Policy & Scrutiny Committee  Community Wellbeing and Older People

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Report attached.
Adults Health and Community Wellbeing

Strategic Planning & Commissioning

HOUSING RELATED SUPPORT COMMISSIONING STRATEGY

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HOUSING RELATED SUPPORT STRATEGY

1. Introduction

Housing Related Support (HRS) is the term used to describe services previously delivered under the Supporting People Programme. Support is provided to vulnerable adults (16 and above) to enable them to increase or maintain their independence in a variety of settings. HRS funding was never available for Care needs and many recipients of HRS support fall below the Social Care eligibility threshold.

Support may be linked to accommodation (e.g. Women’s Refuge) or floating. Some services are short term (Homelessness) and others provide support over a longer period (sheltered accommodation). HRS has traditionally also funded Community Alarm Services and Home Improvement Agencies.

HRS services have always support five high level national outcomes:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

These services have a key role in enabling vulnerable adults to maintain or increase their independence. Historically they were linked to National Indicators NI141 and 2 – Vulnerable People Achieving Independent Living and Vulnerable People Supported to Maintain Independence.

Following the removal of the national ring fence on this funding, there is greater local flexibility on determining locally priorities and greater freedom in the way services are delivered.

**HRS Services support the following ECC Primary Outcomes:**

- Reducing the number of young people who are not in education training or employment
- Ensuring that people receive the support they need to regain or maintain their independence
- Reducing smoking, obesity, alcohol and drug misuse, etc
- Ensuring physical, mental and emotional wellbeing of people using social care services
- Promoting employment opportunities for adults with LD
- Reducing the number of older people admitted to hospital after falls
- Enabling vulnerable people to enjoy a better quality of life
- Encouraging residents to get more involved in their communities
Supporting the Vision for Adult Social Care

Essex County Council has set out its ‘vision’ for adult social care – ‘One Essex’, where all citizens, communities and providers are working seamlessly and in partnership to ensure that everyone – regardless of circumstances or who is paying – has access to the advice, information and support they need to:

- Live independently and fully, as part of a community
- Stay healthy and safe and recover quickly from illness
- Exercise maximum control over their own life and where appropriate the lives of their family members or others with whom they have significant relationships
- Participate as active and equal citizens both economically and socially
- Have the best possible quality of life irrespective of illness or disability
- Retain maximum dignity and respect

HRS Commissioning will be guided by these principles.

The purpose of this Strategy is to set out Essex County Council (ECC)’s strategic direction for the current and future provision and delivery of the outcomes associated with HRS within the County and how we will work with strategic partners to deliver this.
2. Scope and Governance

This Strategy applies to the current and future provision of HRS services for vulnerable adults in Essex. It will show that by developing and evolving HRS provision we can continue to promote independence and enhance the life opportunities of a wide range of vulnerable adults across the county.

We will engage with internal ECC departments and external partners in the 12 local Borough and District Councils (referred to as Districts), Public Health, Housing, Probation, Clinical Commissioning Groups and relevant others in the development and review of this Strategy. Where appropriate we will also pursue opportunities with the neighbouring Authorities, such as the Southend and Thurrock.

This Strategy links closely to the Health & Wellbeing Strategy; ECC Market Position Statement; Housing for People with Additional Needs Strategy; Mental Health Accommodation Strategy; Assistive Technology Strategy; Working Age Adults and Older Peoples’ Commissioning and Delivery Plans and the Prevention Strategy (especially the Independence at Home strand)

This Strategy has been produced by the Housing Related Support Team within Adult Social Care’s Strategic Planning & Commissioning Team. It will be reviewed annually or when it is deemed that internal or external factors including changes in legislation to social care, health, housing, welfare reform, etc may apply.

Any commissioning or procurement activity arising from this strategy will be signed off through the ECC governance routes in place at the time.

The Housing Related Support Partnership Group meets regularly to consider and advise on the strategic direction of the HRS Programme.

This strategy will go to the Health & Wellbeing Board as part of governance approvals.

This Strategy does not commit ECC, either financially or otherwise, to the development of specific schemes and services.
3. Background and Context

The National Supporting People Programme has been recognised as successful in many aspects. The Parliamentary Committee report in 2009 noted that the Programme has delivered:

- Consistent quality framework
- Demonstrable cost benefits
- Consistent performance information
- Recognised the importance for vulnerable adults of being able to maintain a tenancy
- Model for Partnership working
- Targeted those who are vulnerable and at risk of social exclusion, many of whom had no access to other funds

The Government continues to recognise the value of Housing Related Support services and in particular their ‘invest to save’ contribution. Whilst central Government has affirmed an ongoing commitment to HRS services and recognises their value, local Authorities must now balance the demands for HRS spend against demands across other areas.

The ring fence for the SP Programme was lifted from April 2010. Whilst the benefits of the Programme have been recognised, it was felt important to give greater freedom to decide how to use funds to tackle local priorities. The removal of the SP ring fence coincided with an overall reduction in the funding available to local authorities from central Government as part of the Area Based Grant.

In recognition of this increased flexibility, the SP Team in Essex has been integrated within the wider Strategic Planning & Commissioning Team of Adults Health and Community Wellbeing (AHCW). This formally recognises the changes within HRS, but also allows for HRS commissioning to be better linked to broader AHCW commissioning activity.

These changes were also reflected within the SP Governance structures. The Commissioning Body was dissolved in December 2010 since it was clear that the budgetary decisions and responsibilities sat with ECC rather than the wider partnership. The former Core Strategy Group has taken the opportunity to review its Terms of Reference and Membership. It has now been reconstituted as the Housing Related Support Partnership group and works closely with the Essex Housing Officers Group. Links to the emerging Health & Well-being Boards are being explored at this time.

In common with most areas of ECC spend, the amount of funding available for HRS significantly reduced in 2011-12 and will reduce further in 2012-13. A rationale for

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1 Communities and Local Government Committee - Thirteenth Report; The Supporting People Programme, House of Commons, October 2009
http://www.publications.parliament.uk/pa/cm200809/cmselect/cmcmlaw/649/64902.htm

2 Research into the Financial Benefits of the Supporting People Programme, DCLG 2009

3 Grant Shapps: ‘Invest to save’ and offer support to vulnerable people, 20 March 2012
managing these reductions so as to maximise efficiencies and ensure equity was developed with partners and it is described fully in the Equalities Impact assessment that was produced⁴.

The proposals for wide-ranging benefits reforms in general and for benefits associated with housing in particular, are likely to have significant impacts on the provision of supported living, including those schemes where support is funded through HRS. Elements such as changes to the Single Room Rate; Local Reference Rents and definitions of ‘Exempt Accommodation’, etc. Specific proposals for changes in the way that Housing Benefit assists people living in supported housing within the social and voluntary sector have been consulted on by DWP⁵. At present the feedback from consultation is still being considered.

Previously, the SP Grant Conditions proscribed the scope within which funding could be used. Following the removal of the ring fence, funding can be used as deemed appropriate by the Authority within the context of its wider duty. Whilst there is no legal requirement to provide HRS services, the contribution that they make in terms of prevention and supporting independence does lead to avoidance of costs to the Adult Social Care budget as well as to the wider Essex public services economy.

