

London Borough of Brent
Supporting People Strategy 2005-2010
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Welcome to the Brent Five Year Supporting People Strategy

Supporting People is a new way of funding and providing housing related support. It helps people who need housing support services to live independently in the community with the support they need.

Services in London Borough of Brent are provided by a wide range of providers, to over 3000 vulnerable people, helping them with housing and to live as independently as they can. In Brent the Supporting People programme is worth over £13 million every year. Nationally the programme costs over £1.72 billion per year.

The aim of this strategy is to provide information about our local services and state our plans for the future.

The Supporting People Programme is less than 2 years old, it started in April 2003. In 2002 we wrote a Shadow Strategy for Supporting People, which set out the plans for the first year or two of the Supporting People programme. Since then a lot has happened. The highlights have been:

- We set the programme off successfully, paying providers on time and providers continue to deliver services to vulnerable people in an environment of lots of change
- Very successful Audit Commission inspection which rated our programme as good, with excellent prospects
- Developed good partnerships with providers, developing policies and procedures, sharing knowledge and good practice
- Co-ordinated local agendas through the work of the Supporting People Commissioning Body
- Successful handover of several new services to meet the needs of young people and frail elderly people
- Tested the quality and relevance of services by reviewing over 75% of services, often in partnership with partners in Brent PCT, Brent Social Services and London Probation.
- Consulted widely with people involved in the programme, including service users who have been involved in all contract reviews, and 2 successful projects have been developed, with Brent Homeless User Group and Brent (Mental health) User Group
- Subjected all services to value for money reviews and where there are concerns about costs, have negotiated for changes
- Providers of services, and the Supporting People team have collected and reviewed Performance Indicators, and used these to help bring about some significant service improvements
- Used savings in our budget to pilot new services identified in our Shadow Strategy including some new services with small providers
- Worked with West London partners to introduce common systems for accreditation, value for money assessment and contract review. This helps to reduce duplication for providers.

This strategy builds on this work, we have reviewed the shadow Supporting People strategy, looked at the results from new client record information, from performance indicators and contract reviews we have looked at how well our current services are meeting local and national priorities and made some comparisons with local boroughs (section 4). At the centre of the strategy is a needs mapping exercise which we have carried out to see how well existing services meet the needs of people in Brent today, so we can plan how future services need to differ from current services.

We have collected a lot of information, not all of it can be included here, so you will find links to other documents posted on the internet.

The Five Year Strategy covers the years 2005-10. It will be reviewed and updated every year.

SIGNATURES

PLEASE NOTE THAT NOT ALL THE HYPER LINKS ARE INSERTED INTO THIS VERSION OF THE STRATEGY

Section 1 Executive Summary

1.1 Vision for Supporting People in Brent

- To promote independence, enabling people to live safe and fulfilling lives in the community by delivering high quality, responsive and diverse housing related support services that meet the needs of vulnerable adults from across our community.
- To ensure that our services make the best use of the resources available, integrate well with related services and take into account the needs and views of all groups of vulnerable adults living in the borough
- To strive for service excellence so services reflects the needs and aspirations of our local community and deliver real improvements to the quality of life in Brent.

We will prioritise our services in the next five years in order to reach our aims to:

- Complement the work of partners and stakeholders to implement relevant local, regional and national strategies by offering housing related support services that support their main objectives
- Develop better quality, more flexible services that respond more effectively to the needs of a highly diverse and ever changing community and deliver fair access.
- Work in transparent partnership with providers, stakeholders and service users to prioritise our services for the people who need and can benefit from them most.
- Provide preventative services delivering outcomes with real cost and quality of life benefits to the community across all tenures
- Provide services contributing towards making Brent a safer place to live
- Offer support services that aim to invest in our young people to secure their inclusion and achievement in our community
- Deliver innovation, new partnerships and more joint funding arrangements to improve the effectiveness and value for money of housing related support services
- Respect the rights of and listen to the views of the users of services when planning, delivering, reviewing or procuring services; helping them to help us deliver real change

- Provide good quality information about how to access services and what they offer; that is accessible, clear and available to all
- Be at the centre of the work of the West London sub-region and London Region to deliver the vision for Supporting People in London and cross authority services
- Work with providers to maximise opportunities for us all to develop our skills and knowledge so that we can deliver a better quality and more responsive service

Section 7 of this strategy explains how we will put this vision into action.

