

---

# LB TOWER HAMLETS

## SUPPORTING PEOPLE COMMISSIONING STRATEGY

### 2011-2016

---



Contents:

<b>Subject</b>	<b>Page</b>
Chapter 1 - Executive Summary	3
Chapter 2 – Our Visions and Objectives	4
Chapter 3 – Supporting People in Tower Hamlets – The Context	4
Chapter 4 - Supporting People in Tower Hamlets – Our Successes	7
Chapter 5 – A Profile of Services	10
Chapter 6 - Tower Hamlets Four Key Objectives for 2010-16	13
Chapter 7 - Shaping the Supporting People Strategy	22
<b>Appendices:</b>	
Appendix 1 – Benefits of SP	25
Appendix 2 - Population Statistics	25
Appendix 3 – Supporting People Contributions to Local Priorities By Client Group	27
Appendix 4 – Client Group Spend and Units	32
Appendix 5 – Consultation Feedback	37
Appendix 6 – Breakdown of Services by Provider	39

## **1. EXECUTIVE SUMMARY**

- 1.1 This Supporting People (SP) Commissioning Strategy sets out how the Council, working in partnership with health and probation, will meet the needs of vulnerable people in Tower Hamlets through the provision of housing related support services. The strategy sets out the financial context in which we are working, our priorities, and how this local programme will be delivered over the next five year period.
- 1.2 The last strategy was published in 2005. Much has been achieved since that time from delivering a new floating support service which works in some of the most deprived communities in the borough, helping the most vulnerable people maintain their home, to opening up new extra care housing schemes enabling older residents to remain independent in their own home for as long as possible.
- 1.3 The strategy builds on these achievements. It reflects learning both nationally and locally about how, in a climate of major reductions in funding, resources can be used as a lever to promote independence of otherwise vulnerable adults and as a means to shift the balance from long term care to preventative services.
- 1.4 The strategy is written following recent publication of the coalition Government's Comprehensive Spending Review which announced a 7.1% annual cut in local council budgets over the next four years. Core grants for supporting people services are not protected from these cuts. The strategy endeavours to achieve efficiency targets while finding new and innovative ways to not only protect but improve upon the services offered to residents.
- 1.5 The strategy is also written at a time when there is a real drive to decrease the number of placements into high cost residential care through the development of housing options which will enable people to retain their independence for longer. In future, residential care will be targeted for people with very high needs of care and nursing.
- 1.6 Tower Hamlets is acting now to develop supported housing options that will give people a real choice to live their life to the full. The strategy has identified as a core component that more supported housing for people with a learning disability and mental health issue is required as a matter of urgency. Developing new provision or reconfiguring existing provision will lead to less people being placed into residential care and in particular, expensive out of borough placements.
- 1.7 Another key theme emerging is the need for additional supported housing for young people. Also in future, increasing the use of floating support to provide housing advice, delivered in partnership with care services, will enable more young people to make the successful transition from a foster home into independent living.
- 1.8 In consultation with service users, young people from minority communities living in hostels expressed the wish for generic services that did not cater specifically for any one community in Tower Hamlets, although it was recognised that some older members of minority communities would benefit from culturally specific services.

- 1.9 The key strategies to deliver change are broken into four key objectives to ensure change can be monitored, choice and control delivered and efficiencies achieved. This will ensure SP in Tower Hamlets will remain at the forefront of providing modern housing support services to some of the most vulnerable people in our community.

## **2. OUR VISIONS AND OBJECTIVES**

### **Our Vision**

- 2.1 In Tower Hamlets our local vision is: “To ensure supporting people services make a positive contribution by improving the quality of life of vulnerable socially excluded people, living in the borough, through the delivery of personalised preventative and early intervention housing support services.” We want to make Tower Hamlets a place where people are able to achieve their potential for independent living. This will be delivered in a time of continued change which will bring with it challenges and opportunities.

### **Four Objectives**

- 2.2 Through the development of this strategy we have identified four overarching aims that underpin the delivery of the local Supporting People Programme and achieve the desired outcomes. These are:
- Supporting individuals to live as independently as possible;
  - Rebalancing services towards prevention and early intervention away from high cost less empowering longer term services;
  - Expanding our commitment to personalised services; and
  - Driving up efficiency and effectiveness in the use of resources.

## **3 SUPPORTING PEOPLE IN TOWER HAMLETS – THE CONTEXT**

- 3.1 Established by the Department for Communities and Local Government (CLG) in 2003, the Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable support environment to bring about greater independence.
- 3.2 Support is generally provided for the length of time that best relates to the individuals need; it can be as short as 6 months or much longer-term for example in the case of someone with a learning disability who may need ongoing support to manage an independent tenancy.
- 3.3 A broad spectrum of vulnerable groups are covered by the programme. Services are provided for; the homeless and rough sleepers, young people leaving care or at risk (including teenage parents), older people, people with mental health needs, physical disabilities, learning disabilities, HIV/AIDS, people with substance misuse issues, refugees, ex-offenders and women fleeing domestic violence.
- 3.4 In the provision of support, the programme helps the most vulnerable and excluded contribute to wider society by focusing on achieving positive outcomes for individuals:
- Reducing rough sleeping or other forms of homelessness by providing emergency accommodation, such as hostels and supported accommodation;
  - Reducing repeat homelessness by providing support to individuals to move from hostels and supported accommodation to permanent independent living;
  - Preventing homelessness through eviction due to debt, harassment and lack of relevant support;

- Reducing the need for institutional types of care, for example residential or nursing care by providing supported accommodation and support services that enable individuals to remain in their own homes for as long as is possible;
  - Tackling social exclusion by improving access to paid employment, education and training opportunities;
  - Tackling substance abuse through appropriate housing related support services for people with a drug or alcohol related need, in partnership with agencies providing treatment; and
  - Reducing re-offending and promoting community safety, by meeting the housing-related support needs of offenders and women facing domestic violence.
- 3.5 The programme is a cornerstone of establishing effective preventative services, a key focus of the transforming adult social care agenda. It is in this context that the programme is described as an 'invest to save budget'. CLG commissioned research indicates that Supporting People has led to significant savings in the cost of other services. For every £1 spent on SP services, £1.78 in benefit is gained through reduced costs in homelessness, tenancy failure, crime, health and residential packages<sup>1</sup>. This research is expanded further in Appendix 1.
- 3.6 There are few areas of public expenditure that can produce as much evidence of need, service quality and outcomes as supporting people investment in supported housing options. Support provided helps to promote health, well-being and social inclusion and prevents admission to long-stay residential care.
- 3.7 The programme also supports the Government's ambition to 'put people first', enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.
- 3.8 As a programme fundamentally designed to address the often complex and inter-related needs of some of the most vulnerable, supporting people is of particular relevance to Tower Hamlets which is one of the most deprived areas in the country. **Reducing poverty and inequality drives the local authority's work and its 'One Tower Hamlets' aspiration.**
- 3.9 Locally the programme has a strong focus on addressing many of the issues faced by individuals living in what is a geographically small but densely populated urban borough in East London with a population of around 235,000.
- 3.10 The borough is one of the most diverse in the country with almost half of the population coming from a minority ethnic group. Nearly one in three people come from a Bangladeshi background, and there are also significant numbers of Somalis, Lithuanians and Romanians in the borough. It is also a very young borough with more than a third of the population aged between 20 and 34.
- 3.11 On the edge of the city, close to the docks, many supporting people services stem from a long established tradition and hence the profile of support services has to be considered within the historical context in which it has developed. The East End has a long and famous history of providing a refuge for those who are homeless or destitute which accounts for the large volume

---

<sup>1</sup> Capgemini, *Research into the Financial Benefits of the Supporting People Programme*, CLG, 2009.

of hostel provision in the borough. Over 40% of the available grant funds 10 homeless hostels for individuals many of whom have a complexity of different support needs ranging across mental health and substance abuse which have resulted in them being some of the most marginalised members in our community. .

- 3.12 In addition to this 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 statutory services. There is a distinctive history of providing innovative and culturally sensitive services, often leading the field in terms of diversity and inclusion.
- 3.13 Spend on services within the supporting people programme reflect the needs of a young borough but also that of an ethnically diverse population with, in particular, some supported housing schemes for older people delivering award winning and nationally recognised specialist services to the large population of Somali and Bengali elders.
- 3.14 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. Please see Appendix 2 for a more detailed overview of population statistics.
- 3.15 The Supporting People programme supports a broad range of priorities identified in the **2020 Community Plan and the Local Area Agreement:**

<p><b>A concern about the level of crime and the fear of crime –</b> Specific accommodation and floating support address the needs of ex-offenders. More generally, responsible management of supported housing improves liaison with local communities and police.</p>
<p><b>The need for more opportunities for residents to get into training and acquire the skills for employment to exploit job opportunities –</b> All working age support schemes include provision for access to training. Some accommodation-based schemes include special training and employment experience projects. Special arrangements apply for young people e.g. Foyer.</p>
<p><b>The importance of retaining the richness of Tower Hamlets’ diversity –</b> Fair access, diversity and inclusion has been prioritised as a key quality measure in the programme and targets are set to ensure both service user profiles and the workforce reflect the local community.</p>
<p><b>Reducing health inequalities –</b> Housing related support helps stabilise relations with mainstream health services (e.g. enabling GP registration and management of physical and mental health issues), and specialised schemes, especially connected with substance misuse, provide harm reduction programmes.</p>
<p><b>The importance of personal responsibility –</b> Personal responsibility is a key value in support planning towards independent living, and this is validated in the delivery of all SP schemes.</p>
<p><b>Making sure that the whole community benefit fully from growth –</b> As under “employment and job opportunities” above; the vulnerable groups listed, and the housing circumstances under which they come to the programme ensures these benefits are extended to the most excluded and “hard-to-reach” sections of the community.</p>

- 3.16 This Commissioning Strategy is also fully aligned with local strategic aims as set out in the following documents:

Hostels and Move On Strategy 2007  
Homelessness Strategy 2008-13  
Crime and Drugs Reduction Strategy 2008-11  
Housing Strategy 2009-12  
Older Peoples Housing Strategy 2010  
Mental Health Accommodation Strategy 2010  
Adults, Health and Wellbeing Draft Prevention Strategy 2011  
Draft Alcohol Harm Reduction Strategy 2011-14  
Council's Community Plan – 2020 Vision  
Youth Crime and Prevention Strategy  
Local Domestic Violence Policy (Domestic Abuse – No Excuse) and  
Violent Crime Action Plan

- 3.17 Appendix 3 looks in more detail at how the supporting people programme and the services it funds contribute to local client group priorities in the borough identifying strategies, targets and outcomes.