Consistent with the Localism agenda, ECC is now participating in the Community Budgets pilot. At this stage, Outline Business Cases have been developed. Work has been done to scope the involvement of HRS within the pilots and this has focussed on the areas of Housing (especially in relation Home Improvement Agency activity) within the Wellbeing workstream; and Domestic Violence services within the Safer Essex workstream. There are also strong links to work to support Families with Complex Needs.

ECC is now considering ‘All Age’ Commissioning, particularly in areas where there might currently be a discontinuity in Children’s and Adults services. This allows consideration of issues such as how the current HRS funding for Womens Refuge services could be best used with other resources to deliver required outcomes.

The previous Supporting People Strategy⁶ was written in anticipation of a number of changes which have now taken place – removal of the ring fence; integrated commissioning, etc. It did not, however predict some of the wider changes that would occur in terms of the scale of reduced funding to Local Authorities for all vulnerable groups; the transfer of Public Health duties to the Local Authority; the emergence of GP Commissioning and the fundamental reforms of the Welfare Benefits system and the impact those would have.

⁴ Equalities Impact Assessment: Essex Supporting People  
⁵ Housing Benefit Reform – Supported Housing, Cm8152, DWP, July 2011  
http://www.dwp.gov.uk/docs/consult-supported-housing.pdf  
⁶ Helping to Rebuild Lives - SP Refreshed Strategy, 2010-12  
4. Strategic Vision and Commissioning Principles

Our vision

We want to see a thriving Housing Related Support sector that continues to develop to meet the challenges of meeting the needs of adults at risk of social exclusion. We will continue to value HRS services but will be open to different ways of achieving the outcomes for service users, ECC and partners. We will ask fundamental questions about how we use the available resources to best meet the needs. We will think creatively to find the best outcomes particularly in relation to prevention and early intervention.

Our Principles for HRS Commissioning

We will give priority to services that promote enablement, recovery and increased independence

We will invest in services that demonstrate innovative which achieve outcomes and demonstrate continuous improvement. We will disinvest in those that do not

We will work with providers to ensure that they are delivering quality services and providing value for money

We will prioritise funding for services which deliver added value and/or which meet wider partner outcomes

We are committed to working with a range of partners to develop services which will support independence and which encourage people to find their own solutions

We will focus on commissioning personalised outcomes-focused services where service users can decide with the provider how they will meet agreed outcomes

We will develop services which tackle the challenges of social isolation and social exclusion and those which promote community integration

We will actively engage with the provider market, especially smaller providers, to share our commissioning intentions and support a diverse market which will meet the needs of service users creatively

We will actively seek commissioning solutions which are innovative or transformative and which can demonstrate responsiveness to changing demands and aspirations

We will deliver equitable services in line with identified needs from sources such as the Joint Strategic Needs Assessment, or our own research.

We will put in place proportionate reporting requirements in order that resources can be concentrated on service delivery
We believe it is essential to continue to work closely with partners in order to deliver shared objectives in a way that is more efficient, effective and represents best value. Where resources are reducing and demand increasing, this joined up approach will be increasingly important. By continuing to work with a range of partners from the Districts, Probation, Public Health, Mental Health, etc, we will shape the provision services to best meet the needs of vulnerable adults in Essex.

We acknowledge the recommendation in the Evidence Base for the Essex Health & Well Being Strategy\(^7\): ‘It is important to shift the focus of housing related support towards early recognition of issues, prevention and intervention in order to reduce the need for more costly longer term services.’ and will commission services based on that principle.

In particular, we will seek to maintain and improve the way services are commissioned around the ‘Hard to Place’ groups. This includes, but is not limited to, offenders; people with substance misuse issues; vulnerable homeless and people with mental health problems. (See Section 5).

We also intend to focus on commissioning creatively around the needs of families which are deemed to be ‘troubled’ or have ‘complex needs’. This may involve commissioning services differently, e.g. for women escaping domestic violence, or contributing an element of ‘wrap around’ service, such as Family Intervention Projects or Families with Complex Needs initiatives.

We are keen for resources to be focussed on front line delivery rather than unnecessary administrative activity. To support this we have introduced simpler service reviews – ‘QAF lite’ – which focus on support planning, risk assessment and the service users’ experience. We will review and revise administration in respect of monitoring, review and reporting.

**Personalisation**

We are committed to the principle that people using HRS services should have greater control over their own lives. We believe that people can transform their lives given the opportunity to do so. We will listen to them and involve them in service design, tender evaluation and service development through co-production.

We believe that the existing service model for HRS already contains key elements of personalisation – mutually agreed outcomes; choice of support worker; flexibility over when and where the service user and support worker meet;

Direct Payments are an important part of the personalisation, but they are only one part. The power for service users to choose the outcomes that are important to them; where and when they receive support and who their support worker is are all at least as important.

\(^7\) Evidence Base for the Essex Health & Well Being Strategy Digest – A product developed from the Joint Strategic Needs Assessment, June 2012
Some HRS services (such as long-term accommodation-based services) lend themselves more readily to direct payments. Short-term ‘emergency’ services such as Womens’ Refuges and Homelessness services may not immediately lend themselves to direct payments, but we believe that other aspects of personalisation can be implemented in such services.

We recognise that implementing greater personalisation may present challenges to providers. This may be in relation to marketing; managing payments differently; unpicking block contracts or re-visiting staff Codes of Conduct. We will work with providers to help develop new approaches, e.g. through

**What we have already done:**
- Taken part in the *Right to Control Pilot*, which brings together a number of funding streams (including HRS, Work Choice and Independent Living Fund) to allow individuals to use their funding more creatively. The pilot has also enabled local delegation of non-complex reviews to an HRS provider.
- Encouraged providers to develop their offer of personalised services and to consult with service users about what they want, especially in Learning Disability Supported Living.
- Given providers greater freedom in how they meet service user aspirations by focussing on outcomes rather than specifying activity, for example in the recent Floating Support contracts.
- Commissioned services (e.g. Home Improvement Agencies) where we have actively encouraged providers to target self-funders and to offer additional services over and above our specific requirements.
- Held provider events to support and encourage the development of personalised services

**In the short-term we will:**
- Broaden the *Right to Control offer*, which was previously only available to LD service users and will now be available to all service users across the Medium Term Floating Support services
- Work with FS providers in particular to trial mechanisms for managing direct payments

**In the medium-term we will:**
- Review and promote the best practice already present within HRS service in Essex
- Review national good practice for the implementation of HRS services and make recommendations for Essex
- Seek to further involve service users in the design of personalised services as opportunities arise.
5. THE CURRENT POSITION

5.1 Older People

HRS currently commissions a range of services for older people. These include elements of sheltered schemes; Extra Care; Community Alarms and Home Improvement Agencies (HIA). Other funding also goes into these services. For the purposes of clarity, the Commissioning Intentions sections of this chapter are split into three sections – Accommodation-based; Community alarms and HIA.

In addition to services commissioned specifically for older people, generic Floating Support services are also meeting the support needs of this group in some cases.

