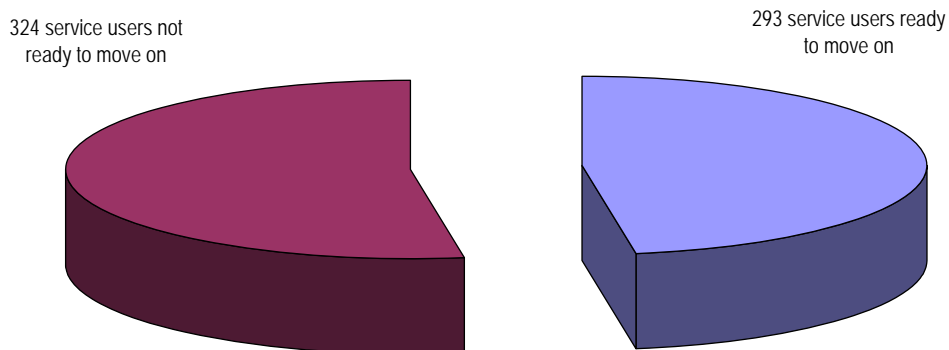
²⁵ Figures from Broadway, CHAIN (Combined Homelessness and Information Network)

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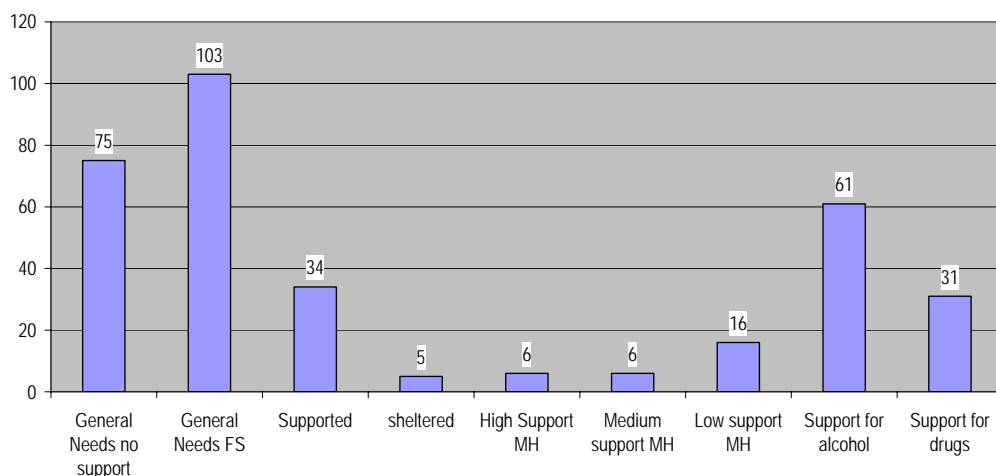
- While Tower Hamlets has an above average supply of services for single homeless people and rough sleepers, agencies indicate local people have severe difficulty in accessing these services. An experience echoed by local people with drug and alcohol needs and offenders.
- Few options exist for homeless couples, who would not be classified as in priority need by the statutory services.
- There can be problems in mixed sex hostels, especially amongst alcohol users where women with alcohol needs are often particularly vulnerable.
- From a harm-minimisation point of view, hostel environments can be very counter-productive for many service users. Often those who are 'ready to change' need a different/ drug free environment.
- Stronger links with prison services are essential to tackle single homelessness amongst offenders.
- Shared accommodation is not usually a popular option, although some communities may be more open to it than others as a way to move on.
- Some hostels have difficulties in providing support for a wide variety of service users many of who do not engage because they have high and complex needs, or very low needs.
- The difficulties in accessing appropriate move on accommodation is a consistent issue for both Providers and service users.

Provider Surveys: In a separate needs-analysis exercise, we asked service providers of short-term single homeless accommodation to quantify the move-on requirements and future support needs of their service users, by filling out a questionnaire. This has allowed us to gain some specific information on over 600 single homeless service users, about 50 per cent of the total client groups. Key findings are as follows:

Number of service users ready to move on from hostels and short-term supported accommodation, as proportion of total number, from questionnaires returned by providers (Jul 2004)

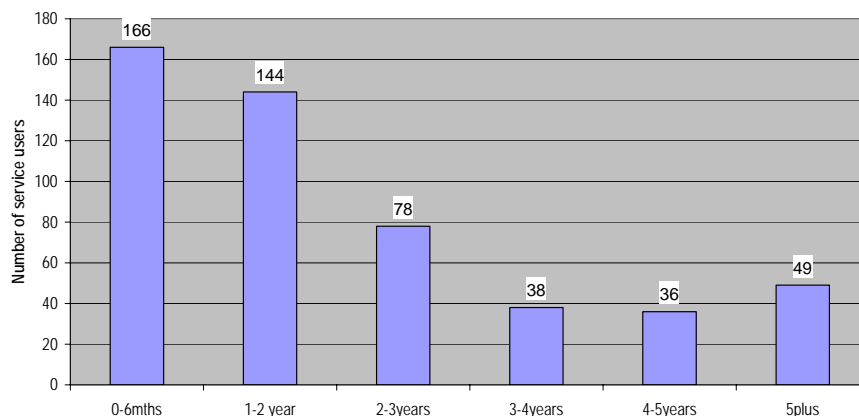


Number of service users in hostels and supported housing schemes requiring move-on accommodation - from provider questionnaires (Jul 2004)



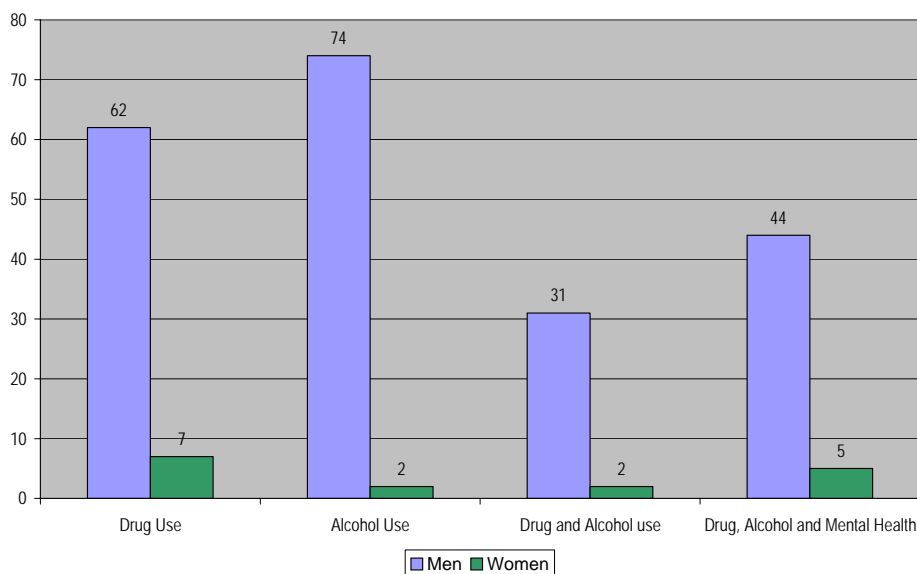
These responses indicate the high levels of demand for move on accommodation, especially for general needs accommodation either with or without support. Over one third of those requiring move on, however, require supported services for either mental health, drugs or alcohol.

Service user length of stay in hostels and supported housing - from provider questionnaires (Jul 2004)



The move-on accommodation problem is also illustrated by the length of stay in hostels and supported accommodation of some service users. Our responses indicated that approximately 40 per cent of service users had been in these services for longer than 2 years. The complexity of needs amongst single homeless services is illustrated by the following graph which indicates that approximately one third of 600 service users we have returns for have an additional need relating to mental health, drugs or alcohol.

Estimated number of service users with additional needs in hostels where providers have returned questionnaires - July 2004



Service user aspirations

Consultation with users of single homeless services has also identified a number of key issues:

- **A severe lack of move on accommodation**, especially for people with low support needs who are ready to begin living more independently
- **A lack of clarity and transparency over referral and move-on arrangements and quotas.** A perception amongst some service users that those with low support needs are 'fast tracked' into accommodation even though they may not be ready to manage a tenancy.
- **A need for services for single homeless people to be better co-ordinated and accessible from a single point.**

Current Supply

Accommodation based services

Service Type	No of Services	No of Units	Comment
Hostels	5	459	Single Homeless & Rough Sleepers - 3 hostels are pan London strategic hostels
Specialist hostels	2	231	Homeless Ex Servicemen (57) Seamen & Retired Seamen (174)
Supported Housing	3 4	10 96	Single homeless women
RSI move on flats	5	91	Former Rough Sleepers Clearing House only
Supported move -people with drug & alcohol needs	1	20	Former rough sleepers with substance misuse needs Referrals for people with CAT numbers
Supported move on	1	214	Single Homeless
Services in Development	1	109	Hopetown Womens Hostel. Ensuite bedrooms for single homeless women with support needs in cluster flats and 18 x studios . Completion 2005/6 Riverside House. 40 ensuite bedrooms for single homeless men with support needs in cluster flats and 20 x 1 bed flats . Completion 2005/6 These new hostels may also have to meet decant needs from other London hostels closures which are being refurbished as part of the ODPM capital programme for pan London strategic hostels Bartlett House - refurbishment to provide 18 x studios for men & women.
Total		1016	

Floating Support Services

Service Type	No of Services	No of Units	Comment
Rent Deposit Scheme	1	12	
Floating support	5	111	Single Homeless 1 service for Somali Elders (15) 1 service linked to a housing co-operative (12)

- Two of the hostels have staged accommodation - hostels, bed-sits and flats that offer more flexibility in meeting needs
- There are 186 bed-spaces for women – in 4 women only and 1 mixed schemes. One hostel also provides 2 bed-spaces for homeless women who are sex workers.
- There are 250 bed-spaces for rough sleepers of which 150 are in Booth House, which is a scheme for single men.
- Generic Floating support services also provide for this group. In particular Newlon floating support and London Borough of Tower Hamlets tenancy support service (224 units)
- The Total SP grant spend in 2004/2005 for single homeless and rough sleepers is £5,664,694, this constitutes 24% of the total Supporting People grant for single homeless services, and 10 % for rough sleepers services.
- Service reviews have raised a number of concerns with regard to quality, value for money and outcomes for service users.
 - There are wide differences in the quality of support provided across different services. This is often complicated by a difference in staffing levels and a disparity in costs.

- There have been significant concerns with regard to strategic relevance and eligibility for supporting people grant in this client group.
- In floating support services, a pattern of services exists, inherited by legacy funding arrangements, which does not ensure equality of access across the borough, or represent good value for money.
- The need for specialist workers in hostels to address the needs of service users who have complex needs.
- Value for money comparisons for accommodation based schemes indicate a disparity in costs. There are a number of services that appear at the low end of funding levels and a number clearly above the £25 per hour benchmark set locally. All will be investigated as part of the review process.

Comparisons with ODPM profiles

The ODPM supported housing supply profile suggests that Tower Hamlets has a very large over-provision of services for single homeless people, about 4 times the suggested upper limit for a Borough of comparable size.

However it is important to recognise the Borough's single homeless hostels also meet various cross authority and pan-London needs. This is clearly evidenced in the breakdown of client record data which shows some single homeless services recorded over 80 per cent of new clients as being from outside the Borough. This in turn has a direct impact on the need for follow up services and move on accommodation as individuals settle in the Borough.

The hostel provision in the Borough is also meeting a wide variety of multiple needs that have been classified primarily as single homeless. This figure also reflects the way providers have chosen to classify their provision. For example the provision at Latham House meets a wide variety of needs including refugees, young people, mental health and single homeless people but the provider has chosen single homeless as the primary client group because it is the only category which covers several different needs. The single homeless figures include people with drug, alcohol and mental health needs, people fleeing domestic violence, ex offenders, refugees, people with HIV/Aids, people with physical and learning disabilities and young people.

Reasons are also partly historic. A number of charities have a very long history of working with single homeless people in the East End. A number of seamen's hostels have been transformed into hostels for single homeless people, with one providing for active and retired seamen, including a significant number of retired Somali seamen.

Strategic Priorities – Single Homeless with support needs and rough sleepers

CHANGING NEED: REQUIRES RECONFIGURATION.

The provision of services for single homeless and rough sleepers requires considerable reconfiguration to ensure a pattern of services that is both equitable and accessible. Given the current high level of provision there is also likely to be a reduction in the number of services designated for this client group as part of the service review process.

The single homeless situation in Tower Hamlets is extremely complex. While there are few local rough sleepers, the location of pan London strategic hostels and associated services means a significant number of rough sleepers and single homeless people are coming into the Borough to access accommodation and support services. There are also high numbers of local single homeless people in statutory and non-statutory need.

Distinguishing local needs from cross authority or pan London needs is challenging and is complicated by the range of different referral and access routes and move-on arrangements in existence. Whilst we will seek to recognise and maintain existing cross authority arrangements it is vital that local people are also able to access resources located in the Borough.

Tower Hamlets has identified a number of inter-related strategic priorities for the single homeless and rough sleeper client groups over the course of its five-year strategy.

Reconfiguration of Services

We recognise there is a continued need for single homeless and rough sleeping services in the Borough. However there is some potential duplication and over provision in this area, and supply does not always fully match identified needs. Work is well under way in reviewing all existing supported accommodation for single homeless to ensure it is used appropriately and to best effect. We will work closely with our Partners both in the Statutory and Provider agencies to address unmet needs and re-configure services as appropriate. There are a number of key areas we have identified in developing these services:

- There is no current provision for couples with support needs. We plan to reconfigure existing services to ensure suitable supported housing options are in place.

- Access arrangements for floating support services for single homeless people will be widened to ensure accessibility to couples with support needs in general needs accommodation.
- Much work has been undertaken to increase the amount of women only provision in the Borough. We will seek to maintain the number of services specifically for women and will review further need on an ongoing basis.
- There is a need to reconfigure services to provide an accessible floating support service that can ensure quality, maximise capacity and provide good value for money. Research has indicated the greatest move on need is for general needs accommodation with or without support. Current floating support services need to be restructured to meet this need. The inherited pattern of floating support services is ad hoc provision and reconfiguration will be needed to ensure services are accessible, appropriate and address those most in need. Work is already well underway towards building a more effective pattern of floating support services that ensure open access across all tenures.
- Currently a number of services exclude offenders. We intend to consider the appropriateness of current exclusions, and collect further information on individuals denied access from hostels with the aim of increasing accessibility for offenders.
- A number of services provide shared accommodation that is less popular with service users. We will work with partners to assess the continued strategic relevance of these services, and will seek to decommission or reconfigure these as appropriate. Work is currently underway to reconfigure Bartlett House shared rooms to self-contained accommodation as part of this process. We will also seek to ensure that the accommodation standards of all existing services are of a decent standard.

Access and referral arrangements to Hostels and accommodation based services.

Current access arrangements are not satisfactory. We aim to ensure appropriate referrals are able to access services whilst at the same time recognising the complexities of balancing cross authority and local access. There are many benefits to having a single pathway into services, providing a single point of contact for individuals to find out what vacancies exist as well as co-ordinating assessment and access to ensure those in most appropriate need gain access to services.

We will explore the benefits and options for access arrangements to be channelled through a single point in Housing. One single point of access would then flow into improved referral arrangements. Advantages include:

- Simplicity for service users, referrers, and providers
- enabling a greater co-ordination of referral and move on across services within the Borough
- providing a more effective picture and means of collating need for services and ongoing priorities in the longer term.
- more equity and transparency
- ensuring wheelchair and adapted accommodation is used properly

This will not impact on the existing cross authority referral and access arrangements that Tower Hamlets will seek to retain. We will work to ensure this would be closely co-ordinated with improved move-on arrangements.

Equality of Access and availability of Services

We know that Bangladeshi and Somali communities are under represented in hostel and single homeless accommodation. While there have been some positive changes, in general there is a need to continue to address cultural factors to make single homeless services more accessible to the Bangladeshi and Somali communities. We will work with providers in seeking to make these services more accessible, setting clear standards, and encourage the recruitment of Bangladeshi and Somali support workers.

Move On

The issue of move on accommodation remains complex. Many services have an urgent need to move people on, so ensuring services are targeted at those most at need. There are also often-unrealistic expectations amongst service users about the availability of appropriate move on in a Borough where scarce resources are limited. The council is unlikely to be able to meet the move on needs of those in our hostels and single homeless accommodation, even when working with our partners. As such a range of creative options are required:

- We will seek to maximise the availability of move-on accommodation, by working in partnership with other agencies and service providers. This will include looking at how we link different stages of supported accommodation - staged down from high to low to general needs, cross referral within services – and will be closely linked with the priority for a single point of access and referral. We need to look at the role of existing

supporting people resources as well as ensuring new build is prioritised on both a sub-regional and pan London basis.

- We will also seek to target the CATHZO move-on quota to people who have been referred into short-term accommodation by local agencies. At present people securing move-on accommodation through CATHZO only need to have been resident in Tower Hamlets for six months. Since most people are in hostels for at least six months anyway, this effectively means that the places are allocated without particular concern for specifically local, longer-term needs.
- We will work with providers, service users and stakeholders to determine an effective approach to managing service user expectations. We will build on current homeless service initiatives such as the rent guarantee scheme that encourage service users to look at the full range of options available including private renting.

Effective Risk Management

Hostels and single homeless accommodation are in the main short term, with a high turnover of individuals. Working with high numbers of people many of whom have complex needs, hostels are generally considered to present a higher risk. We will be working with Providers and stakeholders to introduce more targeted performance monitoring and quality standards aimed at minimising and monitoring risk on a consistent basis.

Addressing the needs of drug and alcohol users within the single homeless services

Research has indicated there are significant levels of drug and alcohol use in single homeless and hostel provision, coupled sometimes with unaddressed mental health issues. Managing the balance of reducing evictions and abandonment's amongst this group whilst ensuring a safe and supportive environment for other residents is a priority. Our aim is to improve access to people with substance misuse needs, reduce abandonments and evictions and improve the levels of engagement with service users. We will work with Providers and stakeholders to increase the numbers of specialist workers and provision in hostels to work with individuals with drug, alcohol, and mental health needs.

7.2 People with Drug and Alcohol needs

Services for people with drugs and alcohol misuse issues have been grouped together. There are a number of services that work with both client groups and there are a number of issues that are prevalent to both groups. It is recognised that many individuals often have complex needs that do not fit easily into one category or another.

Strategic Framework

The key strategic framework for people who have drug and or alcohol-related needs, of which Supporting People plays an integral role, is supplied by;

- **The Tower Hamlets Crime and Disorder Reduction Strategy.**
- **The Local DAT Plan 2004-2005.**
- **Tower Hamlets Alcohol Strategy.**

At a national level the strategic framework is set by the:

- **National Drugs Strategy (2002)**
- **Alcohol Harm Reduction Strategy for England (2004)**

The Tower Hamlets Crime & Disorder Reduction Strategy identifies the top three crime and disorder concerns of TH residents as being; drug-related crime, street crime and anti-social behaviour. Its key priorities are:

- Tackling Drugs and Alcohol misuse, especially focussing on treatment and prevention for under 25s
- Making Communities Safer
- Reducing re-offending in adults released from prisons and young offenders released back into the community through providing accredited programmes and access to housing, education, training and support to prevent re-offending.

The DAT Adult Drug Treatment Plan 2004/5 identifies a number of key priorities:

- increasing the number of clients in treatment and those completing treatment plans
- additional funds for residential rehabilitation placements for drug users with complex needs
- Provision of aftercare in the Borough, including an abstinence based day programme and services for people leaving custody
- Increase provision for under-served groups throughout the Borough including women, homeless and rough sleepers, carers, refugees and asylum seekers and men and women who are sexually exploited

The provision of appropriate shared accommodation is seen as key to individuals completing treatment plans. With the increase of funding for residential rehabilitation, the need for second stage-supported accommodation in the Borough is vital. The DAT's fourth priority is particularly relevant to Supporting People, and increased joint working is intended to produce effective and co-ordinated packages of support.

The Supporting People Team will continue to work in partnership with the DAT in developing effective referral arrangements between housing support and drug treatment.

The Tower Hamlets Alcohol Strategy

The Tower Hamlets Alcohol Strategy and Supporting People Programme have a number of shared priorities.

The overall aims of the strategy are:

- reduce the level of alcohol induced ill health
- reduce the number of alcohol related injuries
- reduce the rate of alcohol related crime
- reduce the number of alcohol related road accidents
- reduce economic loss in the workplace due to alcohol misuse

The Strategy aims to achieve this by:

- Responding to changes in local assessed need
- Harm minimisation
- Co-ordinating service provision within the Borough
- Increasing community based treatment and care alternatives
- Integrating health and social services teams
- Developing shared care services with primary care.

As key to its success the Strategy identifies the importance of developing ways of addressing the housing needs of people who have been through detoxification and rehabilitation, particularly those who are homeless, to help prevent their relapse.”²⁷ It also highlights the importance of preventing Homelessness through developing services which support those with alcohol problems to maintain their tenancies, not to become homeless”²⁸ The Supporting People Programme is a key partner in many of these shared objectives.

Needs Analysis

Estimated Population Drugs:

- Tower Hamlets has a population of over 200 chaotic drug users with dual diagnosis in treatment at any one time²⁹.
- Estimates suggest that the treatment population is currently in excess of 1,000 service users. At any one time, approximately 500 people are receiving structured treatment³⁰.
- Heroin is the main drug of choice of people presenting to drug services in the Borough. Crack cocaine use has also increased and is now routinely reported as a second drug of choice by service users.
- Bangladeshi women present to drug services in disproportionately small numbers – their engagement with drug services is generally as a result of social services intervention.³¹
- The number of treatment plans commissioned by the DAT is set to steadily increase from: 707 in 2002, 848 in 2003, 9888 in 2004 and 1107 in 2005³²
- Male Bangladeshis using heroin now account for at least 50% of the treatment population in Tower Hamlets. The majority of these are under the age of 26 and can be described as having non-complex needs.³³
- In general, there is a wide amount of research to support the prevalence of drug use amongst the rough sleeping population. National estimates suggest about 70% of homeless people misuse drugs³⁴

Estimated Population Alcohol:

- Tower hamlets has a higher than London average of people with alcohol dependency, 5.4% against an inner London average of 4.8%.
- General research suggests high levels of alcohol use amongst the rough sleeping and single homeless population. National estimates suggest about 50% of homeless people are dependent on alcohol.³⁵ About a third of rough sleepers are estimated to have multiple needs, where a mental health problem is combined with a drug or alcohol problem³⁶.

Consultation with Stakeholders and Service Users

Consultation with various stakeholders has identified the following issues;

- Local agencies and providers identify an unmet need amongst women. Fewer women than men are using substance misuse services, with the ratio at about 1 to 2.
- The situation may be particularly acute for young Bangladeshi women, who are less likely to present to services in the first place. Several reasons were suggested including the large number of Bangladeshi men using services, and fears that they will be identified as drug users within their communities. The DAT is developing a women only service to respond to this.
- Access difficulties for both local and cross authority service users is a key issue.
- Providers also note that women with alcohol needs are very vulnerable in hostels and there can be problems in mixed sex hostels. In general women using drug and alcohol services need to feel safe and protected.
- ‘Drug-free’ accommodation can be very helpful. Providers find relapse levels are lower in drug free environments. Service users who are ‘ready to change’ need to have suitable accommodation in which to rebuild their lives. It is also vital to give people a choice to stay free of drugs in an environment they value.
- From a harm-minimisation point of view, many of the local hostels are thought to be counter-productive environments. Service users and providers report high levels of drug and alcohol use within hostels. This is also

²⁷ Tower Hamlets Alcohol Strategy page 29

²⁸ Tower Hamlets Alcohol Strategy page 34

²⁹ Tower Hamlets Drug Action Team, Adult Drug Treatment Plan 2004 / 05 Strategic Summary, p2

³⁰ Tower Hamlets Drug Action Team Adult Drug Treatment Plan 2004 / 05 Strategic Summary, p2

³¹ from Drug Action Team Adult Drug Treatment Plan 2004/5

³² Treatment plans commissioned by the DAT

³³ Drug Action Team Adult Drug Treatment Plan 2004/5

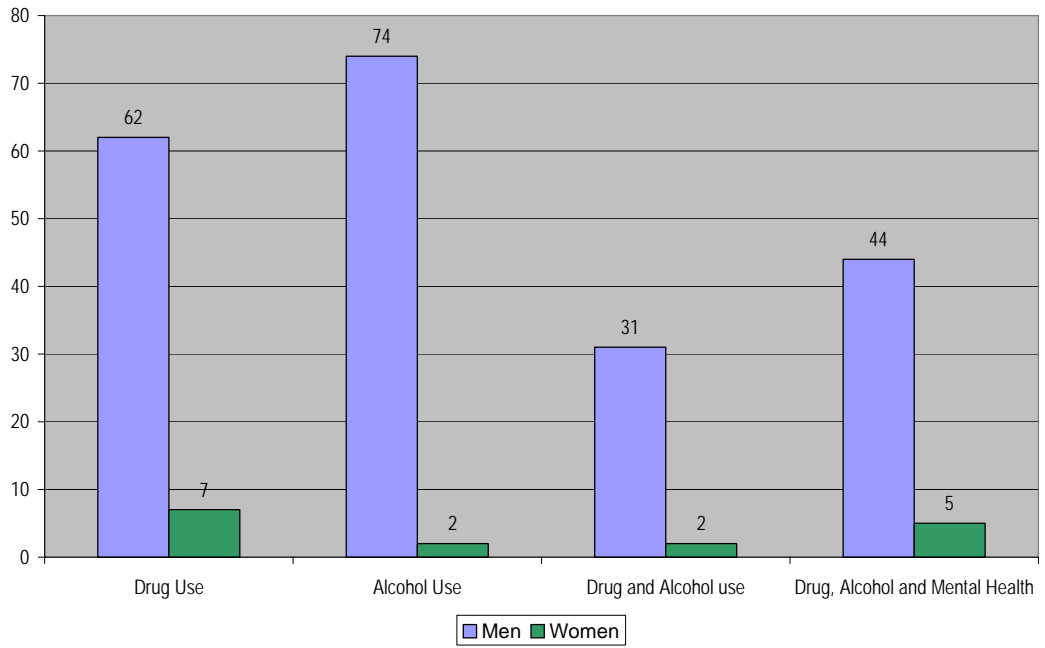
³⁴ Home and Dry? Homelessness and Substance Use, Crisis 2002

³⁵ Assessing the health needs of Rough Sleepers, ODPM Homelessness Directorate 2002

³⁶ Alcohol Concern 2000

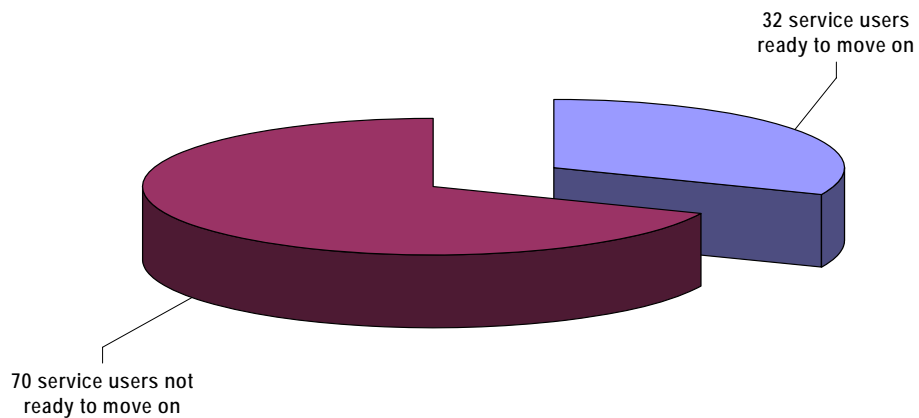
shown by our survey of providers which shows high levels of drug and alcohol needs in single homeless services, as the following graph shows:

Estimated number of service users with additional needs in hostels where providers have returned questionnaires - July 2004

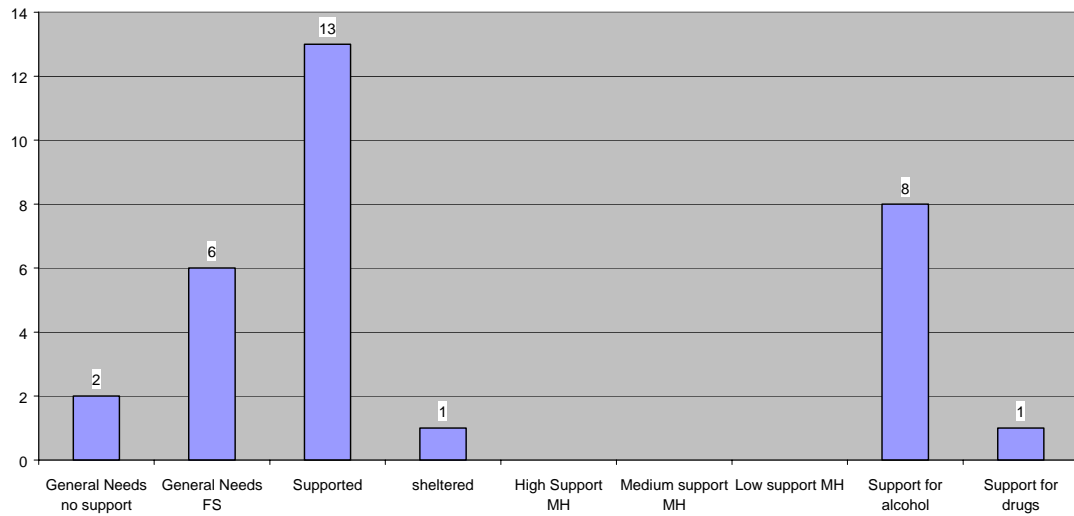


Provider Surveys: In a separate needs-analysis exercise in July 2004, we asked service providers of alcohol services to quantify the move-on requirements and future support needs of their service users, by filling out a questionnaire. This has allowed us to gain some specific information on over 100 service users. Key findings are as follows:

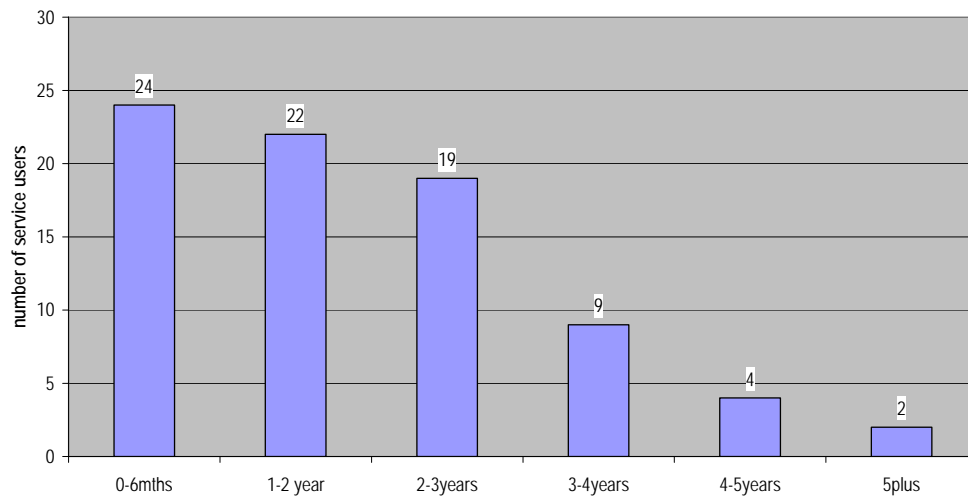
Alcohol services - number of service users ready to move on as a proportion of total - from provider questionnaires



Number of service users in alcohol services requiring move on - from provider questionnaires - July 2004



Service user length of stay in alcohol services - from provider questionnaires (Jul 2004)



These responses show that there is a need for more move-on accommodation from alcohol services into both general needs and further supported accommodation, although the situation is not as acute as in single homeless services – both in terms of the proportion of service users requiring move-on and in volume of numbers.