- 3.18 This all sets the backdrop for the four key local factors which impact on the need for, and design of, housing related support services: ethnic diversity; housing need and overcrowding; deprivation and the needs of young people.

#### **4. SUPPORTING PEOPLE IN TOWER HAMLETS – OUR SUCCESSES**

- 4.1 Judged to be a Good Service with Excellent Prospects for Improvement by the Audit Commission in 2005. The inspection report commented that, '***The Supporting People programme, had a clear focus on value for money, diversity and improved support for service users***'<sup>2</sup>;
- 4.2 We have built on the early success of the program to ensure that every year thousands of people in Tower Hamlets, regardless of their background, receive help to live more independently, either in their own home, or in supported accommodation.
- 4.3 In 2009/10 alone over 8,000 vulnerable people received a support service in Tower Hamlets. Whilst the programme has a number of detailed outcomes and targets, often specific to individual client groups, there are two global performance targets that are applied to all types of service provision and illustrate this more fully; **NI141: the number of vulnerable people achieving independent living** and **NI142: Number of vulnerable people who are supported to maintain independent living**.

---

<sup>2</sup> LBTH Audit Commission Inspection Report 2005 - [http://www.audit-commission.gov.uk/housing/inspection/supportingpeople/reports/Pages/supportingpeople\\_36.aspx](http://www.audit-commission.gov.uk/housing/inspection/supportingpeople/reports/Pages/supportingpeople_36.aspx)

- 4.4 Throughout the last three years (2007 to 2010) our performance against these national targets has continued to improve:

**Table 1- Performance Against National Targets**

	<b>NI 141 Planned Move On</b>	<b>NI 142 Maintaining Independent Living</b>
<b>2007-08</b>	56%	98.71%
<b>2008-09</b>	61%	98.78%
<b>2009-10</b>	75%	98.85%

- 4.5 Some of the key successes of the programme to date are:

A joint project with Homeless Services evaluating how to improve local access to hostels and target them to the most local vulnerable people has now fully aligned hostel provision with local needs. The establishment of the Housing Options & Support Team (HOST) in April 2008 has introduced a single point of access to hostel provision, supported housing and move-on provision in Tower Hamlets. Applicants to the HOST must have a local connection to Tower Hamlets<sup>3</sup>. The team has been successful in ensuring provision is now targeted at those most in need through the use of a common referral, needs and risk assessment system;

Restructuring floating support provision to put in place a universal service, available to all and tenure blind, operating 7 days per week;

Increasing provision for vulnerable young people and minimising use of bed and breakfast accommodation;

Delivering a nationally recognised project to offer personalised support services to people with mental health needs living at Coventry Road;

Commissioning Providence House, a 33 bed housing project for vulnerable men over the age of 50 who are overcoming drug and alcohol addictions meeting a high local priority; and

Significantly improving individual outcomes for those using hostels by working with providers to improve move on in the hostels sector which has improved from 35% in 2006/06 to 71% in 2009/10.

- 4.6 Overall since inception in 2003 implementation of the programme and alignment of services with local priorities has resulted in a major programme of reconfiguration. Services have been decommissioned, refocused and remodelled or redeveloped and a number of new services commissioned to fill identified gaps in provision. This was achieved through both formal tendering and close partnership working with providers.

- 4.7 As can be seen from Table 2 below one of the best examples of service realignment is the reduced spend on hostel provision and increased spend on young people and mental health provision to meet identified needs. Until re-tendering had taken place during 2011/12 it is not possible to define spend/units through to 2016 but key commissioning intentions are included.

<sup>3</sup> Local connection criteria is by normal residence in the borough for at least the last 6 months but consideration may be given to people with very strong family associations where those family members will provide support or where the customer is employed in the borough.

**Table 2 – Realignment of Services to Meet Identified Needs 2003-2010  
(& commissioning intentions 2011-16)**

Client Group	Spend in 2003	Spend in 2010	Change in Expected Spend (2003-2010)	% Change in spend (2003-2010)		Units in 2003	Units in 2010	Change in units (2003-2010)	% change in units (2003-2010)		Planned Service Change 2011-16
Substance Misuse Services	£770,785	£1,355,364	£584,579	76%	Increase	104	99	-5	-5%	Decrease	Improved quality and VFM to be achieved through re-tendering
Domestic Violence	£532,315	£494,182	-£38,133	-7%	Decrease	63	66	3	5%	Increase	Consolidate 4 current services into one. Improved quality and VFM to be achieved through re-tendering
Frail/Elderly	£341,949	£208,798	-£133,151	-39%	Decrease	159	161	2	1%	Increase	Improve and increase no. of units with improved quality and VFM to be achieved through re-tendering
Older People - Support Needs	£966,312	£1,169,222	£202,910	21%	Increase	1,075	2,254	1179	110%	Increase	Improved quality and VFM to be achieved through re-tendering
Generic, Homeless Family Support Needs	£1,377,677	£1,238,101	-£139,576	-10%	Decrease	855	843	-12	-1%	Decrease	Reduce numbers and reconfigure provision into supported housing for young people
Learning Disabilities	£627,923	£544,330	-£83,593	-13%	Decrease	45	38	-7	-16%	Decrease	Increase no. of units to meet need, improve quality and reduce residential placements
Mental Health	£2,798,788	£2,913,053	£114,265	4%	Increase	279	430	151	54%	Increase	Increase no. of units to meet need, improve quality and reduce residential placements
Others/Refugees	£114,007	£70,395	-£43,612	-38%	Decrease	34	13	-21	-62%	Decrease	Services to not be re-contracted and provided through mainstream accommodation
Phy/Sen Disabilities & HIV/Aids	£160,618	£70,947	-£89,671	-56%	Decrease	32	34	2	6%	Increase	Improved quality and VFM to be achieved through re-tendering
Single Homeless/Rough Sleepers/Ex Off	£7,164,358	£5,938,804	-£1,225,554	-17%	Decrease	1,496	966	-530	-35%	Decrease	Number of units to be decreased reflecting local demand
Young People at Risk/Leaving Care, Teenage Parents	£1,121,424	£1,532,124	£410,700	37%	Increase	117	149	32	27%	Increase	Improve and increase no. of units with improved quality and VFM to be achieved through re-tendering
<b>TOTAL</b>	<b>£15,976,156</b>	<b>£15,535,318</b>	<b>-£440,838</b>	<b>-3%</b>	<b>Decrease</b>	<b>4259</b>	<b>5053</b>	<b>794</b>	<b>19%</b>	<b>Increase</b>	

## 5. A PROFILE OF SERVICES

5.1 There is a defined need for supported housing in Tower Hamlets and many vulnerable people are exercising choice in making supported housing their preferred housing option. Services are on average 84% full at any one time with low void rates across the majority of provision. As part of future re-tendering plans services with high void levels have been prioritised for decommissioning.

5.2 The largest proportions of funding commissions services for:

Single Homeless and Rough Sleepers	(38%)
People with mental health problems	(19%)
Young people at risk leaving care	(10%)
Substance Misuse	(9%)

5.3 Client groups, number of services and spend is shown in Table 3 below (more detailed information on the breakdown of total units for each client group and weekly cost is shown at Appendix 3):

**Table 3: Client Group, Spend and Percentage of Total Expenditure**

Client Group	No. of Services	Value of Services	% of Total Expenditure
Substance Misuse Services	5	£1,355,364	8.72%
Domestic Violence	4	£494,182	3.18%
Frail/Elderly	4	£208,798	1.34%
Older People - Support Needs	37	£1,169,222	7.53%
Generic, Homeless Family Support Needs	2	£1,238,101	7.97%
Learning Disabilities	4	£544,330	3.50%
Mental Health	17	£2,913,053	18.75%
Refugees	2	£70,395	0.45%
Phy/Sen Disabilities & HIV/Aids	1	£70,947	0.46%
Single Homeless, Rough Sleepers, Ex Offenders	12	£5,938,804	38.23%
Young People at Risk/Leaving Care, Teenage Mothers	12	£1,532,124	9.86%
<b>TOTAL</b>	<b>100</b>	<b>£15,535,318</b>	<b>100.00%</b>

5.4 Locally there is a relative balance between the three sectors of older people's provision, complex needs and social exclusion. Older people's provision and homeless support covers the highest proportion of units but at lower unit cost with mental health and learning disability costing considerably more.