Supply

Figures suggest that the total number of HRS units theoretically available for older people in the county is over 16,000. This does not include private schemes or care provision. However, these figures are in the process of being updated, and the number of eligible service users in such accommodation is likely to be nearer 12,000. This included various categories of accommodation, but is overwhelming sheltered schemes run by districts, Registered Providers, or small charities including almshouses.

Service users are eligible for HRS funding in such schemes by the fact they move into a property with a hard wired alarm system and/or onto a ‘patch’ covered by a housing related support officer, not because they necessarily need housing related support.

Although there is generally a good supply of sheltered units, there are issues in that some of the accommodation is not suitable for older people, e.g. first floor no lift, not mobility standard, or may not meet Decent Homes standards.

Based on 2012-13 budget figures, the HRS spend on services for Older People will be £3.74m which equates to 19% of the total spend. This makes Older Peoples’ services the biggest in terms of spend and numbers supported.

This area also shows the widest variation in HRS annual payments with contract values ranging from around £750k for a district provider down to under £1000 for a local Almshouse provider.

HIA services are currently delivered by three providers. They deliver Information and Advice; Handyperson services; Gardening and Disabled Facilities Grant delivery through a framework agreement where required. These services were recommissioned in 2011.

Community Alarm services are largely, but not exclusively, delivered in sheltered schemes. The service offer is not consistent across HRS contracts nor with the wider ECC offer. There are wide variations in costs of monitoring and response services. Activity is going on to address these issues.
Demand and Local Factors
The Essex County Council Adult Social Care Market Position Statement 2012 gives full information on the Direction of Travel, Current and Future Demand and local Supply & Commissioning for Older People. The MPS predicts significant increases in the numbers of older people with social care needs (15% over the next 5 years).

An initial comparison of availability of HRS funded units against demand suggests that Basildon and Chelmsford are over-supplied by at least 5%. It also suggests that Castle Point and Tendring are under-supplied by at least 5%. Some caution is required since these figures do not take into account factors of deprivation; the availability of private and other alternatives to sheltered, etc. Nor do the figures take into account the different predicted growth rates in the Older population.

The MPS identifies key commissioning intentions, which include:
- Promoting preventative services including assistive technology
- Promote services and support that enable people to regain or maintain their independence
- Increase the use of Extra Care Housing and other alternatives to registered care
- Supporting people with dementia to retain their independence for as long as possible and enjoy a good quality of life.

The move away from residential care to support more people in their homes is likely to push up the need for HRS. Our priority to work more closely with our health partners to provide integrated services within the community will also increase number of people remaining in their own homes and may place further pressure on need for range of accommodation related support.

The National Dementia Strategy\(^8\), Objective 10 refers specifically to HRS:

> Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

**COMMISSIONING INTENTION FOR ACCOMMODATION-BASED SERVICES**

**What we have already done:**
- Increased the flexibility of generic Floating Support services to allow more freedom to offer additional support to people in Sheltered schemes where this exceeds what can reasonably be expected from sheltered scheme staff.
- Jointly commissioned Extra Care services. This has simplified the delivery of care and support and monitoring of these services.

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\(^8\) Living well with dementia: a National Dementia Strategy, DoH, February 2009
In the short-term we will:
- Seek further information on demand to ascertain whether changes to the distribution of HRS funding are required.
- Continue to support the development of Extra Care services but not fund a separate HRS element within them. HRS will be available from the relevant floating support provider and will not be accommodation based.
- Develop more flexible support which is less based on tenure and more based on need. We have identified specific opportunities to develop this with partners in Maldon and Braintree.
- Support the development of ‘hub and spoke’ services from Extra Care, sheltered, or other provision in order to support older people with support needs in the wider community.

In the medium-term we will:
- Cease the separate HRS monitoring of Extra Care services and instead support joint reviews and monitoring. This will simplify the ECC approach and offer in such schemes.
- Work with partner agencies through the Essex Housing Officers Group to research best practice and to audit current provision in order to inform future commissioning.
- Have regard to the National dementia strategy in planning and reviewing HRS provision and when conducting service reviews.

COMMISSIONING INTENTION FOR COMMUNITY ALARMS

What we have already done:
- Consulted with providers, district partners and service users to ascertain costs and requirements for community alarm services.

In the short-term we will:
- Develop and further consult on a consistent approach to the monitoring and response.

In the medium-term we will:
- Carry out any necessary procurement activity or market facilitation to implement the recommendations of the work above which will reduce the current inconsistencies and reduce costs for commissioners and self-funders.
- Work with internal partners to develop a consistent AT offer having due consideration to Reablement services.
- Work with colleagues in OP Commission to contribute to a revised AT Strategy.
COMMISSIONING INTENTION FOR HOME IMPROVEMENT AGENCIES

What we have already done:
- Recommissioned HIA services to deliver against a common service specification and agreed targets.
- Put in place arrangements which allow district partners to access HIA services through a framework agreement if they wish to make use of Project Management expertise to deliver Disabled Facilities Grants.

In the short-term we will:
- Review progress of current arrangements.
- Consider how we can best integrate HIA services as part of a wider Independence at Home offer that is also complimentary to Reablement services.

5.2 Working Age Adults With Care Needs

This section relates to Working Age Adults (WAA) who have additional needs such as a Learning Disability, or a Sensory or Physical Impairment.

Supply
HRS currently fund over 500 units of accommodation for adults with a learning disability across the county. There are services in every district. Up until April 2012, an additional 500+ units of floating support were provided. These units have now been added into the wider generic floating support services.

Based on 2012-13 budget figures, the HRS spend on services for Adults with Learning Disability will be £2.5m which equates to 12.5% of the total spend.

There are currently 94 units of accommodation funded through HRS for adults with physical or sensory impairment. These are in Basildon, Braintree, Castle Point, Chelmsford, Colchester and Epping Forest.

Based on 2012-13 budget figures, the HRS spend on services for Sensory or Physical Impairment will be around £263k which equates to about 1.3% of the total spend.

Demand and Local Factors
The Essex County Council Adult Social Care Market Position Statement (MPS) 2012 gives full information on the Direction of Travel, Current and Future Demand and local Supply & Commissioning for WAA.

Significant increases in the numbers of people with moderate or severe Learning Disability (4% in the next 5 years). It is also predicted that there will be an increase in the number of adults with physical disabilities due to population growth and improved health care (2% over the next 5 years).
The MPS identifies key commissioning intentions, which include:

1. Promoting progression wherever possible throughout a person’s life
2. Promoting inclusive communities and universal services
3. Promote personalisation through the increased uptake of cash payments.
4. Reducing our investment in registered accommodation and through working with partners promote the development of more supported living
5. Work with specialist providers to ensure cost effective support packages are available for people with specialist needs

Commissioning Intention

What we have already done:

- We have pooled budgets with Social Care to jointly commissioned a supported housing service in Basildon for 8 people with learning disabilities who are also deaf or deaf blind. The scheme offers transitional accommodation and aims to support people to move on to more independent living (Intentions 1 and 5)
- We have added the LDFS service into the Generic Floating Support contract (Intention 2)

In the short-term we will:

- Through the Right to Control Trailblazer we will broaden the Personalisation offer to other WAA groups (Intention 3)
- Ensure that LD service users are able to access generic HRS services in the same way as any other vulnerable adult.
- Work as part of the LD Supported Living Project to ensure effective assessment of needs and resources for service users who are currently living in supported accommodation.
- Work with LD providers to implement agreed funding changes and to lay the foundations for Personalisation in line with intention 3).