1.2 Strategic Links

The Supporting People initiative links to many local and national strategies: Health Improvement targets, the National Service Frameworks for Older People, Disabled People and for Mental Health, Homelessness Targets, Crime Reduction and Social Inclusion agenda, and the Valuing People initiative for People with Learning Disability. Links with other local strategies include:

- Communities Plan
- Brent's Corporate Strategy
- Diversity Strategy
- Community Safety Strategy
- Social Inclusion Agenda, and Brent's Regeneration Strategy
- Homelessness and Housing Strategies
- Valuing People (for people with Learning Disabilities)
- Children and Young People Strategies
- Implementation of Joint Commissioning Strategies and the Local Health Delivery Plan aims -to promote independence for older people, people with disabilities and people with mental health problems
- West London Housing Strategy

1.2.2 Existing Supporting People services in Brent are contributing particularly well to the following social inclusion and homelessness strategies, (through their work with homeless people), and contribute well to the National Service Framework agendas for older people and to some people with mental health problems and learning disabilities.

1.2.3 Although existing services for people with Learning Disabilities and Mental Health are effective, Brent Supporting People services do not show the full range of housing support services to really contribute to the Valuing People agenda, and to support independence for people with mental health problems.

1.2.4 Existing specialist Supporting People services for offenders, women escaping violence and those with drug and alcohol needs work well with their clients. However, contract reviews and needs mapping have shown that the supply of services for these clients is inadequate and that non-specialist services could do more to contribute to the Community Safety agenda. Addressing this will be an important aspect of the 5 year strategy. Furthermore, existing services could be focused to better contribute to the area based regeneration agenda.

1.3 Supply of Housing Support

1.3.1 3363 people in Brent receive a Supporting People funded service. 68.6% of users receive an accommodation-based service, 29% floating support.

1.3.2 Older people make up 44% of the total number of people receiving Supporting People funded accommodation based services in Brent. Despite this, the needs mapping section of the strategy leads us to believe that we are undersupplied with services for this client group, particularly for frail elderly people.

1.3.3 Homeless Families with support needs make up 30% of total floating support units, we believe this is an oversupply.

1.3.4 People with drug problems, People with HIV/AIDS, Refugees and Rough sleepers are the least catered for client groups, each accounting for less than 1% of the total units available, this is also an undersupply.

1.3.5 Analysis of housing support supply in Brent compared to other London boroughs is shown in Table 1 below.

Table 1 - Supply compared with London boroughs

Undersupply	Average Supply	Oversupply
<ul style="list-style-type: none"> • Frail Elderly • Older People with Support Needs • People with Drug Problems • Generic services • Young People • HIV • Mentally Disordered Offenders • Rough Sleepers 	Women escaping violence Teenage Parents Offenders Learning Disability Alcohol Services HIV and Aids	<ul style="list-style-type: none"> • People with Mental Health problems • Homeless Families • People with Physical disabilities • Refugees • Single

		Homeless
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The comparison with other boroughs does not allow for local issues. In this Supporting People strategy we show that, for example, the supply of services for refugees in Brent does not represent an oversupply, although it is above average for London. We do not consider that additional units of “generic” support are needed.

1.3.6 The budget for the Supporting People programme in Brent in 2004/5 is £13,724,000. There are significant gaps in spending on the following client groups:

- Frail Elderly
- People with Drug problems
- People with Alcohol problems
- Young people
- Floating support for several client groups

1.3.7 We know from comparisons with London averages that when the Supporting People programme started in April 2003, costs per service user in Brent were amongst the highest in London. Addressing these high costs is an important aspect of this strategy and will release resources to fund new developments. Table 2 below shows the services where average costs are higher and lower than the London average:

Table 2- High and low cost services compared to London average costs per person

Low costs	High Costs
<ul style="list-style-type: none"> • People with Drug and Alcohol Problems • Generic services • Young People leaving care • HIV • Mentally Disordered Offenders • Rough Sleepers 	<ul style="list-style-type: none"> • People with Mental Health problems • Homeless Families • People with Physical disabilities • Refugees • Single Homeless • Older People with Support Needs • Women escaping violence • Young people at risk

[Click here](#) for a link to the Supply Mapping Section of the Strategy

1.4 Summary of Support Needs

1.4.1 The needs mapping forms the centre of the strategy, extensive consultation has taken place to inform this. In future Supporting People funding must be directed at services which support our strategic and corporate priorities and which meet local needs.

1.4.2 Significant unmet need for housing support services has been identified.

Accommodation based services:

- Accommodation based services are required for Older and Frail Elderly People including older people with mental health problems and dementia
- A greater variety of housing and support options are required for people with learning disabilities
- Significant re-modelling of accommodation based services for people with mental health problems is required.
- Services for people with complex needs- women escaping violence, offenders with higher risk, mentally disordered offenders, people with mental health and drug or alcohol problems, Deaf people with mental health or drug problems . Some of these needs will be met in partnership with other West London boroughs.