5.5 A benchmarking comparison with sample London boroughs made in January 2010 shows that in Tower Hamlets we allocate a lower proportion of our grant to older people and learning disability provision and a higher proportion to substance misuse provision:

**Table 4: Supporting People Grant Allocation - Comparison Other Boroughs**

Client Group	Hackney %	Camden %	Waltham Forest %	Newham %	Havering %	LB of Brent %	Kensington & Chelsea %	Tower Hamlets %
	Domestic Violence	4	2	1	4	7	2	3
Generic	14	5	8	0.3	25	-	3	7
Home Improvement Agency	1	1	-	-	5	-	1	1
HIV	1	0	-	1	-	1	-	1
Learning Disabilities	11	3	6	20	17	9	8	4
Mental Health	16	18	7	26	6	19	22	20
Offenders	4	2	2	1	4	4	1	1
Older People (inc Community Alarm)	19	12	47	20	29	15	13	7
Refugees	1	0.1	0	1	-	0.37	1	1
Rough Sleepers	3	0	1	0.1	-	-	-	7
Single Homeless	9	24	8	12	-	32	28	28
Substance Misuse	2	9	0	0.5	-	2	1	12
Teen Parents/Young People	10	14	3	12	-	9	9	10

- 5.6 The findings of this benchmarking exercise are in line with and support findings of the Joint Strategic Analysis of Learning Disabilities in Tower Hamlets which identified a need for additional supported housing for people with a learning disability.
- 5.7 A recent review of older people's housing commissioned by the Councils Development and Renewal Directorate recommends allocating a greater percentage of the supporting people budget to support for older people. The benchmarking exercise indicates that spend in Tower Hamlets is lower than every other borough for older people. This may be a reflection of a well established and managed sheltered housing service which, high on units and low on cost, is helping older people to maintain a healthy and independent lifestyle.
- 5.8 Spend on substance misuse is higher than any other borough in the comparator group. Having large hostels sector, some of which provides services specifically for people with substance misuse issues, is a likely influence on this higher than average spend.
- 5.9 With Tower Hamlets estimated to have amongst the highest prevalence of mental health problems in London (7th highest) it could be argued that the percentage spend on mental health provision should be higher.

*Needs of Diverse Communities*

- 5.10 There is a diverse ethnic community in LBTH which is increasingly being reflected in the supported housing population. There is recognition by all providers that services should be sensitive to BME needs whilst meeting needs which are common across communities.

5.11 In fieldwork undertaken during the strategy development process providers demonstrated that they were:

Taking all opportunities to celebrate cultural diversity within schemes  
i.e. Faith Days, Musical Events, Culinary Evenings;  
Ensuring a translation service is readily available; and  
Providing specialised training for staff on BME issues.

5.12 In developing the strategy the issue of gender specific schemes emerged (with some hostel, domestic violence, young people and refugee services offering female only provision). There is no evidence to suggest that further gender specific schemes should be developed although it is recognised there is a need to ensure that particularly vulnerable women e.g. sex workers are supported in a safe environment by a range of agencies.

## 6. TOWER HAMLETS 4 KEYS OBJECTIVES FOR 2011-16

6.1 The strategy sets out the financial context in which we are working, our priorities and how the local programme will be delivered for the period 2010-2016. In shaping the programme going forward we have developed four key objectives:

- Supporting individuals to live as independently as possible;
- Rebalancing services towards prevention and early intervention away from high cost less empowering longer term services;
- Expanding our commitment to personalised services; and
- Driving up quality, efficiency and effectiveness in the use of resources.

### Objective 1- Supporting Individuals to Live as Independently as Possible

6.2 The supporting people programme is fully committed to enabling every local resident to lead a fulfilling and independent life as an active member of our community. With suitable support to live at home, many more people in Tower Hamlets will be supported to live safely in their community to give people greater choice and control. Fewer people will need to be admitted to hospital, or long term residential care because of better preventative services.

6.3 It is important to ensure that we have the right provision for people across the full spectrum of identified needs. Over the last period we have done much to increase capacity in both supported housing and floating support and this will be continued further over the coming period.

6.4 We know gaps remain in a number of key areas including more appropriate supported housing options for people with a learning disabilities, mental health issue and older people. This supported housing will need to provide a viable and attractive option for people as an alternative to residential care provision.

6.5 There is also a need to for young people in the borough to be able to access appropriate housing options, particularly for those leaving the care system, teenage parents and those young people at risk by virtue of being homeless. The profile of our borough makes this all the more important. We need to work to realign the programme moving resources from the generic and hostel sector to ensure this and the other priorities are adequately provided for.

6.6 In a time of shrinking resources we need to make the most effective use of provision, ensuring it is targeted to those most in need. People should only use the service for as long as needed before moving on into more independent forms of support or housing where appropriate. It is recognised that within the hostel sector in particular large numbers of individuals stay for longer than is necessary due to a severe lack of appropriate housing options to move on into.

6.7 It is likely that the need to target resources to those most in need will come more into focus over the coming period with changes to housing benefit and the benefits system more widely. It is anticipated that the changes will make it more difficult for many to access appropriate and affordable housing options. We will need to make sure that we have considered ways of supporting people into a range of housing options including the private sector.

- 6.8 The largest supply of Supporting People services supports older people. It equates to over 1000 older people supported against a 7% spend of the total SP budget. The role of sheltered housing is a key part of this provision to ensure older people can live independently as possible when they need that little bit of extra support. Strategically, taking forward provision for older people will be based on ensuring sheltered housing remains an attractive housing option and developing a wider range of services, such as floating support, to ensure older people can stay on living independently in their home when their care and support needs change. Specific recommendations on the future of older people's housing are being dealt with as part of a separate review of older people's housing<sup>4</sup>.
- 6.9 Initial findings from the review of older people's housing have identified the need to decommission a number of sheltered housing schemes which were not fit for purpose, develop more extra care units and have more information and advice available to older people on their housing options.
- 6.10 The Supporting People Team working in partnership with colleagues in Development and Renewal have been successful in securing CLG funding (£195k per annum for a two year period) to review options for the improved co-ordination of home improvement services for elderly, disabled and vulnerable residents. The aim being to improve access, choice and take up.
- 6.11 Initial findings point to the need to establish a Home Improvement Agency to offer a single point of contact and an integrated housing related support service to enable these vulnerable residents to continue living independently in their own homes, for the foreseeable future.
- 6.12 During consultation undertaken as part of the strategy development younger supported housing residents commented that they would prefer non-culturally specific services although there was a recognition that there was a need to provide older people services for specific groups. There is a need to review this further in tandem with considering the continued provision of services for specific refugee groups and refugee groups more widely.

#### Reducing Provision in the Hostels Sector

- 6.13 Recent reviews have highlighted that there is scope to reduce the hostels sector which is initially being pursued through a review of the Aldgate Hostel. This strategy supports a reduction in the number of hostel places and delivering the following service types to meet the local needs of single people requiring support:
- A 'wet' hostel
  - A 'dry' hostel where testing for drug and alcohol use takes place.
  - Women specific provision.
  - A service that meets complex needs e.g. those with drug/ alcohol/ mental health/ poor social functioning
  - A service that meets the longer term needs of older people, often linked to drug and alcohol
  - The main gap identified is for those people who are inherently difficult to house and who often don't want help/ support or who are homeless/ rough sleeping with violent histories or who have demonstrated that they do not want help or support or cannot accept it. This group often have mental health issues.

---

<sup>4</sup> Trimmers Consultancy Review of Older People's Housing Needs 2010

Increasing the Supply of Supported Housing Units for Mental Health, Learning Disability and Young People Client Groups

- 6.14 A key priority for the borough is to lower the number of residential placements for people with a learning disability and mental health issues which can be achieved through using some of the efficiencies achieved as an invest to save budget to fund new provision based on a care and support model.
- 6.15 To provide more insight, in developing a model of care and support in supported accommodation learning points from preliminary work done on the mental health accommodation pathway has identified a service needed where:

Staff are able to store and monitor medication, and work with service users proactively towards self-medicating and meeting their other care needs;

There is on-site 24 hour support, including where necessary waking-night cover; and

A key aim should be to develop schemes specific to service users who are considered to have high rehabilitation potential (e.g. move-on within two years) and specific to service users with slower stream/potentially longer-term supported housing needs.

Young People

- 6.16 For most young people the transition to adulthood extends well into their twenties with opportunities to return home if events do not go as planned. This is not the experience of young people leaving local authority care who leave care significantly earlier than their peers with little chance of returning. An Accommodation Review of Young People services has identified a need to work closely with children's social care to deliver mainstream and personalised services for young people.
- 6.17 It is recognised that the Foyer accommodation for young people is in need of modernisation or redevelopment.
- 6.18 Lastly, in ensuring services are most effectively targeted to those in need and achieving results a fundamental review of outcome measurements and targets is needed to ensure we support people to access training and development opportunities that maximise employment opportunities and break the cycle of unemployment.

### **Actions to Support Objective 1**

Address an over provision in the hostels sector by modernising services through a comprehensive review of all large hostels and re-developing those services that are currently not fit for purpose.

Undertake a review of the effectiveness of the current pathway model for single homeless and hostel accommodation, with a view to improving this and facilitating the development of assessment beds within current provision.

Introduce length of stay targets for all short term accommodation based services. Undertake a full assessment of the long term housing options for individuals resettling from supporting people services and the potential for commissioning a rent deposit scheme for moves into the private rented sector.

Undertake a review and refresh of the hostels strategy that includes an assessment of the future role of large generic hostel provision.

Re-provide existing foyer provision at Drapers City Foyer to modernise the current building. Based on maintaining the current number of residential units.

Reconfigure existing supported accommodation not considered as strategically relevant to address the unmet need for additional specialist provision for young people leaving care.