In the medium-term we will:

- Work jointly on the development of new services, e.g. LD Enablement Service (Intention 1)
- Jointly commission and/or pool budgets to commission services which best meet the need of WAA adults with Social Care and HRS needs (Intention 4 and 5).

Previously, there was a separate LD Floating Support service. However this could be viewed as potentially stigmatising, especially when the needs of this group were very similar to the HRS needs of other vulnerable people.
PEOPLE AT RISK OF SOCIAL EXCLUSION
The following section relates to provision for Young People, Mental Health, Domestic Violence, Homelessness, Offenders and people with Substance Misuse Issues. People using these services may variously be described as ‘at risk of social exclusion’, ‘socially excluded’, or ‘hard to place’. There is also considerable overlap with various initiatives and agendas around ‘troubled families’ or ‘families with complex needs’. Although historically these services have been commissioned separately, it is felt that there is benefit to considering the overlap and common factors that are present when looking at future commissioning activity.

5.3 Young People
Supply
HRS currently funds 747 units of supported accommodation that are identified specifically for young people. This breaks down as follows:

- Young parents with support needs – 109
- Young people leaving care – 40
- Young People at risk – 598

Other young people may be being supported through floating support, or through generic homelessness services. An analysis of referrals by age to the floating support service\(^{10}\) shows that 4% of referrals (just under 200 cases) were from people aged under eighteen. Just over 700 cases (27%) were from people aged 18-25. This is quite high compared to the size of this group as part of the wider population, but indicates that they are more likely to have issues of homelessness.

Current spend on these services is as follows:

- Young parents with support needs - £546k (2.7% of total HRS budget)
- Young people leaving care – £601k (3%)\(^{11}\)
- Young People at risk – £2.695m (14%)

The type of accommodation varies from dispersed flats with visiting support to large foyer schemes. All schemes have at least some daytime staff on site. Some schemes have an out of hours call out and others may have a 24hr on site presence.

The level of support varies from around 5hrs per person per week, up to around 8hrs, depending on the level of need. Support is highest in schemes for care leavers, which also receive additional support payments from SCF and tends to be lowest in dispersed accommodation.

\(^{10}\) Floating Support End of Year Report, April 2011 – March 2012.
\(^{11}\) Half of this amount is funded from ECC Schools, Children & Families
There is some provision in every district, although this varies significantly. Some schemes, e.g. the Young Parents with Support Needs Scheme in Basildon, serve more than one district.

Overall it is felt that there are probably sufficient units of accommodation available, but that the access to these units, particularly for those with higher support needs, can be difficult to do in a timely fashion.

**Demand**
Previous research by the Supporting People team showed variations of up to 8% under or over supply if considered on a district basis. However, when this was aggregated up into a locality basis the variation was less – slight over supply in three localities and around 8% under supply in North Locality (Colchester/Tendring).

Supporting People previously helped to set up Joint Referral Panels in some areas to help ensure that there was a good match between individual needs and the available support. These arrangements still operate in some areas. Referral routes vary depending on a number of factors including historical funding arrangements, etc. Recent evidence suggests there are issues in the effectiveness of the JRPs in matching higher needs service users with support and accommodation particularly where there are time pressures.

Evidence suggests that the demand for services for Young Parents with Support Needs varies across the county. The CLG/Capgemini research places SP services for this client group as delivering the lowest cost benefits. However, there is other value attached to the services, for example in facilitating access to the group for health professionals who can them target both the parents and the children. There is also scope for peer support.

Some services are provided on a cross-district basis. For example, the recently opened scheme in Ongar services Brentwood, Epping Forest and Uttlesford is currently well-used.

We are currently seeking updated homeless information from district partners to build our picture of demand for some of these services. We will review with providers and other stakeholders whether all of these schemes continue to be strategically relevant.

Following the Southwark Judgement, there have been some discussions with providers to deliver ‘crash pad’ type accommodation in some projects. This has often been linked to additional targeted support for individuals.

**Local Factors**
Childrens Social Care feel that the current provision for Care Leavers is at about the right level. We will therefore not seek to implement changes there in the short-term, but will work with CSC and other partners when commissioning of those services falls due. Historically, schemes for Care Leavers were not felt to be a priority in Colchester and Tendring, so schemes were not put forward for development there when they were in other areas.
It is felt that schemes for **YP at Risk** could be better targeted on 16-17 year olds with higher support needs and could give priority to those young people referred through social care. This would be a good outcome for those young people who do not need or require to be dealt with as Looked after Children (LAC). Where appropriate it may be possible to bolster HRS support payments with payments through Placements budgets.

It should be noted that in practice, there will be limits to the proportion of homeless 16/17 year olds in a scheme if that scheme is to remain balanced and manageable. In practice a ratio of 50:50 to other YP in need is usually workable.

From December 2012, young people may be kept on remand if no suitable accommodation can be found. This is a poor outcome for the individual; remand costs are charged to the authority and it is an inappropriate use of an expensive resource.

**In the short-term we will:**
- Monitor the activity of the Joint Referral Panels in terms of access and needs levels
- Meet with providers as a group to review current arrangements, e.g. JRP,s, crash-pads, etc
- Review homelessness needs information in relation to this service user group
- Seek to focus the homelessness services we fund for Young People more on the needs of homeless 16 and 17 year olds.
- Review with partners whether the apparent under-provision in the NE Locality causes real difficulty
- Review monitoring arrangements for schemes for Care Leavers and incorporate SCF requirements.

**In the medium-term we will:**
- Review whether some schemes for Young Parents with Support Needs are still strategically relevant or whether they should be used differently
- Work with SCF and Housing Partners to develop a Housing Protocol for the Assessment of Need for Homeless 16 and 17 year olds.
- Work with SCF, District Partners and other stakeholders to consider options for service models and opportunities for joint commissioning when current contracts expire\(^\text{12}\).

### 5.4 Adults with Mental Health Problems

HRS have traditionally supported adults with severe and enduring mental health problems in supported accommodation as well as a wider group of adults with mental health issues. The second group may not be in contact with mental health services, or they form part of that group of adults with complex needs characterised by two or more of the following issues – recurring homelessness; chaotic behaviour; offending; substance misuse issues and mental health issues.

\(^{12}\) Current contracts will expire not earlier than March 2014 and not later than March 2016
**Supply**

HRS currently fund around 320 units of accommodation specifically for adults with mental health problems. This comprises 180 units of short term and 140 units of longer term accommodations. Whilst there is provision in every district, it appears somewhat uneven with Rochford, Maldon, Epping and Uttlesford seeming to have significantly less provision available.

In addition to specific accommodation, there is also evidence that adults with lower level mental health problems make use of other HRS service, especially Floating Support where a third of all referrals cite mental health problems as a secondary support need. In addition, anecdotal and wider research suggests a high incidence of mental health service users in homelessness services and in some Womens Refuges, particularly in the west of Essex.