Current Supply

Service Type	No of Services	No of Units	Comment
Hostel for homeless people with high alcohol support needs	1	35	Pan London strategic hostel Open to men and women with Alcohol needs.
Hostel for homeless people with substance misuse needs	1	35	Pan London strategic service Eligibility criteria includes rough sleepers 10 hostel bedspaces 15 self contained supported flats Drug & Alcohol
Supported housing post drug & alcohol rehab	1	13	Only accessible to male service users who have been through Charis rehab programme Drug & Alcohol
Supported housing post alcohol rehab	3	19	15 units are for men only Alcohol
Floating support	1	25	Drug & Alcohol
Floating support	1	12	Drug
Schemes in development	1		Commercial St/ Caplin Hse-Currently being re configured. Converting from 2nd stage accommodation for alcohol misuse to drug misuse. Shared accommodation is being converted to self-contained studios with office and communal space. The new service will be a mixed unit.
	1		Urban Village
Total	8	139	

Further Supply Points

- One hostel for single homeless people provides an additional specialist 14 bedspaces for people who have drug and alcohol support needs. It also provides two bedspaces for women who have worked in the sex industry and are likely to have been using drugs.
- There is one rehabilitation centre for drugs and alcohol in the borough, which is a registered care home.
- A significant number of single homeless individuals have drug and alcohol related needs and are supported in the single homeless projects.
- Drug and alcohol use is also an issue amongst other supported housing schemes particularly mental health, young people and offender schemes.
- Floating support schemes for rough sleepers, single homeless people and generic services also support people with drug and alcohol related needs.
- The Total SP grant spend in 2004/2005 for drugs and alcohol is £770,786 this constitutes 6% of the total Supporting People grant.
- Drug and alcohol services are being reviewed in 2004-2005. Of the services reviewed to date a number of issues have been identified;
 - There is an over provision of second stage accommodation for people with alcohol needs and an under provision of second stage accommodation for people with drug related needs.
 - We have increased funding for one scheme.
- Value for money comparisons for accommodation based schemes indicate there is a disparity in the cost per hour and unit costs for provision that will be investigated further as part of the service review process. See appendix for further information.

Comparisons with ODPM profiles

Provision of drug and alcohol services in Tower Hamlets are above ODPM profiles. However this does not give rise for concern as services are fully utilised and there is a high demand that cannot currently be met. There is also significant provision to meet pan-London needs.

Strategic Priorities – People with drug and alcohol needs

CHANGING NEED and GROWING NEED: REQUIRES RECONFIGURATION and ADDITIONAL UNITS.

The complexity of individuals with dependency problems mean they often have a variety of needs that do not fit easily into any one group. There is significant need for drug and alcohol services amongst other client groups including; mental health; single homeless and rough sleepers; ex-offenders and women fleeing domestic violence. Commentary in each section will address this individually.

There is a recognised unmet need and growing need as well as services that requires a degree of reconfiguration. Identified requirements are:

Second stage accommodation: Drug issues.

There is a significant demand for second stage accommodation for individuals returning to the Borough from drug rehabilitation which is likely to increase with the number of rehabilitation places being funded. Demand cannot be met due to a lack of appropriate services. Work has already begun on reconfiguring an existing alcohol service to meet the requirement for second stage accommodation for this group. It is possible that reconfiguration alone will not meet the need in the future and additional units may be required.

There is limited access to high supported accommodation for individuals with alcohol misuse issues in the Borough. Supporting People services currently prioritise CAT referrals / cross authority access. However there is a recognised local need, as well as a need amongst hostel dwellers that do not have CAT numbers.

Floating Support

Analysis of need indicates there are large numbers of individuals who may require a drug / alcohol specific floating support services. Figures indicate that only about 20 per cent of drug treatment places will be in-patient or residential, suggesting that the vast majority of individuals may benefit from floating support services. The figures do not take into account those who are not in any kind of treatment – suggesting an even larger population of people who may be struggling to maintain their tenancies or are at risk of homelessness.

Floating support services have a valuable role in referring people on to drugs services, promoting harm-minimisation or acting as specialist service themselves. There are limited numbers of specialist floating support services for individuals with drug and alcohol misuse issues. Reconfiguration and expansion of existing services will seek to meet this need as well as ensuring generic floating support services have the skills and expertise to address these issues amongst people living in general needs accommodation who have drug or alcohol related support needs and whose tenancies may be at risk. Reconfiguration and expansion will ensure accessibility to appropriate provision for women and BME communities.

Older People with drug and alcohol issues

There is a recognised unmet need amongst the elderly population who have substance misuse issues. These needs will be met by the re-provision of an existing sheltered scheme due to open 2006-2007. This will give access to both local people in need and will also meet the long-term requirements of an elderly hostel population.

Effective Risk Management

Services for people many of whom have complex needs are generally considered to present a higher risk. We will be working with providers and stakeholders to introduce more targeted performance monitoring and quality standards aimed at minimising and monitoring risk on a consistent basis.

Addressing the needs of drug and alcohol users within the single homeless services

Research has indicated there are significant levels of drug and alcohol use in single homeless and hostel provision, coupled sometimes with unaddressed mental health issues. Managing the balance of reducing evictions and abandonment's amongst this group whilst ensuring a safe and supportive environment for other residents is a priority. Our aim is to improve access to people with substance misuse needs, reduce abandonments and evictions and improve the levels of engagement with service users. We will work with Providers and stakeholders to increase the numbers of specialist workers and provision in hostels to work with individuals with drug, alcohol, and mental health needs.

7.3 Older people, frail elders and older people with mental health problems or dementia

Strategic Framework

The Strategic framework in Tower Hamlets is provided by,

- Ageing Well in Tower Hamlets – A Commissioning Strategy for Elders & Their Carers 2004/2007
- The National Service Framework for Older people
- Supporting People is working with Tower Hamlets Social Services and Primary Care Trust in developing a joint Commissioning Strategy for Older people.

Ageing Well in Tower Hamlets – A Commissioning Strategy for Elders & Their Carers 2004/2007. The key objectives of the Strategy are:

- To develop effective quality assurance systems
- To extend choice and access to services for older people and their carers.
- To promote the health and well being of older people and their carers.
- To provide services that maximise and sustain independence.
- To establish effective commissioning relationships across health and social care, and the voluntary and independent sectors.
- To provide services that are sensitive and responsive to the needs of ethnic minority elders and their carers.

The Strategy has clear targets that are shared with Supporting People;

- To develop a range of integrated services, with partner agencies, for older people with dementia and functional mental health needs;
- To extend the scope of home care to incorporate the provision of a more specialised service that contributes to older people fulfilling their rehabilitative potential and the provision of intermediate care;
- To ensure that the entire range of service provision is appropriate to the diverse community of Tower Hamlets;
- To build more effective partnerships with providers;

Older People's National Service Framework (NSF) (2001)

The National Service Framework places an emphasis on sustaining the independence of older people and enabling more older people each year to be cared for at home, preventing unnecessary hospital admissions. The NSF also elevates the place of older people with mental health problems and their families within the commissioning agenda. The need for fairer access to an improved range of services for people with conditions such as Alzheimer's is clearly stated. There is also an emphasis on keeping older people healthy, especially in terms of investing in services that promote health and reduce falls in the home.

The changes called for by the NSF are underpinned by 8 national standards most of which are directly linked to the aims of Supporting People, including:

- Rooting out discrimination – ensuring that older people are not discriminated against because of their age when accessing services
- Person centred care – ensuring individuals receive appropriate care, regardless of existing service boundaries
- Intermediate care – integrated services which promote faster recovery from illness, prevent unnecessary hospital admissions, support timely discharge and maximise independent living.
- Falls – older people receive advice on falls prevention
- Mental health – older people have access to integrated services to ensure treatment and support
- Active healthy lifestyle – services developed to help people remain healthy, active and independent.

The NSF also contains a specific requirement for health, social services and housing to establish joint commissioning arrangements for older people's services, and to ensure an integrated approach to service provision.

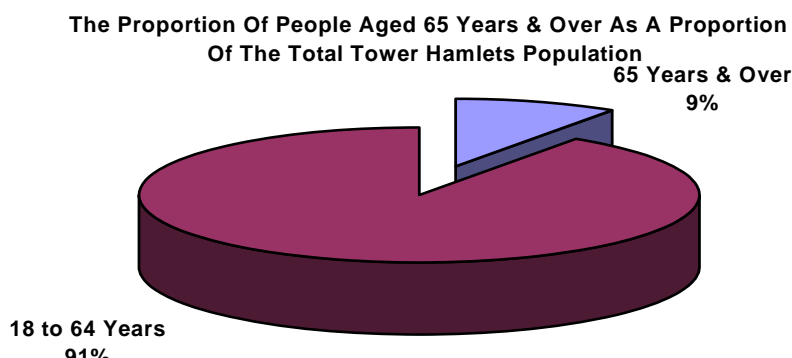
The Need for Services

Estimated Population

- The Total Number of people aged 65 years and over resident in Tower Hamlets at the time of the 2001 Census was 18,359;

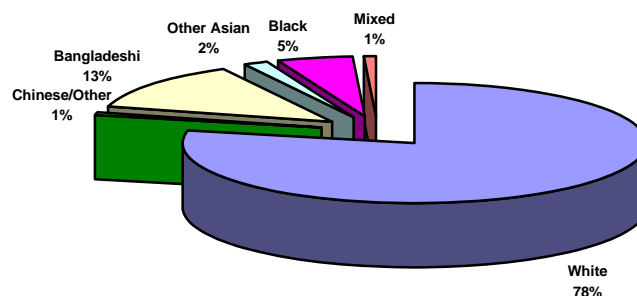
AGE RANGE	TOTAL	MALES	FEMALES
55 – 59	5899	2792	3107
60 – 64	6362	3266	3096
65 – 69	5466	2845	2621
70 – 74	5107	2550	2557
75 – 79	3889	1622	2267
80 – 84	2253	996	1257
85 – 89	1158	349	809
90 and over	486	120	366
Totals	196106	98178	97928

- Tower Hamlets has an unusually young population. Only 9% of residents are over 65 years of age. While this indicates that the number of potential older service users may be lower than in boroughs of a similar size their number is predicted to grow as younger adults age and more people move into the extremes of old age.

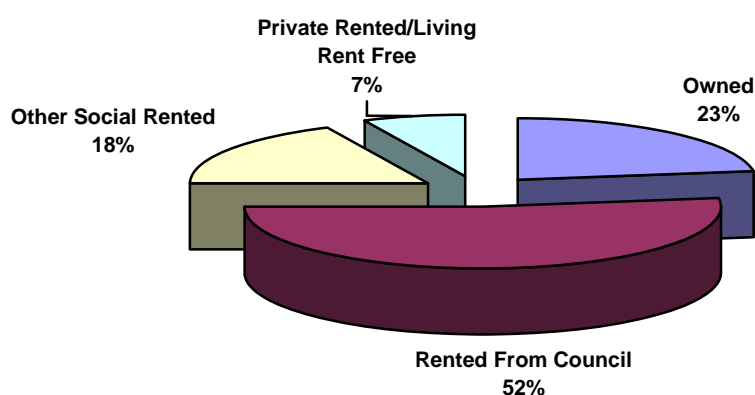


- The Borough's minority ethnic community is set to expand over the next fifteen to twenty years and the white population will decrease. LRC projections suggest that by 2011, nearly a third of the local population will be Bangladeshi, while the white community will have decreased by around 5%. This compares to 2001 where only 13% of the older population was Bangladeshi compared to 78% white population.

Proportions Of People Ages 65 Years & Over In Tower Hamlets - Ethnic Group



- 2001 Census figures indicate that 70% of people over 65 in the Borough are living in Council or some other form of social housing.



- A significant number of older people in Tower Hamlets are living alone.

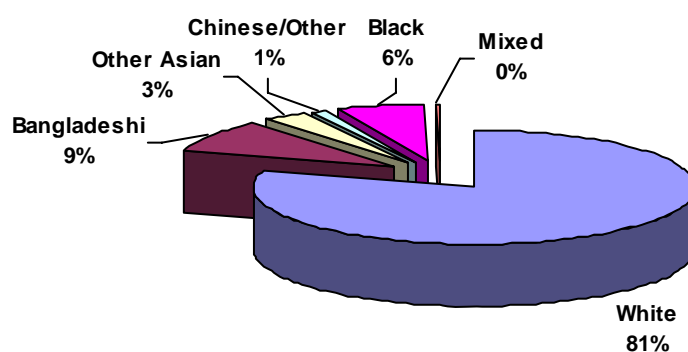
65-74	3722
75-84	3104
85 over	998
- The general health of older people in Tower Hamlets is below the national average. Those categorised as being in good health 28% compared to 35% in England and Wales. Those not in good health is 31% compared to 24% in England and Wales.
- Tower Hamlets is one of 10 London Boroughs where males had life expectancy at least a year lower than the national average, at 72.7 years. For females, only 4 London Boroughs had a life expectancy that was at least a year shorter than England: Tower Hamlets is one of those Boroughs.³⁷
- Health for London and work carried in Tower Hamlets³⁸ show a clear link between ethnicity and ill health. With the exception of the Chinese population, older people from ethnic groups appear to suffer more long-term chronic illnesses than the majority of the population.
- 27% of people over 85 had high scores on the GHQ (indicative of mental health problems). Depression or depressive symptoms is common among older people and it has a significant impact on their sense of well being and quality of life. Social Services currently have 650 Service Users with mental health problems.

³⁷ London Health Commission (2004), *Health In London: Review of the London Health Strategy*,

³⁸ Policy and Planning Section LBTH (2003), *op cit*.

- The Medical Research Council's study in England and Wales (MRC 1998) estimated that 550,000 individuals may be suffering from dementia of mild or greater severity. Social Services currently have 486 Service Users with dementia. Approximately, 1,500 people in Tower Hamlets live with dementia. The incidence of dementia is predicated to rise by 150% over the next 50 years.³⁹
- Approximately, 3735 older men and 5392 older women in Tower Hamlets have a long term limiting illness. This represents 50% of the elderly population. Current estimates indicate that 6781 older people have locomotive disability and 3956 have a disability, which affects their personal care.
- Social Services received 2,791 referrals of older people in the course of 2003/04 - they were the Directorate's largest care group. Most concerned people aged 75 – 84 years. The fewest number of referrals were generated on behalf of people aged 84 years and over.
- The largest ethnic group to use Social Services are 'White' and the smallest group is 'Mixed'. Only (9%) of referrals come from Bangladeshi elders. This may not reflect their true level of need as it is known many are supported by community based services or are reliant on informal carers and do not present themselves for services.

Ethnicity Of All Service Users Aged 65 Years and Over As At 31st March 2004.



Consultation with Stakeholders:

- Local agencies and providers have indicated a floating support service will address unmet need amongst older people in general needs accommodation. Floating support is seen as vital to support people living with a mental health issue or dementia, in their own homes.
- Many Providers report difficulties with filling voids in existing sheltered schemes.

Consultation with Service Users

A number of issues have been raised by service users during service reviews;

- Security is a high concern. A number of services have experienced break-ins, while others have a high fear of potential crime.
- Support plans are very new, with many service users not having a plan at all.

Service user focus groups held by Social Services in preparation for the Social Services Commissioning Strategy identified a number of concerns prevalent to Supporting People schemes:

- The need for a safe environment.
- The need for appropriate housing allowing them to be as independent as possible.
- Difficulties with the Lack of adaptations and equipment in the home and in public places.
- Problems in obtaining services delivered in the first languages of service users from minority ethnic groups.

³⁹ Tower Hamlets Social Services Commissioning Strategy for Elders.

- Difficulties with the standards to which some care providers deliver the services.
- Difficulty in obtaining practical help around the home e.g. gardening and household repairs.
- The need for support with regard to benefits.
- The need for better-trained and more experienced staff, especially those supplied by agencies.
- The need for up to date information on services;

Current Supply

Service Type	No of Services	No of Units	Comment
Frail elderly schemes	4	159	Self contained wheelchair units with communal area. 1 specifically for Asian elders 3 units to support hospital discharge (Duncan court)
Sheltered housing	34	838	2 sheltered housing schemes for Asian elders 43 units 1 sheltered housing scheme for Somali elders 16 units
Elderly persons dwellings with alarms	8	238	
Floating Support	2	12	8 units are for Somali elders
Services in development	1	16	Pollards Road for Somali elders
	1	32	John Lawder House

- The Total SP grant spend in 2004/2005 for older people is £887,775, this constitutes 6% of the total Supporting People grant.
- The majority of provision is for older people in sheltered schemes, with 34 schemes providing 838 units, and 8 alarm services providing a further 238 units.
- There are minimal floating support services in Tower Hamlets, with 2 tenure specific services providing 12 units.
- Tower Hamlets currently provides a total of 109 culturally specific units for older people, with a further 16 in development.
- Older people will also be represented in other client groups including generic support services.
- Services for Older people are under review at the time of writing the strategy. The completion date is mid 2005. To date a number of conclusions can be reached from service reviews:
 - Supporting People is resulting in a significant cultural shift in the provision of sheltered accommodation. In general we have found that support planning and needs assessment are new concepts still in early development. As such there is a need for further training and support for Providers in meeting this challenge.
 - There is significant disparity in the level and type of support provided in sheltered schemes
 - Many services do not have a robust eligibility criteria ensuring places are allocated according to support needs.
 - Most services have open nomination rights with a percentage via choice based lettings and a percentage through individual waiting lists.
 - Services have taken differing approaches to determining the percentage of warden time and costs eligible for supporting people grant, this has resulted in a wide variety of support costs and allocated support times.
 - There are a wide variety of accommodation standards.
- Value for money comparisons indicate no significant concerns with regard to frail elderly schemes where staff per hour and unit costs are all directly comparable. There is a disparity in cost per hour and staffing levels that will be investigated further as part of a best value review of sheltered provision. See appendix for further details.

Comparisons with ODPM profiles

The ODPM profiles show an apparent under provision of local services for older people. Local demand and local demography, however, reveals a different picture and in some sheltered housing schemes voids are not quickly filled. A growing trend has been for older people to choose to remain in their own homes and the Telehelp alarm service gives older people extra security in their own homes, especially if they live alone.

Whilst there is some provision for Bangladeshi and Somali elders this may be an area where more growth is needed as the population grows older.

Strategic Priorities - Older people, frail elders and older people with mental health problems or dementia.

CHANGING NEED FOR SHELTERED PROVISION; GROWING NEED FOR FRAIL ELDERLY AND FLOATING SUPPORT SERVICES: REQUIRES RECONFIGURATION.

Supporting people is working in partnership with Social Services and Tower Hamlets PCT to ensure a range of services is available to older people to support them in retaining their independence and avoiding more institutionalised forms of care where appropriate. Whilst there is significant provision for older people with support needs the majority of services are provided in standard sheltered accommodation and there is limited floating support provision. There are currently no specific Supporting People services for older people with mental health problems/ dementia and limited units of frail elderly provision.

We will work with our partners in undertaking a strategic review of all existing services directed at increasing capacity for floating support services for older people, increasing the number of frail elderly units and determining the future pattern of sheltered housing in the Borough. In achieving this objective there will be a need for both reconfiguration and additional units or expansion of existing services. A further concern is that there are appropriate access arrangements across all client groups, especially ensuring that older people are not discriminated against or excluded because of age without consideration of actual need.

Sheltered Housing

ODPM guidance states that a Supporting People review alone should not determine the withdrawal of funding from sheltered provision. It is therefore proposed that a best value review of sheltered provision will be undertaken to run alongside service reviews. We will work in partnership with providers and service users to determine the future pattern of services in the Borough. The review will consider a number of factors including;

- Location.
- Accommodation standards, and environment.
- Type and level of support provided.
- Current and future support needs of tenants.
- Ability to support those with complex needs, including dementia and mental health issues.
- Utilisation and demand of the service.
- How services fit within a continuum of support and care services.
- How the service supports the prevention agenda with regard to hospital admission and admission to frail elderly schemes and registered care.
- Service user requirement and experience.
- Cost and value for money
- BME issues and the need for language services.

We are committed to identifying the future role of sheltered housing, focusing on the types and numbers of services older people will need in the future. We will seek to determine how current supply can meet these needs and how can we work with providers to encourage innovation and change where appropriate and decommission services that are no longer popular or viewed as strategically relevant.

Housing have developed new criteria for sheltered assessment and intend to develop this into the SAP specialist assessment, a "whole housing" assessment of the need and appropriate triggers for extra-continuing care, sheltered housing, floating support or other interventions such as adaptations or health or social services which help people stay independent in their homes. This will be tested with the Older People's Reference Group, demonstrating our commitment to designing services with service users and piloted by the SAP co-ordinator who will train council and RSL sheltered wardens/housing officers, lettings client support team and local office staff with EPD accommodation in their area.

A ballot is due to take place in the near future, which if successful will see the Council's sheltered residents to transfer to BGVP. This would see much needed investment in this key component of the borough's stock, helping to provide a modern effective resource, which will be shaped by a supporting people review of the borough's total sheltered stock.

Frail Elderly and People with Dementia

The predicted future trend is that older people will favour frail elderly schemes as an alternative to more institutional forms of care. Tower Hamlets has made good progress in developing frail elderly schemes. Currently there are a total of 159 units. However these schemes are now at full capacity and the slow turnover together with an increasingly frail population indicates the need for further units. There is an urgent need to develop frail elderly units for people with

dementia, for whom there is currently no provision, ensuring options are available for those who do not wish to use registered care. We will seek to increase the number of frail elderly units available as part of the strategic review of sheltered housing, with our preferred option being the reconfiguration of existing services where appropriate.

Floating Support Services

In support of the Commissioning Strategy for Older People we will work to extend the opportunities for choice and access to older people and ensure individuals have the ability to remain in their own homes. There is a clearly identified need for increasing the capacity of floating support services. A more equitable provision will also need to ensure older people have access to floating support to enable them to maintain independence in their own accommodation irrespective of tenure. Provision of floating support will be considered as part of the best value review of sheltered housing and existing floating support services. It is likely that some reconfiguration together with additional funding will be required.

People with Dementia/ mental Health issues

As there are currently no services for this group a specialist floating support service will be piloted.

Older people with drug and alcohol issues

There is a recognised unmet need amongst the elderly population who have substance misuse issues. These needs will be met by the re-provision of an existing sheltered scheme due to open in 2006-2007. This will give access to both local people in need and will also meet the long-term requirements of an elderly hostel population.

7.4 People with Mental Health needs

Strategic Framework

The strategic framework for mental health services is provided by;

- The National Service Framework for People with Mental Health issues.
- London Borough of Tower Hamlets Mental Health Commissioning Strategy
- Tower Hamlets Adult Mental Health Strategy
- Tower Hamlets Partnership Board for People with Mental Health Issues.

Draft Strategy for Mental Health:

The Strategy sets out its key aim to reduce the number of beds in hospital mental health units, with the emphasis on allowing people to stay in their own homes and reducing the need for hospital admissions. This will necessitate the availability of increased supported housing options.

Principals;

- Respect is fundamental.
- Services should be high quality.
- Service users often need more than medical treatment for mental illness. Services should be aware of social needs, physical health problems and other needs expressed by users, and assist users to address those needs.
- Specialist mental health services need to have good links with primary care, support groups, community organisations, advice agencies, housing providers, colleges and employers.
- Mental health services should be delivered with the least disruption possible to users' lives.
- Services must be responsive to the needs of the diverse population of Tower Hamlets. Interpretation services are a basic requirement to creating a culturally capable workforce.
- Both service users and professionals need comprehensive and clear information about the range of local services.