Fund support in a new build extra care scheme due for delivery in 2011/12 (and any other schemes to be developed) to prevent older people having to choose residential care when their care and support needs escalate.

Ensure challenging outcome targets are specified for all services in the provision of support that enables individuals to maximise learning, development, training and employment opportunities.

Ensure that outcome targets are specified for all services in the provision of an appropriate life skills programme that supports individuals to develop life skills that enable them to move-on and not develop a reliance or dependence upon the service being offered.

Run a pilot (offering combined SP and children's social care resources) that supports the successful transition of young people in foster home through the process of identifying their own path to independent living.

Implement the key proposals of the older people's housing strategy; Decommission inappropriate sheltered housing for older people; improve information and advice services and develop more extra care units.

Review the need for specific services for BME groups- sheltered provision being the exception and review need for refugee specific services.

To consider options for commissioning a Home Improvement Agency with the following objectives:

- Provide a single point of contact and co-ordination of services;
- Promote support for choice;

- Provide a flexible and personal support service through key stages in the adaptations process;
- Enable those in need of support to maintain their independence, health and well being, in their chosen home for the foreseeable future. However, if remaining in the current home is no longer feasible, to provide advice on housing options and support to move, if required;
- Streamline and improve the home adaptations process;
- Reduce the number of people admitted to hospital;
- Reduce the number of emergencies amongst people living independently that might result in more intensive services being required, such as admissions to residential / nursing homes;
- Ensure vulnerable groups are receiving benefits to which they are entitled;
- Provide a Handyperson Service; and
- Provide a Tele-care Service.

### Objective 2 - Rebalancing of Services Toward Prevention and Early Intervention Away from High Cost Less Empowering Longer Term Services

- 6.19 The SP programme has an explicit focus on prevention; recognising both the impact on the individual and additional costs associated with tenancy breakdown, homelessness or placement in other more expensive institutional settings.
- 6.20 Adult services in collaboration with their key partners in health has set some very challenging targets to further develop supported housing options that meet individual wishes for high quality more independent alternatives to registered care.
- 6.21 Housing of this type will enable more preventative measures that can defer or delay people needing longer-term services as well as providing more cost-effective interventions that achieve better outcomes for individuals at lower costs.
- 6.22 Where good information and advice, practical support, appropriate housing options, re-ablement and joint working between health and social care assist people in living fulfilled and independent lives, the number of people entering or requiring ongoing support from social care can be reduced.
- 6.23 Unsuitable housing or a lack of suitable housing related support can also lead to an escalation in care needs and trigger admission to hospital or reduce an individual's or carer's confidence that they can live safely in the community. This increases the pressure for residential or other institutional care.
- 6.24 Strategically it has been demonstrated that Supporting People is one of the few levers available for promoting the sustained independence of vulnerable adults which is more cost effective than funding expensive long term care. Tower Hamlets is an outlier in terms of spend on residential placements for people with mental illness (and expenditure on learning disability placements is also high). In these two areas it is proposed to realign how money is spent to increase the supported housing options for people and rely less on registered care to meet individual aspirations in this area. This should also achieve efficiencies in the cost of residential care placements.

- 6.25 To demonstrate the potential for efficiencies through development of a care and support model of independent living in Tower Hamlets, to replace residential provision, for mental health service users who would benefit from independent living it can be shown that:

Average LBTH 2009/10 spend on a mental health residential placement was £62,40;

Average LBTH 2009/10 spend on a resident living in 24 hour supported accommodation with mental health needs was £19,578; and

Average LBTH 2009/10 spend on a resident with mental health needs in '9 to 5' supported accommodation was £9,155 per annum

- 6.26 By placing into the most high-level supported housing (24 hour) rather than residential care, if appropriate, it would offer up an efficiency of, on average, £42,822 per annum on one placement.

- 6.27 To demonstrate the potential for efficiencies through development of a care and support model of independent living, to replace residential provision, for learning disability service users who would benefit from independent living it can be shown that:

- It costs on average £14,336 per annum to provide supported accommodation for a person with learning disabilities in LBTH; and
- Based on Care Cost Calculator figures the average annual cost of a learning disability placement for LBTH is £70,200.

- 6.28 By placing into supported housing rather than residential care, if appropriate, it would offer up an efficiency saving of £55,864 for one placement.

- 6.29 This new model of supported housing will be delivered through:

Development of new supported housing provision in partnership with housing developers and providers (funded from efficiencies as invest to save);

A workforce to deliver the service; and

A care pathway which takes into account all available accommodation options

- 6.30 In addition to delivering new accommodation based services for people with mental health and learning disability support needs the role of floating support services in working with people who have lower support needs (across all supporting people client groups) will also be explored. This will ensure people get the support they need to live independently and prevent escalation/emergency placements into higher need services.

<b>Actions to Support Objective 2</b>
Further develop independent living options for people with a learning disability to reduce the number of residential placements taking place.
Ensure providers promote and support access to prevention and advice in line with the Councils' wider prevention, information and advice services.
Develop performance targets and monitoring arrangements to ensure all support services demonstrate a commitment to promoting healthy lifestyles through delivery of a health promotion strategy.
Target Supported housing options and floating support learning seminars for care management teams including older peoples locality teams, hospital discharge teams, sensory impairment team, brokerage team, and others.
Implement the key recommendations of the mental health accommodation strategy: <ul style="list-style-type: none"> <li>• Further develop independent living options for people with mental health issues. to reduce the number of residential placements taking place;</li> <li>• Increase capacity in high end services- decreasing resources in low and medium supported accommodation;</li> <li>• Increase access to floating support – increase capacity; and</li> <li>• Review and introduce targeted rehabilitation service specifications- with clear expectations of outcomes and more targeted stays.</li> </ul>
Increase provision of and access to targeted support for individuals with specific needs: older people, people with mental health issues and people with learning disabilities.
Review use of and access to floating support for homeless single people and families referred through our homeless services to improve access and increase take up. To be measured against the outcome of more people moving on to settled accommodation.

### **Objective 3 - Expanding our commitment to personalised services**

- 6.31 Tower Hamlets is helping more people to live independently at home as people take up the offer of a direct payment from social services and then arrange their own care and support. The Council also plans to introduce personal budgets for every social care user. This will give people even more choice and freedom to arrange the type of care that suits them. Linking this to personalised housing support will be key to the delivery of service that enables people to live in their own homes for longer.
- 6.32 The Government has set local authorities a challenging agenda to transform adult social care to deliver personalised services that are tailored to meet the needs and preferences of residents. The desired outcome is to enable people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well being and dignity.

- 6.33 Supporting People is at the heart of this transformation with housing related support being a concept that embodies the idea of providing care at home and recognises the need to integrate housing with health and social care.
- 6.34 People have indicated they'd like a choice of flexible services that help them to remain as independent as possible. They want choice and control over support that is personalised to their particular needs, not "one size fits all".
- 6.35 We'd like this aspiration to be reflected in the housing and support services we provide; ensuring they are more closely modelled around what people want. We envisage there being a significant step change in the relationship between support providers and people who use their services.
- 6.36 We'd like to build on the understanding gained from the Coventry Road "core and flexi" pilot; challenging our own expectations and expanding the possibilities to introduce a broad range of personalisation models and principles to our provision and service users themselves.
- 6.37 As a minimum we'd like the principles of an individual being able to choose when and where they receive support, who supports them and how the resources for their individual support are allocated to be embraced across the spectrum of services.
- 6.38 We also recognise users of our services, their carers, residents and others want to be involved in the decisions that impact upon them, the services they receive and their local communities. We consider effective user engagement to be a vital component of both delivering the strategy and ensuring the effective delivery of services at an individual level. This strategy will be delivered through effective resident engagement and influence to achieve its outcomes.

<b>Actions to Support Objective 3</b>
Further evaluate the 'core and flexi' model of supported housing provision (based on the Coventry Road model) with a view to rolling out this approach across all learning disability and mental health services to ensure Tower Hamlets remains at the forefront of delivering personalised services.
Based on learning from this model, establish a core set of "personalisation principles" as a minimum standard to be implemented in all services across the programme.
Develop the local workforce with the aim of creating a new 'Personal Assistant' role. Support roles to be defined within service specifications Supporting People services.
Promote access to and information on Supporting People Services by ensuring they are fully accessible as part of the creation of a community catalogue.
Review how the Programme currently engages and involves user and other stakeholders in contract-monitoring and service reviews establishing a formal mechanism of community engagement and wider officer input into the process.

#### Objective 4 - Driving up Efficiency and Effectiveness in the Use of Resources

- 6.39 With Supporting People funding now part of the wider formula grant housing related support services will need to demonstrate more than ever their contribution to the locally set priorities in order to justify continued funding.
- 6.40 The removal of the ring-fence does though offer a great opportunity to share resources across services and have more flexibility in delivering housing related support services through the pooling of core social care funding and housing related support monies to achieve greater efficiencies and individual outcomes.
- 6.41 Written at a time of considerable reductions in the resources available to public services, it is acknowledged that in the commissioning arrangements for SP services the efficiency agenda is paramount.
- 6.42 As part of the Councils Financial Plan to 31<sup>st</sup> March 2014 all Supporting People services will be thoroughly reviewed to ensure that maximum efficiencies are achieved in tandem with maintaining a high quality service to meet maximum identified need.
- 6.43 Of the current 111 Supporting People contracts and service level agreements, 60% are scheduled to expire in 2011, with the remainder expiring during 2011/12. As part of its efficiency drive the Council has decided to re-tender all SP contracts under a Framework Agreement, to be in place in late 2011, that delivers challenging efficiency savings, whilst at the same time maintaining high quality front line provision. It continues to be the aim of the Council to capacity build amongst local providers so that they are able to participate in this procurement exercise on a level footing with other larger regional or national providers. To this end the Council will ensure that there is independent support for potential providers who may be considering offering services as part of the establishment of a Framework Agreement. The numbers of local organisations who are successful in getting onto the Framework Agreement will be closely monitored.
- 6.44 In line with Audit Commission guidance on maximising efficiencies Tower Hamlets has entered into a partnership arrangement with the London Borough of Newham to undertake this joint procurement project.
- 6.45 In tandem with savings to be achieved through re-tendering, a programme of decommissioning services no longer strategically relevant (and merging those where overlap occurs) will be undertaken.
- 6.46 The framework will set challenging targets for significant reductions in current benchmarks cost per hour of provision. Where services are identified as operating above this benchmark, they will be prioritised for “call-off” in the re-tendering programme.