Based on 2012-13 budget figures, the HRS spend on services for Adults with Mental Health problems will be just over £1.7m which equates to 9% of the total spend.

**Demand and Local Factors**

ECC has a separate Mental Health Accommodation Strategy which contains this information.

Although not listed as an ECC Priority Outcome the value of promoting employment opportunities for adults with mental health problems is recognised, so HRS services will support this as a service objective.

**Commissioning Intentions**

**What we have already done:**
- Carried out an analysis of funding to mental health services we commission, especially those which receive additional funding from other sources including ECC
- Negotiated some initial efficiencies with providers and worked with Mental Health colleagues to identify appropriate funding levels
- Supported the implementation of the Mental Health Accommodation Strategy

**In the short-term we will:**
- Work with colleagues in Mental Health Commissioning to support the development of mental health accommodation and support pathways
- Support the expansion of Floating Support services to deliver Mental Health Enablement services. This will require a shift of resources from other areas currently funded.

**In the medium-term we will:**
- When current contracts expire, we will commission services that align with the Mental Health Accommodation Strategy. As this develops, HRS funding could be
used to jointly fund some services, or to focus on the lower level needs that overlap with homelessness and complex needs and which support the ‘Hard to Place’ agenda.

- Align the funding of services with needs data in order to address the apparent inconsistent provision identified above.

### 5.5 Women Escaping Domestic Violence

#### Supply

HRS currently fund a total of 118 refuge places and 105 floating support places across Essex. There is provision in Basildon, Braintree, Chelmsford, Colchester, Epping Forest (FS only), Harlow, Rochford and Tendering (FS only).

The nature of these services means that refuge provision is often accessed by women from outside the host district. The location of refuge places in a given district is less important than the overall supply across the county. Likewise there is some mobility across the Essex boundaries. Overall, the flow of women seeking services in Essex from outside and moving out of Essex to access these services is in balance.

Initial comparison of the HRS supply against the incidence of DV within the districts suggests the following about relative availability of resources:

- Districts that are oversupplied: Basildon, Harlow
- Districts where supply matches incidence: Braintree, Chelmsford, Colchester, Maldon
- Districts that are undersupplied: Brentwood, Castle Point, Epping Forest, Rochford, Tending, Uttlesford.

This data should be treated with some caution for the reason noted above in relation to the mobility of this service user group. This analysis does not take into account services commissioned by other agencies, nor access to services outside of Essex.

#### Demand

There is evidence that all services are operating with waiting lists. This has been linked to problems accessing move-on accommodation meaning that some women remain in refuges after their support needs have been met.

#### Local Factors

There is evidence that difficulties in accessing move-on accommodation results in women and families remaining in refuge provision longer than they need support. This does not make best use of resources, and distorts demand data.

Some refuge provision is of a poor physical standard and has shared facilities. Stock condition surveys in at least one district have indicated that there can be high costs associated with refurbishment.

**Essex Domestic Abuse Strategy Group Review of Women’s Refuge Funding in Essex**
This report is currently out to consultation. The report was commissioned in responses to concerns about changes in funding to refuges. It makes a number of recommendations including:

- Better co-ordination between ECC Adults and Children’s services and local housing authorities regarding to the actions to be taken by refuges to effectively hand over support when evicting vulnerable families.
- Explore whether the current supporting people budget should be made available to commission a wider range of domestic abuse services rather than refuge services alone.
- Explore the potential of developing a common approach to domestic abuse across housing authorities and social housing providers.

Community Budgets
The overall Community Budgets approach is outlined elsewhere in this paper. A specific Outline Business Case for DV services has been submitted via the Safer Essex partnership. It’s initial aim is to bring about better strategic con-ordination of the policies and services in this area.

Commissioning Intention
The recommendations of the EDASG Report and the opportunity presented by Community Budgets suggest that the direction of travel should be towards a more co-ordinated and flexible approach to WEDV provision. The availability of refuge provision will continue to be important in offering security in accommodation, but should be seen increasingly as part of a range of services and policies that will best meet the needs of these service users. This may include floating support; rent deposit schemes; better co-ordinated and more consistent pathways; work with perpetrators, etc.

In the short-term we will:
- Investigate more flexible use of funding, for example in agreeing a shared set of outcomes for women and children as part of a co-ordinated approach with partners.
- Identify opportunities to deliver some services more flexibly where circumstances allow, e.g. by moving some support hours out of refuges by agreement.
- Identify opportunities to pilot innovative schemes to deliver services for this group in a different way, e.g. through earlier intervention.

In the medium-term we will:
- Use the opportunity of the Community Budgets Pilot to work with colleagues across agencies to deliver a more co-ordinated strategic approach to service delivery.
- Work with other agencies to commission the range of services that will best support this group.
5.6 SERVICES FOR SINGLE HOMELESS AND HOMELESS FAMILIES WITH SUPPORT NEEDS

Supply
HRS currently fund over 370 units of accommodation based support specifically for Homeless singles and Families. This is almost equally split across the two groups.

Accommodation-based provision for Single Homeless is only funded in five districts – Braintree, Chelmsford, Colchester, Tendring and Uttlesford. Accommodation-based services for Homeless Families are only funded in four districts – Basildon, Colchester, Epping Forest and Tendring. However, the distribution is not even and the provision in Harlow stands out as particularly low.

Other temporary accommodation may be available within the districts, but it would not have a HRS contract attached to it. A primary way of offering support to people who are homeless or at risk of homelessness outside of commissioned services is through Floating Support. Two providers give a county-wide service with service levels based on needs data derived from Indices of Multiple Deprivation (IMD).

As homelessness is not an issue restricted to a particular client group, this can be a hidden need within other services. In some cases, it may be that supported accommodation badged as homeless in some districts is serving a similar user group to services badged as mental health in another.

Based on 2012-13 budget figures, the HRS spend on services for Single Homeless is around £750k and that for Families is just under £300k. This is approximately 5% of total spend. However, if Floating Support is included with an additional spend of £5m, this gives over 30% of the total HRS budgets going to Homeless. This does not include services for Young People at Risk or for Vulnerable Young Parents, many of whom are often facing homelessness.

The spend on Floating Support is consistent with a focus on preventative services which aims to enable a person at risk of homelessness to remain in their accommodation or to obtain secure accommodation without recourse to specific homelessness accommodation.

Demand and Local Factors
When the Floating Support services were recommissioned from April 2012, consideration was given to demand information from the incumbent providers. This correlated very closely with the IMD information on needs.
We are currently analysing homelessness data from districts which will improve our understanding of local factors. However, the following table uses DCLG data mapped against IMD ranking and HRS provision.