London Borough of Tower Hamlets Mental Health Commissioning Strategy

- Promote greater independence of those with mental health needs
- Reduce social isolation and promote social inclusion of people with mental ill health in the community
- Develop a more strategic approach to commissioning, service planning and development based on evidence of local needs
- Promote meaningful life activity for those with mental ill health
- Tackle housing needs of those with mental health needs
- Work in partnership with all those who have a stake in mental health issues

The National Service Framework

The NSF sets a series of national standards for mental health. These standards aim to:

- Promote mental health for all, working with individuals and communities
- Deliver high quality primary mental health care
- Ensure that anyone with a mental health problem can contact local services via the primary care team, a help line or and A & E department
- Ensure that individuals with severe and enduring mental illness have a care plan which meets their specific needs, including access to services around the clock
- Provide safe hospital accommodation for individuals who need it
- Enable individuals caring for someone with severe mental illness to receive the support which they need to continue to care
- Prevent suicide by getting local health and social care communities working together

The Need for Services

Tower Hamlets Primary Care Trust identifies the background to the mental health need in the Borough as follows:

"Tower Hamlets has many of the main determinants or risk factors of poor mental health. At a community level these have been identified as: high rates of unemployment, ethnically diverse population, high levels of crime, high admission rates to acute mental health services, over stretched statutory services especially primary and acute health services,

high rates of accidents in the home and the workplace, high population density and poor housing conditions. Similarly Tower Hamlets has many of the main determinants or risk factors at an individual level: poor physical health especially chronic diseases, caring for a family member with a chronic disease, low birth weight, inadequate nutrition, large family size, teenage pregnancy, being a single mother, financial strain and high rates of substance misuse (Mentality 2001)⁴⁰.

Estimated Population

More specifically we know that in Tower Hamlets⁴¹:

- Mental health needs are 20-30% higher than national averages
- Non-psychotic but still severe and disabling mental illness is estimated to be present in 21% of the general practice population in Tower Hamlets
- Audits of GP practices in Tower Hamlets in 1999-2000 showed rates of:-
10.4 and 16 per 1000 for the severest mental illness (national average 7.7.) 4.4 per 1000 for schizophrenia (national average 1.1.)
- Higher rates of severe mental illness are reflected in admission rates to adult general and secure mental health beds that are well above most comparable inner city areas. This is despite a higher threshold for admission in inner London Boroughs than elsewhere in the country
- Across the Newham, Hackney & Tower Hamlets PCT areas, mental illness ranks at the top of the morbidity league table with over 28% of bed days attributable to mental illness
- In general younger people have higher levels of psychotic disorders than older people. This is significant for Tower Hamlets because of the disproportionately large number of younger people. The 15-44 age group are the largest inpatient group compared to over 75s age group.
- Readmission rates are higher in black and ethnic minority groups and they spend on average longer periods of time within hospitals. Admission rates are highest in the Black Caribbean communities with relatively low rates in Asian communities.

Consultation with Stakeholders

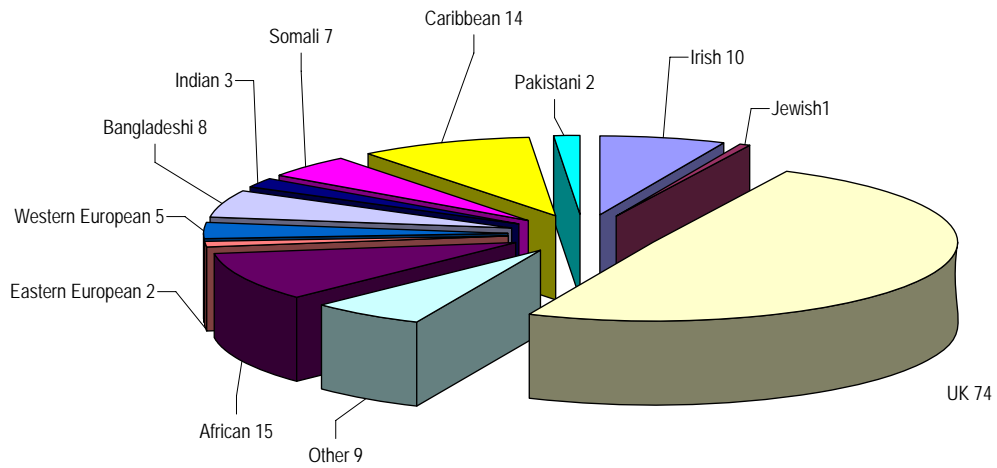
- Move on is a problem for some mental health service users. Service users and care managers would like greater clarity about the use of the Housing Register and CATHZO move on quotas.
- The preferred system is for schemes where people can move on to lower support accommodation when it is required. One way this could potentially be developed would be for these schemes to continue supporting people who move on into nearby general needs housing or staged down support within the same unit.
- Some care managers have also stated that what many service users want is to stay in the same accommodation in the long-term, amongst the social networks they have built up.
- There is a lack of services for dual diagnosis service users, since existing services tend to focus either on mental health or substance misuse issues. At the same time there is evidence that multiple needs is a growing problem. There is also a lack of services for service users with offending or high-risk backgrounds. The mental health commissioning board is now looking at reviewing services for multiple needs clients, and will seek to engage Supporting People in the process.
- Care managers have identified a gap in provision in high support / high care mental health services.
- Community Mental Health Teams have extensive information on individuals' housing and support needs. Care managers have stated that they often do not make referrals to supported housing as they know the places are full, referrals information to supported housing schemes does not provide a total picture of need.
- A balance of low support accommodation together with general needs accommodation with floating support is needed to address low level support needs.

Provider Surveys: In a separate needs-analysis exercise, we asked service providers of mental health services to quantify the on move-on requirements and future support needs of their service users, by filling out a questionnaire. This has allowed us to gain some specific information on service users. This provides an overview of the client group as follows:

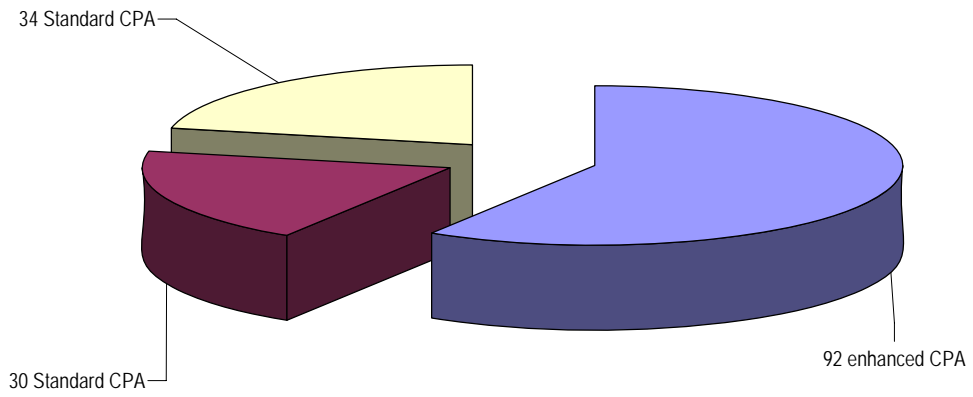
⁴⁰ *Mental Health Promotion Strategy 2002, Tower Hamlets Primary Care Trust, Executive Summary p2*

⁴¹ *All figures from Mental Health Commissioning Strategy 2004-2006 (Draft), LBTH Social Services, p19*

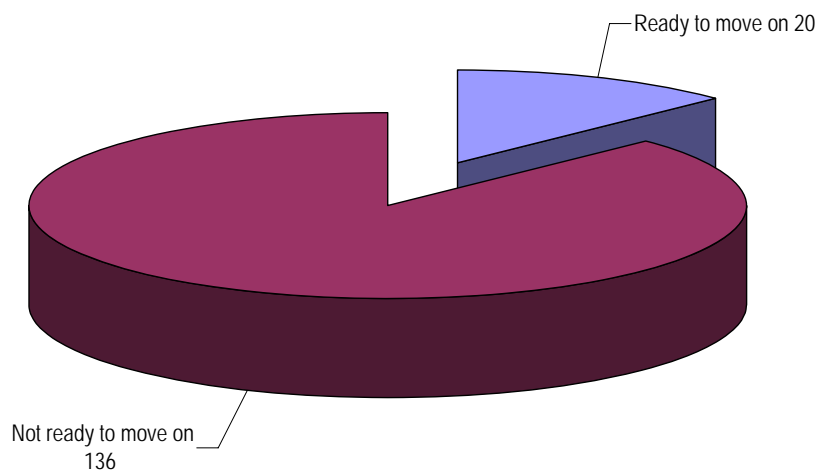
Number of mental health service users by ethnic background - provider questionnaires (July 2004)



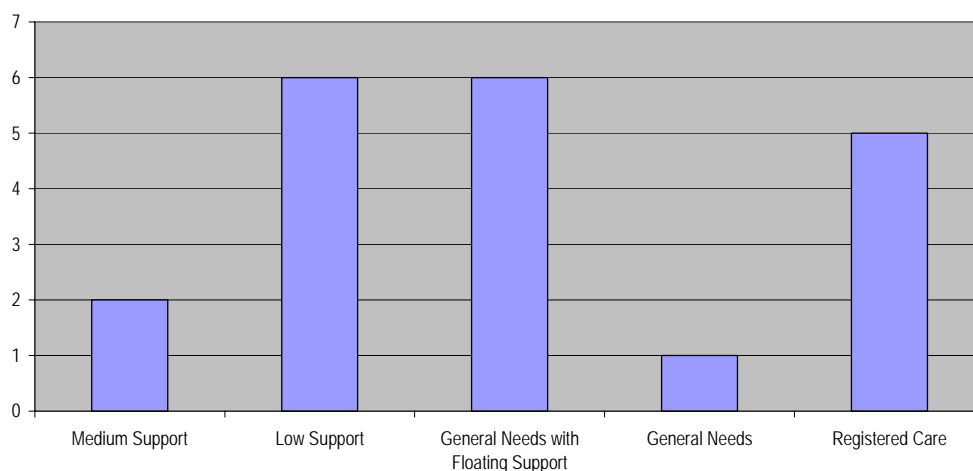
Breakdown of mental health service users according to CPA - from provider questionnaires (Jul 2004)



Proportion of mental health service users requiring move on accommodation - provider questionnaires (Jul 2004)



Number of mental health service users requiring move-on accommodation - provider questionnaires (July 2004)



BME issues

In general further information is needed regarding mental health need and how it may translate into housing related support needs in the local BME communities. BME communities show less satisfaction with existing services, or are less appropriately accommodated in supported housing, as ethnic breakdowns show. Floating support may therefore be the more appropriate and effective for BME service users.

Current Supply

Service Type	No of Services	No of Units	Comment
Supported Housing High- 24 hour support	5	83	
Supported Housing- Staff on site office hours or more	4	45	Includes a scheme for Asian men (shared) 5 units.
Supported Housing Service staffed by floating support	7	45	Includes an Asian Womens scheme (shared for 5 women)
Floating Support	4	106	
New Services			Lady Helen Sumner House, Newham 6 units for young people in ELCMHT area with a diagnosis of psychoses
Total		279	

- There are an additional 24 units of floating support with Revolving Doors which is a service which provides support to individuals with mental health issues in the criminal justice system
- Most units are now self-contained accommodation as shared has been less popular with service users. All schemes in development will be self-contained.
- The Total SP grant spend in 2004/2005 for mental health is £2,920,140.71. This constitutes 20% of the total Supporting People grant.
- Services reviews for mental health are on-going and will continue throughout 2005
- Value for Money comparisons indicate a disparity in unit and costs per staff hour that will be investigated as part of the review process. See appendix for further information

Comparisons with ODPM profiles

Mental health services are in line with ODPM profiles. Because of the high need in the Borough, it is assessed there is an under provision of services.

Identified Priorities – People With Mental Health needs

CHANGING NEED and GROWING NEED: REQUIRES RECONFIGURATION and ADDITIONAL UNITS.

Move on / move through

At present there is insufficient move on accommodation from registered care to high support services and from medium-high support to low support and general needs accommodation. Developing additional low support units is a priority to prevent the 'silting up' of services, allowing better move on and move through to meet service user needs more effectively. In order to enable more individuals to access moves on into general needs accommodation, links will be made with existing quotas to facilitate this process.

Supporting People will also carry out a review of existing service provision and the needs of service users. This has already been partly completed and further partnership work with Social Services is also planned. This review will allow a reconfiguration of some existing services to ensure high-medium support services are targeted at those most in need. In some cases we may need to reconfigure some medium support services to provide for higher needs. The review will also consider the standard of accommodation, in particular whether shared accommodation is appropriate and if there is a continued need for it. The standard of accommodation required is likely to be self-contained with individual cooking and bathroom facilities. A further aim of the review will be to ensure that all services have a clear understanding of what is required of them in terms of length of service users stay etc. to target services at those who need them most.

Floating Support

There is a need for an intensive floating support service. This may be developed as part of an overall reconfiguration of floating support services across all client groups.

High Support

There is a gap in services with high support / care. There is a need for a service that would be joint funded by Supporting People, Social Services and DAT for service users with personality disorders, dual diagnosis and people sectioned through the criminal justice system. This would be a small scheme of 8-12 units – at present there is no such service in the Borough.

In medium-high support schemes we want to ensure that services are focussed on maintaining and supporting people in their present accommodation and service users only be transferred to registered care schemes if absolutely necessary. In order to achieve this, high support services need to be responsive, creative and flexible to meet service users needs.

Other priorities are:

- Ensuring that joint contract and monitoring arrangements are in place with social services
- Continued need for women-only services.

7.5 Women fleeing domestic violence

Many women experiencing domestic violence will require housing related support services to either remain in their own home, or when in need of alternative or emergency accommodation. Women fleeing domestic violence are a client group which needs to be considered more than most in a cross authority context. This is reflected in the strategic framework, as well as the nature of services provided. In general, supported housing services for women fleeing domestic violence are cross authority services. Matching needs with supply can therefore be difficult because many services in Tower Hamlets are also meeting needs from outside the borough.

Strategic Framework

The strategic framework for women fleeing domestic violence is provided by:

- **Domestic Violence Action Plan 2004-2005, Tower Hamlets Domestic Violence Action Team**
- **Tower Hamlets Homelessness Strategy 2003-2008**
- **Making the Links between Domestic Violence and Substance Misuse (2003), LBTH / Tower Hamlets Partnership.**
- **The Mayor of London's Domestic Violence Strategy**

Domestic Violence Action Plan 2004-2005

The Action Plan sets out a number of priorities including education, reducing social tolerance of domestic violence and holding individual perpetrators accountable. Supporting People has a role to play in delivering the first priority which is to increase safe choices for women, children and other victims of domestic violence so that they may plan safer futures without compromising their quality of life. Supporting People will contribute to this goal by ensuring the quality of housing related support services is high, through obtaining service user feedback and monitoring the outcomes of service provision. In line with priorities across all client groups we will improve access to services, provide clear information about services and clarify referral pathways. The action plan's four priorities reflect those set out in the **Mayor of London's Domestic Violence Strategy** to ensure the local strategy is consistent with pan-London aims, enabling benchmarking and cross-borough collaboration.

Tower Hamlets Homelessness Strategy 2003-2008

The Housing Service has recently successfully concluded a self-assessment against the GLA's minimum standards on domestic violence, an assessment carried out across all member agencies of the DV Action Team. The self-assessment was supported by independently carried out mystery shopping of local offices and Homeless Services which tested a domestic violence scenario and found good levels of awareness and quality of advice. Joint training between agencies, including partner RSLs has been provided by the DV Action Team and over the coming year, Housing will co-ordinate the dissemination to its partner RSLs of practical guidance and best practice with a view to carrying out a second stage assessment across the social housing sector.

Over the course of the strategy, the DV Action Team will develop an Neighbourhood Renewal funded one stop shop of DV services, the "Safe Haven", which would co-locate relevant police, local authority and health services, including homeless assessment officers, as well as advocacy and support services. "Sanctuary" facilities within the existing home will be offered to all victims of violence, tenancy transfers will be considered for all public sector tenants and assistance to move into private sector homes will also be provided.

Making the Links between Domestic Violence and Substance Misuse (2003)

The Making the Links Project is funded by the Tower Hamlets Drug Action Team and based in the LBTH Domestic Violence Team. It was initiated on the premise that clients simultaneously affected by domestic violence and substance misuse may have both service choice and access reduced by the likely complexity of the needs they present. The projects aims include:

- To increase understanding of the issues and access to service provision of clients affected by both domestic violence and substance misuse
- To develop a profile of services in the Borough
- To increase knowledge of obstacles to service access and provision
- To develop training and policy on domestic violence and substance misuse.

The Need for Services

Estimated Population

- Domestic violence is regarded as a significant problem in Tower Hamlets - the police respond to an average of 11 incidents every day and over 4000 incidents were reported in 2003⁴².
- In 2003-4, 257 households approached LBTH Homeless Service for assistance because of domestic violence. 7 of these were 16/17 year olds, of which 2 were single parents. LBTH Homeless Services accepted 173 households as homeless as a result of domestic violence in 2003-04 (on average, 3 cases per week), making it the second most common cause of statutory homelessness in the Borough.
- Domestic violence is a feature in the background of over a third of children on the "at risk" register⁴³.
- Domestic violence is accepted to be a significantly under-reported and recorded crime. There are therefore significant difficulties in estimating the prevalence of incidents of domestic violence, particularly as only a percentage will seek help or report their concerns. It is also believed that rates of reporting are lower amongst minority groups because of practical and cultural barriers to accessing services. The ethnic background of victims reporting to the police in 2002, however, broadly reflected the Borough's ethnic make-up. Increased reporting since 2000 by Asian victims may be a result of targeted outreach and provision within the Bangladeshi community.
- We know women fleeing domestic violence access a wide range of services including single homeless services. Research by the Making the Links project identified women with domestic violence and substance misuse needs amongst drug and alcohol services, young people's services and sex workers' services. 46 out of 51 of a range of services contacted reported domestic violence occurring with substance misuse among their client groups⁴⁴.
- Whilst there is provision locally for Bengali women the needs of Somali women are not accurately known. Likewise there are likely to be needs around the smaller ethnic groups and LBTH has proposed that the needs of smaller ethnic groups be included in the London Supporting People strategy.

Consultation with Stakeholders

Consultation with Stakeholders and Service Users identified the following issues:

- Women fleeing domestic violence who go into B & Bs are falling out of support networks. There are significant risks attached to staying in B & Bs for single women, including the location and the other people staying there.
- There are problems with criteria for access arrangements meaning that people with multiple needs often have difficulty getting into hostels.

Current Supply

Service Type	No of Services	No of Units	Comment
Main refuge	1	10	Day time staff office hours
Second Refuge	1	7	Floating support
Supported Housing for young Bangladeshi and Somali Women	1	4	Floating Support
Asian Womens Refuge	1	19	Day time staff office hours
		40	

⁴² Domestic Violence Action Plan 2004-2005 p4, Domestic Violence Action Team

⁴³ Domestic Violence Action Plan 2004-2005 p2, Domestic Violence Action Team

⁴⁴ Making the Links between Domestic Violence and Substance Misuse (2003), LBTH / Tower Hamlets Partnership.

- All schemes are shared housing with the exception of the Asian Womens Refuge where there are self-contained studios.
- Two of the bedrooms at the main refuge are shared (between 2 adults plus any children) which is now considered inappropriate provision.
- The Total SP grant spend in 2004/2005 for women fleeing domestic violence is £447,227.29, this constitutes 3.1 per cent of the total Supporting People grant.
- Services for women fleeing domestic violence are due to be reviewed in 2005-2006. Of the three services two are longer term accommodation for families and are therefore chargeable
- Value for Money comparisons indicate a disparity in unit costs and costs per hour that will be investigated as part of the review process.

Comparisons with ODPM profiles

Supply for women fleeing domestic violence is at the lower end of the recommended ODPM levels.

Identified Priorities - Women Fleeing Domestic Violence

SUSTAINED NEED: REQUIRES ADDITIONAL UNITS.

Services will need to be considered as part of a London wide strategic approach. At the same time, there will remain an element of local need - some women will prefer to remain in the borough whilst others will seek services further afield.

Available provision for domestic violence victims

Current refuge provision does not meet the need for spaces, and the major proportion of domestic violence victims are placed in "B&B" temporary accommodation. An increase in refuge spaces is therefore recommended.

Intensive floating support for domestic violence victims in "B&B" accommodation is needed.

Resettlement support for women moving into permanent accommodation is also a priority need. Many women, particularly those from BME communities, experience extreme social isolation and have difficulty adjusting to their new environments. Ongoing support which takes full account of their situation is required.

Valid options for resettlement include the development of second stage supported accommodation for domestic violence victims and their children, possibly in the form of 'cluster' housing. This would provide a degree of privacy and autonomy for women, while simultaneously offering appropriate and accessible support.

Quality of accommodation

The quality of accommodation and facilities in local refuges needs to be assessed to ensure a high standard throughout all services.

Substance Use

Problematic drug/alcohol use should be regarded as a criterion for vulnerability, rather than for exclusion from domestic violence services. Substance use should not be a reason to exclude service users. However should related behaviours make it necessary for women to be evicted from refuges, an appropriate support package to address their substance use and other needs must be in place to enable them to manage the transition to other accommodation. This support should continue until the woman is fully able to cope with the practical and emotional aspects of her life.

If substance using domestic violence victims are placed in bed and breakfast or other independent accommodation they should be offered intensive support, both from visiting support workers, and by ensuring their access to local drug/alcohol services is optimally facilitated. This would include placing them as close to services as is practical.

For domestic violence victims who decide to access residential drug treatment facilities, protocols to ensure a smooth and immediate transition into these services must be in place. Joint protocols agreed between the domestic violence and substance misuse sectors are recommended.

7.6 People with Learning Disabilities

Strategic Framework.

The strategic framework for Learning Disabilities is provided by:

- **Valuing People**
- **LBTH Housing and Support Strategy for People with Learning Disabilities.**
- **Commissioning Strategy for services for adults with Learning Disabilities in Tower Hamlets 2004-7.**

Valuing people, the government white paper on housing and support services for people with learning disabilities, is the over arching policy driver that has informed the Social Services / Health and Supporting People strategic objectives. All are working together to ensure that “people with Learning Disabilities should have the same chances as anyone else to lead a full and interesting life and to be respected.”

The main themes of **Valuing People** are at the core of the Supporting People agenda;

- To combat discrimination through the protection of and enforcement of legal and civil rights of vulnerable people.
- To increase and maintain peoples independence.
- To support choice.
- To encourage the social inclusion of people who are marginalised.
- To work in partnership with people with learning disabilities and their families.
- To address issues of importance to the situation of minority ethnic communities.

The Supporting People Team works closely with The Commissioning Manager for Learning Disabilities, the Partnership Board and other key stakeholders to determine the key priorities for people with learning disabilities.

The LBTH Housing and Support Strategy for People with Learning Disabilities is a key document. Supporting People will work in partnership to achieve its joint aims:

- To provide a wide range of options for people with learning disabilities to support them to live alone as well as sharing with other people.
- To support people to live as independently as possible in accordance with their informed choice.
- To provide specialist housing and support to people with learning disabilities who have needs which challenge services, to those with mental health problems and to those with complex physical disabilities or health needs.
- To provide accommodation within the Borough where that is the person's choice.

These principals are reflected in **The Commissioning Strategy for Adults with Learning Disabilities** where commissioning intentions are listed as:

- To develop a process for the strategic collection of information on needs and unmet needs
- To develop opportunities for supported housing especially wheelchair accessible units.
- To ensure that a managed support service is available to people who live alone.

The Need for Services

Estimated population⁴⁵

- Nationally it is estimated that 2% of the population has a learning disability, which would suggest about 3,150 people with learning disabilities in Tower Hamlets. Between 0.3% and 0.4% of the population have moderate or severe learning disabilities, suggesting 470 to 625 adults in this category in Tower Hamlets.
- The Community Learning Disabilities Service is currently aware of 735 people with learning disabilities of whom 380 are receiving services from Social Services.
- Currently there are 184 people placed in residential or nursing care. The majority, (127 people), are placed out of Borough.

⁴⁵ Figures from: A Commissioning Strategy for Services for Adults with Learning Disabilities in Tower Hamlets 2004-2007, LBTH Social Services and, Tower Hamlets Housing and Support Strategy for People with Learning Disabilities June 2004. LBTH Social Services.

- Of those placed out of the Borough reasons range from, the need for higher levels of support due to autism or behaviour which challenged services, wheelchair use or medical/nursing needs, vulnerability and concerns about abuse.
- These figures are supported by the local Health Improvement and Modernisation Programme that estimates figures will rise to around 750 over the next 5 years and also points out the high prevalence of mental health, epilepsy, sensory impairment and mobility problems in this group.⁴⁶
- The Housing and Support Options paper from the Office of the Deputy Prime Minister suggests a level of provision of housing and support services is required that is equivalent to between 1.55 places and 2.35 places per 1,000 of the adult population⁴⁷. Applying these estimates to Tower Hamlets would suggest that the lower estimate of accommodation required would be 243 units and at the higher estimate 368 units.
- Social Services receive about 40 referrals of young people / 19 year-olds with learning disabilities per year, mostly from education services. Many have been living out of the Borough in residential education facilities. A review⁴⁸ was undertaken of the new adult placements made by Social Services during the period 1998 to 2002. Of 47 people placed during this period 40 were placed out of Borough. 26 of those 40 had first been placed out of Borough when they were under the age of 18 years. Only 4 were returned to placements within the Borough on reaching 18 years of age.

Consultation with stakeholders

Consultation with stakeholders has indicated a number of related issues:

- Floating support is potentially a good way of identifying and supporting people with learning disabilities in general needs housing.
- Where support to prepare for and maintain tenancies in general needs housing is required, there is a need for a specialist floating support service. Of the 40 young people referred to social services each year, a significant proportion do want general needs or supported accommodation, and a key need is to provide a successful supported route into lower support or general needs housing.
- There is a need to provide more supported housing alternatives to residential care and / or people being out of the Borough.
- There is further need for small shared units of accommodation for vulnerable women who have been abused or require female only support services. Many women are currently being placed in Newham, in a specialist unit for women who have been abused.
- At present there is no specific BME provision for Bangladeshi service users.

Service user Aspirations

A survey was carried out during 2002/3 asking people with learning disabilities what their housing needs were.

The key issues arising were:

- Most individuals would like to live in their own flat or in two-bedroom accommodation sharing with one other.
- Very few individuals would like to live in larger shared housing of the sort provided by a registered residential care home.
- There is a need for wheelchair standard accommodation.
- Individuals require further information on the services available to facilitate real choices.

⁴⁶ Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets Primary Care Trust

⁴⁷ Housing and Support Options for people with Learning Disabilities – Office of Deputy Prime Minister/Department of Health 2002

⁴⁸ Housing Survey –out of Borough placements May 2002

Current Supply

Service Type	No of Services	No of Units	Comment
Residential Care	2	11	This funding will be phased out from April 2005. 19 other units of residential care not funded by SP.
High Support Staff on site 24/7	5	25	Burroughs Cottages, Bradshaw Cottages, Albert Cottages, Seagrave, New Varden St
Medium Support Staff on site office hours	1	2	79 Old Ford
Low Support Service with floating support	2	5	Sewardstone, St Marks
Services in Development	1	10	Key Ring Scheme

- The total SP grant spend in 2004/2005 for people with learning disabilities is £624,700 this constitutes 5% of the total Supporting People grant.
- Services for People with learning disabilities have been reviewed early in the programme. Key issues arising from the reviews include;
- The need for joint contract and monitoring arrangements with Social Services.
- Value for Money comparisons give no cause for concern.

Comparisons with ODPM profiles: Supply of Learning Disabilities residential care and supported housing services are low in comparison to ODPM profiles, between one half and three-quarters of the recommended levels.

Identified Priorities – People With Learning Disabilities

SIGNIFICANT UNMET NEED: ADDITIONAL UNITS REQUIRED

There is an urgent need for more housing related support services. ODPM estimates suggest that between 60 and 184 additional supported units are currently required. However, this is the combined figure for both social services and supporting people provision and will include individuals who have a need for intensive and / or registered care services. Further work has been identified to determine the profile of needs and the spectrum of services required across Supporting People and Social Services.