#### **Actions to Support Objective 4**

Re-tender under a framework agreement for SP services against which contracts for service can then be called off.

Review current contractual arrangement to ensure we have implemented “lean principles” and have consolidated ‘like’ services under one contractual

agreement to reduce administration and performance monitoring costs.
Deliver efficiencies through a reduction in support hour costs to be delivered through new contract arrangements with providers.
Through commissioning ensure providers are able to demonstrate they have benchmarked themselves against other appropriate market leaders.
Put in place immediately a programme of decommissioning those services no longer strategically relevant prior to re-tendering.
Annually quantify level of prevention savings delivered versus investment made clearly demonstrating the financial benefits of the programme and outcomes achieved for vulnerable people who do not meet statutory thresholds of care and support.
Build on quality assurance in SP services through continued roll out of the enhanced Quality Assessment Framework and implementation of a risk management approach to the frequency of service reviews ('removing the burden').
Develop providers abilities and skills to record, analyse and report on outcomes.

## 7. SHAPING THE SUPPORTING PEOPLE STRATEGY

7.1 Since publication of the Tower Hamlets Supporting People Strategy in 2005 a number of new policy drivers for supported housing have arisen which have all been taken into account in developing this new strategy.

- House of Commons Communities and Local Government Select Committee - Report into the Supporting People Programme (November 2009);
- Audit Commission Review of the Supporting People Programme (July 2009);
- Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society (Department for Communities and Local Government, 2008);
- Ministerial Working Group on Sheltered Housing (Department for Communities and Local Government, 2008);
- Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (HM Government, 2007);
- Living well with dementia: A National Dementia Strategy (Department of Health 2009); and
- Audit Commission review of collaborative procurement across the public sector.

7.2 Service users had the opportunity to get involved and influence how services are provided in developing the 2011-16 Strategy.

7.3 Service User Advisory Panel members were asked to contribute to development of the strategy through a questionnaire consultation followed up by a workshop session. The questionnaire used in the consultation exercise was developed by the Department for Communities and Local Government and looks at specific outcomes for service users in supported housing.

7.4 Areas of service which scored the highest levels of satisfaction were overall quality of life (4.4 out of 5 or 88% and satisfaction with cultural and religious needs being met (4.3 out of 5 or 86%).

7.5 The three lowest scoring areas were:

Satisfaction with support in dealing with finances and administration (3.5 out of 5 or 70%)

Satisfaction in being supported to have a healthy life (3.8 out of 5 or 76%)

Satisfaction with access to skills development activities and hobbies (3.8 out of 5 or 76%)

### *Culturally Specific Services*

7.6 A further consultation event was held with BME service users in developing the strategy to assess key issues and future needs for BME residents of

supported housing in Tower Hamlets. People from a range of client groups including Young People, Single Homeless, Older People and Mental Health attended the event.

- 7.7 The key issues that arose were, in the main, based on general rather than culturally specific issues:

More general needs housing is required to enable a move on from hostel accommodation;

The younger BME consultees wanted general and not culturally specific services, however, there was a recognition that older members of BME communities may require culturally specific services to feel 'at home';

Feel unsafe at night in supported housing provision and there is a need for more lighting around buildings;

Would like an 'Employment Opportunities' road show to visit each hostel to advise on jobs available in the borough;

Would like a trial period with a support worker so that an alternative support worker could be assigned if the relationship doesn't work; and

Enjoy activities that offer an insight into other cultures i.e. culinary evenings.

- 7.8 Consultation with residents has shown low scoring on skills and hobbies and social networks and involvement. This will be addressed through improving opportunities for inclusion and involvement and developing the range of activities on offer.

- 7.9 Satisfaction results are set out in more detail at Appendix 5.

- 7.10 A detailed Action Plan will be developed through the team and service planning process to deliver the key objectives of the strategy. Delivery of this Action Plan will be monitored by quarterly meetings of the Supporting People steering Group.

**Appendix 1: Cag Gemini - Financial Benefits of the Supporting People Programme 2009**

This overall conclusion is based on separate calculations for each of the vulnerable groups considered through this research. In all but three cases, the provision of the Supporting People intervention was estimated to provide a net financial benefit – i.e. the financial benefits of supporting the individual using the most appropriate positive alternative to SP were higher than, and outweighed, the costs of doing so using SP services. The net results for each client group are set out in the table below.

<b>Table 1.3.1 Costs and estimated net benefits per annum of Supporting People services by client group</b>		
<b>Client group</b>	<b>Cost (£m)</b>	<b>Net financial benefit (£m)</b>
People with alcohol problems	(20.7)	92.0
Women at risk of domestic violence	(68.8)	186.9
People with drug problems	(30.1)	157.8
Homeless families with support needs – settled accommodation	(32.5)	(0.5)
Homeless families with support needs – temporary accommodation	(17.5)	28.5
Single homeless with support needs – settled accommodation	(130.1)	30.7
Single homeless with support needs – temporary accommodation	(106.7)	97.0
People with learning disabilities	(369.4)	711.3
People with mental health problems	(254.4)	559.7
Offenders or people at risk of offending, and mentally disordered offenders	(55.4)	40.3
Older people in sheltered accommodation	(198.2)	646.9
Older people in very sheltered accommodation	(32.4)	123.4
Older people receiving floating support and other older people	(97.3)	628.0
People with a physical or sensory disability	(28.4)	73.3
Teenage parents	(24.9)	(18.3)
Young people at risk – settled accommodation	(94.9)	26.6
Young people at risk – temporary accommodation	(38.1)	26.7
Young people leaving care	(12.7)	(0.7)
<b>Total</b>	<b>(1,612.4)</b>	<b>3,409.4</b>

The research was approached through estimating the impact of withdrawing or replacing the Supporting People intervention. So the findings shown above can also be taken to indicate that, for all but three of the groups considered, the financial costs of supporting the individual through SP are lower than the overall financial costs that would result from either withdrawing or reducing support or of switching to a more intensive form of support offering a lower degree of independent living. For the remaining three groups, "homeless families with support needs – settled accommodation", "young people leaving care" and "teenage parents", the table shows that the costs for supporting the individual through SP are higher than the overall costs that would result from withdrawing or reducing support.

## **Appendix 2: Population Statistics**

### **Growth and Transience**

The adult population in the borough is expected to increase by 41% to 2026, the largest rise (over 100%) is expected in 45 – 64 age group with a 27% increase in over 65's, (4,914 people) and 81% increase in over 85's, (1,553 people);

Analysis conducted at London level suggests a population churn (combined inflow and outflow) in Tower Hamlets of 189 per 1000 residents equating to nearly 19% of the population. If movement within the Borough is added, this equates to 24% of the population (the 11th highest population movement of the 33 London Boroughs).

### **Deprivation**

The most important factor accounting for health inequalities between Tower Hamlets and elsewhere is socioeconomic deprivation. 78.5% of Tower Hamlets residents live in the 20% most deprived areas in England compared to around 26% of London residents;

In 2005, 66.7% of under-16s in LBTH were living in low income households. This is by far the highest level of childhood poverty in London (and also the highest in England);

In 2004 Tower Hamlets was ranked the fourth most deprived local authority area in the country. This picture did not change substantially in 2007 when the average scores was 44.6 and Tower Hamlets was ranked third most deprived (second most deprived in London next to Hackney);

### **Benefits and Unemployment**

20.1% of the working age population (31,590) were claiming benefits at May 2009 compared to a 15.2% average across London;

70.1% (109,000) of the working age population were economically active (either in employment or unemployed) in 2008/9, compared to 75.8% in London (2008/9). 11.9% of the working age population were estimated to be unemployed, compared to 7.4% in London.

### **Housing**

Housing impacts on residents' health, education, employment opportunities and well being. Get the housing supply and housing services right can secure a better and brighter future for residents in all aspects of their lives;

House prices in Tower Hamlets are significantly above national averages, and slightly above East London averages. The picture is mixed in relation to Greater London averages, with overall prices and house prices lower than Greater London averages and flat prices higher than Greater London averages;

The borough has very high levels of social housing stock – over 50% of the stock, compared to national average of 19% and East London average of

31%. Owner-occupation is low at 27% compared to 68% nationally and 53% in East London;

There are 9,446 overcrowded households in socially rented homes, and 1,798 of these are severely overcrowded;

Over 20,000 households in the borough include someone with a disability. 10% of the stock has been adapted to be more accessible;

70% of older people are living in social rented accommodation, half have a limiting long term illness and many are on low incomes. Many older people in social rented accommodation live in high-rise blocks and experience feelings of isolation; and

Those not living in social rented accommodation will either be owner-occupiers or renting privately. Both tenures experience significant levels of disrepair. Previous reviews have highlighted difficulties for these groups in accessing aids and adaptations and other services to promote independent living.