### Homelessness acceptances by 1000 of population against IMD rank

<table>
<thead>
<tr>
<th>Region</th>
<th>Statutory Homelessness - Homelessness per 1000 H/holds</th>
<th>Single homeless Provision</th>
<th>Homeless Families Provision</th>
<th>IMD rank in Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harlow</td>
<td>4.10</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Basildon</td>
<td>3.10</td>
<td>Yes</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Colchester</td>
<td>2.80</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Chelmsford</td>
<td>1.80</td>
<td>Yes</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Braintree</td>
<td>1.70</td>
<td></td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>Rochford</td>
<td>1.40</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Epping Forest</td>
<td>1.10</td>
<td></td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>Maldon</td>
<td>1.10</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Tendring</td>
<td>1.10</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Castle Point</td>
<td>1.00</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Brentwood</td>
<td>0.90</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Uttlesford</td>
<td>0.40</td>
<td></td>
<td>Yes</td>
<td>12</td>
</tr>
</tbody>
</table>

### Commissioning Intentions

**What we have already done:**
- Recommissioned Floating Support services from April 2012. This resulted in increased capacity as well as producing efficiency savings.

**In the short-term we will:**
- Review the homeless data from district partners in order to improve our understanding of local issues
- Seek opportunities for redesign of existing services, especially where they are able to increase provision provide a greater standard of accommodation and diversify support arrangements e.g. Colchester Homelessness.

**In the medium-term we will:**
- Work with partners to develop an approach to the recommissioning of homeless services. The removal of the Supporting People Ring-fence will allow for a broader consideration of how current funding could be used, e.g. to deliver mediation

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13 Essex Insight, Communities and Local Government *Previously the Office of the Deputy Prime Minister*, Last updated, 18/10/11
services rather than funding support in homeless accommodation if that is felt to be more effective.

5.7 Services for Offenders

(Please note that services for Young Offenders are dealt with in the Young People Section of this strategy).

Supply
Historically, Supporting People have generally not commissioned services specifically for offenders in Essex, although there are some exceptions. Anecdotally, offenders are well represented in other services, including homelessness, Floating Support and some mental health schemes.

Referrals to the HRS Floating Support Services show that only 3% of referrals identified themselves as requiring support around offending issues. However, there was significant variation across the three providers. This is likely to be a significant under-reporting – the data is based on support needs declared, not on how service users might classify themselves. An ex-offender may well refer themselves to the service citing homelessness as the primary support need and mental health issues as a secondary support need.

The Triangle Tenancy sustainment scheme operates to access private rented accommodation and deliver support for ex-offenders with substance misuse issues. HRS commission Nacro to deliver support to these properties.

Demand and Local Factors
We are aware of the location of offenders with housing need as assessed by the Probation OASys System. This identifies 1543 individuals with housing need, but this figure includes Southend and Thurrock. Figures are complied by LDU Area, so we do not have information down to district level.

We are also aware of the origin of offenders referred to Probation Housing Liaison Officers. There were 99 individuals noted (excluding Southend and Thurrock), of which the highest concentrations were in Colchester (17%) and Chelmsford (16%).

Recently, the East of England Disadvantaged Adults Pilot Programme (EEDAPP)14 reported on a number of pilots that had run in the East of England. The SET OFF Project was hosted by Southend Borough Council and sought to link together and extend existing ways of supporting ex-offenders in Southend, Basildon and Thurrock. The offender support services that were developed included the HRS Floating Support provider and demonstrated the importance and effectiveness obtaining and maintaining safe and secure accommodation if re-offending is to be addressed.

14 A Home, A Job & A Future insert weblink
Commissioning Intention

What we have already done:
- Through the PSA 16 Working Group, identified barriers to obtaining accommodation and employment for offenders as well as identifying good practice in the county.
- Supported the EEDAPP pilot.

In the short-term we will:
- Review with Floating Support providers how offenders are currently identified and supported.
- Engage with Probation Housing Liaison Officers to identify what is working effectively and what needs to be improved.
- Identify any emerging opportunities through the Whole Essex Community Budgets Programme\(^{15}\).
- Seek to support the continuation of the EEDAPP Pilot.

In the medium-term we will:
- Work with Probation partners to identify priority areas for services.

5.8 Floating Support

Floating support is an HRS service which can be offered to people regardless of tenure. In Essex there are currently three types of Floating Support Services:

- Generic Floating Support – offered to all client groups
- Stay safe – a specialist service offered to women escaping domestic abuse to ensure safety and try to reduce the need for refuge accommodation.
- Resettlement support – offered to people moving on from supported housing schemes, typically provided by the same support worker to resettle someone back into the community.

**Generic Floating Support services**

Generic Floating Support is available to all vulnerable people in Essex. It is a key preventative service focussing on early intervention. The known benefits of Floating Support are reducing homelessness, helping people to maintain their accommodation, increase life skills and to live more independently.

Typically service users are those who have limited involvement with other agencies and fall below the threshold of statutory services. However, there are a relatively low number of service users who are also engaged with statutory services.

\(^{15}\) [Whole Essex Community Budgets: Reducing Reoffending](http://www.wecb.org.uk/projects/community-safety-2/reduce-reoffending)
Floating Support is tenure neutral, though there are restrictions on assisting people within Residential Care or other HRS funded supported housing schemes, due to issues with double funding.

Stay Safe and Resettlement
These services are largely based on legacy funding arrangements and coverage across Essex is uneven. Both of these service types are currently provided within services for Women Escaping Domestic Violence. Resettlement support is also provided in a small number of Mental Health services and a Young Person’s service. The provision of these types of Floating Support will be reviewed as recommissioning activity is undertaken for the respective client groups.

Supply
Generic Floating Support was recommissioned in 2011/12 and new services commenced on 1st April 2012. Contracts were let on a 3+3 year basis. Two providers give a county-wide service with distribution of funding based on needs data derived from Indices of Multiple Deprivation (IMD), and referral patterns into previous Floating Support services.

The service is made up of 3 components:

- Gateway – providing a single point of access for each contract area which manages referrals, waiting lists and prioritises cases
- Holistic Floating Support service – an outcome focussed HRS service working with service users in a holistic way to meet their needs.
- Immediate response service – a service able to respond within 24 hours in order to meet immediate or crisis needs e.g. taking homelessness, preventing eviction and dealing with immediate financial problems.

Based on 2012-13 budget figures, the HRS spend on services for Generic Floating Support is £5m per year. This is approximately 25% of total spend. Nearly 6,500 hours of support are delivered each week across Essex, with up to 2,000 people being supported at any one time.

When tendered, the specification was flexible allowing for additional complimentary services to be added over the life of the contract. We have already been able to integrate contracts with Southend and re-provide an Older Person’s Floating Support service in Maldon, realising efficiencies and improving services in both instances.

The development of other initiatives is also progressing. This includes Enablement pilots for Mental Health and Learning Disabilities services. These pilots aim to use existing community resources and develop new resources to meet needs and reduce reliance on statutory services.

Involvement in the Right to control trailblazer: Support for disabled people will be cash quantified and the customer will be able to exercise more choice and control over the
service. This will include being able to take a direct payment, receive a standard service, or a more flexible service in order to meet outcomes.

In both examples providers are exploring different ways of working e.g. using volunteers and building social networks to meet needs in creative ways. This enables service users to find their own solutions and helps to build inclusive communities.

**Demand and Local Factors**

Within the first 2 quarters of 2012/13 Generic Floating Support services have received nearly 2,400 referrals. They also receive a high number of enquiries that do not lead to a referral (up to 1000 per quarter). These cases are generally dealt with through one off pieces of support/advice meeting the needs of the customer, or through signposting to other agencies.