Much work has been done to prioritise the development of locally based independent housing. A key-ring scheme is currently being developed, and New Varden Street has recently been re-configured. These services are specifically targeted at supporting individuals to achieve greater levels of independent living. However, further services are required. From research carried out with users it is clear that most people want to live in their own accommodation or share with one other. Tower Hamlets currently has very few self-contained properties for individuals with learning disabilities. We need to develop new models and also increase the availability of floating support to people in their own homes so broadening the available options for living alone. Where individuals are settled or choose to remain in their current accommodation there is a continuing need for some shared services. This will be reviewed on an individual basis through the service review process or as the needs of existing service users change.

The most immediate priorities for development are:

- A Key Ring scheme as identified in the shadow strategy is currently in development.
- There is a need for a small shared unit of accommodation for vulnerable women who have been abused or require female only support services.
- There is a need for a higher supported scheme as an alternative to residential care and / or being placed out of the Borough.

Many individuals have significant mobility needs and there is insufficient supported housing across the range that is accessible for people who use wheelchairs. Any new services will ensure wheelchair accessibility.

Further options are also required and priorities for development will be informed by a needs profiling exercise to be conducted together with Health and Social Services.

There is a need to enable individuals to access move on into general needs accommodation. Links will be made with existing quotas to facilitate this process.

Equality and Access

Establishing a process for the strategic collection of information on needs and unmet needs is a priority. Supporting People will work in partnership with Social Services and Health to explore the options available, including the possibility of an overall single access and referral point for housing related support services for individuals with a learning disability. This would act as a waiting list for people needing supported accommodation in the Borough. It would directly inform the provision of future services enabling a better understanding of need, and who is waiting for services and will increase co-ordination with routes into move-on accommodation where appropriate.

7.7 Homeless Families with support needs and teenage parents

Service provision for homeless families and teenage parents in Tower Hamlets tend to overlap, and as such have been considered together. Nationally Britain has the highest rates of teenage pregnancy in Europe. The Government's response has been to target a reduction in the rates by 2010, with a 55% reduction in conceptions in Tower Hamlets and to reduce long term chances of social exclusion by encouraging more teenage parents into education, training and employment.

Strategic Framework

Key Strategic Reference Points Homeless Families:

- LBTH Homelessness Strategy

Key Strategic Reference Points Teenage parents:

National

- Teenage Pregnancy Strategy, 1999
- Government Response to the Second Annual Report of the Independent Advisory Group on Teenage Pregnancy (2004)

Local

- Draft Commissioning Strategy for Children's Trust
- London Child Protection Procedures
- Tower Hamlets Teenage Pregnancy Strategy (2001 – 2006)
- Tower Hamlets Sure Start Plus Programme
- Tower Hamlets Connexions Local Delivery Plans

Draft Children's Trust Commissioning Strategy

Key Objectives:

- Reduce factors which cause children to become vulnerable
- Support vulnerable children, their families & careers
- Protect children at risk

Success of the trust will be measured in relation to 5 key outcomes

- Levels of inclusion in mainstream activities
- Protecting vulnerable children
- Increased attainment
- Reduction in youth crime
- Better life chances post 16

Tower Hamlets Teenage Pregnancy Strategy prioritises reducing teenage conceptions, better support and a reduction in the social exclusion amongst teenage parents by increasing their participation in education, training and employment. The local strategy also prioritises better outcomes for the children of teenage parents. The Supporting People Programme will work in Partnership with providers of services to ensure that quality of service provision is of a high standard targeted at achieving the aims of the Teenage Pregnancy Strategy. Service providers will need to demonstrate that they are linked into Sure Start Plus and aware of ODPM good practice guidance in relation to teenage parents. ODPM guidance is that all 18 lone teenage parents who cannot live with their partner or family should be placed in supervised, semi-independent housing with support, not in an independent tenancy. Additionally housing authorities will regularly audit provision of need in their areas.

Good practice guidelines in Supported Accommodation for Teenage Parents (DTLR & Teenage Pregnancy Unit, 2001)

- Key-worker systems with regular reviews is important.
- Good quality well designed accommodation in small units and sharing essential facilities with no more than one other mother and baby.
- Safety and security, both in terms of the physical environment and staff offering protection from unwanted relationships with partners and families.
- Support from peers. Young women really valued living with and making friends with young women in a similar situation.

- Supportive staff that offer emotional and practical help in a non-judgmental way and who allow young women their own privacy.
- Learning opportunities covering child development and independent living skills as well as access to educational and vocational opportunities and on site groups such as baby massage, aromatherapy etc.
- Childcare and access to 'Care to Learn' childcare funding scheme for teenage parents. Residents need to be able to have a break, they need access to nurseries to be able to pursue education or training and they need access to communal play facilities where they can be with their children and other parents.
- Privacy and independence. Having their own space and control over it is important to young mothers and they value staff that respect confidentiality. They find room checks and informing staff of their movements intrusive.
- Involving men. Some residents would like access to accommodation for couples or more flexibility about having partners to stay and be involved. Other women appreciate the protection from male partners that projects offer.
- Appropriate move-on accommodation available at the right time. Being stuck in supported accommodation with a toddler causes a lot of frustration.
- Resettlement support. Residents are appreciative of ongoing support and of open door policies where they are welcome to return. This is facilitated by good staff retention so that they still know individual staff.
- Budgeting help. Many young women reported struggling to manage on the benefits they receive, especially younger women receiving the lower rate. They also worry about budgeting in their own accommodation, especially if they have been given loans.
- Achievement of skills is important as this will allow them to move on to independent living and to feel confident about caring for themselves and their baby.

Allocation of Accommodation – Code of Guidance for Local Housing Authorities (ODPM, 2002)

- The allocation of appropriate housing and support should be based on consideration of the young person's housing and support needs, her individual circumstances and her views and preferences.
- Housing authorities must ensure that the accommodation is suitable for babies and young children.
- Wherever possible, housing authorities should take account of the education and employment needs and opportunities of the applicant when identifying suitable accommodation.
- Where an application for housing is received from a lone parent aged 16 or 17, the Secretary of State recommends that housing authorities have arrangements in place to ensure that they can undertake a joint assessment of the applicant's housing, care and support needs with social services.
- The Secretary of State believes that the young person should not normally be allocated an independent tenancy without floating support.

The Need for Services

Key research from the National Teenage Pregnancy Strategy (1999) indicates:

- Seven out of ten 15 and 16 year old mothers, and around half of 17 and 18 year olds, stay at home.
- The rest tend to live in care or social housing (council or housing association properties).
- One study of young mothers under 20 found that, a year after the birth of their baby, one third were in social housing tenancies with a further third on the waiting list.
- Studies have shown that homelessness was twice as likely by the age of 33 for teenage mothers as for older ones.
- The Unit heard from many people that teenage parents were likely to be housed in poor accommodation on large estates often away from family or other support.
- It has often been suggested that some pregnant teenagers decide to keep their baby so that they can claim benefit and housing. This is an unprovable assertion:
 - Teenage girls who live in local authority or other social housing are three times more likely than their peers living in owner occupied housing to become a mother.
 - Teenagers are more likely to have to move house during pregnancy; one study showed that 17 per cent of teenage mothers moved three or more times during pregnancy or after the birth. They often live in poor housing.
 - Nearly a third of teenage mothers are living alone with their baby a year after the birth.
 - For many young mothers, a flat of their own with a young child is an isolating experience, when they are already isolated from their peers by being a parent.

Estimated Population Homeless families

- The usual referral route is for the Homeless Service Social Work Team to make an assessment at the request of clients, or because of referral by other agencies. Levels of need are very variable and do not all necessarily translate into a need for supported accommodation.
- Between September 2003 and September 2004, the LBTH Homeless Assessment and Advice Service assessed 887 households with dependent children as eligible, unintentionally homeless and in priority need under the relevant homelessness legislation. A further 172 homeless households contained a pregnant woman⁴⁹.
- As at September 2004, Tower Hamlets recorded 3049 homeless households in temporary accommodation⁵⁰, the majority of whom are families with children.

Estimated Population Teenage Parents

- The teenage pregnancy age range covers age 13-17 (under 18). If a teenage parent becomes a young parent at 13 and continues with the pregnancy they remain a teenage parent when aged 14, 15, 16 and 17.
- National teenage conception data is reported in relation to those aged 15-17. The teenage conception *rate* in 2002 was 47 conceptions per 1,000 women aged 15-17 – this represents a 20% reduction in Tower Hamlets teenage conception rate since 1998.
- Between 1998 and 2002 the average *number* of yearly conceptions was 198. It's estimated that about 50-60% of these conceptions end in termination.
- Tower Hamlets Sure Start Plus (under 18 pregnancy and parenting service) works with the more vulnerable teenage parents. On average the service works with 160 pregnant teenagers and teenage parents a year.
- Live birth data suggests there are around 60 *new* teenage parents each year. As at Sept 2004, supported housing services in Tower Hamlets were aware of 25 women under 18 who were pregnant or have babies. This is a similar figure to March 2004 (16) and February 2003 (18).
- In the Tower Hamlets Teenage Pregnancy Programme Annual Report (2003 – 2004) Tower Hamlets Housing Directorate reported that they were aware of 6 teenage parents currently in un-supported housing.
- Particular groups of young people are more likely to become teenage parents including:
 - Children in or leaving care.
 - Children of teenage mothers.
 - Those not in education, training or employment.
 - Young women experiencing sexual abuse.
 - Young women with mental health problems.
 - Young Offenders.
- Many young people share several of these risk factors and have a very high chance of becoming a teenage parent. Thus teenage parents cut across many of the key target groups within the Supporting People Strategy.

Consultation with Stakeholders and Service Users:

Homeless families

- Stakeholders suggested it would be useful to look at the profiles of people presenting to the Homeless Service, including those turned down. The Homeless Service can provide a central framework of information and a central co-ordination point of needs information.
- The Council has successfully eliminated the use of bed and breakfast accommodation for families with children.

Teenage parents

- Local agencies and providers believe that there is a need to compare service users' views with providers' views to gain a better understanding of the quality of support and its success.
- There are also some issues about where service user choice can conflict with potential risk, such as whether services should include and accommodate fathers.

⁴⁹ LBTH P1E returns to ODPM

⁵⁰ LBTH P1E returns to ODPM

Current Supply

Service Type	No of Services	No of Units	Comment
Supported Housing	1	15	For homeless families with support needs
Supported Housing	2	10	Teenage parents only - 1 of these services is self-contained.
Supported Housing	1	5	1 service for HFSN including teenage parents
Foyer	1	14	Mothers and babies - part of Drapers City Foyer expansion
Supported Housing	1	12	Asian Women with children

- The Total SP grant spend in 2004/2005 was £224,874, this constitutes just over 2% of the total Supporting People grant.
- Services are due to be reviewed in 2005-2006.
- Value for Money comparisons indicate some concerns with regard to unit costs and staff costs per hour that will be investigated as part of the service review process. See appendix for further details.

Comparisons with ODPM profiles

The ODPM profiles indicate an over supply for homeless families with support needs. However, there are a significant number of Asian women who are lone parents and many of these families have significant support needs.

Some of the supply side under this heading also includes accommodation for teenage parents. The high proportion of other indices of deprivation is also a factor and there is a gap in the provision for this client group. This profile also includes provision for teenage parents and includes the 14 units in development at Drapers City Foyer, which will assist in addressing this issue.

Further Supply Points

- There is currently a waiting list for two of the supported housing schemes usually accessed by teenage parents.
- Young women have expressed concerns re: safety of placements in Bed and Breakfast accommodation for under 18 vulnerable women with a baby. If young people are placed in Bed and Breakfast accommodation out of Borough they are isolated from local support networks, which may be vital for this vulnerable group of young women.
- The large number of teenage parents in some supported housing units presents the opportunity for group-work and peer support approaches.

Strategic Priorities – Homeless Families with Support Needs

SIGNIFICANT UNMET NEED: ADDITIONAL UNITS REQUIRED

The demand for accommodation for homeless families with support needs is high as a consequence of higher levels of deprivation within the Borough and because of the higher support needs of Bangladeshi and other ethnic minority women with children who are homeless.

A strategic priority will be the development of floating support services for this client group, as part of an overall reconfiguration of floating support services.

Strategic Priorities - Teenage Parents

SUSTAINED NEED: PRESENT DEVELOPMENT MAY MEET NEEDS

In analysing young parents' experience of support and its quality, further research is required in the form of an audit of service users' experience of supported housing and care pathways. This will be linked with surveys in use by the Sure Start Plus (via the Teenage Pregnancy Programme). This will allow us to focus existing services more effectively around service users needs and aspirations. As part of this review presentations and allocations through the Homeless Persons Unit will be further analysed.

Tower Hamlets has a high level of teenage parents and some may have a continuing relationship with their partner. The 14 units in the pipeline for Drapers City Foyer should ensure that there is sufficient accommodation for teenage parents and meet needs for support to return to education, training, employment and benefit advice. There are however gaps in ensuring teenage parents in other supported housing units have access to appropriate key-worker support. Schemes are more effective if they operate a formal system of needs assessment, key working, care planning and review. An increase in the availability of outreach floating support would increase the throughput in schemes and better meet the resettlement needs of young mothers.

All schemes should capitalise on opportunities to work pro-actively with residents, their families and partners and promote peer support. They should also foster opportunities for childcare and access to education and training. Development of strong partnership working with local Sure Start Programmes/ Childrens Centre staff is important to ensure teenage parents are well supported with access to parenting skills development programmes.

Schemes need to explore how best to support the family more holistically by offering couple accommodation and if desired, involve men in the life of the scheme.

Working in partnership needs further development, particularly in linking the skills and expertise of the Sure Start Plus Service with clear written protocols and partnership agreements on joint working. Schemes will introduce residents to Sure Start/Sure Start Plus advisors and to Newpin if that is considered to be appropriate. There are many examples of good practice that could be developed such as:

- **Notification schemes** whereby health visitors are routinely informed about resident admissions and departures.
- **Allocations Panel** can bring representatives from health, social care and the voluntary sector together on a 6-weekly basis to discuss referrals to the scheme, social services involvement, allocations and the progress of residents.

7.8 People with Physical Disabilities

"The priority for services for people with a physical and or sensory disability will be to enable better, more convenient, more responsive and cost effective services that disabled people need and want, with excellence as the goal." ⁵¹

Strategic Framework

The key strategic reference points for people with a physical disability or sensory impairment are:

- **The Physical Disabilities and Sensory Impairment Commissioning Strategy for Tower Hamlets (2004-2007)**
- **National Service Framework for Long-term Conditions**

The Physical Disabilities and Sensory Impairment Commissioning Strategy for Tower Hamlets (2004-2007). Key objectives are:

- **Information flows** - better and more consistent ways of monitoring the numbers and needs of disabled people, and the services they are receiving
- **Strategic Planning** - better planning across the care continuum, working in partnership with health, housing.
- **Better information** - about eligibility criteria, service provision, pathways through different agencies.
- **Services for people from BME communities** - culturally sensitive local services
- **Service user involvement** - in commissioning, planning and community based services.
- **Housing** - a local shortage of accessible and appropriate housing restricts opportunities for independent living, potentially delaying discharges from hospitals and care homes.
- **Plans for a centre for independent living for Tower Hamlets** - potential one stop contact point to enable access to a wide range of services.

National Framework for Long-term Conditions

A new National framework for people with long-term conditions is due to be published in 2004 and will be implemented from 2005. Once available this will be a key document in setting the standard for service provision and delivery in this area, and the focus of partnership working.

The Physical Disabilities and Sensory Impairment partnership Board.

Established in October 2001 this is the key strategic body to take forward a shared agenda for service provision to disabled people in Tower Hamlets. It comprises of lead representatives from Tower Hamlets Primary Care Trust, Social Services, Barts and London NHS Trust and the Voluntary sector.

Housing Strategy for Disabled People.

As part of the Councils Equality Action Plan, Tower Hamlets Housing Department are developing a Housing Strategy for disabled people. This together with the work currently being undertaken in the compilation of a disability housing register is seeking to address difficulties experienced by disabled people in accessing appropriate housing by establishing best practice and minimum standards across social housing providers in the Borough.

The Need for services

Estimated Population:

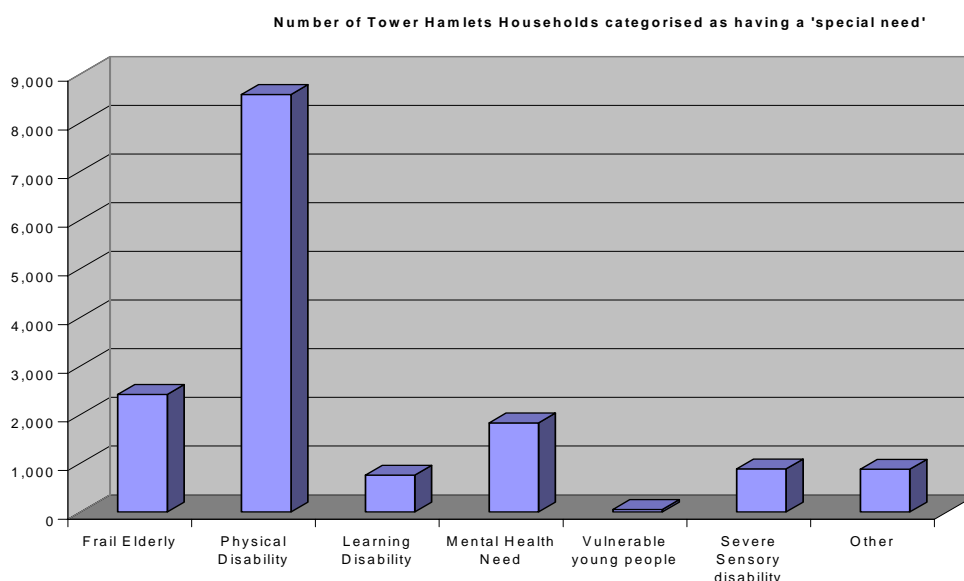
- Almost 9.5 Million people, 18.2% of the population report a long-term illness, health problem or disability that limits their daily activities.⁵²
- Brain injury may be caused by trauma or stroke. The number of traumatically brain injured people requiring long-term support has increased dramatically in the last 3 years.⁵³

⁵¹ The Physical Disabilities and sensory Impairment Commissioning Strategy for Tower Hamlets, 2004-2007.

⁵² Tower Hamlets Physical Disabilities and Sensory Impairment Commissioning Strategy.

⁵³ Tower Hamlets Physical Disabilities and Sensory Impairment Commissioning Strategy.

- A recent housing needs survey estimates that there are 8,576 households in Tower Hamlets with a physically disabled household member. This represents 67.3 per cent of households categorised as having a 'special need' and 10.6% of all households⁵⁴.



- 7,105 people are in receipt of Disability Living Allowance⁵⁵
- 680 people receive Severe Disability Allowance⁵⁶
- An average of 400 people are currently receiving services from LBTH social services for physical or sensory disabilities.
- 575 people are registered blind and 645 registered partially sighted, approximately three quarters of whom are aged over 65.
- Social Services deaf and hard of hearing register gives an approximate figure of 364 people deaf or hard of hearing. Registration of deafness is voluntary, therefore accurate figures are hard to obtain.
- Disabled people are twice as likely to be out of work and claiming benefits and twice as likely to have no qualifications.⁵⁷

Consultation with Stakeholders and Service Users:

- There are believed to be a large number of people who would not qualify for social services care, but would benefit from a floating support service. Tenancy support was viewed as particularly valuable for individuals with an acquired brain injury or recovering from a stroke. Local agencies have suggested a gap within the social housing and private sectors for specific floating support services for people with a physical disability or sensory impairment.

Current Supply

Accommodation Based Services:

No. of Services	No. of Units	Description
1	4	4 and 5 bed family units Floating support - low support needs Service supported by BME provider
1	2	Shared accommodation Floating support
1	972	LBTH Adaptations (administration costs only)

⁵⁴ Tower Hamlets Housing Study (2004), Fordham Research Ltd.

⁵⁵ Census 2001 data

⁵⁶ Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT

⁵⁷ Tower Hamlets Physical Disabilities and Sensory Impairment Commissioning Strategy.

- There are currently no floating support services designated for this client group although generic and single homeless floating support services are accessible.
- All schemes are chargeable.
- There are a number of older people with physical and sensory disabilities living in sheltered accommodation and many sheltered housing schemes accept people over 50 with a physical or sensory disability.
- The Tower Hamlets Care Alarm Scheme is an important service for people with physical and sensory disabilities, enabling more people to live independently in general needs housing.
- There is some accommodation for people with physical disabilities who have additional needs in other services e.g. hostels, supported housing for people with mental health needs, hostels for single homeless people. Any developments in other client groups will consider the needs of wheelchair users.
- The Total SP grant spend in 2004/2005 for physical disabilities is £29,005 this constitutes less than 1% of the total Supporting People grant.
- Services are due to be reviewed in 2005-2006.
- Value for Money comparisons indicate a disparity in the unit costs and staff cost per hour that will be investigated as part of the service review process.

Comparisons with ODPM profiles

The local supply for people with physical or sensory disabilities is low when compared with the ODPM profile.

Identified Priorities – People with Physical Disabilities

SUSTAINED NEED: RECONFIGURATION AND INCREASED CAPACITY REQUIRED.

There is a sustained need for support services for people with a physical disability. Whilst there is no current need for further specific accommodation based services. The majority of people with disabilities are housed in general needs housing (wheelchair and non wheelchair) units without support, and the preference of most service users is likely to be for general needs housing.

Floating Support Services

There are limited options for floating support services that are currently accommodation specific. Our focus will be to investigate capacity for expanding floating support options to this client group. Many floating support services will be supporting individuals with a physical disability as a matter of course. However, we will ensure services are shaped to enable an effective and quality service to be accessible to this client group.

Access to services

Many people with a physical disability will not have a need for housing related support. However, there is a need to ensure access to other services where individuals have a particular support need, e.g.- mental health services. Similarly, services for people with physical disabilities should be flexible enough to allow people with additional or multiple needs to access them.

We will continue to ensure all new and existing services are able to accommodate people with a physical disability or sensory impairment where appropriate. The Council continues to support the key target of all ground floor new build, to be built to lifetime homes standard, 10% of which to be wheelchair accessible, consistent with the Mayors London Plan. We will ensure that protocols are in place prioritising wheelchair and adapted accommodation for people with disabilities and that all new services are accessible to wheelchair users.

Partnership Working

Supporting People will join the Physical Disabilities and Sensory Impairment Partnership Board which includes Health and Social Services. One of the key priorities of this partnership is to improve the strategic collection of needs information about unmet and hidden needs. As the needs of disabled people are complex, varied and subject to change, a disability alone will not necessarily translate into a need for housing related support. The partnership will seek to review the most effective means of collating needs information, and a consistent mechanism for monitoring the numbers and needs of people and future trends will be developed.

HIA

Housing technical staff and HRA equipment and adaptations budget for Council owned stock continue to help to keep people independent in their homes. Last year, saw an 86% reduction in the OT waiting list, with more than 350 Council homes significantly adapted to meet the needs of disabled people. The Home Improvement Agency (HIA) continues to achieve high satisfaction ratings and adapted 44 private sector and 63 RSL owned homes.

7.9 People with HIV and AIDS

The Supporting People team works with Social Services and the PCT to implement the National Strategy for Sexual Health and HIV.

Strategic Framework

The key strategic reference points for people with HIV and Aids is provided by;

- **The National Strategy for Sexual Health and HIV was published in 2001, with an implementation plan published in 2002.**
- **Tower Hamlets Aids support grant application.**

The National Strategy for Sexual Health and HIV (2001)

The national strategy for sexual health and HIV was written in the context of an increasing number of people living with HIV, significant increases in the rates of sexually transmitted infections, and high rates of unintended pregnancies. The strategy recognises a clear relationship between sexual ill health, poverty and social exclusion and variations in quality of service across the country. While much of the strategies aims are in the realm of health care, Supporting People can play a role in wider aims of improving health and social care for people living with HIV and reducing the stigma associated with HIV. The Strategy applies the values and principles of the NHS Plan to sexual health, setting out to redesign services around the people who use them. It aims to:

- Improve services, information and support for all who need them
- Reduce inequalities in sexual health
- Improve health, sexual health and well-being

The Need for Services

The London Health Commission states: "Inner London has a concentration of risk groups and risk behaviours such as injecting drug use and homosexual men and as such is the focus on the national HIV epidemic in England and Wales"⁵⁸. At Borough level, Barts and the London NHS Trust states: "[Tower Hamlets]...has many of the features which typically lead to high rates of communicable disease – poverty, overcrowding, a relatively young population and high rates of immigration from areas where specific communicable diseases are endemic. As a result, Tower Hamlets has around five times the nationally reported rate of Tuberculosis, rates of diagnosed HIV are 125% higher than the national average and rates of sexually transmitted infections such as chlamydia and gonorrhoea are rapidly rising."⁵⁹

Estimated Population

The Tower Hamlets Aids support grant application identifies:

- 550 people with HIV in Tower Hamlets (2002) - higher than average rates for London as a whole.
- An increase in the number of people diagnosed with HIV in the Borough. Figures indicate a rise of 106 or 24% from 2001.
- 90% of the population living with HIV are Men.
- The biggest group affected is the white population at 70%, followed by Black African at 12%⁶⁰

Consultation with Stakeholders

- Local agencies have suggested there are particular needs amongst people from African communities and refugees who are more likely to be diagnosed later, at which point their health needs are likely to be more serious.
- There are increased problems with assessing needs when people are placed into temporary accommodation outside of the Borough. In these kinds of cases, a flexible floating support service that could work with people placed outside of the borough would be beneficial.

⁵⁸ London Health Commission <http://www.londonhealth.gov.uk/pdf/lhs/hsfact3.pdf>

⁵⁹ http://www.bartsandthelondon.org.uk/ourspecialties/research_and_development.asp

⁶⁰ Reference?

- Assessing the needs of this client group is not easy because of confidentiality and because people can be wary about divulging their status.

Service User Aspirations

A national survey of people living with HIV⁶¹ found:

- 18 per cent of respondents felt unhappy about their housing or living conditions
- 21 per cent had experienced housing problems in the last twelve months
- 7 per cent had experienced housing problems in the last 12 months and had not received any support
- 16 per cent had on-going housing problems and felt that further help or support would be useful.

In terms of drug and alcohol needs of people living with HIV the survey also found:

- 9 per cent of respondents felt unhappy about their ability to cope with drug or alcohol related problems
- 14 per cent had experienced problems related to drugs and alcohol in the previous 12 months, over half of whom had not received any help to address these problems
- 10 per cent had ongoing problems related to drugs or alcohol and felt that further help or support would be useful.

Current Supply

Accommodation Based Services

Service Type	No of Services	No of Units	Comment
Supported Housing	3	25	Mixture of family supported housing and one bedroom self-contained flats.

- There are currently no floating support services designated for this client group although generic and single homeless floating support services are accessible.
- The aids and adaptations service is also accessible.
- The Total SP grant spend in 2004/2005 for people with HIV and Aids is £131,313 this constitutes 1% of the total Supporting People grant.
- Services for People with HIV and Aids are due to be reviewed in 2005-2006. Of the three services two are longer term accommodation for families and are therefore chargeable
- Value for money comparisons indicate a disparity in unit costs and costs per hour, which are significantly above the local benchmark figures. See appendix for further details.

Identified Priorities – People with HIV / AIDS

SUSTAINED NEED: POSSIBLE RECONFIGURATION

Tower Hamlets provides 25 units of long-term accommodation based support services for people with HIV/Aids in the Borough. There is no floating support service. The current supply is above regional and national averages. Whilst evidence suggests there is a sustained need for support services, significant changes in the effectiveness of combination drug treatment impacts on the need to offer services more flexibly in response to changing needs.

The majority of people in the Borough are housed in general needs accommodation or their own homes and only a small number of those diagnosed with HIV are receiving housing related support services. We will establish that the current supply is meeting local needs and look at the possibility of reconfiguring services to offer flexible floating support services that both increase capacity and work across a variety of tenures. This will also consider the provision of floating support for people in temporary accommodation both inside and outside of the borough.