### Homelessness

One in twelve children in Tower Hamlets live in homeless households;

45% of homelessness acceptances in Tower Hamlets are the result of ejection by parents;

Single homelessness remains a significant issue locally, annually around 1500, but only a minority are housed directly under the legislation;

Homelessness disproportionately affects BME families;

Youth homelessness remains an issue locally, about 300 young people (16-17 year olds) present to the Homelessness Service every year;

Homelessness and worklessness are heavily correlated; high rents can be a disincentive to work;

The 2012 Olympic Games have the potential to attract a transient workforce which may lead to additional numbers of people presenting as homeless or rough sleeping following the games;

### Mental Health

Tower Hamlets is estimated to have amongst the highest prevalence of mental health problems in London (7th highest);

Previous experience of recession indicates that the most significant health impact is an increase in mental health problems;

### Learning Disabilities

As March 2009 there were 635 people on the learning disability register in Tower Hamlets. This equates to a prevalence rate of 240 per 100,000 and was the fourth highest in London;

People with learning disabilities in Tower Hamlets have expressed that accommodation is an area where their needs are currently not being well met. People have expressed a desire to live independently as tenants; to flat share with friends; to have some choice and control over where they move to; to be able to decorate and improve their homes themselves;

### Young People

Over the last 8 years Tower Hamlets has had an average of 68.6 children looked after per 10,000 (higher than the England average but lower than the average for its statistical neighbours);

Two of the most common characteristics that young people and those who work with them identify as being associated with becoming an adult are setting up home and entering into education training or employment;

### Crime

LBTH reports the eighth highest crime rate out of the 32 London boroughs. Out of 27,211 offences in 2008/09 there were 6,072 cases of violent crime, 3144 drug offences and 309 sexual offences;

There have been steady declines in rates of crime since 2002. One exception is the rate of drug offences, which have increased from 6.8 per 1,000 in 2002 to 14.6 per 1,000;

### Appendix 3 – Supporting People Contributions to Local Priorities by Client Group

#### **Older People Services**

##### Extra care supported accommodation for frail elderly service users

Supporting People jointly fund these services with the AHWB commissioning budget for older adults. Services are provided to individuals for whom the Borough has a statutory duty to provide care and support as part of community care legislation.

These schemes contribute to:

- Tower Hamlets Commissioning Strategy for Elders and their Carers
- The National service framework for Older People

These and sheltered services provide a valuable alternative to registered care, supporting the Borough to meet NI139:the extent to which older people receive the support they need to live independently at home as this is the primary function of these schemes; they also contribute to hospital discharge targets for this client group.

##### Sheltered housing and other services for older people

The recent Best Value Reviews of Older Peoples services and Sheltered Housing services identified these services as all strategically relevant to the Borough and also highlighted their intrinsic value in meeting the targets listed below;

NI138:Satisfaction of people over 65 with both home and neighbourhood

NI136:People supported to live independently through social services (all ages)

NI137 Healthy life expectancy at age 65

#### **Mental Health Services**

Contributes directly to NI149 Adults in contact with secondary mental health services in settled accommodation as services are for individuals for whom the Borough has a statutory responsibility to provide accommodation and support as part of community care legislation and The Mental Health Act; most services are joint funded with AHWB mental health commissioning. Service users generally receive care management from the CMHT's as part of CPA arrangements.

These services provide a valuable alternative to costly registered care and also enable the Borough to meet its hospital discharge targets.

Includes both accommodation-based (temporary, and long-term) and floating support. These support:

- National service framework for people with mental health issues
- LBTH Mental Health Commissioning Strategy
- Tower Hamlets Adult Mental Health Strategy
- Tower Hamlets Partnership Board for People with Mental Health Issues

Services also contribute directly to the LAA target NI150; adults in contact with secondary mental health services in employment as the service provided is contracted to facilitate access to training and employment opportunities and targets have been set accordingly.

## **Vulnerable Adult Services**

### **(Single Homeless, Refugees, Substance Use (Drug & Alcohol Services) and Offenders)**

For single homeless this covers a broad range of services including hostels, smaller supported housing schemes and tenancy support services working with individuals in their own homes.

The hostels are subject to a local Hostels Strategy (approved by Cabinet November 2007) which:

- Through the newly developed HOST Team (part-funded by SP) based in HHAS, which centralises referral arrangements, gains better control over access to these hostels for local needs (while retaining an appropriate component of pan-London access)
- Focuses on quality improvements in key areas of the QAF (needs assessment, support planning, fair access and diversity).
- Achieves selective remodelling of some schemes (e.g. Daniel Gilbert House, currently under way) to increase the proportion of move-on accommodation

In addition these services support:

- LBTH Homeless Strategies 2003/8, 2008/13.
- Statutory responsibilities under the Homelessness Act 2002
- Government Rough Sleeping strategy (1999 and updated targets)
- Positive Outcomes on Homelessness (Government guidance; includes e.g. targets on reducing use of B&B)
- Providing supported settled accommodation for offenders upon release.
- Reducing Reoffending National Action Plan 2004
- Criminal justice Act 2003
- London Probation and NPS Business Plans
- LBTH Crime and Disorder Reduction Strategy

They also support the Borough targets: LAA Target NI18; adult re-offending rates for those under probation supervision, NI143; offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence; NI144; offenders under probation supervision in employment at the end of their order or licence. Commissioned services will all have set targets in these areas.

Substance misuse also covers a broad range of services including:

- Wet hostels and hostels for individuals who continue to misuse drugs. Generally they support extremely chaotic service users many of whom have a history of rough sleeping and have been evicted or cannot be supported adequately in generic hostel accommodation. Many will have additional physical and mental health issues and a large number will have a social worker from Tower Hamlets vulnerable adults team.
- Floating support services which work with individuals who have very chaotic life styles associated with their substance misuse issues.
- Secondary Accommodation for individuals returning to the Borough who have been through a drug rehabilitation programme provided by the DAAT. This type of accommodation provided valuable follow up support and accommodation as a recognised part of their rehabilitation and they will receive ongoing support from the drug and alcohol services whilst they stay - usually for six months.

These schemes contribute to

- Tower Hamlets Crime and Disorder Reduction Strategy
- Local DAT plan (annual)

- Tower Hamlets Alcohol Strategy
- TH Homelessness strategy 2003/8 and 2008/13

NI115; Substance misuse by young people Education and health promotion, young people's schemes.

Refugee services contribute to:

- LBTH Homelessness Strategy
- Multi Agency Refugee Strategy

### **Homeless Family Services**

Supports NI156 Number of households living in Temporary Accommodation

Floating support enables wider use of long-term re-housing options and provides ongoing resettlement support.

These services also enable the Borough to meet the key targets of the recently agreed Homeless Strategy 2008-2013.

### **Learning Disability Services**

Contributes directly to NI145; adults with learning disabilities in settled accommodation as the supported accommodation is for individuals for whom the Borough has a statutory responsibility to provide accommodation and support. Service users will have a care management service provided by social services learning disabilities teams and will also generally have additional care packages funded by AHWB. Again these services provide a valuable alternative to registered care.

Supports the following strategies:

- Valuing People
- LBTH Housing and Support strategy for People with Learning Disabilities
- TH Commissioning Strategy for services for adults with Learning Disabilities

Also contributes to the LAA target NI146; adults with learning disabilities in employment as the service provided is contracted to facilitate access to training and employment opportunities and targets have been set accordingly.

### **HIV, Physical and Sensory Disability Services**

Contributes directly to NI124; people with a long-term condition supported to be independent and in control of their condition as the services are generally for individuals for whom the Borough has a statutory responsibility to provide services or would do if individuals did not retain their independence. This service supports service users to maintain their independence preventing unnecessary admissions into health, hospital, residential and nursing care. It also supports individuals to move to their own homes and encourages links with local provision enhancing their lives and facilitating access to the wider community.

Supports the following strategies:

- The Long-term (Neurological) Conditions National Service Framework,
- Our Health Our Care Our Say: A New Direction for Community Services
- LBTH Physical and Sensory Impairment Commissioning Strategy

## 7. Younger People, Care Leavers and Teenage Parents

Includes Foyer and supported accommodation. Contributes to:

- LBTH Homeless Strategies 2003/8, 2008/13.
- LBTH Leaving Care Housing Strategy
- LBTH Youth crime Reduction Strategy
- National Teenage Pregnancy Strategy
- LBTH Homelessness strategy
- LBTH Teenage Pregnancy Strategy
- LBTH Teenage Parents Strategy
- LBTH Sure Start Plus Programme
- LBTH Connexions Local delivery plans

Contributes directly to NI147: care leavers in suitable accommodation as a proportion of these services are generally for individuals for whom the Borough has a statutory responsibility to provide accommodation and support. 37 units are specifically designated for care leavers and a specific floating support service has been commissioned to assist 14 care leavers to live independently in the community.

Contributes directly to NI46: Young offenders access to suitable accommodation as offenders services also have referral and access to these schemes. There are currently 10 bedspace specifically allocated to service users referred from YOT, DIP and Probation services.

Also contributes to CLG targets to ensure all homeless 16 and 17 year olds and teenage parents who present to homeless services in need of accommodation are placed in supported accommodation. All services are accessed by local young people and the HHAS is generally the point of access. 21% of current service users accessed the provision aged 17 or under and 65% aged 19 or under. The homeless service and leaving care service have 100% access rights to the teenage parent's service.