Demand outstrips supply, leading to waiting lists of 175 people (on average) at the end of each quarter. People are waiting an average of 41 days to receive a service, though any immediate needs can be met in a far shorter timeframe through the immediate response service. On exit, the average time that people are in receipt of Floating Support is 10 months.

Performance information shows the following trends within Quarter 1 and 2 of 2012/13:

- On average **95% of service users leaving Floating Support have maintained their independence, meaning that they have been able to sustain their accommodation and leave the service in a planned way.** This is a significant number given the diversity of the client group and the levels of people with complex needs, or Mental Health problems.

- In terms of district coverage, there are relatively low numbers of referrals for Harlow and Castle point when compared to the IMD rank within the County. As in previous years, Basildon continues to refer high numbers of people however this is not necessarily reflective of need.

<table>
<thead>
<tr>
<th></th>
<th>Referrals</th>
<th>% of total</th>
<th>IMD Rank (1 lowest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basildon</td>
<td>608</td>
<td>26%</td>
<td>3</td>
</tr>
<tr>
<td>Colchester</td>
<td>392</td>
<td>17%</td>
<td>5</td>
</tr>
<tr>
<td>Tendring</td>
<td>292</td>
<td>12%</td>
<td>2</td>
</tr>
<tr>
<td>Braintree</td>
<td>285</td>
<td>12%</td>
<td>6</td>
</tr>
<tr>
<td>Chelmsford</td>
<td>197</td>
<td>8%</td>
<td>10</td>
</tr>
<tr>
<td>Harlow</td>
<td>140</td>
<td>6%</td>
<td>1</td>
</tr>
<tr>
<td>Castle point</td>
<td>120</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Maldon</td>
<td>106</td>
<td>5%</td>
<td>8</td>
</tr>
<tr>
<td>Epping Forest</td>
<td>54</td>
<td>2%</td>
<td>7</td>
</tr>
<tr>
<td>Rochford</td>
<td>52</td>
<td>2%</td>
<td>11</td>
</tr>
</tbody>
</table>
- 40% of referrals are for people with generic/complex needs. 28% are cited as people having Mental Health problems. The next highest groups are people with Learning Disabilities and people with Physical or Sensory Impairments, both of which make up 6% of referrals each.

- As in previous years, Older people still appear to be an under represented group, making up only 3% of referrals. This is surprising given the increasing aging population and numbers of older people living outside of sheltered housing who are estimated to require support. Low referral numbers could be attributed to the short term nature of the previous Floating Support services, which may have deterred people needing longer term support. It could also reflect that service promotion is not reaching this group.

Other outcome monitoring is currently in development to evidence the positive impact the service has.

**Commissioning Intentions**

**What we have already done:**
- Recommissioned Floating Support services from April 2012. This resulted in increased capacity (approx 7%) as well as producing efficiency savings (approx 6%).
- Consulted with others and reflected on service user and Stakeholder feedback in designing the current service specification e.g. by changing the term of the service from short (up to 2 years) to medium (up to 5 years).
- Removed barriers around supporting people in sheltered housing to ensure the most vulnerable older people can receive an appropriate amount of outcome focussed support to meet their needs. We will review what impact this has had.
- Implemented a flexible contracting arrangement which allows for additional complimentary services to be added to the contract.
- Incorporated an Older Persons Floating Support service to assist Older People in Maldon, following another support provider withdrawing from the market.
- Incorporated Southend’s Floating Support service into the Essex contract, releasing efficiencies able to be re-invested in Essex.

**In the short-term we will:**
- Work with FS providers and partners to undertake targeted promotional activity, with a view to attracting referrals that are more in line with projected need.
- Support the expansion of Floating Support services to deliver Enablement services for people with Learning Disabilities and Mental Health Problems.
- Develop Personalisation within Floating Support through engagement with the Right to Control Trailblazer, offering direct payments, more flexible services, and a single review for people who are also engaged with Social Care.
• Explore how Floating Support can be flexed to meet needs of other vulnerable groups not currently accessing the service e.g. by reviewing the approach to providing the Independence at Home service.
• Develop performance and outcome monitoring systems to evidence strategic relevance and outcomes achieved for service users, ECC and other partners.

In the medium-term we will:
• Work with providers and partners to identify further opportunities for service development, to meet wider outcomes within Generic Floating Support.
• Review the existing arrangements for other types of Floating Support with a view to achieve consistent, high quality service provision.
• Develop and agree performance targets which could be linked to future contracting arrangements e.g. payment by results contracts.
6 The Way Forward

The HRS approach over the duration of this Strategy is to:

- Focus on early intervention especially in partnership with other agencies
- Further develop preventative services, especially around more flexible use of Floating Support
- Commission services which are evidence-based, needs led and have measurable outcomes
- Conduct lighter touch quality reviews which focus on the key areas of risk assessment and support planning.
- Develop the Personalisation Offer e.g. by working under the Right to Control Trailblazer to offer direct payments in Floating Support services
- Support the relevant Public Health and Safer Essex priorities to ensure access to services from people most at risk of social exclusion
- Reduce bureaucracy and reporting requirements, e.g. in relation to Performance Monitoring
- Continue to focus on partnership working in order to deliver better outcomes for vulnerable adults
- Develop enabling services which allow service users to find their own solutions

As a minimum, we will seek to commission services which are more efficient: our aspiration is to commission in a way which delivers cost savings; efficiencies and transformation.

This approach will result in:

- Better outcomes for vulnerable adults at risk of social exclusion
- Reduced homelessness
- Reduced pressure on other budgets
- Avoidance of assessment by ASC under Section 47 of NHS and Community Care Act
- Improvements in Public Health
- Closer alignment of commissioning with other workstreams within the council and with wider partners
- Flexibly commissioned services which are able to meet a range of changing needs

Commissioning Intentions
Where we have joint funding of schemes with Adult Social Care, we have reviewed whether there is opportunity to integrate commissioning (as in Extra Care schemes) or
whether there is opportunity to work jointly to introduce Personalisation of services (as in Learning Disability supported living).

We will continue to commission services which support the needs of people with poor health outcomes, e.g. homelessness, substance misuse, mental health. The transfer of Public Health duties to the Local Authority has highlighted the role of HRS services in supporting this.

We will continue to commission services that support independence in the home. We have already commissioned Home Improvement Agencies to carry out minor adaptations that may reduce the chance of falls and therefore hospital admission.

Some services such as Community Alarms, are not currently well-aligned with the wider ECC Assistive Technology approach. We have been consulting on how we can form part of a consistent offer whilst ensuring that services we fund are equitable and cost-effective.

We will continue to explore opportunities to develop existing services, for example in relation to the support needs of older people. Changes within sheltered services have offered the opportunity to begin to develop new patterns of support that are less closely tied to tenure. This allows opportunity to target support to those people who are the most vulnerable in the wider community.

We will continue to support the development of new buildings-based schemes whilst recognising that access to capital funding is now very limited. Opportunities do still arise, for example in the context of wider social housing developments. We have continued to engage with partners in relation to such schemes, which are often related to reprovision of existing services which are in premises no longer fit for purpose.