⁶¹ What do you Need? Findings from a National Survey of people with HIV (2002) Weatherburn, Anderson, Reid and Henderson

7.10 Young people at risk and young people leaving care.

Tower Hamlets has an unusually high proportion of young people compared to national averages, especially those in the 20-34 age range. This is a trend reflected in a number of key Borough strategies and across the scope of Supporting People client groups where we have sought to recognise the particular needs of both young care leavers and young people at risk.

Strategic Framework

The key strategic framework for young people at risk and care leavers is provided by:

- **LBTH Homelessness Strategy 2003-2008 and Prevention Strategy**
- **LBTH Leaving Care Service Housing Strategy 2005-2008**
- **LBTH Youth Crime Reduction Strategy 2003**
- **LBTH Young Persons Substance Misuse Plan 2003-2006**

LBTH Homelessness Strategy 2003-2008: The specific needs of young people are identified in the Homelessness Strategy, one of its key objectives being to, "Analyse the trend towards homelessness disproportionately affecting young people and BME communities in order to proactively develop services for and with those groups." Supporting People is a key strategic partner in this objective, as part of our continuing emphasis on service provision driven by needs analysis and service user involvement.

As part of the Homelessness Partnership Board delivering the Homelessness Strategy we are working with providers, service users and stakeholders to:

- **Achieve measurable improvements across all services .**
- **Provide a clear focus on prevention.** The Homelessness Strategy has a prevention strategy which focuses on young people. The Homeless Service has developed a range of creative approaches to preventing homelessness in this group, such as working with young people to support a return to the family home where possible or offering other safe alternatives where this is no longer an option. The Strategy also identifies a number of other priorities to support young people such as increasing mediation successes for 16/17 year olds annually. Supporting People will work to implement these shared priorities, ensuring a range of appropriate prevention and support services are available to young people in the Borough.
- **Provide tenancy sustainment for young people and supported accommodation where appropriate for care leavers and young people at risk.** We will be working with local providers to ensure the pattern of services meets need and is accessible across all tenures.

Leaving Care Services Housing Strategy 2005-2008;

The implementation of the Children (Leaving Care) Act 2000 significantly increased statutory responsibilities to Care Leavers. Local Authorities have a duty to provide suitable accommodation to Care Leavers, which should be stable and secure. We are working closely with the Leaving Care Services to provide additional and alternative support for young people with high support needs in temporary accommodation. The provision of intensive floating support is also being considered.

Young People's services will also need to ensure they are contributing to meeting wider strategic priorities of reducing offending and substance misuse, set out in:

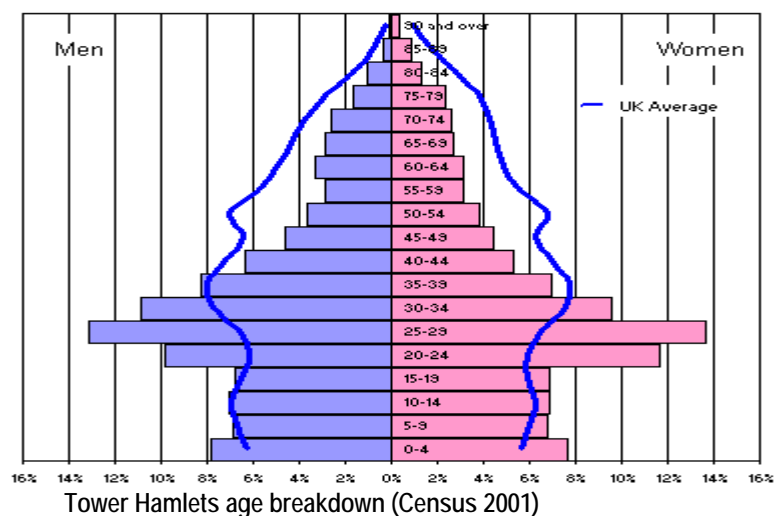
LBTH Youth Crime and Reduction Strategy (2003): Strategic objectives are to reduce offending and re-offending and tackle high-risk and persistent offenders; to target crime prevention, reduction and early intervention; to support victims and challenge victimisation; and to develop a co-ordinated strategic approach to youth crime and its prevention.

LBTH Young Persons Substance Misuse Plan 2003-2006: Priorities include screening and assessment, integrated care pathways, developing a new Child and Adolescent Mental Health Service, better co-ordinated outreach services, engaging families and family support, drug education and prevention work, cultural competence, integrated planning / commissioning and data collection.

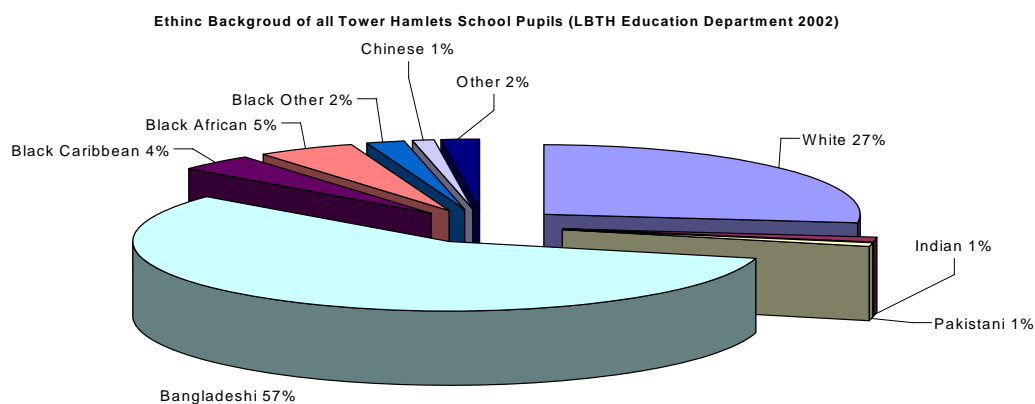
The Need for Services

Estimated Population – Young People at Risk:

- Tower Hamlets has disproportionately large numbers of residents aged under 25, as the following information from the 2001 Census shows:



- Tower Hamlet's youth population is extremely diverse. While about 48 per cent of all Tower Hamlets residents are from minority ethnic communities, the proportion is much higher among young people, as the following chart shows:



- We also know that 69% of school pupils have English as an additional language⁶²
- In general we know that poor educational attainment, school exclusion, poverty and overcrowding, as well as family breakdown, are all likely to increase the risk of homelessness to young people. A snapshot of relevant information shows:
 - 56% of school pupils are eligible for free school meals, indicating high levels of child / youth poverty⁶³.
 - Educational achievement in the Borough has traditionally been low, although standards are now rising quickly. In 2001 only 34 per cent of pupils gained five or more GCSEs at grades A* to C, rising to 43 per cent in 2003 – one of the fastest improvements in the Country. In 2001 only 30.7% of white pupils and 21.4% of Black Caribbean gained 5 or more GCSE passes at grade A* to C. Pass rates were much higher among Chinese, Indian, Bangladeshi, African and Pakistani pupils⁶⁴.
 - 1,402 young people had fixed term exclusions from school in 2002.
 - Connexions Futures identified 522 young people not in education, training or employment in November 2002

⁶² Tower Hamlets Borough Profile, LBTH

⁶³ DFES 2002, quoted in Tower Hamlets Borough Profile, LBTH

⁶⁴ LBTH Education Department and DFES 2002, quoted in Tower Hamlets Borough Profile, LBTH

- Offending by young people accounts for 26% of the overall crime figure for Tower Hamlets, and has risen by 22% in terms of offences committed and offenders processed in the youth justice system⁶⁵.
- Drug use is also a significant problem amongst young people. One piece of research estimated that 50-70% of Bangladeshi male youths in a particular housing estate have experimented with heroin, with 20-25% going on to develop a serious opiate habit⁶⁶.

Estimated Population - Care Leavers

- The number of care leavers has been increasing steadily since the Children Leaving Care Act came into effect. The Leaving Care Service (LCS) has a current caseload (August 2004) of 213 although this is expected to increase by 73 when unaccompanied asylum seeking young people are added to their caseload. In general, about 50 16 year-olds join the leaving care service each September and may stay with them up to the age of 24⁶⁷.
- The ethnic background of young people leaving care does not directly mirror the Tower Hamlets youth population in general. The LCS caseload is 50 per cent White, 22 per cent Black and 19 per cent Asian. The majority of the caseload is in the 18-21 age range although there are also 26 in the 21-24 age range⁶⁸.
- The Homeless Service now has greater responsibilities to care leavers, as the Homelessness Act 2002 extended the priority need group to include care leavers aged 18-21. In 2004 there were 13 young people in Homeless Persons Unit unsupported temporary accommodation. These young people tend to have higher support needs and have exhausted the Leaving Care Service supported housing provision⁶⁹. This gap in services, is recognised in the Leaving Care Service Housing Strategy.
- 32 of the Leaving Care Service caseload are parents, including 4 under 18. 46 have mental health or physical disabilities.

Consultation with Stakeholders

Consultation with the Leaving Care Service and the Homelessness Partnership board has focussed on the need for floating support services for young people with high levels of need currently housed in temporary accommodation. At present there is no service available to meet their needs and consultation has identified the importance of partnership and inter-agency working in this area.

Current Supply

Service Type	No of Services	No of Units	Description/Comments
High Support 25 Hour staff on site	1	4	Coram- offers 1 to 1 keyworking, jointly provided with leaving care team- shared house. Care leavers and young people at risk.
Medium Support	9	65	
Low	1	41	Drapers City Foyer- self contained bedsits and shared units
Schemes in Development			John Lawder - self contained flats Jeremiah House- self contained flats (Reprovision of Cambridge Heath Rd) Campbell Rd Hostel- Will provide some emergency housing

⁶⁵ Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005, p16

⁶⁶ Carey (2000) quoted in Tower Hamlets Young People's Substance Misuse Plan 2003-2006, p7

⁶⁷ LBTH Leaving Care Service Management Information Return, July and August 2004

⁶⁸ LBTH Leaving Care Service Management Information Return, July and August 2004

⁶⁹ LBTH Leaving Care Service Housing Strategy 2005-2008

Floating Services

Service Type	No. of Services	No. of units	Comments/ Description
Drapers City Foyer FS	1	5	
Floating support	1	6	

- These supply tables do not include our units for teenage parents, of which there are 22. Some of these units may accommodate care leavers, and all can be considered as young people at risk services.
- The Total Supporting People grant spend in 2004/2005 for young people leaving care and young people at risk is £1,124,060.80, which constitutes approximately 9% of the total Supporting People grant.
- Only one service has been reviewed to date. Services for young people are due to be reviewed in early 2005. Issues identified as likely to be important for all services in this client group are:
 - Value for money, both now and in the future.
 - Eligibility for supporting people grant.
- There is a recognised disparity in costs per hour for this group. Unit costs are also high. In some services staff costs per hour are often well above the local benchmarks.

Comparisons with ODPM profiles

Considered together these groups are above the regional and national averages for units per head of the population, however, this will need to be considered against the specific local circumstances.

Identified Priorities – Young People at Risk and Young People Leaving Care

GROWING NEED: ADDITIONAL UNITS AND EXPANSION OF FLOATING SUPPORT SERVICES REQUIRED.

Tower Hamlets has been very successful in ensuring a range of housing related options are available to provide for the support needs of our young people as they move towards independence. High levels of deprivation and overcrowding, as well as drug use and offending amongst young people means the demand for accommodation for young people who are homeless or at risk is high. The lack of affordable alternative accommodation for young homeless people also increases the demand for supported accommodation.

However, there remains a recognised lack of provision for young people with high support needs – this is a small group who are at risk of repeated episodes of homelessness because of their background, educational and behavioural issues as well as the lack of appropriate accommodation. The 20-bed direct access hostel which is in development at Campbell Road will be targeted at the most vulnerable of young people. Addressing youth offending and re-offending is a key priority within the borough. This new service will target the supported housing needs of young offenders, ensuring these are met appropriately and effectively.

Floating Support Services

The floating support scheme provided by Kipper offers support to six young care leavers at any one time who are given permanent (general needs) tenancies for the initial 6 months of their tenancies. This is a new service, set up in May 2003 and has been successful. The level of tenancy support for care leavers over the last three years is very high resulting in 95% of those offered permanent tenancies sustaining them. Referral arrangements have recently been changed to ensure that referral to the scheme is made when applying for permanent housing. Young people are further supported by the team of "settling in officers" employed by the Homeless Service. This is not a supporting people funded scheme but is vital in working with care leavers for the first year of their tenancy and works in partnership with the floating support service and personal advisors to provide resettlement support.

The availability of floating support services for young people remains low. In particular, there is a key gap in services for a small number of care leavers with high support needs who are presently in unsupported temporary accommodation. Floating support will also be expanded to ensure it is accessible for all young people at risk. Intensive or specialist floating support is required, as part of a package of care with social services.

7.11 Refugees

Refugees are people who have applied for asylum and have by law been granted refugee status - indefinite or exceptional leave to remain or discretionary leave to remain. Asylum seekers, do not directly come within the scope of Supporting People services.

Strategic Framework

The strategic framework in Tower Hamlets is provided by;

- **The Multi-Agency Refugee Strategy and Action Plan for 2004-2006.**

This Strategy and Action Plan considers the needs and aspirations of refugees across a wide range of sectors including community development and consultation; education, training and employment; health; housing; social care and community safety. Supporting People is the lead agency in the housing priority of developing specialist sheltered housing for Somali elders. Two of these schemes are already completed (one in partnership with social services) and another is in development.

Supporting People will continue to work as part of the Refugee Forum to oversee and deliver the multi-agency strategy.

The Need for Services

Estimated Population

- The GLA estimates that there are between 350,000 and 420,000 refugees and asylum seekers in London, about 1 in 20 of the city's resident population⁷⁰.
- Despite detailed information about the ethnic background of Tower Hamlets residents, there is no information about actual numbers of people who are refugees. Amongst the ethnic groups, however, the Somali community is recognised as the largest refugee group. It is also recognised that there are significant Vietnamese and Chinese refugee communities. Local agencies also report working with Kurdish, Turkish, Kosovan, Congolese, Rwandan and Burundian refugees.
- Due to the severe lack of information about refugees – many agencies are reluctant to make any estimate – Tower Hamlets Council is presently carrying out a refugee and asylum seeker 'census'. Results are expected to be published in early 2005, and the Supporting People Team will use this information to update the needs analysis in this strategy.
- The LBTH Homeless Assessment and Advice Service report that, while they do not assess refugee status, their perception is that refugees as a specific group do not make a significant impact on their caseload. This is likely to be because of the effect of the NAS dispersal system, where few asylum seekers, once granted leave to remain return to the Borough.
- Client Record Data for April – June 2004 identifies 52 new clients with refugee status as the primary support need, of whom 40 were African

Consultation with Stakeholders and Service Users

- Consultation with local stakeholders has pointed to the difficulties of gathering information and assessing needs of refugees. Local agencies report that once granted leave to remain, people are difficult to track and often 'disappear'. While this is likely to be a positive sign that they are integrating into the local community, it does create difficulties in assessing the needs of this group.
- While Tower Hamlets has some specific refugee communities, it is clear that most of their needs can be met through BME or mainstream provision across the various client groups. This is particularly the case where the refugee communities are long-established. Having said this, local agencies do report the occurrence of 'refugee-specific' needs – particularly with regard to mental health related to trauma, war and conflict.

⁷⁰ Refugees and Asylum seekers in London: A GLA Perspective (2001) GLA Policy and Support Unit

Current Supply

Accommodation Based Services

Level of Support	No. of Services	No. of Units	Description/ Comments
Low	2	13	

Floating Support

Level of Support	No. of Services	No. of Units	Description/ Comments
Floating Support	1	21	Floating support for general needs Somali tenants- Karin HA only

Further Supply information:

- In addition Latham House has 6 units for Somali refugees, although the primary client group is described as single homeless.
- A number of refugees are accommodated within the single homeless projects and young people's projects. There are two floating support services for Somali service users, totalling units 23. This service is categorised as a single homeless service.
- Supporting People funds a Sheltered Service specifically for Somali Elders, this is 16 units. A further sheltered service is in development for 20 units. The recently opened frail elders scheme has units available for frail Somali elders.
- Many Services in other client groups employ Somali workers to support this refugee community.
- Refugee services in Tower Hamlets have yet to be reviewed in 2005-2006.
- The Total SP grant spend in 2004/2005 for refugee services is £114,007, this constitutes 1% of the total Supporting People grant.
- Value for Money comparisons indicate a disparity in unit costs and staff costs per hour. In some cases these are above local benchmarks and will be investigated as part of the service review process.

Comparisons with ODPM profiles

Service provision per head of the population is above regional and National averages for this client group.

Identified Priorities - Refugees

SUSTAINED NEED: REQUIRES CONTINUING REVIEW and ADDITIONAL UNITS

There is a continuing requirement for services to meet the needs of refugees. To date a number of priorities have been identified through the work of the Multi-Agency Refugee Forum to address the needs of the Somali Community in Tower Hamlets, some of which have already been implemented.. The Somali Elders Phoenix Court service has been developed and funding for a further sheltered scheme due to open in 2005 has been agreed.

The Council does not keep separate records of refugees once refugee status has been granted and as such the needs of this client group becomes indistinguishable from other homeless groups. Many refugees once granted leave to remain may need access to housing and in the absence of any routes open to them into affordable housing may seek supported housing. In general the need for further accommodation-based services specifically for this client group will be limited as where refugees have additional support needs generic services should be accessible. For services working with other client groups, we will seek to ensure that accessibility for specific communities is addressed by the provision of culturally sensitive services and specialist workers, and where appropriate will consider the need for culturally specific services.

Future services will be more appropriately provided by floating support that can work with individuals in their own homes. Currently there are several new floating support services working with Somali refugees in independent accommodation across the Borough. The pattern of services, accessibility, issues of capacity, and value for money will need to be further investigated as part of the service review process to ensure they are providing a valued service meeting those most in need. Reconfiguration of these services will be required to ensure equity in accessibility and value for money. Generic floating support services should also be accessible to all groups including refugees. The service review process will seek to ensure this is the case.

Given that needs may change we will continue to monitor the pattern of refugee requirements in the Borough, keep the level of service under review, and seek to expand services if required.

7.12 Offenders and People at risk of offending

"Offenders are not an homogenous group. They are differentiated by ethnicity; age; gender; family background and the nature, circumstances, and frequency of the crime they commit. Their problems are often complex and interrelated, as many have poor life and coping skills."⁷¹

"Appropriate and accessible accommodation is the foundation of successful rehabilitation and management of risk of harm to others. It is crucial to sustaining employment, treatment, family support and finances... addressing severe accommodation problems can make a difference of up to 20 per cent in terms of a reduction in re-offending."⁷²

Strategic Framework

One of the Governments' key targets is to reduce crime and ensure public protection. Re-offending is estimated to cost £11bn nationally⁷³. The Strategic framework for people at risk of offending and re-offending is provided by;

- **The Reducing Re-offending: National Action Plan (2004)**
- **The Criminal Justice Act (2003)**
- **London Probation and NPS Business Plan 2005/6**
- **Regional Reducing Re-offending Strategy – due April 2005**
- **Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005**

There are also a number of other key documents that address the support needs of Offenders: The Community Plan, DAT Plans, YOT plans, The Homelessness Strategy and Domestic Violence Strategy.

Reducing Re-offending: a National Action Plan

Aims to reduce offending through greater strategic working and recognises that appropriate and accessible accommodation and support is key to successful rehabilitation and management of risk. The plan identifies a number of key activities and objectives, a number of which the Supporting People programme will be key in meeting;

- A commitment has been made to map and analyse existing housing and service provision regionally; considering how needs are being met; identifying gaps, including those for high risk offenders and considering this picture against the numbers of offenders flowing into each region.
- Measures will be introduced at the induction stage of imprisonment to establish whether existing tenancies can be sustained or effectively closed down.
- Local projects will commence that build on and spread best practice in improving accommodation outcomes for offenders.
- The Prison Service have introduced a key performance indicator (KPI) to increase the number of prisoners released with somewhere to live – this will be backed by guidance on effective housing interventions.
- Guidance will be issued to improve information sharing between National Offender Management Service and Local Authority, Social Service and Housing departments to enable offenders access to sustainable accommodation. This will have a key impact on access to Supporting People schemes and effective risk management.

London Probation and NPS Business Plan 2005/6

The NPS Business Plan will introduce a performance measure for housing, as a precursor to a KPI: "the percentage of offenders in suitable accommodation at end of order / licence compared to start".

Research evidence shows that offenders who are living in inappropriate accommodation or who are homeless are less likely to be given an 'intervention' (i.e. DTTO or offender behaviour programme) and are less likely to start/complete an order. Local priorities mirror those stated in the London Probation Regional Plan.

Regional Reducing Re-offending Strategy – due April 2005

Regional rehabilitation/resettlement strategies are to be revised and re launched by Regional Offender Managers as Regional Reducing Re-offending Strategies. These are intended to address the needs of all offenders, with

⁷¹ Paul Goggins, Minister for Correctional services and Re-offending". The Reducing Re-offending National Action Plan 2004.

⁷² The Reducing Re-offending National Action Plan 2004.

⁷³ Home Office (2004)

accommodation as an important strand and the proposed development of accommodation gateways. Measures include:

- Improving tenancy sustainment and closure on entry to custody
- development and introduction of a single Housing Needs Assessment linked to Local Authority Information
- development of Regional Accommodation Strategies and local Strategic Partnerships within the Regional Reducing Re-offending Plans
- Provision of Housing Advice and Support in all Prisons
- Development of community based Accommodation Gateways
- Involvement with Supporting People 5 year strategies.

The new **Criminal Justice Act (2003)** is in the process of being implemented over the next year or so and will have an impact upon housing for offenders in a variety of ways. Firstly, the new sentencing will introduce intermittent sentencing (periods in the community as well as in custody), and the return of statutory supervision by the Probation Service for offenders aged over 18, serving 12 months or less. This means that most short-term prisoners will serve 13 weeks or less therefore increasing the amount of people who will be eligible for on-going Housing Benefit whilst in custody). This should result in more tenancies being sustained though Housing Benefit (both SP and non-supported) and should have a positive impact upon homelessness prevention. Furthermore the new 'Generic Sentence' being introduced by the CJ Act (2003) will replace all current community sentences and will provide the sentencer with the opportunity to create a package of punishment, intervention and resettlement of which housing is likely to play a key role.

The Need for Services

The availability of appropriate support services and housing is vital to reduce re-offending, ensure effective risk management and linkage into other key support services. Home Office statistics show that:

- Prisoners who are homeless on release are more likely to re-offend.
- Up to a third of prisoners lose their housing during custody
- Having a stable secure address is;
 - crucial to access other support services
 - to maintain employment

There is often poor access to housing on release because of:

- Blanket bans on all ex-offenders
- Rent Arrears
- Lack of suitable/stable accommodation

A report by the Social Exclusion Unit⁷⁴ identified the following housing problems facing offenders:

- High rates of homelessness and living in temporary accommodation observed among ex prisoners. Homeless ex-offenders are 20% more likely to re-offend as some one with a stable home.
- 32% of prisoners are homeless at the time of being taken into custody.
- Nationally 40% of prisoners have no stable home to return to.
- Very poor collaboration between criminal justice agencies and housing related services to improve housing outcomes for this group.
- Failure of services to offer practical support to offenders to help them apply for Housing Benefit.
- The 13 week housing benefit rule makes it impossible for a sentenced prisoner in custody for three months or longer not to accrue rental arrears on property.
- A lack of, or difficulty accessing, housing – particularly supported housing for vulnerable prisoners with mental health problems, drug addictions or disabilities
- Quality and quantity of housing advice differs
- Vulnerable ex-prisoners often fail to be awarded priority housing status
- A lack of early interventions by services to enable prisoners to sustain, transfer or relinquish existing tenancies resulting in rent arrears, empty properties and prisoners families being evicted.
- Of those prisoners released in 1999, 59 per cent were convicted of another crime within two years. 37 per cent were back in custody on another prison sentence. Of those starting community sentences in the same year, 56 per cent were re-convicted within two years.⁷⁵
- A survey of prisoners in 2000 found more than half admitted to drug related offending.⁷⁶

⁷⁴ *Reducing Re-offending by ex-prisoners (2002) Social Exclusion Unit*

⁷⁵ *Reducing Re-offending - National Action Plan.*

- Offenders in the community who are subject to community based programmes are significantly more likely to complete their programme of supervision if in stable accommodation.⁷⁷

Reducing Re-offending: The National Action Plan also tells us that:

- Three quarters of prisoners have no paid employment on release.
- 52% of male and 71% of female prisoners have no qualifications at all.
- Around 55% of women in prison have children under the age of 16. One third have children under 5. About 70% of the children had been living with their mother prior to imprisonment.

Local Population

- London Probation has a local caseload of about 500 in Tower Hamlets. This comprises approximately one third ex-prisoners on licence and two thirds on community sentences.
- There are about 500 people in custody with a local connection to Tower Hamlets.
- About 85 new orders per month are made for Community Punishment and Drug Treatment and Testing Orders (DTTOs).
- There are currently 33 offenders on the Public Protection Register, although stakeholders suggest that this may be an underestimate.
- Research undertaken by the University of Southampton in 2002 on a sample of 132 offenders known to the Probation Service in Tower Hamlets⁷⁸ identified a number of key issues. All of the sample were in the community at the time either on a licence or serving a community punishment. The report expects the sample to be reasonably representative of the caseload in the Tower Hamlets Probation Area. Some of the key findings were as follows:

<p>65% of the sample misused drugs,</p> <ul style="list-style-type: none"> – of whom over half used heroin, and almost half used crack. – Over a quarter of those who used drugs had been in some form of drug misuse treatment programme, although none were presently in drug rehab services. – 79% of those categorised as being at high risk of re-offending were misusing drugs.
<p>23% misused alcohol.</p> <ul style="list-style-type: none"> – About a third of these people were reported to have been in some kind of alcohol misuse treatment programme, although no one was presently in a detox programme. – 54% of those categorised as being a high risk of harm to self or others misused alcohol – 13% misused both alcohol and drugs.
<p>27% of the sample were identified as suffering from some form of mental ill health.</p> <ul style="list-style-type: none"> – There were a significantly higher proportion of women who were reported to be suffering from some form of mental ill-health – 50% of the women in the sample. This compares with 25% of the men in the sample.
<p>Their type of accommodation was analysed and showed:</p> <ul style="list-style-type: none"> – 5% 'Roofless' (NFA) – 5% accommodated through Tower Hamlets Housing in B&Bs – 2% in other kinds of temporary accommodation. – 30% were in some form of tenancy or rented accommodation, broken down as : <ul style="list-style-type: none"> 24% in Local Authority tenancy (about a quarter of whom were facing arrears or eviction) 2% in Housing Association tenancy 2% in private sector rented accommodation 2% not known. – 6% were in some form of hostel accommodation – 28% were living with their parents – 11% with another relative. – 7% were living with a friend.
<p>Of the 7 people reported to be 'Roofless' (NFA):</p> <ul style="list-style-type: none"> – All were male – 3 were categorised as being at a high risk of re-offending – 4 misused drugs – 3 misused alcohol

⁷⁶ *Confident Communities*

⁷⁷ *Supporting People Guidance for National Offender Management Service*

⁷⁸ 'A study of the accommodation needs of 'offenders', and 'street crime' known to the probation service, in the London Borough of Tower Hamlets', (2002) Dr Richard Kay, University of Southampton.

– 2 were reported to be suffering from some form of ill-health

In terms of youth crime, we know that offending by young people accounts for 26% of the overall crime figure for Tower Hamlets, and has risen by 22% in terms of offences committed and offenders processed in the youth justice system⁷⁹.

Consultation with Stakeholders

In the 15-month period from April 2003 to end of June 2004, Tower Hamlets Probation Service referred 202 offenders to housing advice of whom 142 presented for assessment.