In addition holistic support services are provided to individuals, therefore contributing to the targets listed below:

- LAA target N112; Under 18 conception rate
- LAA targets NI19:Rate of proven re offending by young offenders;
- NI179: Achievement of a level 2 qualification by age 19 and NI180: Achievement of a level 3 qualification by age 19
- NI148: care leavers in employment, education or training.
- NI115:Substance misuse by young people
- LAA targets NI106:Young people from low income backgrounds progressing to higher education; NI110: Young people's participation in positive activities and NI117: 16-18 year olds who are NEET (Not in Employment Education or Training)

## 8. Domestic Violence Services

Including emergency refuges, and floating support. Includes specialist provision for Asian women.

- Domestic Violence Action Plan (annual: DV Action Team)
- TH Homelessness strategy 2003/8 and 2008/13
- The Mayor of London's DV Strategy
- LBTH Crime and Disorder Reduction Strategy

Supports delivery of target NI32: Repeat incidents of domestic violence - Refuges and refuge services

There are over 4,000 incidents of domestic violence reported to the police a year, constituting around 25% of reported violent crime. It is the second most common cause of homelessness in the borough, and the most common reason for referrals to Children's Social Care. Provision of safe, supported temporary accommodation in the form of women's refuges is a key element of service provision for victims of domestic violence.

**Appendix 4 - Total Number of Units and Average Weekly Unit Cost**

Client Group	SP Units				Average Weekly Unit Cost			
	SH	FS	ALARM	Total SP Units	SH	FS	ALARM	Total Average Weekly Unit Cost
Substance Misuse Services	99	0	0	99	£263.28	£0.00	£0.00	£263.28
Domestic Violence	34	32	0	66	£228.88	£53.80	£0.00	£282.68
Frail/Elderly	161	0	0	161	£24.94	£0.00	£0.00	£24.94
Older People - Support Needs	744	1250	260	2254	£27.23	£0.81	£1.54	£29.58
Generic, Homeless Family Support Needs	0	843	0	843	£0.00	£28.24	£0.00	£28.24
Learning Disabilities	38	0	0	38	£321.66	£185.87	£0.00	£507.53
Mental Health	185	245	0	430	£291.10	£76.97	£0.00	£368.06
Refugees	13	0	0	13	£104.13	£0.00	£0.00	£104.13
Phy/Sen Disabilities & HIV/Aids	0	20	0	20	£0.00	£40.13	£0.00	£40.13
Single Homeless, Rough Sleepers, Ex Offenders	891	75	0	966	£127.14	£27.67	£0.00	£154.81
Young People at Risk/Leaving Care, Teenage Mothers	135	14	0	149	£203.05	£125.88	£0.00	£328.93
<b>TOTAL</b>	<b>2291</b>	<b>2502</b>	<b>260</b>	<b>5053</b>	<b>£1,591.41</b>	<b>£539.35</b>	<b>£1.54</b>	<b>£2,132.31</b>

**KEY:**

SH – Supported Housing / FS – Floating Support / Alarm – Community Alarm Services

Average cost across all client groups for providing an hour of support as at 7<sup>th</sup> July 2010

Client Group	Average Hourly Rate			Total Average Hourly Rate
	SH	FS	ALARM	
Substance Misuse Services	£23.07	£0.00	£0.00	£23.07
Domestic Violence	£24.66	£22.28	£0.00	£23.47
Frail/Elderly	£21.95	£0.00	£0.00	£21.95
Older People - Support Needs	£18.31	£26.26	£0.99	£14.31
Generic, Homeless Family Support Needs	£0.00	£22.63	£0.00	£22.63
Learning Disabilities	£18.85	£19.44	£0.00	£19.00
Mental Health	£20.87	£31.56	£0.00	£23.39
Refugees	£24.90	£0.00	£0.00	£24.90
Phy/Sen Disabilities & HIV/Aids	£0.00	£14.44	£0.00	£14.44
Single Homeless, Rough Sleepers, Ex Offenders	£21.11	£21.96	£0.00	£21.18
Young People at Risk/Leaving Care, Teenage Mothers	£22.44	£22.89	£0.00	£22.48
<b>TOTAL</b>	<b>£196.16</b>	<b>£181.45</b>	<b>£0.99</b>	<b>£230.81</b>

Average Weekly Cost Per Client Group

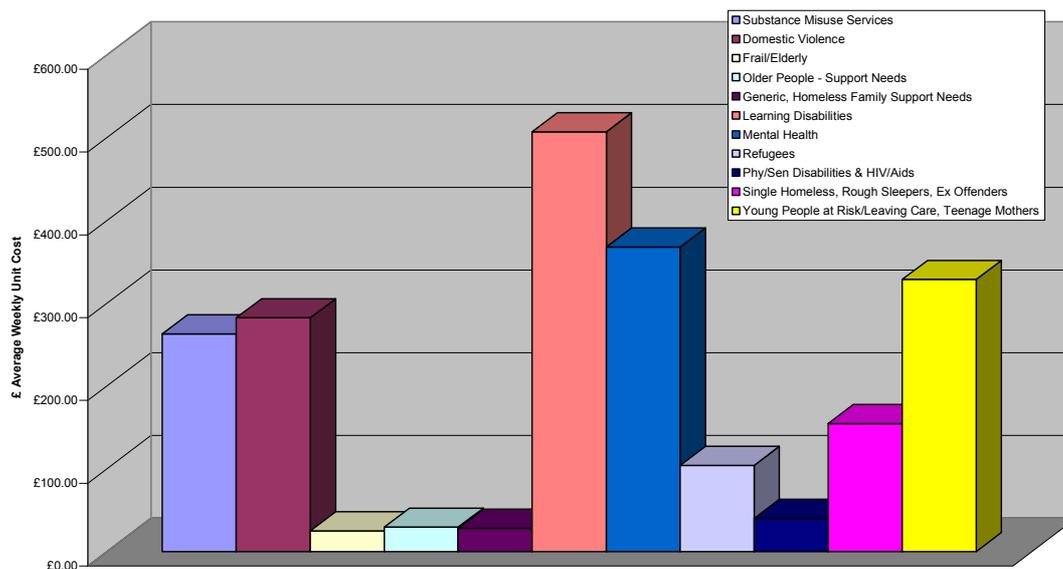


Chart 1

**Proportion of Spend for each Client Group**

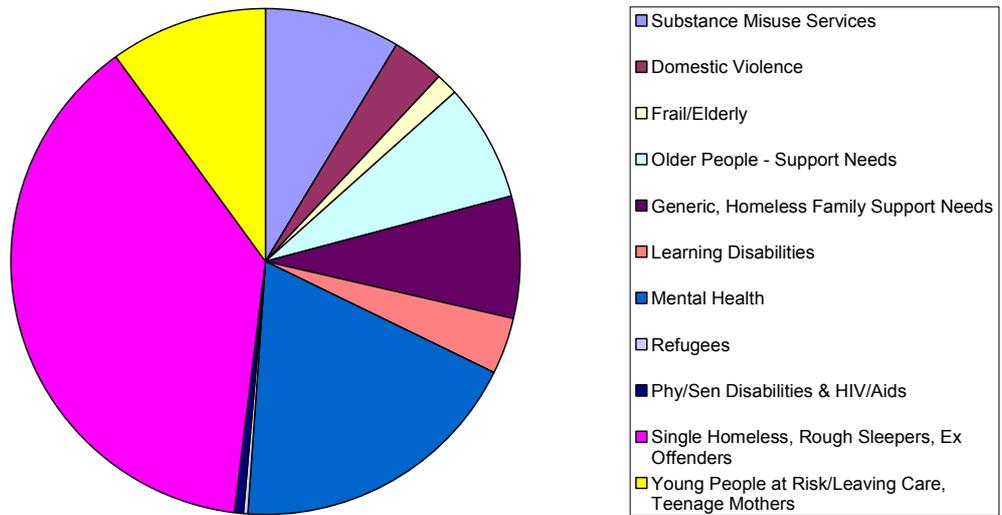
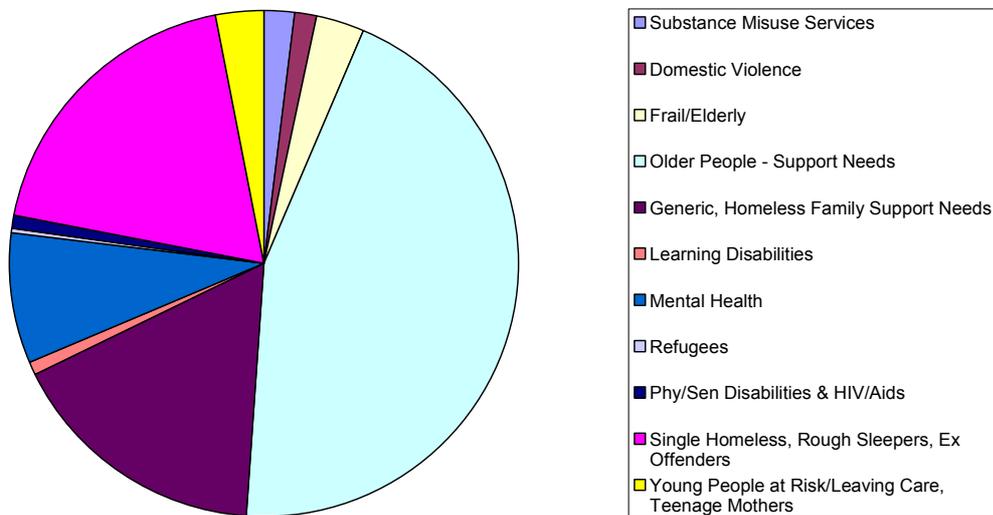