We will seek to commission services that can demonstrate added value, e.g. services that are able to attract additional resources from other areas and/or provide complimentary services to support the vision for ECC and achieve better outcomes for service users. For example in the Triangle Tenancy Sustainment Service for ex-offenders with substance misuse issues, HRS fund one element of this service, which makes use of private-sector properties. This is allied with support from volunteers and statutory services to provide a ‘wrap-around’ service.

We will seek to commission services that evolve over the life of the contract term to meet changing needs and demands.

**Shaping Future Services**

Within the above principles and intentions, we also believe that it is important in the current environment to consider at a very fundamental level how we make best use of the funding available to achieve the best outcomes. In order to do this, we intend to work with the Institute of Public Care (IPC) at Oxford Brookes University to look at the current pattern of HRS provision and spend and consider how this could change in future.
Such a review will only be effective if it is based on meaningful involvement from our partners and our service users. We will work with IPC to design an approach which will do this over the coming year. At the end of this period we will be in a position where we can build on the best of current HRS practice but also be able to support innovative responses to the problems and challenges we face in Essex.

7 Action Plan

Actions are listed throughout the strategy and will be collected here along with agreed implementation dates following consultation.

8 Bibliography

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Evidence Base for the Essex Health & Well Being Strategy Digest – Essex Insight, June 2012

Helping to Rebuild Lives and Promote Independence The Essex Supporting People Strategy 2010-2012

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Research into the Financial Benefits of the Supporting People Programme, DCLG, July 2009

Review of Women’s Refuge Funding in Essex, Essex Domestic Abuse Strategy Group, March 2012

Safe as Houses: An Inclusive Approach for Housing Drug Users, Shelter
9 Appendices

Appendix 1
Anticipated Housing Related Support Expenditure by Client Group (2013-14)

<table>
<thead>
<tr>
<th>Service User Group</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People with Support Needs</td>
<td>£3,379,911</td>
</tr>
<tr>
<td>Young People at Risk</td>
<td>£2,631,429</td>
</tr>
<tr>
<td>Frail Elderly</td>
<td>£143,272</td>
</tr>
<tr>
<td>People with Mental Health problems</td>
<td>£1,667,245</td>
</tr>
<tr>
<td>People with Learning Disabilities</td>
<td>£2,440,800</td>
</tr>
<tr>
<td>Teenage Parents</td>
<td>£533,351</td>
</tr>
<tr>
<td>Older People with Mental Health Needs / Dementia</td>
<td>£127,711</td>
</tr>
<tr>
<td>People with a Physical or Sensory Disability</td>
<td>£256,904</td>
</tr>
<tr>
<td>Single Homeless with Support Needs</td>
<td>£728,776</td>
</tr>
<tr>
<td>Homeless families with Support Needs</td>
<td>£279,939</td>
</tr>
<tr>
<td>People with Drug and Alcohol Problems</td>
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<tr>
<td>Travellers</td>
<td>£96,912</td>
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<tr>
<td>Generic (Hard to Reach Groups)</td>
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<tr>
<td>Young People Leaving Care</td>
<td>£587,304</td>
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<tr>
<td>Women at Risk of Domestic Violence - Refuge</td>
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<tr>
<td>Accommodation Based Support for Older People with Mental Health problems</td>
<td>£117,421</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£19,388,796</strong></td>
</tr>
</tbody>
</table>
Appendix 2

ECC Priorities and Outcomes Supported

ECC High Level Outcomes supported:

- Creating an environment in which economic prosperity is available to all
- Helping Essex Residents to live full and independent lives
- Enabling vulnerable people to enjoy a better quality of life
- Protecting Essex residents from harm or injury
- Supporting parents, carers and families to create safe and stable homes

ECC Primary Outcomes supported:

- Reducing the number of young people who are not in education training or employment
- Ensuring that people receive the support they need to regain or maintain their independence
- Reducing smoking, obesity, alcohol and drug misuse, etc
- Ensuring physical, mental and emotional wellbeing of people using social care services
- Promoting employment opportunities for adults with LD
- Reducing the number of older people admitted to hospital after falls
- Enabling vulnerable people to enjoy a better quality of life
- Encouraging residents to get more involved in their communities

Appendix 3 - Location of Offenders with Housing Need

<table>
<thead>
<tr>
<th>LDU Area</th>
<th>Council areas covered</th>
<th>Number</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>1543</strong></td>
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May 2012
Appendix 4 - Rate of DV incidents by 1000 population

Rate of domestic violence incidents per 1,000 population

- Basildon
- Braintree
- Brentwood
- Castle Point
- Chelmsford
- Colchester
- Epping Forest
- Harlow
- Maldon
- Rochford
- Tendring
- Uttlesford
- Essex
Appendix 3 – HRS Supply by District and Client Group

<table>
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<th>Primary Client Group</th>
<th>All Essex Districts</th>
<th>Basildon</th>
<th>Braintree</th>
<th>Brentwood</th>
<th>Castle Point</th>
<th>Chelmsford</th>
<th>Colchester</th>
<th>Epping Forest</th>
<th>Harlow</th>
<th>Maldon</th>
<th>Rochford</th>
<th>Tendring</th>
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<th>Grand Total</th>
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## Appendix 5 - Comparison of HRS contracted units against OP population in need.

### Comparison of HRS contracted units for OP against Low and Moderate Care needs

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<th>Primary Client Group</th>
<th>Basildon</th>
<th>Braintree</th>
<th>Brentwood</th>
<th>Castle Point</th>
<th>Chelmsford</th>
<th>Colchester</th>
<th>Epping Forest</th>
<th>Harlow</th>
<th>Maldon</th>
<th>Rochford</th>
<th>Tendring</th>
<th>Uttlesford</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frail elderly</td>
<td>2049</td>
<td>826</td>
<td>582</td>
<td>352</td>
<td>1,942</td>
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<td>804</td>
<td>587</td>
<td>853</td>
<td>619</td>
<td>11,612</td>
</tr>
<tr>
<td>Older People with Mental Health Problems/Dementia</td>
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<td>30</td>
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### Appendix 6 – HRS draft Commissioning Schedule

**HOUSING RELATED SUPPORT (SUPPORTING PEOPLE) DRAFT COMMISSIONING SCHEDULE**

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<th>Client Group / Service Type</th>
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<td>Young People Leaving Care Services</td>
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<td>Single Homeless, Homeless Families and Generic Accommodation Based Services</td>
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<td>Physical and Sensory Impairment Services</td>
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<td>Intensive Housing Management</td>
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</table>


**Excludes:**

1. Jointly commissioned services - Extra Care and Learning Disability services (latter will remain as interim contracts until LD Review concludes.)
2. Dispersed Non-Accommodation Based Community Alarm services and Community Alarm only services - approach to be agreed in line with CA proposals

- Includes OPMH accommodation based services, Very Sheltered Housing, excluding Extra Care Services
- Includes the Generic FS services
- Including both Short and Long Term Services - need to agree approach with MH Team
- Includes Supported Housing and Foyers. Excludes the 5 YPLC services
- Jointly funded with SCF. SCF have requested maximum contract length for these services
- A number of these services have YP as a secondary client group
- 4 Services
- 2 Specialist Services for people with ABI
- 2 specific IHM services