- 109 individuals were referred to one or more housing option (the other 33 were usually people who didn't want the options available or failed to maintain the necessary contact).
- The total numbers of referrals to housing was 241 - 37 to HPU and almost all the rest to supported housing (hostels or specialist offender accommodation such as NACRO, Penrose & North West London HA).
- Several of those referred to HPU were also referred to supported projects whilst waiting for the outcome or following rejection.
- This provides an average of 80 to 90 individuals a year referred to (and needing) supported housing.
- 27% of referrals to housing were successful and 50% of individuals referred to housing were successfully housed

Consultation with stakeholders also identified the following key outcomes for Supporting People working with offenders:-

- To reduce crime and the fear of crime
- To reduce substance misuse and related crime
- To reduce antisocial behaviour
- To protect the public
- To increase tenancy sustainment and prevent homelessness
- To promote independence or the ability for the offender to remain independent

Current Supply

Service Type	No. of services	No. of units	Comment
Floating Support Service	1	20	Specifically for ex-offenders.
Floating Support	1	30	Categorised as a mental health scheme- works with ex-offenders with a mental health issue
Young People		4	4 units allocated for young offenders in a young persons scheme
Schemes in development	1		Young people scheme will also support those at risk of offending and ex offenders.

- Many other schemes accommodate offenders - particularly single homeless projects and schemes for young people at risk. From a survey of single homeless schemes in the Borough we know that a number of hostels accommodate offenders with multiple needs – where this is the case we need to ensure that providers have effective risk management schemes in place.
- Utilisation rates for these services are 100% for 2003 -2004 indicating a sustained need that cannot be met by existing provision.
- The Total SP grant spend in 2004/2005 for offenders is £169,722, this constitutes 1% of the total Supporting People grant. This does not include services whose primary focus is on other client groups.
- Services for offenders will be reviewed in November 2005.
- Services for this client group are within local benchmarks for unit costs and staff costs per hour.

Comparisons with ODPM profiles

Local supply is slightly below the Regional and National average for units per head of the population at 0.10 compared to 0.14.

⁷⁹ Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005, p16

Identified Priorities – Offenders and People at risk of offending

SUSTAINED NEED: REQUIRES EXPANSION AND REVIEW OF ACCESS ARRANGEMENTS TO GENERIC SERVICES

Tower Hamlets has made continued progress in meeting the needs of ex-offenders. The Council continues to work in partnership with Providence Row Housing Association to ensure the housing needs of ex-offenders are met on their release from prison and between April and September 2004 a total of 109 referrals were made. Outreach work, through the local County Courts and the Council's One Stop Shops, has recently been introduced to provide legal, financial and housing advice to those at risk of homelessness within the social and private housing sectors. Other initiatives include:

- provision of tenancy sustainment support for all new tenants
- development of a protocol with the Health Authority to ensure discharged patients move directly into appropriate accommodation
- provision of debt counselling facilities for all housing sectors

The complexities of need for offenders means they will often be represented in other client groups including single homeless, mental health and drug and alcohol misuse services. There are also a number of services that whilst not defined as offender provision are nonetheless supporting this client group. These include the Providence Row prison link worker scheme working with offenders who also experience mental health issues and the Campbell Road scheme, currently in development, which will work with young offenders or people at risk of offending.

However, significant gaps have been identified in the provision of services for offenders and people at risk of offending. There are only 24 units specifically targeted at this group, but the demonstrated need remains high, particularly amongst young people. The research suggests many offenders face a complexity of issues including drug and alcohol misuse and in some cases mental health issues. In general we know that many offenders do not have the skills to deal effectively with issues around accommodation, benefits, employment, health care, drugs and alcohol treatment and family problems that may be faced on immediate release. Ensuring the provision of appropriate housing related support services and supported accommodation is challenging, and we are committed to finding creative and effective ways to address these needs. We have identified a number of key strategic objectives:

Access to Services

Many schemes operate a blanket ban on people with a history of offending. We want to explore the appropriateness of these exclusions on a case by case basis during service reviews. This presents an important opportunity to widen, where appropriate, access for offenders. Key to this will be the promotion of effective risk management in providing services and ensuring exclusions are made on a more rational risk assessment basis where they are rejected.

Needs Led Services

We will address the recognised gaps in service provision. Our aim is to expand floating support services and open access to existing accommodation based services rather than developing new accommodation based schemes. Our current priorities are:

- Services for offenders and their families. This will cross over with homeless family provision where this need has also been identified.
- Services that can support individuals with complex needs, including drug and alcohol issues.
- Services for women.
- The development of Campbell Rd: offending by young people in the Borough accounts for 26% of the overall crime figure for Tower Hamlets, and has risen by 22% in terms of offences committed and offenders processed in the youth justice system to 80. There is a continued need for schemes for young people at risk and young offenders, especially where they are not stigmatised by being in a designated 'offender' service. Of continued importance is the need for support to service users in accessing education, training and employment.

Partnership working

We will work to build and maintain effective links with the prison services, Homeless Service and criminal justice agencies to ensure:

- Good information sharing protocols are in place to enable effective risk management and access to services for offenders.
- To strengthen referral routes.
- Statistics indicate that the vast number of offenders have been housed in local authority general needs accommodation. We will work to ensure referral routes and access arrangements are in place to ensure individuals are linked into the Tower Hamlets tenancy sustainment services.

⁸⁰ Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005, p16

Effective Risk Management

Where offenders are accommodated in non offender-specific schemes, we will be working with Providers and stakeholders to introduce more targeted performance monitoring and quality standards aimed at minimising and monitoring risk on a consistent basis. This will be particularly important where offenders have multiple needs.

7.13 Travellers

There are no Supporting People funded services for Travellers in Tower Hamlets. After consultation with stakeholders, the Supporting People programme has judged that there is not a need for specific housing related support services for this client group. There is one Traveller site in the Borough which accommodates 19 families. This is managed by the Council and there is a Travellers Liaison Officer in place to assist with access to mainstream services. This existing council provision is regarded as the most effective way to address the identified needs within this community, which includes mental health, drugs and alcohol. Additional services include a Traveller Service and an Ethnic Minority and Travellers Achievement Service, both of which focus on linking young people into education.

7.14 Generic Services

Anti- Social Behaviour and Mediation service

Tower Hamlets was one of the first local authorities to introduce a victim centred approach in the reporting of race and other hate crimes and to establish multi-agency working. Its work in this area, principally through the Anti-Social Behaviour Control Unit (ASB CU) and Domestic Violence Action Team (DVAT) is informed by the need to build the trust and confidence of residents, including both victims and local communities.

The ASB CU comprises a number of small teams focused on:

- management of the ASB free phone reporting number and the Hate Crime information line, an extension to the Third Party Reporting System to allow access for vulnerable groups/victims of hate crime, including racial and faith hate, domestic violence and homophobic crimes;
- investigation of serious incidents of ASB and hate crime - to date the ASB CU have received and investigated more than 7,000 cases; securing 19 ASBOs and 2 injunctions, signing 117 ABCs, serving 88 NOSPs;
- provision of practical guidance and best practice advice to the Council's Local Housing Offices, RSLs and 3rd sector agencies;
- provision of support plans for 360 vulnerable victims and perpetrators, including counselling, personal safety equipment, such as CCTV and mantiss alarms linked to the police, accompanying victims to court, referral to specialist services and advocacy on victims behalf;
- tackling racial harassment and raising awareness in schools and local communities through a multi-agency approach;
- use of the latest surveillance equipment, manned by professional witnesses, has helped secure 4 ASBOs.

The future of generic housing support services are dependent upon the overall strategic direction of Tower Hamlets housing, which will be affected by the outcome of the current Housing Choice programme. This provides all residents with the choice of transferring to an alternative social landlord. The Supporting People strategy will continue to be closely co-ordinated with the Housing Strategy, working in partnership to support vulnerable residents in the midst of changing and developing services.

Current Supply

Service Type	No. of services	No. of units	Comment
Floating Support – Anti Social Behaviour control unit	1	210	
Floating Support - Client Support	1	287	
Floating Support – Mediation Services	1	94	
Floating Support – Tenancy Sustainment Service	1	220	
Floating Support	1	4	
Adaptations Service	1	972	

8. Value for Money and Service Reviews

8.1 Introduction

The Supporting People Team is responsible for implementing a robust programme of individual service reviews that are scheduled to complete by the end of March 2006. In conducting these reviews a clear policy framework has been developed and agreed by the Commissioning Body in line with ODPM requirements. The Policy prioritises the principals of cost effectiveness, value for money and positive outcomes for service users. All Providers have a copy of the procedure to ensure they are kept fully informed of the process and have clear expectations from the review.

An inclusive approach has been adopted to prioritise the service reviews, ensuring all services are visited and service users given the opportunity to comment on their service throughout the course of the review. This has enabled a greater understanding of individual services and the pattern of service provision generally. It has also resulted in more informed decisions being taken with regard to quality, value for money and efficiency savings. There are several other benefits;

- It enables more informed decisions about strategic relevance by ensuring detailed knowledge of who is using services, and how and what they think about them.
- It enables a refined approach to service user consultation.
- It enables a focus on continuous improvement, to set an early benchmark for quality and work with providers to ensure they are able to meet this benchmark.
- It enables the supporting people team to meet both service users and Providers and build partnerships.

8.2 Timetable for Reviews

The review programme is currently in progress and on schedule to complete all service reviews prior to the end of March 2006. The original review programme has been redrafted to reflect the following priorities;

- Services with higher than average costs per hour or unit costs have been brought forward in the programme.
- All floating support services have been prioritised as future reconfiguration is anticipated.
- Some Single homeless and rough sleeping services have been prioritised where there are concerns about cost, quality or strategic relevance.
- Services where there are concerns about strategic relevance have been prioritised.
- Services that have been assessed as high risk have been prioritised.

Tower Hamlets has three team members conducting the reviews, each of whom has responsibility for a number of key client groups. As such reviews for a number of client groups are often running consecutively.

Revised Programme for: 2003/04

Client Group	No of services
Older People with Support Needs	4
Frail Elderly	1
People with Learning Disabilities	6
Drugs & Alcohol	9
Young People	1
Rough Sleepers	1
Single Homeless with support needs	3
	30

2004/05

Client Group	No of services
Single homeless with support needs	14
Rough Sleepers	6
Older People with support needs	22
People with learning disabilities	4
People with mental health issues	18

Frail elderly	1
People with HIV	1
Teenage Parents	1
Women fleeing Domestic Violence	2
People with physical disabilities	1
Ex- offenders	1
Care leavers and young people at risk	5
	76

2005/6

Client Group	No of services
Young People at Risk & Leaving Care	9
People with Physical Disabilities	1
Homeless Families with Support Needs	3
Women fleeing Domestic Violence	3
Teenage Parents	1
Refugees	2
Older People with Support Needs	16
Frail Elderly	3
Generic Services	3
Single Homeless with Support Needs	14
	55

Interface with other reviews.

The Supporting People review programme has been time-tabled to consider Council Best value reviews. Those relevant to the Supporting People Programme are the Anti- Social Behaviour review, concluded in 2002, and the Best Value Review of Sheltered Housing, due to take place in early 2005.

8.3 Value for Money in Service Reviews.

To ensure value for money and services are directed at priority need, Tower Hamlets has focused on ensuring that the review process is able to;

- Decommission services that are not strategically relevant.
- Ensure all Supporting People services are eligible for Supporting People funding under the grant regulations.
- Target services with high hourly costs

The Commissioning Body has developed and agreed to implement guidance on the maximum hourly staffing rates for all services at £25.00; overheads in the region of 15%, and surplus figures for each service between 2-4%. The approach assumes that the most appropriate means of benchmarking value for money across services is to look at the cost of staff per hour as it is the most effective means of making cross service cost comparisons. It also ensures that services with high unit costs due to the level of staffing are not adversely penalised.

This guides Review Officers and Providers in approaching the value for money of services during reviews. The Supporting People Team will, however, conduct each review individually and exercise flexibility in implementing this policy. To maximise consistency, all Providers are required to submit a detailed breakdown of their costs using a standard template to enable benchmarking, together with end of year accounts. This is then considered together with the Supporting People eligibility criteria which focuses on ensuring the grant is spent in accordance with the grant conditions.

In the longer term, Tower Hamlets has made a commitment, through its involvement in the East Sub-region Supporting People Managers Group, to develop a Sub-regional approach to value for money that is consistent across the sub-region.

8.4 Performance Management.

The performance of providers is monitored annually by the Commissioning Body.

To date, Tower Hamlets have implemented the standard mandatory performance indicators. Further work will be undertaken in 2005-2006 to expand these and introduce client group specific indicators where appropriate.

8.5 Quality Assessment Framework.

To date, the focus of the team has been to validate all self-assessments at the point of service review, developing an action plan where appropriate. The focus of the programme is on improving the quality of services provided to service users and the self-assessment and the validation visit are essential tools in facilitating this process.

To date the six mandatory objectives have been introduced across all services. All Providers were asked to complete a self-assessment prior to the end of March 2004. The supplementary objectives will be introduced during 2006 and are listed in the annual plan. All Providers will be asked to complete a self-assessment and action plan which will be monitored as part of the contract monitoring process.

8.6 The Review Programme to Date

The review programme has already resulted in substantial benefits and changes to existing service provision in the Borough. These can be broadly categorised into several different but often inter-related aspects;

- Savings to the overall programme.
- A number of services that are not strategically relevant have been decommissioned.
- Service users have been involved in 100% of the reviews undertaken to date.
- A number of Services have completed action plans that have seen real improvements in the quality of service provided. Many of these have moved from a level D to a level C on the quality assessment framework.
- In a few cases we have increased funding to services where costs were understated.
- A number of services have been identified for remodelling.

8.7 Steady State Contracts.

We are in the process of finalising a steady state contract that all Providers will be asked to sign up to on completion of a successful service review.

In some circumstances we will put existing or remodelled services out to tender. This is more likely to occur where:

- The nature of the service has changed significantly
- The contract is very small, it will be more effective to amalgamate it with another contract
- There are unresolved quality issues arising from accreditation, service reviews, or performance monitoring
- More specialist expertise will be required in the future
- Other significant advantages have been identified from putting the service out to tender

9. Cross Authority links

9.1 Cross Authority issues for Tower Hamlets.

Although Supporting People is a programme primarily to meet the needs of local people there are a range of services in the Borough that are meeting a wider cross authority or London wide need.

ODPM guidance sets out that for certain client groups cross-authority provision may be appropriate. These groups are:

- Single homeless and rough sleepers.
- Women at risk or fleeing domestic violence.
- People who use drug or alcohol.
- Offenders and those at risk of offending.

A number of services are also designated as of national or regional importance, none of these are located within Tower Hamlets.

Tower Hamlets has a significant number of services that continue to be accessible to individuals from outside of the borough. Its history of providing innovative services to tackle homelessness and rough sleeping resulted in an unusually high amount of cross authority provision. Consideration has been given to which services should retain this status, and in addressing this a number of factors have been considered;

- Does the service provide for one of the client groups listed ?
- Is it of benefit to the service user to move away from their local area, or does it enable the effective management of risk?
- What are the existing referral routes for this service and are they appropriate?
- Is the service providing a specialist service?

Tower Hamlets is committed to working strategically with partners from across London to meet London's broader needs. The supporting people strategy will seek to maintain the existing cross authority access to services where this is both beneficial and appropriate - whilst at the same time ensuring local people have access to services that meet their needs.

The strategy seeks to strengthen links across different provision to encourage a more responsive, imaginative and flexible approach to the use of services locally.

9.2 Regional Working

Tower Hamlets is committed to working collaboratively with neighbouring boroughs, developing joint working arrangements, including the provision of regional commissioning where appropriate. Through the work of the ALG and the East London Supporting People Managers Group and Sub-regional Affordable Housing Strategy produced by the East London Housing Partnership approach, this will be refined and developed as the Supporting People Programme progresses.

- **Association of London Government.**

Tower Hamlets is committed to the development of the London Supporting People Strategy whose vision is;

" By 2010, London, through partnership between Boroughs and service providers will provide services to enable vulnerable people to achieve settled accommodation and services that support entry to employment".

A cross authority statement has been developed together with our partners in the ALG. (see appendix 8). Tower Hamlets is represented on the ALG Strategic Forum through the representation of the East London Lead officers Group.

The ALG Supporting People Strategy looks at support services for London as a whole and establishes;

- The links between Supporting People and other London wide Strategies.
- The case for resources for London.
- The impact of services for people in London as a whole.
- How issues between Boroughs and Providers will be resolved.

- **East London's Supporting People Officers Group**

Tower Hamlets is a member of the East London's Supporting People Officers Group which is made up of 8 East London Boroughs. The group is committed to working in partnership, sharing good practice and establishing joint working initiatives where appropriate. The Mission statement of the East London Supporting People Officers group is attached as appendix 7. The group is working towards developing and implementing more effective cross authority working, especially with regard to the following key issues;

- Benchmarking the approach to service reviews and value for money in service reviews.
- Joint accreditation procedures and processes.
- Sharing good practice.
- Developing and ensuring effective systems are in place for the planning and commissioning of services with ALG, East London Group.
- Participation in the development of the Strategy for London.
- Reviewing the quality of cross authority provision locally in line with guidance produced by the ODPM and ALG.

10. Risk Management

The strategy seeks to ensure service quality and safety are properly assessed. The scale and complexities of the Supporting People Programme require a thorough assessment of risk to ensure protection against a variety of incidents. The potential impact on service users and staff in services, communities or the Council require that all potential risks are identified and mitigating action taken.

There are a number of potential areas of risk that have been identified;

- environment related such as fire, flood or major incident which could lead to disruption in the service;
- service related failures such as the insolvency of a provider;
- management related such as fraud or financial mismanagement.

It is recognised that these events do occur and in some cases cannot be predicted, but through appropriate risk assessment risks can be mitigated to enable service users to continue to receive a service with the minimum amount of disruption.

The strategy aims to ensure that Providers manage services and the associated risks effectively. Tower Hamlets will continue to work with service providers through the accreditation and validation process to ensure that risks are considered and minimised. The supporting people team also works closely with Providers to ensure they have effective contingency plans in place.

Tower Hamlets has put in place policies and procedures setting out our approach in the event of a service collapsing. In the case of major incidents such as severe fire, Major Incident Plan arrangements are in place to arrange alternative services where needed. If a service collapses for financial or other reasons we will refer to agreed guidelines which are in place to address the legal and financial position.

The overall aim of the guidelines is to ensure that service users continue to receive adequate support.

Fire, Flood and other Major Incidents.

We will expect all Service providers to have adequate disaster plans in place as to the procedure in the event of a major incident. We will be working with Providers throughout 2005 to ensure these are in place and a copy retained by the Supporting People team.

Service Collapse

In identifying and managing risks the following arrangements will be implemented;

- Identification of "at risk" services is progressing through regular contact with service providers as part of the review and accreditation process. Tower Hamlets will also work throughout 2005 to develop a risk register of services and/or providers that is regularly updated. The review and validation visit will be used to identify or classify services into risk categories, this will then inform whether we want to continue contracting with a provider or seek alternatives. It will also inform the frequency of further validation visits, and contract review or performance monitoring meetings.
- Risk indicators will be built into future monitoring systems to provide a system of early alert.
- The accreditation process is specifically designed to identify "at risk" Providers. Where concerns are raised measures will be taken to either work with the provider to resolve any issues identified or another provider will be identified to provide support.
- If a small scale provider collapses, the first step of the Commissioning Body would be to seek the assistance of a larger provider where possible, with relevant expertise to manage the service and keep it operational until longer term arrangements could be made.

- If a service of a larger scale provider collapsed, the Commissioning Body would expect the provider to have the capacity to keep the service operational permanently or until longer term arrangements could be made. It is unlikely that a large provider and its services would collapse without any prior indication. This will be reduced by building risk indicators into future monitoring.
- It may be possible for the Commissioning Body to come to some local arrangements with larger providers with sufficient capacity to be on 'stand by' in the event of a service collapsing and this will be investigated locally.

11. Local charging policy

The Supporting People Team has put in place a shared Charging Policy with Tower Hamlets Social Services, agreed by Cabinet in 2003. The Policy is due to be considered by Cabinet in early 2005, to reflect a number of revisions, including the updating of the appeals procedure.

The Policy has been developed in line with ODPM guidance and service users are not charged for their services where they are:

- **Short-term.**
Services where the intended length of stay is less than 2 years.
- **In receipt of housing benefit.**
Service users in receipt of housing benefit are “passported” or exempt from charging.
- **Or receive transitional protection.**
in the case of tenants of Tower Hamlets sheltered schemes, in residence prior to April 2003. New residents not in receipt of housing benefit are charged for their service.

Under Tower Hamlets Charging Policy the maximum level for Supporting People charges is the total cost of the service provided.

Service users in long term services who do not receive housing benefit, and do not have protection under the arrangements described above, are liable to pay some or all of their support charges. They may apply for a Fairer Charging financial assessment which if successful will mean that some or all of their charges are met by the Supporting People grant, dependant on their individual circumstances.

Tower Hamlets has also put in place an over and under payment protocol, which all providers of Subsidy contracts have signed up to as part of the contract arrangements. Where changes in payments have been identified, the next payment to the provider is altered accordingly.

12. Identified Strategy Proposals by Client Group

12.1 Client Specific Identified Priorities

The following table sets out a number of specific priorities which have been developed from the detailed needs analysis supply and gap analysis and consultation with service users and other stakeholders. These have been set out together with a brief summary of the need and supply analysis that underpins the identification of priorities.

Client Group	Needs Analysis	Strategic Priorities
Single Homeless and Rough Sleepers	Sustained need	<p>Services require reconfiguration of accommodation-based and floating support services. Some decommissioning/ remodelling expected.</p> <ul style="list-style-type: none"> ▪ Reconfigure existing accommodation based services to ensure they are targeted at those most in need and accessible to all groups. Within this further units will be need to be created for couples, women-only provision, offenders, BME communities. ▪ Services not meeting decent homes standards to be decommissioned or reprovided – including shared accommodation. ▪ Reconfigure floating support services to improve access, availability, capacity and ensure value for money. ▪ Improve and streamline access and referral arrangements to hostels and accommodation-based services. ▪ Develop a move on strategy that maximises the availability of move-on accommodation. ▪ Increasing the number of specialist drug and alcohol workers in accommodation-based services ▪ Increasing the number of specialist mental health workers in accommodation-based services.
	<p>There is a sustained need for both accommodation-based services and floating support services. In the case of supported move on for these groups current provision is unable to meet demand. There is also some duplication in floating support services and the need for increased capacity across tenure.</p> <p>Action is required to ensure existing services are supporting those most at need both in terms of support needs and access to minority groups. The development of a move on strategy and review of referral arrangements will also maximise the availability of move on for this client group.</p> <p>There is a need for accommodation services, especially large hostels, to more effectively meet the needs of a population with complex needs.</p>	
People with Drug and Alcohol needs	Changing need and growing need	<p>Services require reconfiguration and additional units are needed.</p> <ul style="list-style-type: none"> ▪ Increase the number of units of second stage accommodation for former drug users. ▪ Reconfigure and increase capacity of floating support services to meet the needs of people with drug and alcohol issues. ▪ Develop a specialist sheltered service to meet the needs of an elderly population who have drug and alcohol issues.
	<p>There is a significant unmet need in services for people with drug and alcohol needs that cannot be met by existing provision. An increase in the number of people accessing drug rehabilitation means the need for second stage follow up accommodation service in the Borough is high. There is also an increasing elderly population with drug and alcohol related needs that cannot access existing services for the elderly.</p> <p>There is also some duplication in floating support services and the need for increased capacity across tenure.</p>	
Older People	Changing need for sheltered provision. Growing need for frail elderly and floating support	Services require reconfiguration and additional units

	<p>Sheltered housing is a home for life. This means that changes cannot be made to existing provision without a best value review being undertaken. There is a need to define the role for sheltered housing in the Borough and to ensure all services are able to meet the accommodation and quality standards.</p> <p>Whilst the value of sheltered housing is recognised, not all individuals will want to move into sheltered. To maximise individual choice the gap in floating support for this group will be addressed.</p> <p>There is also an increased need for frail elderly units in the Borough.</p>	<ul style="list-style-type: none"> ▪ Undertake a Best Value review of sheltered housing to ensure services are required, of a good accommodation and service standard and accessible to those most in need. ▪ Increase the amount of frail elderly units, including some units for older people with dementia. ▪ Reconfigure and increase capacity of a floating support service for the elderly. ▪ Develop a floating support service for older people with dementia and / or mental health needs.
Women Fleeing Domestic Violence	<p>Sustained Need:</p> <p>There is the need for increased capacity across tenure, especially for women placed in temporary bed and breakfast accommodation.</p> <p>Accommodation standards in some of the services need to be addressed, and a shortage of second stage accommodation.</p>	<p>Requires Additional Units</p> <ul style="list-style-type: none"> ▪ Develop an intensive floating support service for women in bed and breakfast accommodation. ▪ Increase the number of second stage accommodation available. ▪ Remodel existing accommodation based provision that does not meet decent homes standard or is shared. ▪ Ensure services are accessible and able to meet the needs of individuals with drug and alcohol issues through provision of specialist drug and alcohol workers and training.
People with mental health needs and mentally disordered offenders	<p>Changing need and significant unmet need</p> <p>There is a significant unmet need in services for people with mental health issues that cannot be met by existing provision. The nature of services required means that turnover is often slow. Action is required to increase the through put in existing schemes, and additional accommodation units are required across the spectrum of support to address this gap. Some reconfiguration of existing schemes will also ensure services are targeted at those most in need.</p> <p>An increased capacity of floating support services to meet the needs of individuals moving into their own accommodation will also increase throughput.</p>	<p>Services require reconfiguration and additional units</p> <ul style="list-style-type: none"> ▪ Develop additional low support units to improve move-on and move-through. ▪ Reconfigure and retarget existing accommodation based services to ensure they are targeted at those most in need. ▪ Expand intensive floating services. ▪ Decommission or remodel services that do not meet decent homes standard including some shared accommodation. ▪ Reconfiguring floating support services to improve access, availability, improve capacity and ensure value for money. ▪ Ensure services are accessible and able to meet the needs of individuals with drug and alcohol issues. ▪ Establish protocols for increased move-on into general needs accommodation. ▪ Develop a high support scheme for people with dual diagnosis, personality disorders and forensic histories, 8-10 units.
People with Learning	<p>Significant unmet need</p>	<p>Additional units Required</p>

Disabilities	<p>There is a significant unmet need in services for people with learning disabilities that cannot be met by existing provision. The nature of services required means that turnover is slow. Additional accommodation units are required across the spectrum of support to address this gap. Together with an increased capacity of floating support services to meet the needs of individuals living in their own accommodation.</p>	<ul style="list-style-type: none"> ▪ Develop additional units of accommodation. To include; a high support service that is an alternative to residential care or being placed out of the Borough; a service for women who have been abused or require female only support; a key-ring scheme; low supported units. ▪ All new developments to include wheelchair accessibility. ▪ Establish protocols for increased move-on into general needs accommodation. ▪ Establish a process for the strategic collection of information on long term future needs.
Homeless Families With Support Needs	<p>Sustained need</p> <p>There is no current need for specific accommodation based services. There is a need to increase the capacity of floating support services for this group</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Increase access to floating support services as part of an overall reconfiguration of floating support, including support for those in B & B accommodation.
Teenage Parents	<p>Sustained need</p> <p>Current accommodation based services cannot meet the demand, there are a number of teenage parents in unsupported accommodation. Additional units are required.</p> <p>There is also a need to offer floating support services to those who do not access supported accommodation.</p>	<p>Current scheme in development to address needs</p> <ul style="list-style-type: none"> ▪ Develop specific accommodation based service through Drapers City Foyer. ▪ Develop a floating support service for teenage parents not in supported accommodation or following move on to general needs accommodation. ▪ Undertake a service user led review of service users' experience of supported housing, in partnership with PCT
People with Physical Disabilities	<p>Sustained need</p> <p>There is no current unmet need for accommodation services for people with physical disabilities alone. However, individuals will have a range of needs that might be more appropriately met by another service type.</p> <p>There is also a need to offer floating support services to those who do not access supported accommodation.</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Increase floating support units available as part of an overall reconfiguration of floating support. ▪ Ensure all new developments enable access for people with disabilities. ▪ Develop a consistent mechanism for monitoring the numbers and needs of people with physical disabilities and future trends in Partnership with the Partnership Board.
People with HIV / AIDS	<p>Sustained need</p> <p>The changing profile of need for people with HIV and Aids means there is not an unmet need for accommodation services. Services will need to be able to support individuals in their own home on a more flexible basis.</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Reconfiguration of current services to offer flexible floating support services.