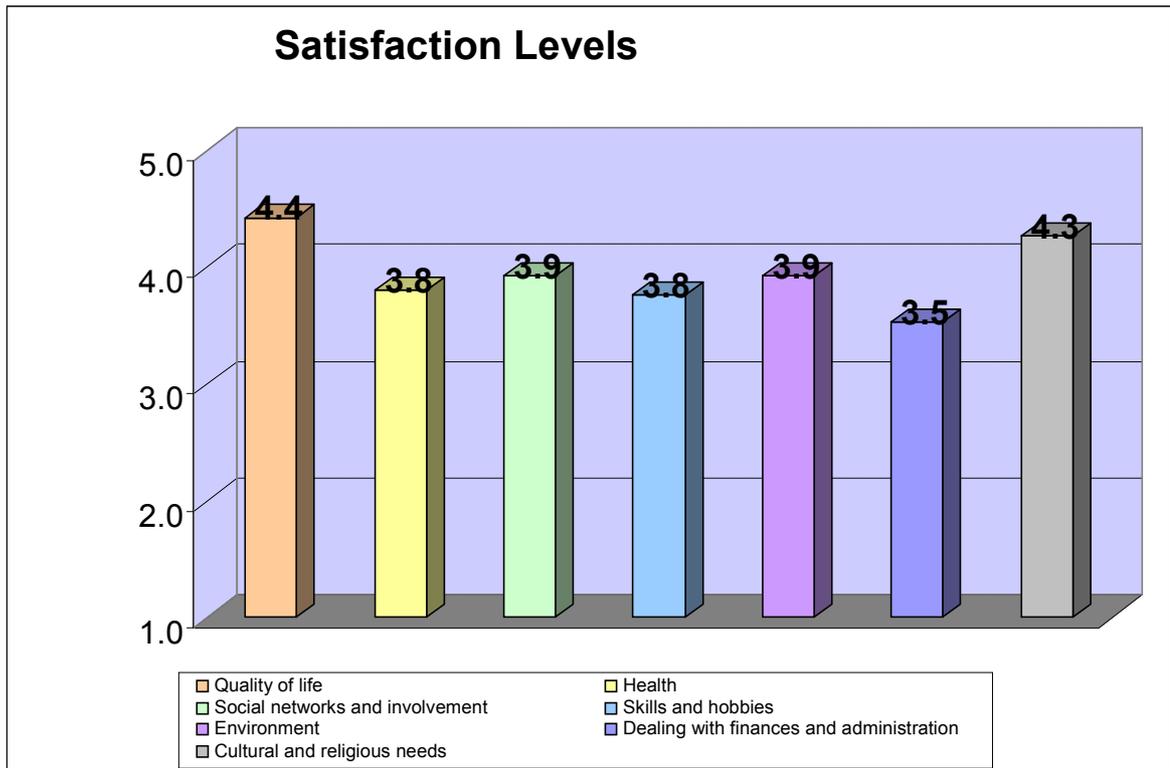
Chart 2

**Proportion of Units Supplied for each Client Group**

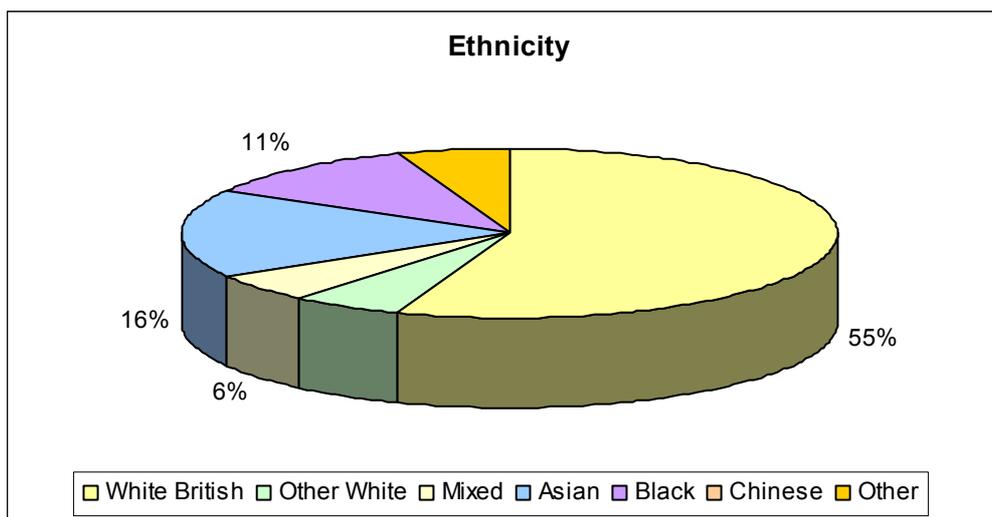


## Appendix 5 – Consultation Feedback

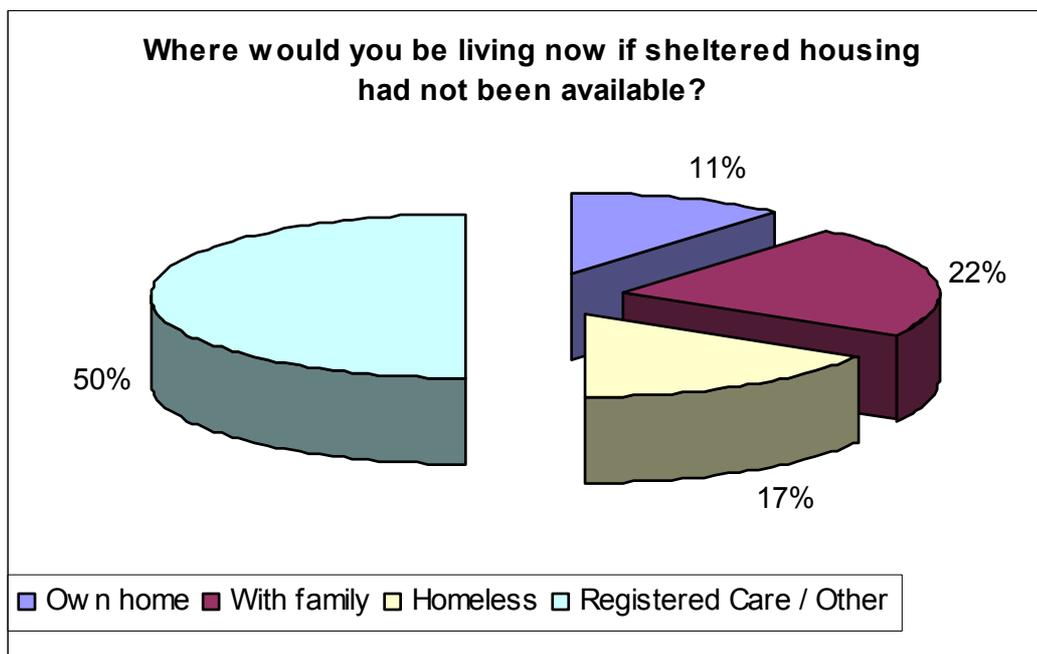
### Service User Satisfaction Levels



### Ethnicity of service users completing the questionnaire



Where else would you be living?



Most important aspects about where you live (in order of priority for residents):

- Safe and Secure
- Close to transport and good transport links
- Peace and quiet
- Support
- Close to shops
- Good neighbours
- Independence
- CCTV
- Secure Tenure
- First flat I've ever had. Good to have a shower to keep clean

What does your support worker help you with (in order of priority for residents):

- Filling out forms
- General support when needed/Just being there to help with everyday things
- I don't have any help
- Making appointments
- Telephones my family
- Cares about my wellbeing
- Pushes me to do activities
- Helped me to access work experience
- Medication
- Listens to concerns

## Appendix 6 – Breakdown of services by Provider

Providers	Number of Services	Total Value of Services	% of Total Expenditure
ASRA	1	£10,193.04	0.07%
Carr-Gomm Society	2	£117,033.33	0.75%
Coram Leaving Care	1	£109,531.00	0.71%
East Potential	1	£460,961.72	2.97%
East Thames Living	4	£429,610.03	2.77%
Epic Trust	4	£149,904.09	0.96%
Ex-Service Fellowship	1	£168,143.96	1.08%
Gateway	18	£619,818.29	3.99%
Industrial Dwellings Society	1	£14,700.92	0.09%
Kipper Project	6	£392,907.07	2.53%
LBTH Housing	6	£522,653.46	3.36%
LBTH SS	1	£135,874.42	0.87%
Look Ahead	13	£4,471,942.22	28.79%
MENCAP	1	£7,124.00	0.05%
Mercers	1	£11,606.40	0.07%
Metropolitan Support Trust	1	£24,307.88	0.16%
Nacro	1	£190,151.40	1.22%
Outward	5	£621,901.55	4.00%
Providence Row Housing Association	9	£3,447,192.58	22.19%
Radicle	1	£63,419.76	0.41%
Refuge	2	£199,211.28	1.28%
Salvation Army	3	£2,227,592.53	14.34%
Sanctuary	4	£208,797.68	1.34%
Sanctuary Hareward	1	£14,938.56	0.10%
Southern	2	£5,514.08	0.04%
Spitalfields Crypt Trust	1	£16,769.70	0.11%
Springboard	3	£615,956.64	3.96%
Together	1	£41,071.68	0.26%
Tower Hamlets Community Housing	1	£1,055.60	0.01%
Tower Hamlets Mission	1	£99,144.21	0.64%
Toynbee	3	£136,289.28	0.88%
<b>TOTAL</b>	<b>100</b>	<b>£15,535,318.34</b>	<b>100.00%</b>