<p>Young people at risk And young people Leaving care</p>	<p>Growing need</p> <p>The population profile of Tower Hamlets together with the demand for existing services means that existing accommodation based services cannot meet current demand. There is also a recognised unmet need for young people with very complex needs that cannot be met within existing service provision as well as a lack of floating support for this group.</p>	<p>Additional units in development should meet the need for accommodation based services. Expansion of floating support needed.</p> <ul style="list-style-type: none"> ▪ Develop further accommodation based services through the provision of Campbell Road and Drapers City Foyer. ▪ Develop an intensive or specialist floating support service for young people with high support needs. ▪ Increase general floating support units available as part of an overall reconfiguration of floating support.
<p>Refugees</p>	<p>Sustained need</p> <p>There is no current need for accommodation services. There is some duplication in floating support services and the need for increased capacity across tenure.</p>	<p>Reconfiguration and increased capacity required</p> <ul style="list-style-type: none"> ▪ Reconfigure floating support services to improve access and availability, improve capacity and ensure value for money. ▪ Continued provision of culturally sensitive services.
<p>Offenders and people at risk of offending</p>	<p>Sustained need</p> <p>There are few specific accommodation based services for offenders, we will need to ensure access into other services where appropriate and maximise the availability of floating support services.</p>	<p>Requires expansion and review of access arrangements to generic services</p> <ul style="list-style-type: none"> ▪ Widen access arrangements within other services to ensure provision for offenders. This will need to consider the requirement for general units as well as individuals with complex needs, women, young people and offenders with families. ▪ Increase floating support units available as part of the overall reconfiguration of floating support. ▪ Increased partnership working with the criminal justice system. ▪ Ensure effective risk management in all accommodation-based services.

13. Strategy Implementation

13.1 Delivery and Monitoring Arrangements.

The Administering Authority, Tower Hamlets Council, will deliver the Strategy to ensure Supporting People is able to meet its vision and aims. The Supporting People team is required to report regularly on its progress to the ODPM, the Council Executive, the Core Strategy Group and the Commissioning Body. Supporting People is also accountable to the Community Plan Action Group for *Living Well* which has agreed the Strategy.

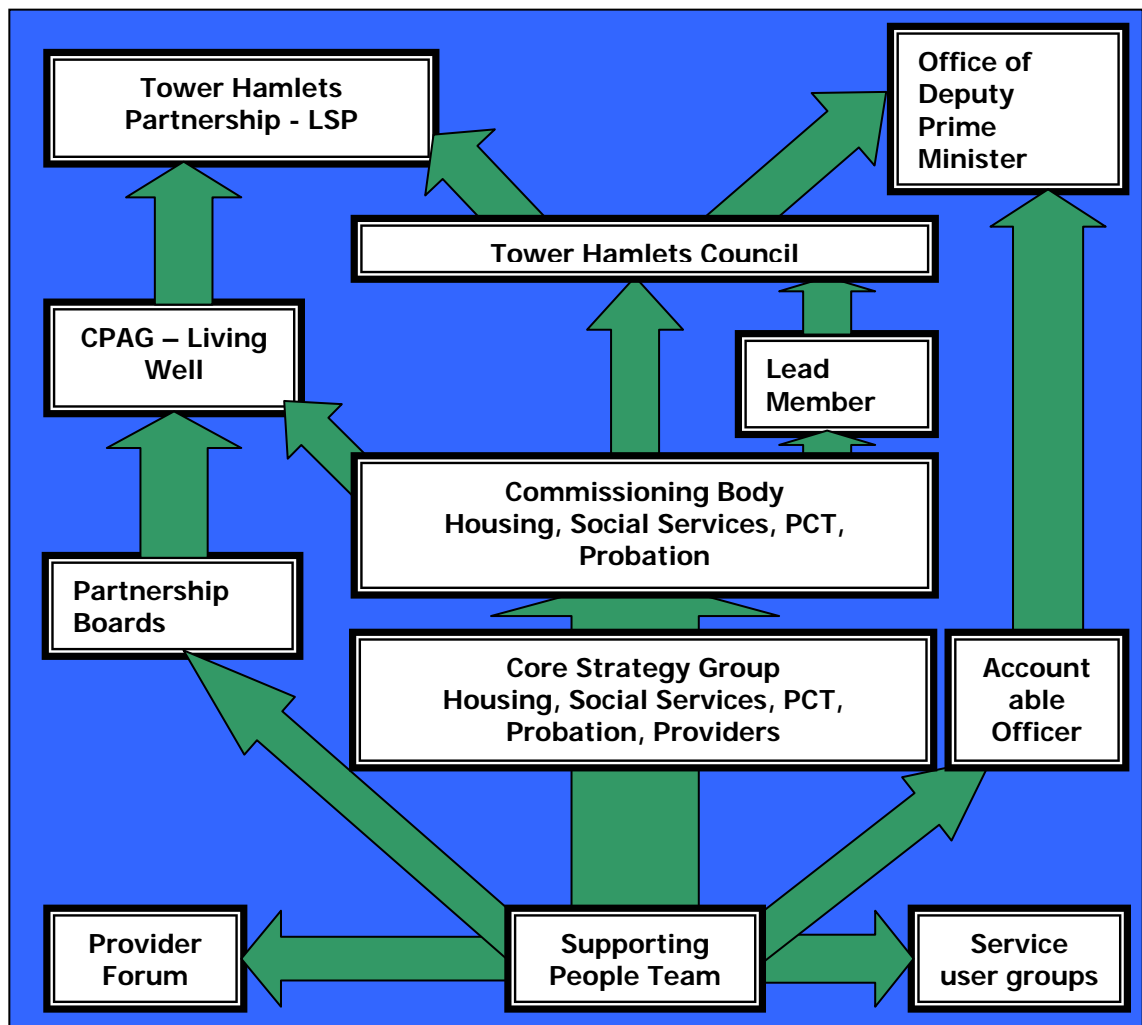
The implementation of the Strategy will be monitored on a six-monthly basis and ensure it is linked with the inter-agency work of the Tower Hamlets Partnership. Regular monitoring will also take place through the Core Strategy Group and Commissioning Body in the form of progress reports.

The Commissioning Body has overall strategic responsibility for the Supporting People Programme within Tower Hamlets. It represents the four statutory bodies that form the Supporting People partnership – Housing, Social Services, Health and Probation and all members are Senior Officers with delegated authority from the Organisations they represent. The Body meets on a bi-monthly basis to oversee the Programme. There is also an established memorandum of understanding with Tower Hamlets Council who will produce an annual report for the Council Executive as well as regular briefings for the lead member for housing.

The Core Strategy Group plans the Supporting People Programme and oversees its development. The Supporting People team is accountable to the Group, which comprises staff from statutory agencies and service providers. (The terms of reference and membership are attached as appendix 2.)

The following diagram summarises the reporting arrangements.

TABLE 2 : REPORTING ARRANGEMENTS



13.2 Five year Strategy Delivery Plan 2005-2010

There are a number of priorities essential in maximising the effectiveness of the Programme.

Aims	Key Activities	Outcome	Period
<p>To provide effective services which have a positive impact on the lives of our most vulnerable residents.</p>	<ul style="list-style-type: none"> ▪ Develop Needs-led Service provision that is responsive, driven by clear analysis of need and strategically planned. ▪ Develop a broad range of services to maximise service user choice. ▪ Develop our strategic approach to the collection and projection of future housing related support needs. 	<ul style="list-style-type: none"> ▪ Identified gaps in services addressed, with increased units of supported accommodation available - through development and reconfiguration- full list of gaps identified in tables 3 and 4. ▪ Increased number of floating units across all client groups. Improved value for money and wider access across client groups and tenure. ▪ Move on Strategy developed and implemented. ▪ Formal methodology and systems in place to support the strategic collection of need information for supported housing services. 	<p>2005-2010</p> <p>2005-2007</p> <p>2005-2006</p> <p>2006-2010</p>
<p>To ensure services meet the need of a diverse community and enable equality of access for all.</p>	<ul style="list-style-type: none"> ▪ Develop services that are sensitive and accessible to the specific needs of the local BME communities, women, people with disabilities and other minority groups. ▪ Target referral and nomination processes to ensure equality of access. ▪ Set minimum standards for all services to meet the needs of a diverse population. 	<ul style="list-style-type: none"> ▪ Identified gaps in services addressed, with increased units of supported accommodation available - through development and reconfiguration- full list of gaps identified in tables 3 and 4. ▪ Eligibility criteria appropriate to client group and support provision. Increased access across tenure and minority groups. ▪ Performance monitoring in place, demonstrating increased take up of services by recognised minority groups. 	<p>2005-2010</p> <p>2005-2007</p> <p>2005-2010</p>

	<ul style="list-style-type: none"> ▪ By ensuring all new developments meet wheelchair accessibility standards. ▪ By providing accessible information and advice on support services. 	<ul style="list-style-type: none"> ▪ Increased provision of physically adapted units of accommodation. ▪ More units meeting decent homes standards and less shared accommodation. ▪ An accessible and well publicised directory of Services providing Information about local services and the eligibility criteria is in place. 	<p>2005-2010</p> <p>2005-2010</p> <p>2005-2006</p>
<p>To ensure a partnership approach that delivers Local and National Strategic priorities.</p>	<ul style="list-style-type: none"> ▪ Ensure Supporting People contributes to the wider strategic objectives of the Council, as a key partner in tackling social exclusion, reducing homelessness, crime and anti-social behaviour and other shared targets. ▪ Encourage the development of a partnership approach in the planning and review of support services. ▪ Work with our Commissioning Partners in developing integrated systems for the development, contracting and monitoring of support services. ▪ Work openly and honestly as the best way of building effective partnerships. Both with service providers and users and as a multi-agency, approach with health, social services, housing, probation and other key agencies. 	<ul style="list-style-type: none"> ▪ Supporting People linked into all relevant strategies as listed. ▪ Supporting People able to demonstrate its contribution to the key local and national targets. ▪ All services funded by more than one local authority funding stream to have joint contract, monitoring and review arrangements. ▪ Increased and more effective sub-regional working, including the development of shared policy and procedure frameworks for accreditation and value for money. 	<p>2005-2010</p> <p>2005-2010</p> <p>2005-2006</p> <p>2005-2010</p>
<p>To ensure the provision of high quality housing related support services which are value for money.</p>	<ul style="list-style-type: none"> ▪ Set clear standards for housing support services in Partnership with providers and other key stakeholders. ▪ Undertake regular and robust monitoring of service quality and performance. ▪ Implement the Quality assessment framework as a key tool in meeting minimum standards and continuous improvement in service delivery. ▪ Establish effective performance indicators for measuring performance and setting minimum benchmarks accordingly. 	<ul style="list-style-type: none"> ▪ Improved performance in services. ▪ Improved quality and value for money in services. ▪ Effective contingency and risk management in all services. 	<p>2005-2006</p> <p>2005-2006</p> <p>2005-2006</p>

	<ul style="list-style-type: none"> ▪ Prioritise the effective risk management in all accommodation- based services. ▪ Develop and implement effective Contingency and Risk Planning Procedures across all services and Providers. 		
<p>To increase Service User Involvement in service provision and service development</p>	<ul style="list-style-type: none"> ▪ Develop our Service user involvement Strategy to maximise opportunities for Service users to influence the pattern of services that individuals' both want and value. ▪ Ensure Providers are both prioritising and developing service user involvement in service provision. ▪ Ensure service user views are at the forefront of all service reviews. ▪ Access appropriate services, including translation and advocacy to maximise the opportunities for service user views to be considered. 	<ul style="list-style-type: none"> ▪ Increased service user participation in the service review process. ▪ Increased service user participation in service development. ▪ Increased service user participation in service delivery. 	<p>2005-2010</p> <p>2005-2010</p> <p>2005-2010</p>

13.3 Commissioning priorities

The strategy has identified the need for the development of a number of new services, set out within the individual client sections above. However, the delivery of many of these services would, at this stage require a significant additional revenue commitment that cannot be met from the existing budget.

To ensure effective long term financial management, new developments or re-provision has been prioritised where there is an existing capital investment and commitment (listed in table 2). This is followed by those that contribute to the effective realisation of strategic priorities whilst remaining cost neutral in revenue terms for the Supporting People budget. These can be listed as:

- The re-provision of existing supported housing for single homeless people with support needs to provision for people with a learning disability or mental health issue, as part of the overall reconfiguration of the Look Ahead Supported Housing contract.
- Re-provision of existing shared accommodation to self contained and shared units for couples and more effective move on accommodation for single homeless people, as part of the overall reconfiguration of Look Ahead Supported Housing contract.

As the Programme develops and further savings are identified through the review process, or as the distribution formula is brought into effect, it is anticipated that further funding will become available. Priorities have also been identified in order of priority to ensure that these will be implemented when funding becomes available.

Table 3 : Services Prioritised for development or remodelling: capital and revenue commitment secured

Client group	Priority	No. of Units	Capital Funding Requirements	Revenue Funding Requirements	Anticipated completion Date
Young People	Development of Campbell Rd	20		£331,000	05-2005
	Development of John Lawder House young people scheme			TBC	2006-2007
Young People and Teenage Pregnancy	Development of Drapers City Foyer, units for young people and 16 units for teenage parents	45		£225,000	2006-2007
	Develop an intensive floating support services for young people leaving care.				
Older People with Support Needs	Redevelopment of John Lawder House Sheltered scheme for people with complex needs		Confirmed	TBC	2006-2007
	Development of Pollards Row, Somali elders sheltered scheme.		Confirmed	£30,000	03-2005
Single Homeless and Rough Sleepers	Redevelopment of Riverside House			No extra funding required	
	Redevelopment of Queen Victoria Seamen's Rest to remove shared and low standard accommodation and to meet the needs of an aging population.		Confirmed	No extra funding required	
	Redevelopment of Dellow Centre/ Bartlett house: To remove shared units and provide additional units for single homeless people requiring move on.		No	No extra funding required	
	Development of move on accommodation as part of John Lawder house scheme		Confirmed	No extra funding required No additional funding required	
People with Mental health issues	Development of additional specialist units of low supported accommodation for people with mental health issues- Dean cross Street.	6	Confirmed	No additional revenue required	
People with Drug and Alcohol issues	Remodeling of Caplin House and Commercial Street to provide second stage accommodation for individuals who require second stage accommodation.	TBC	TBC	No additional revenue required	
People with Learning Disabilities	Development of a Key ring scheme for people with Learning disabilities	10	£60,000		

Table 4: Services Prioritised yet to secure capital and revenue commitment.

Client group	Priority	No. of Units	Capital Funding Requirements	Revenue Funding Requirements	Anticipated completion Date
Teenage Pregnancy	Develop a floating support service for teenage parents not in supported accommodation or following move onto general needs accommodation.				
Women Fleeing Domestic Violence	Develop an Intensive floating support service for women in bed and breakfast accommodation who are fleeing domestic violence.				
Older People with support needs	Pilot a floating support service for older people with dementia and/ or mental health needs.				
People with Mental health issues	Develop a high support service for people with high support needs, i.e. forensic histories, 8-10 units. Expand intensive floating support for people with mental health issues who require intensive support.				
People with Learning Disabilities	Develop a Small shared accommodation for women with learning disabilities requiring a female only service. Develop a high support service.				

14. Annual Strategy Delivery Plan For 2005-2006

Objective 1

To provide effective services which have a positive impact on the lives of our most vulnerable residents.

Key Activities	How	Lead	Milestone	Delivery date
Developing needs-led service provision that is responsive, driven by clear analysis of need and strategically planned.	<ul style="list-style-type: none"> Deliver new schemes in development in line with the development programme. 	SP Team	% of new units to be delivered.	March 31 st 2006
	<ul style="list-style-type: none"> Reconfigure all floating support services. 	SP Team	Proposals and re-tendering process to be complete.	March 31 st 2006
Develop a broad range of services to maximise service user choice.	<ul style="list-style-type: none"> Develop a move on strategy 	SP Team	Draft complete for consultation.	March 2006

Objective 2: To ensure services meet the need of a diverse community and enable equality of access for all.

Key Activities	How	Lead	Milestone	Delivery date
Develop services that are sensitive and accessible to the specific needs of the local BME communities, women, people with disabilities and other minority groups.	<ul style="list-style-type: none"> Deliver new schemes in development in line with the development programme. 	SP Team	% of new units to be delivered.	March 31 st 2006
	<ul style="list-style-type: none"> Reconfigure all floating support services. 	SP Team	Proposals and re-tendering process to be complete.	March 31 st 2006
	<ul style="list-style-type: none"> Review eligibility criteria appropriate to client group and support provision. 	SP Team	All service reviews to be completed.	March 31 st 2006
	<ul style="list-style-type: none"> Performance monitoring to be reviewed and new performance indicators introduced to demonstrate the programmes links to local and national targets 	SP Team	Performance indicators in place.	December 31 st 2006.

Provide accessible information and advice on support services.	<ul style="list-style-type: none"> An accessible and well-publicised Directory of Services providing information about local services and the eligibility criteria is in place. 	SP Team	Draft in place for consultation	31 st March 2006.
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Objective 3: To ensure a partnership approach that delivers Local and National Strategic priorities.

Key Activities	How	Lead	Milestone	Delivery date
Ensure Supporting People contributes to the wider strategic objectives of the Council, as a key partner in tackling social exclusion, reducing homelessness, crime and anti-social behaviour and other shared targets.	<ul style="list-style-type: none"> Performance monitoring to be reviewed and new performance indicators introduced to demonstrate the programme's links to local and national targets 	SP Team	Performance indicators in place.	December 31 st 2006
Encourage the development of a partnership approach in the planning and review of support services.	<ul style="list-style-type: none"> Increased and more effective sub-regional working, including the development of shared policy and procedure frameworks for accreditation and value for money. 	SP Team	Action plan agreed with sub-region	31 st August 2005
Work with our Commissioning Partners in developing integrated systems for the development, contracting and monitoring of support services.	<ul style="list-style-type: none"> All services funded by more than one local authority funding stream to have joint contract, monitoring and review arrangements. 	SP Team	50% of contract and monitoring arrangements in place	March 31 st 2006

Objective 4: To ensure the provision of high quality housing related support services which are value for money.

Key Activities	How	Lead	Milestone	Delivery date
Undertake regular and robust monitoring of service quality and performance.	Undertake planned programme of service reviews.	SP Team	100% of reviews to be completed.	31 st March 2006

Objective 5: To increase Service User Involvement in service provision and service development

Key Activities	How	Lead	Milestone	Delivery date
Develop service user involvement Strategy to maximise opportunities for service users to influence the pattern of services that individuals' both want and value.	<ul style="list-style-type: none"> ▪ Update and implement service user involvement strategy. 	SP Team	Draft to be completed for consultation.	31 st May 2005

Budget Breakdown – Supporting People contracts 2005-2006

Client Group	Number of units	Total contract amount (£)
Homeless Families with support needs	40	224,322
Older People with support needs	838	906,372
Frail Elderly	159	262,957
People with HIV / AIDS	25	121,467
Refugees	34	114,716
Single Homeless	1238	4,695,645
Rough Sleepers	250	1,436,222
Young people at risk and leaving care	115	1,201,007
Mental Health	304	2,876,124
Domestic Violence	57	558,537
Teenage Parents	2	21,809
Generic	815	1,249,774
Learning disabilities	43	595,897
Drugs	21	164,041
Offenders	20	173,965
Alcohol	83	617,032
Physical disabilities	6	29,146
Total	4067	15,249,033

Appendix 1

<p style="text-align: center;">Memorandum of Understanding between the Commissioning Body and the London Borough of Tower Hamlets Administering Authority</p>
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1. INTRODUCTION

- 1.1. A Memorandum of Understanding between the Commissioning Body and the Administering Authority is required in line with good practice for the purposes of good governance and in particular for transparency, audit and financial probity. This document has been prepared in accordance with the Supporting People Statutory Guidance which became effective on 31 March 2003.
- 1.2. The Council of the London Borough of Tower Hamlets is the Administering Authority for the Supporting People programme in Tower Hamlets and will use its best endeavours to enable the Commissioning Body to carry out its functions and responsibilities. The Council will provide the Commissioning Body with advice and information about the Supporting People programme and will alert the Commissioning Body to matters requiring consideration and agreement.
- 1.3. The responsibility of the Council will be delegated to the Director of Housing Management, who will discharge the relevant roles and responsibilities to the Tower Hamlets Commissioning Body.
- 1.4. Both the Commissioning Body and the Council in its capacity as Supporting People Administering Authority will comply with the Directions and Regulations of the Office of the Deputy Prime Minister in respect of their respective functions and responsibilities for the Supporting People programme.
- 1.5. This Memorandum of Understanding describes how the Council and Commissioning Body will allocate and co-ordinate work in relation to the delivery of the Supporting People programme. It will be reviewed annually.

2. DUTIES

- 2.1. The London Borough of Tower Hamlets as the Administering Authority is the only body with the appropriate legal status to receive the Supporting People grant. The Commissioning Body cannot receive the Supporting People Grant nor can it establish contracts for services in its own right. The Council as Administering Authority will carry out these functions as host authority for the Commissioning Body.
- 2.2. The Commissioning Body will direct the Council through the Supporting People Strategy and the associated plans for each client group. It will also provide updates in the Annual Plan on the use and application of Supporting People Grant.
- 2.3. The Supporting People Annual Plan agreed by the Commissioning Body will be subject to the approval of the London Borough of Tower Hamlet's Cabinet and associated decision making apparatus, including where required relevant scrutiny committees, before being forwarded to the Office of the Deputy Prime Minister for information.
- 2.4. Before agreeing the Supporting People Annual Plan, the Commissioning Body will be responsible for ensuring that appropriate consultation with relevant stakeholders has taken place. The Commissioning Body will determine the relevant stakeholders in advance of such consultation.
- 2.5. Any proposed variation by the Council's Cabinet to the Commissioning Body's approved Supporting People Strategy or the Supporting People Annual Plan will be referred back to the Commissioning Body for agreement.

3. COMMISSIONING BODY TERMS OF REFERENCE

3.1. AUTHORITY AND ACCOUNTABILITY

- (a) The powers of the Commissioning Body derive from the Local Government Act 2000(Section93).

- (b) The Commissioning Body is a partnership of the London Borough of Tower Hamlets, the Tower Hamlets Primary Care Trust and the London Probation Service.
- (c) The Commissioning Body will be accountable to the Tower Hamlets Local Strategic Partnership through the Living Well Community Plan Action Group.
- (d) The Supporting People Strategy will need the approval of the Local Strategic Partnership and the London Borough of Tower Hamlets Cabinet.

3.2. AIMS

The Commissioning Body has overall responsibility, including financial responsibility, for the Supporting People programme. The Commissioning Body will ensure

- (a) That there is a Supporting People Strategy, which has the broad support of key stakeholders;
- (b) That the principles in the Supporting people Strategy are upheld;
- (c) That the implementation of the strategy is effectively reviewed and reported to key stakeholders;
- (d) That the Supporting People programme is used in a proper and accountable way;
- (e) That the standard of support provided meets national standards and is responsive to the needs of Tower Hamlet's diverse community.

3.3 MEMBERSHIP

- (a) The Commissioning Body will comprise of senior representatives of the London Borough of Tower Hamlets, the London Probation Service and the Tower Hamlets Primary Care Trust.
- (b) Membership and Chairing of the Commissioning Body will be reviewed annually
- (c) The Commissioning Body in consultation with the Council will agree additional LBTH, PCT and Probation representation as appropriate and subject to compliance with government directions
- (d) Each member will nominate a substitute to attend any Commissioning Body meetings that they are unable to attend.

3.4 MEETINGS

- (a) A meeting of the Commissioning Body will only be considered quorate if at least two voting members or substitute members are present. Members not in attendance will have 5 working days, from the date of the meeting, to ratify any decisions taken by the Commissioning Body.
- (b) Meetings will be held bi-monthly, subject to review on an on-going basis.
- (c) Minutes of meetings will be kept and published to any relevant party
- (d) Members may invite other officers to attend as and when appropriate

3.5 DECISIONS

- (a) Only those members or substitute members appointed under clauses 3.3 (a) or 3.3 (d) will have a vote.
- (b) Each voting member will have one vote. Votes will have equal weight.
- (c) Decisions will be made on unanimous vote
- (d) Decisions will not be incompatible with relevant advice of the Council on financial or compliance matters
- (e) If the Commissioning Body fails to agree on any substantive matter the issue will be referred in the first instance to the Chief Officers of the partner organisations. In order to resolve the dispute the Chief Officers may then report to the London Borough of Tower Hamlets' Cabinet and/or the relevant Board or Committee of the Tower Hamlets PCT or the London Probation Service as appropriate.
- (f) Where the Commissioning Body fails to agree the Supporting People Strategy or the Annual Plan or if it disagrees with the Council's advice, it or the Council may submit the matter to the Secretary of State for direction

3.6 TASKS

3.6.1 The Commissioning Body will:

- (a) Consider and agree the Supporting People Strategy and the Annual Plan and will ensure that the objectives of the strategy are achieved;
- (b) Ensure that the Supporting People strategy is delivered in line with the Local Strategic Partnerships' Community Plan;
- (c) Ensure that the Supporting People Strategy contributes to the objectives of other strategic plans such as the:
 - Housing Strategy;
 - Older People's Housing Strategy;
 - Physical Disability Housing Strategy;
 - Homeless Strategy;
 - Health Improvement Plan;
 - Joint investment Plans;
 - Accommodation Plans;
 - Mental Health Strategy;
 - Community Safety Strategy;
 - Anti Poverty Strategy;
 - Crime and Disorder Strategy;
 - Leaving Care Strategy;
 - Older People's Service Strategy;
 - Valuing People Strategy
- (d) Agree the Supporting People Annual Plan having regard to any guidance issued under section 93 – 95 of the Local Government Act 2000.
- (e) Consider any significant changes to the approved Supporting People Annual Plan
- (f) Review the approved Supporting People Annual Plan in accordance with any guidance given by the Secretary of State under section 93 of the Local Government Act 2000.
- (g) Direct the Administering Authority, through the Supporting People Strategy and the Annual Plan, on the use and the application of the Supporting People Grant;
- (h) Approve the Supporting People Reviews Schedule and approve the decommissioning, recommissioning and re structuring of Supporting People Services;
- (i) Evaluate the financial soundness of commissioning plans and ensure that there are effective measures in place to control expenditure and income;
- (j) Ensure that a Core Strategy Group is established;
- (k) Delegate the day to day management of the Programme to the Supporting People Team, which will work under the direction of the Core Strategy Group;
- (l) Review the work of the Core Strategy Group and the Supporting People Team to ensure that the programme is managed utilising best value principles.

3.6.2 The local authority members of the Commissioning Body will ensure that Councillors are regularly informed about the Supporting People Strategy and the objectives of the Supporting People Programme

3.6.3 The Commissioning Body may request such advice, reports or other information as it considers necessary for the discharge of its duties and responsibilities

4. FUNCTIONS AND RESPONSIBILITIES OF THE COUNCIL AS THE ADMINISTERING AUTHORITY

4.1 In order to fulfil its responsibilities as the Administering Authority, the London Borough of Tower Hamlets will:

- (a) Use its best endeavours to enable the Commissioning Body to carry out its functions and responsibilities
- (b) Ensure appropriate administrative systems are in place to enable effective management of all Supporting People activities – especially in the administration and financial control of the Supporting People programme
- (c) Compile and maintain up to date information on all Supporting People funded services in the Commissioning Body area
- (d) Ensure that Supporting People Grant is used only for the purposes prescribed by central government
- (e) Ensure financial commitments do not exceed the relevant Supporting People Grant allocation
- (f) Ensure that the Commissioning Body work programme is synchronised with national timetables for capital and revenue bid processes

4.2 The Council will in particular:

- (a) Assist the Commissioning Body in preparing the Supporting People Annual Plan
- (b) Refer any proposed significant changes needed to the Supporting People Annual Plan for the Commissioning Body's consideration
- (c) Report regularly to the Commissioning Body on spending and commitments
- (d) Ensure that Supporting People Grant payments do not exceed the allocation for each category approved by the Commissioning Body
- (e) Advise the Commissioning Body on national and regional funding opportunities, bidding options and outcomes
- (f) Implement the approved service review and monitoring programme, and make regular reports to the Commissioning Body
- (g) Enter into contracts for new or amended services as approved by the Commissioning Body
- (h) Advise the Commissioning Body on requirements in respect of cross-authority services
- (i) Advise the Commissioning Body on any other financial and compliance matters
- (j) Ensure that all accountancy and audit arrangements are appropriate for the administration of the Supporting People grant
- (k) Maintain a Supporting People Team in order to discharge its responsibilities

5. DUTIES OF THE PARTNER BODIES

- 5.1 Each partner body will fully co-operate with each and every other such body in the interests of the Supporting People Programme as a whole and will not in any way restrict or confine their participation to matters affecting their own functions.
- 5.2 Each partner body will provide the resources reasonably required by the Commissioning Body in terms of the time of representatives and facilities for meetings so as to facilitate the effective functioning of the Commissioning Body and effective commissioning of the Supporting People Programme.
- 5.3 Subject to any restrictions of the Data Protection Act, the partner bodies will exchange information with each other, which is reasonably required by the Commissioning Body

5. LINKS TO OTHER BODIES

- 5.1 The Commissioning Body is linked to the wider structures of housing, health, social care and community safety structures within the local community.

Appendix 2

Memorandum of Understanding between the Core Strategy Group and the Commissioning Body

1. INTRODUCTION

- 1.1. This Memorandum of Understanding between the Core Strategy Group and the Commissioning Body mirrors that already agreed with the Administering Authority and will aid transparency, audit and financial probity.
- 1.2. The Council of the London Borough of Tower Hamlets is the Administering Authority for the Supporting People programme in Tower Hamlets and will use its best endeavours to enable the Commissioning Body and the Core Strategy Group to carry out their functions and responsibilities. The Council will provide the Commissioning Body and the Core Strategy Group with advice and information about the Supporting People programme and will alert them to matters requiring consideration and agreement.
- 1.3. The responsibility of the Council will be delegated to the Director of Housing Management, who will discharge the relevant roles and responsibilities to the Tower Hamlets Core Strategy Group.
- 1.4. The Commissioning Body the Council in its capacity as Supporting People Administering Authority and the Core Strategy Group will comply with the Directions and Regulations of the Office of the Deputy Prime Minister in respect of their respective functions and responsibilities for the Supporting People programme.
- 1.5. This Memorandum of Understanding describes how the Commissioning Body and the Core Strategy Group will allocate and co-ordinate work in relation to the delivery of the Supporting People programme. It will be reviewed annually.

2. DUTIES of the Administering Authority and the Commissioning Body

- 2.1. The London Borough of Tower Hamlets as the Administering Authority is the only body with the appropriate legal status to receive the Supporting People grant. The Commissioning Body cannot receive the Supporting People Grant nor can it establish contracts for services in its own right. The Council as Administering Authority will carry out these functions as host authority for the Commissioning Body.
- 2.2. The Commissioning Body will direct the Council through the Supporting People Strategy and the associated plans for each client group. It will also provide updates in the Annual Plan on the use and application of Supporting People Grant.
- 2.3. The Supporting People Annual Plan agreed by the Commissioning Body will be subject to the approval of the London Borough of Tower Hamlet's Cabinet and associated decision making apparatus, including where required relevant scrutiny committees, before being forwarded to the Office of the Deputy Prime Minister for information.
- 2.4. Before agreeing the Supporting People Annual Plan, the Commissioning Body will be responsible for ensuring that appropriate consultation with relevant stakeholders has taken place. The Commissioning Body will determine the relevant stakeholders In advance of such consultation.
- 2.5. Any proposed variation by the Council's Cabinet to the Commissioning Body's approved Supporting People Strategy or the Supporting People Annual Plan will be referred back to the Commissioning Body for agreement.

3. CORE STRATEGY GROUP TERMS OF REFERENCE

3.1. AUTHORITY AND ACCOUNTABILITY

- (a) The Core Strategy Group is a partnership of the London Borough of Tower Hamlets; the Tower Hamlets Primary Care Trust provides the London Probation Service, and representative service providers.

- (b) The Core Strategy Group is accountable to the Tower Hamlets Commissioning Body, which in turn will be accountable to the Local Strategic Partnership through the Living Well Community Plan Action Group.
- (c) The Supporting People Strategy will need the approval of the Local Strategic Partnership and the London Borough of Tower Hamlets Cabinet.

3.2. AIMS

The Core Strategy Group will facilitate partnership working around a range of issues; it will be serviced by the London Borough of Tower Hamlets in its role as Administering Authority. The Core Strategy Group will: -

- (a) Lead on the development of the Supporting People Strategy and propose this to the Commissioning body.
- (b) Report any breaches of the principles in the Supporting People Strategy to the Commissioning Body.
- (c) Review the implementation of the strategy and report on this regularly to key stakeholders.
- (d) Identify opportunities for programme development and promote innovation.
- (e) Ensure there is consultation with all relevant stakeholders including service users.
- (f) Develop a service user consultation strategy.
- (g) Ensure links are made with other key strategies and policy developments
- (h) Contribute to cross authority and sub-regional planning and commissioning.
- (i) Encourage the sharing and development of good practice amongst service providers.

3.3 MEMBERSHIP

- (a) The Core Strategy Group will comprise of representatives of the London Borough of Tower Hamlets, the London Probation Service the Tower Hamlets Primary Care Trust and representative service providers who will include an RSL and a managing agent.
- (b) Membership and Chairing of the Core Strategy Group will be reviewed annually.
- (c) Each member will nominate a substitute to attend any Core Strategy Group meetings that they are unable to attend.
- (d) The Membership of the Core Strategy Group will include at least one representative from BME Service providers.

3.4 MEETINGS

- (a) A meeting of the Core Strategy Group will only be considered quorate if at least two voting members or substitute members are present.
- (b) Meetings will be held bi-monthly, subject to review on an on-going basis, and will be programmed such that all recommendations can be put to the Commissioning Body in a timely manner.

- (c) Minutes of meetings will be kept and published to any relevant party.
- (d) Members may invite other officers to attend as and when appropriate

3.5 TASKS

The Core Strategy Group will:

- (a) Consider and agree the Supporting People Strategy and the Annual Plan and will ensure that the objectives of the strategy are achieved;
- (b) Ensure that the Supporting People strategy is delivered in line with the Local Strategic Partnerships' Community Plan;
- (c) Ensure that the Supporting People Strategy contributes to the objectives of other strategic plans such as the:
 - Housing Strategy;
 - Older People's Housing Strategy;
 - Physical Disability Housing Strategy;
 - Homeless Strategy;
 - Health Improvement Plan;
 - Joint investment Plans;
 - Accommodation Plans;
 - Mental Health Strategy;
 - Community Safety Strategy;
 - Anti Poverty Strategy;
 - Crime and Disorder Strategy;
 - Leaving Care Strategy;
 - Older People's Service Strategy;
 - Valuing People Strategy
- (d) Evaluate and monitor the implementation of the Supporting People Strategy and make appropriate recommendations to the Commissioning Body.
- (d) Agree the Supporting People Annual Plan having regard to any guidance issued under section 93 – 95 of the Local Government Act 2000 and recommend this to the Commissioning Body.
- (e) Review the approved Supporting People Annual Plan in accordance with any guidance given by the Secretary of State under section 93 of the Local Government Act 2000 and recommend any significant changes to the Commissioning Body.
- (g) Receive performance monitoring and financial/grant expenditure reports.
- (h) Develop shared targets and performance indicators.
- (i) Share information and expertise about particular service area/user groups.
- (j) Identify additional funding opportunities across the partnership.
- (k) Monitor and seek to address gaps in services and unmet needs.
- (l) Monitor and enable the engagement of service users and improve user participation.
- (m) Monitor the effectiveness of partnership working.
- (n) Review the work of the Supporting People Team

- (o) Ensure appropriate systems including IT systems are in place to monitor and review services and control expenditure.

4. FUNCTIONS AND RESPONSIBILITIES OF THE COMMISSIONING BODY

4.1 The Commissioning Body will:

- (a) Consider and agree the Supporting People Strategy and the Annual Plan and will ensure that the objectives of the strategy are achieved;
- (b) Ensure that the Supporting People strategy is delivered in line with the Local Strategic Partnerships' Community Plan;
- (c) Ensure that the Supporting People Strategy contributes to the objectives of other strategic plans such as the:
 - Housing Strategy;
 - Older People's Housing Strategy;
 - Physical Disability Housing Strategy;
 - Homeless Strategy;
 - Health Improvement Plan;
 - Joint investment Plans;
 - Accommodation Plans;
 - Mental Health Strategy;
 - Community Safety Strategy;
 - Anti Poverty Strategy;
 - Crime and Disorder Strategy;
 - Leaving Care Strategy;
 - Older People's Service Strategy;
 - Valuing People Strategy
- (d) Agree the Supporting People Annual Plan having regard to any guidance issued under section 93 – 95 of the Local Government Act 2000.
- (e) Consider any significant changes to the approved Supporting People Annual Plan
- (f) Review the approved Supporting People Annual Plan in accordance with any guidance given by the Secretary of State under section 93 of the Local Government Act 2000.
- (g) Direct the Administering Authority, through the Supporting People Strategy and the Annual Plan, on the use and the application of the Supporting People Grant.

5. DUTIES OF THE PARTNER BODIES

- 5.1 Each partner body will fully co-operate with each and every other such body in the interests of the Supporting People Programme as a whole and will not in any way restrict or confine their participation to matters affecting their own functions.
- 5.2 Each partner will provide the resources reasonably required by the Core Strategy Group in terms of the time of representatives and facilities for meetings so as to facilitate the effective functioning of the Core Strategy Group and effective commissioning of the Supporting People Programme.
- 5.3 Subject to any restrictions of the Data Protection Act, the partner bodies will exchange information with each other, which is reasonably required by the Core Strategy Group.

6. LINKS TO OTHER BODIES

- 6.1 The Core Strategy Group is linked to the wider structures of housing, health, social care and community safety structures within the local community.

Appendix 3: Supporting People Eligible Tasks

Access to local community organisations
Advice and support on repair work / home improvement work
Advice, advocacy and liaison
Cleaning of own rooms as defined under THBS
Culture-specific counselling/ emotional support
Developing domestic/ life skills
Developing social skills/ behaviour management
Emotional support, counselling and advice
Help finding other accommodation
Help in establishing personal safety and security
Help in establishing social contacts and activities
Help in gaining access to other services
Help in managing finances and benefit claims
Help in setting up and maintaining home or tenancy
Help maintaining the safety and security of the dwelling
Help with Shopping, Errand Running and Good Neighbour Tasks
Liaison and advocacy support from same ethnic group
Liaison with Probation
Management of Handyperson services
Peer support and befriending
Provision of community or social alarms
Risk assessment (likely to be enhanced in offender provision)
Security support related to racial harassment
Signposting to culture specific health/ treatment services
Signposting to culture specific legal services
Supervising or monitoring medication
Supervision and monitoring of health and well being

Non eligible tasks

Actual Handyperson Services
Crèche facilities
Decorating Services
Domiciliary and home care
Gardening Schemes
Health care
Help with transport / mobility
Home adaptations to improve accessibility
Personal care
Regular maintenance services
Rehabilitation after illness/ acquired disability
Rehabilitation and specialist counselling
Rough sleepers services
Specialist treatment or counselling
Therapeutic/ intensive behaviour management
Training courses

Appendix 4: Consultation

We would like to thank the following for attending our series of consultation meetings in September 2004:

David Gingell	LBTH Homeless Service
Gilly Cottew	DAT Co-ordinator
Jan Hill	LBTH Social Services
David Lynch	HHELP
Ruth Juuko	HHELP
Mitchel Pardington	East London and City Mental Health Trust
Grace Elias	Tower Hamlets PCT
Darren Hutchinson	Providence Row Charity
Karen Stuart	Providence Row Housing Association
Angela Wareham	Providence Row Housing Association
David Devoy	St Mungos
Chris Wright	Nacro
Peggy Jabangwa	DASL
Petra Salva	Thames Reach Bondway
Alice Servina	Ex-Services Fellowship Centre
Tim Nicholls	Homelink
Mark Lewis	Look Ahead
Paul Perkin	Look Ahead
Martin Euden	Tower Hamlets Mission
Mike Chapman	Spitalfields Crypt Trust
Holly Taylor	LBTH
Eileen Hughes	LBTH
Campbell Todd	Tower Hamlets PCT
Sonia Denby	Tower Hamlets PCT
Funmi Ekani	Tower Hamlets Womens Aid
Jo Sparkes	Tower Hamlets Womens Aid
Hayley Watts	Tower Hamlets Victim Support
Mike Way	Radicle – Whitechapel Family Centre
My Diep	Womens Health and Family Service
Taifur Rashid	Toynbee Housing
Fiona Blackwell	Door of Hope Project
Asha Parmar	Sure Start Teenage Parent Adviser
Barbara Disney	LBTH Social Services
Richard Tomlin	LBTH Social Services OT
Alan Warner	LBTH
Clare Erridge	Tower Hamlets PCT
Janet Murat	Tower Hamlets PCT
Nicole Waller	Ability Housing Association
Anil Vasudev	Apna Ghar Housing Association
Vicki Jeffery	Carr Gomm Society
Peter Ekakoro	London East AIDS Network
David Cowell	LBTH Social Services
Anne Stevens	Occupational Therapy
Richard Fradageley	East London and the City Mental Health Trust
Jim Craddock	LBTH
Alan Warner	LBTH
Shona Davies	Tower Hamlets PCT
Fiona Davies	Tower Hamlets PCT
Boba Rangelov	Barts and the London Trust
Ivor Bagot	Telehelp
Louise Abbott	Age Concern
Matthew Ryan	Age Concern

Meic Phillips	Epic Trust
Nancy Nelson	Circle 33
Catherine Zvegintzov	St Hilda's Day Centre
Sybil Yates	Wapping Pensioners Action Group
Sylvia Francis	Poplar Day Centre
Mona Pengelly	Involving Older People Project
Victoria Adophy	Involving Older People Project
John Frewin	Involving Older People Project
Darren Summers	Tower Hamlets PCT
Brigid MacCarthy	East London and City Mental Health Trust
Helen Morea	Community Mental Health Team
Robin Wills	Community Mental Health Team
May Ho	Chinese Mental Health Association
Harry Cumberbatch	Tower Hamlets African and Caribbean Mental Health Organisation
Isaac Akano	Springboard Housing Association
Anne-Marie Brenckle	Look Ahead
Peter Little	Outward Housing
Stephen Taylor	Outward Housing
Rita Dove	Sun @ Bow
Clive Turner	LBTH Social Services
Hugh Constant	LBTH Social Services
John Beverton	Tower Hamlets PCT
Richard Speller	Look Ahead
Kathy Parker	Outward
Mahmud Hasam	Apasenth

And the following people for submitting comments on drafts of the strategy:

Campbell Todd	Tower Hamlets PCT
Neil Amas	Praxis
Berhanu Kassayie	Praxis
Vaughan Jones	Praxis
Ashley Horsey	LBTH
Amanda Tooth	London Probation
Michael Duffy	Bethnal Green Community Mental Health Team
Richard Fradgley	East London and City Mental Health Trust
David Lynch	HHELP
Kate Shepherd	LBTH Leaving Care Service
Fiona Humphrey	Providence Row Housing Association
Stuart Veysey	Bethnal Green and Victoria Park Housing Association
Davina Lilley	Providence Row Charity

And the following service users for taking part in consultation:

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Appendix 5: Strategic Links

Supporting People Client Group	Level	Relevant Strategies / Plans
All Clients Groups		<ul style="list-style-type: none"> • The Community Plan 2003 / 2004 • Tower Hamlets Council Strategic Plan 2002-2006 • A Strategy for Neighbourhood Renewal in Tower Hamlets 2002-2010 • Tower Hamlets Housing Strategy Statement 2005-2008 • Tower Hamlets Homelessness Strategy 2003-2008 • Tower Hamlets Adult Protection Policy and Procedure (2004) • Better Care, Higher Standards – Tower Hamlets Long Term Care Charter • Tower Hamlets Third Sector Compact • Tower Hamlets Third Sector Strategy • Equalities Action Plan • Unitary Development Plan (currently under review)
Alcohol	Local	<ul style="list-style-type: none"> • Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005 • Tower Hamlets Alcohol Strategy 2001-2004 • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006 • Tower Hamlets Anti-Social Behaviour Strategy 2001
	National	<ul style="list-style-type: none"> • Alcohol Harm Reduction Strategy for England (2004), Strategy Unit / Cabinet Office • Confident Communities in a Secure Britain: Home Office Strategic Plan 2004-2008
Domestic Violence	Local	<ul style="list-style-type: none"> • Domestic Violence Action Plan 2004-2005 (Domestic Violence Action Team) • Making the Links between Domestic Violence and Substance Misuse (2003), LBTH / Tower Hamlets Partnership
	National	<ul style="list-style-type: none"> • Tower Hamlets Homelessness Strategy 2003-2008 • Addressing the crime of domestic violence: Developing a strategy for London (GLA, Mayor of London, ALG)
Drugs	Local	<ul style="list-style-type: none"> • Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005 • Tower Hamlets DAT Adult drug treatment plan 2004/5 • Tower Hamlets Young People's Substance Misuse Plan 2003-2006 • Tower Hamlets Anti-Social Behaviour Strategy 2001
	National	<ul style="list-style-type: none"> • National Drugs Strategy 2002 • Tackling Crack: A National Plan 2003 • Confident Communities in a Secure Britain: Home Office Strategic Plan 2004-2008
HIV / AIDS	Local	<ul style="list-style-type: none"> • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT
	National	<ul style="list-style-type: none"> • Tower Hamlets Aid support grant application • The National Strategy for Sexual Health and HIV (2001)
Homeless Families	Local	<ul style="list-style-type: none"> • Tower Hamlets Homelessness Strategy 2003-2008
Learning Disabilities	Local	<ul style="list-style-type: none"> • A Commissioning Strategy for services for adults with Learning Disabilities in Tower Hamlets 2004-7 • LBTH Housing and Support Strategy for People with Learning Disabilities • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT
	National	<ul style="list-style-type: none"> • Local Best Value Review • Valuing People – A New Strategy for Learning Disability for the 21st Century (2001), Department of Health • Best Value

		<ul style="list-style-type: none"> • Caring about Carers • National Procurement Strategy
Mental Health	Local	<ul style="list-style-type: none"> • Mental Health Commissioning Strategy 2004-2006 (in draft form), LBTH Social Services • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT • Tower Hamlets Local Delivery Plan (Joint PCT / SSD plan) • Tower Hamlets PCT Adult Mental Health Strategy (in draft form) • Tower Hamlets Mental Health Promotion Strategy 2002
	National	<ul style="list-style-type: none"> • National Service Framework for Mental Health (Department of Health 1999) • The NHS Plan (2000) • Best Value
Older People & Frail Elderly	Local	<ul style="list-style-type: none"> • Ageing Well in Tower Hamlets – A Commissioning Strategy for Elders & Their Carers 2004/2007 • Joint Commissioning Strategy (in development for 2005) • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT
	National	<ul style="list-style-type: none"> • National Service Framework for Older People • The NHS Plan (2000)
Offenders	Local	<ul style="list-style-type: none"> ▪ Tower Hamlets Crime and Disorder Reduction Strategy 2002-2005 ▪ London Probation Regional Plan 2004/5 ▪ Regional Reducing Re-offending Strategy - due April 2005
	National	<ul style="list-style-type: none"> • Reducing Re-offending: National Action Plan (2004) • Confident Communities in a Secure Britain: Home Office Strategic Plan 2004-2008
Physical disabilities	Local	<ul style="list-style-type: none"> • The Physical Disabilities and Sensory Impairment Commissioning Strategy for Tower Hamlets (2004-2007) • Joint Investment Plan for People with Physical and Sensory Impairments (2002), Tower Hamlets PCT and Social Services • Tower Hamlets Health Improvement and Modernisation Programme 2003-2006, Tower Hamlets PCT
	National	<ul style="list-style-type: none"> • Better Care, Higher Standards (1999) • The NHS Plan (2000) • National Service Framework for Long Term Conditions (2004)
Refugees	Local	<ul style="list-style-type: none"> • Tower Hamlets Multi-Agency Refugee Action Plan 2004-2006
Single Homeless & Rough Sleepers	Local	<ul style="list-style-type: none"> • Tower Hamlets Homelessness Strategy 2003-2008 • Tower Hamlets Housing Strategy Statement 2005-2008
	National	<ul style="list-style-type: none"> • Achieving Positive Outcomes on Homelessness (Homelessness Directorate 2003) • Homelessness Act 2002 • More Than A Roof : A Report into Tackling Homelessness (DTLR 2002) • Coming in from the cold: The Government's strategy on rough sleeping (1999)
Teenage Parents	Local	<ul style="list-style-type: none"> • Tower Hamlets Teenage Pregnancy Strategy • Tower Hamlets Sure Start Strategy
	National	<ul style="list-style-type: none"> • Draft Commissioning Strategy for Children's Trust • London Child Protection Procedures
Young People at risk Or leaving care	Local	<ul style="list-style-type: none"> • LBTH Leaving Care Service Housing Strategy 2005-2008 • LBTH Homelessness Strategy 2003-2008 • LBTH Youth Crime Reduction Strategy 2003 • LBTH Young Persons Substance Misuse Plan 2003-2006

Housing

The Communities Plan: Sustainable Communities, Building for the Future
Thames Gateway Housing Framework
London Housing Strategy 2003

Local Area Framework (in development)

Private Sector Renewal Strategy

Housing Strategy 2005-2008

Multi-Agency Refugee Action Plan 2004-6

Domestic Violence Strategy

Homelessness Strategy 2003-2008

Young Persons Community Plan

Leaving Care Service Housing Strategy 2005-2008

Draft Commissioning Strategy for Childrens Trust London Child Protection Procedures

Housing and Support Strategy for People with Learning Disabilities (2004)

Commissioning Strategy for services for adults with Learning Disabilities 2004-7

Better Care, Higher Standards – Long Term Care Charter

Local Best Value Review Joint Investment Plan (2000)

Social Services

Valuing People – A New Strategy for Learning Disabilities for the 21st Century (DoH 2001)
Best Value
Caring about Carers
National Procurement

Physical Disabilities and Sensory Impairment Commissioning Strategy 2004-7

Joint Investment Plan for People with Physical and Sensory Impairments (PCT and SSD 2002)

Tower Hamlets Adult Protection Policy and Procedure (2004)

National Service Framework for Long Term Conditions (2004)
The NHS plan (2000)
Better Care, Higher Standards (1999)

The Community Plan

Council Strategic Plan 2002-2006

Equalities Action Plan

Third Sector Compact and Strategy

A Strategy for Neighbourhood Renewal in Tower Hamlets 2002-2010

Supporting People Strategy

Ageing Well in Tower Hamlets – Commissioning Strategy for Elders and Carers 2004-2007

Local Delivery Plan (Joint PCT / SSD)

Elders Joint Commissioning Strategy (2005?)

National Service Framework for Older People
The NHS Plan (2000)
Best Value

Probaton / Crime

Home Office Strategic Plan 2004-2008
Reducing Re-offending: National Action Plan (2004)
London Probation Regional Plan 2004-5
Bold Steps: Objectives and Targets 2004-2005

National Drugs Strategy 2002
Tackling Crack: A National Plan 2003
Confident Communities in a Secure Britain: Home Office Strategic Plan 2004-2008

Alcohol Harm Reduction Strategy for England (2004), Strategy Unit / Cabinet Office
Confident Communities in a Secure Britain: Home Office Strategic Plan 2004-2008

Youth Crime Reduction Strategy 2003

Crime and Disorder Reduction Strategy 2002-2005

Young Peoples Substance Misuse Plan 2003-2006

Anti Social Behaviour Strategy 2001

DAT Adult Drug Treatment Plan 2004-2005

Alcohol Strategy 2001-2004

Teenage Pregnancy Strategy

Sure Start Strategy

Mental Health Commissioning Strategy 2004-2006

PCT Adult Mental Health Strategy (2004 draft)

PCT Mental Health Promotion Strategy 2002

Tower Hamlets Health Improvement and Modernisation Programme

The National Strategy for Sexual Health and HIV (2001)

National Service Framework for Mental Health (DoH 1999)
The NHS Plan (2000)
Best Value

Health

Appendix 6: Mission statement and membership of the East London *Supporting People* Officers Group

The mission statement of the East London Sub-region *Supporting People* Officers Group is:

The group's purpose is to develop a co-ordinated response of its members in order to:

- Shape the *Supporting People programme* to best meet the needs of local people;
- Inform the creation of a strategy for the group and across London with the Association of London Government.

To achieve our aims we shall: -

- Ensure services driven by local needs are accountable to local stakeholders
- Map supply and needs effectively at the local level and look for common priorities across borough boundaries
- Make available supply and needs mapping information to members, other sub-regional groups, regional bodies and the ODPM
- Identify specific sub-regional needs requiring joint commissioning across the group or more widely
- Construct benchmark data to allow value for money comparisons to ensure the programme is as cost effective as possible
- Share examples of good practice, creative and innovative models of support services and develop common and high standards of service provision
- Offer support to members by way of sharing information and problem solving
- Forge links between capital investment by RSLs and others, to ensure that ongoing revenue costs can be funded
- Work towards a formal dialogue with service providers, the Housing Corporation, National Housing Federation, Health and Probation services
- Aim to develop a positive and constructive relationship with the ALG and the ODPM

Appendix 7: Draft Cross Authority Statement

London boroughs are working together to meet the specific needs of vulnerable people. It is widely recognised that while some people may want to move from their local area, certain client groups need access to services away from the area in which they live or have no local connection. This includes services where need is not sufficient to require provision in every London authority. To meet these needs London's boroughs will need to work together in the procurement and commissioning of services and also on service reviews to streamline the programme.

London Borough of Tower Hamlets is a member of the Association of London Government and will work with the ALG and other London boroughs to meet the priorities in the 5-year London Supporting People Strategy for cross authority services. The London boroughs have agreed the strategy through the ALG's Leaders' Committee, made up of the leaders of the 33 London councils.

The ALG convenes the London Supporting People Strategic Forum to provide leadership, planning and management for London's cross authority services. The Forum will ensure vulnerable people can access a range of quality services in London and is chaired by a London Director of Housing and a London Director of Social Services.

London Borough of Tower Hamlets will:

- Continue to work with other London boroughs, the ALG and the London Supporting People Strategic Forum to address pan-London Issues
- Recognise that all boroughs have a responsibility for hosting, supporting and developing services that do not only respond to local need
- Work within the East London sub-region but also across regional boundaries to address specific needs, especially in central London

- Identify, plan and where possible jointly commission cross borough services, sharing expertise, experience and resources with regards to housing support services for vulnerable people who are transient
- Consult other London boroughs as part of the service review process for cross authority services
- Ensure that the needs of vulnerable people in London, for which it is difficult to define a local connection, are met
- Avoid duplication in terms of monitoring reviews and consultation requirements on behalf of providers and share best practice
- Ensure that services that could or should be focusing on local needs are supported to do so.

London Borough Tower Hamlets is a member of the East sub regional group of London boroughs.