Floating support is needed for most client groups. Increased supply is needed for:

- People with Drug and Alcohol Problems
- Older People including those with mental ill health and dementia
- Refugee Homeless Families
- People with Mental Health problems
- Short term floating support is needed for young people- to help them start to become independent
- Some vulnerable young people (and young offenders) need longer term support
- Offenders – to prevent revolving door of homelessness and offending
- Long term housing support is needed for higher risk offenders- to prevent risk to the wider community
- Outreach support for people with learning disabilities – to help people live independently in the community
- Floating support for people with HIV and Aids

1.4.3 In addition the following recurring themes arose during the research for this strategy:

- Lack of move on is preventing effective use of short term housing support services
- Lack of information and a common approach about how to access services is preventing those in most need being prioritized

- Floating support services are not being accessed by people who live in the private or owner occupied sectors
- Arrangements need to be made to improve access to services for offenders, and for young people
- Inadequate data to enable effective planning, improved research and sharing of information is identified as a priority for several client groups.

[Click here](#) for a link to the Needs Mapping section of the Strategy

1.5 Value for Money

1.5.1 As mentioned in paragraph 1.3.7 when compared with other local authorities, the cost of supported accommodation and floating support for all groups are high when compared with London boroughs and England as a whole, ie in the 25% of average costs.

1.5.2 When costs per unit of service in Brent (excluding community alarms and sheltered housing) were compared, costs were significantly greater than other London Boroughs (£72.58 per week vs. £42.37p.w.) and more than twice those across England (£72.58p.w. vs. £28.30p.w.).

1.5.3 Value for money will be addressed through a range of mechanisms including benchmarking, performance monitoring, contract review, scrutinising staff costs etc. Any reductions in contract value in Brent will be done on a contract individual basis, not “across the board”.

[Click here](#) for a link to the Value for Money section of the strategy

1.6 The Strategy - Priorities for Future Action

1.61 The strategy is based on an assumption that the budget for the Supporting People programme in Brent will not be significantly increasing over the period of this strategy. The budget for 2005/6 has been set at £13.03 million grant income and £1.1 million carried forward, ie a total of £14.2 million. The grant income is a reduction of 5% compared to the previous year.

1.62 For the purposes of the developing the 5 year strategy a reduction in budget of 5% in 2006/7 has been assumed. Further financial projections or assumptions have not been made for the following years, although no further growth in the budget has been assumed. This represents an area of risk which has been dealt with through issuing short term Supporting People contracts only.

1.63 Top development priorities for commissioning of new Supporting People services, to be funded from within the Supporting People budget, with some joint commissioning of services:

- Services for frail elderly people including those with mental ill health and dementia
- Services which support the community safety agenda, particularly services for:
 - people with drug and alcohol needs
 - Offender services (in partnership with West London)
 - Women escaping violence

1.64 Actions are required with regard to the following services in order to improve service standards, ensure good use of resources and generate savings for the above service expansion:

- Services for homeless families
- Services for single homeless people
- People with mental health problems

We will particularly aim to direct resources at floating support services for those who can benefit from this to help them live independently in the community

1.65 The actions on services for the following client groups will help deliver on wider strategic aims, particularly to Health and Social Care targets. These actions will be undertaken within current resources, it is unlikely that additional resources will be allocated to these client groups:

- People with Physical Disabilities
- People with Learning Disabilities
- Refugees
- People with HIV and Aids
- Young People
- Teenage Parents
- Generic Services

1.66 Other Actions

The strategy outlines many other actions to be implemented. These will help to maximise use of resources and ensure that housing support services funded through Supporting People really support people to live independently in the community, to make sure the funding contributes to achieving local priorities. Some of the key actions identified in the strategy and in the annual plan for 2005/6 are:

- Improved clarity and common approach to access routes to all housing support services

- Increase move-on from shared supported housing so that people can have access to their own independent housing with support when they are ready
- Implement our diversity strategy for Supporting People to make sure that all services meet the needs of our community
- Listen to, and involve service users
- Improve sensitivity of performance indicators so we can measure how well services achieve their aims
- Benchmarking and sharing of good practice
- Improve communication so that people know what services are available and how to access them
- Ensure floating support services are accessible to people who live in private rented accommodation or who own their own homes
- Improve access to all services for young people and offenders
- Promote joint training on refugee, drug and alcohol, HIV, child and adult protection and domestic violence issues
- Development of training programme to enable refugee service users to be trained as housing support staff

1.7 About Brent

Brent is bounded by seven other London boroughs. Although classed as an 'outer' London borough it has many 'inner' characteristics. It can be broadly characterised as more affluent in the North (north of the North Circular Road) and generally more deprived to the South, this is important when we look at the pattern of accommodation based Supporting People services, which are predominantly in the poorer south of the borough.

1.7.1 Key Facts

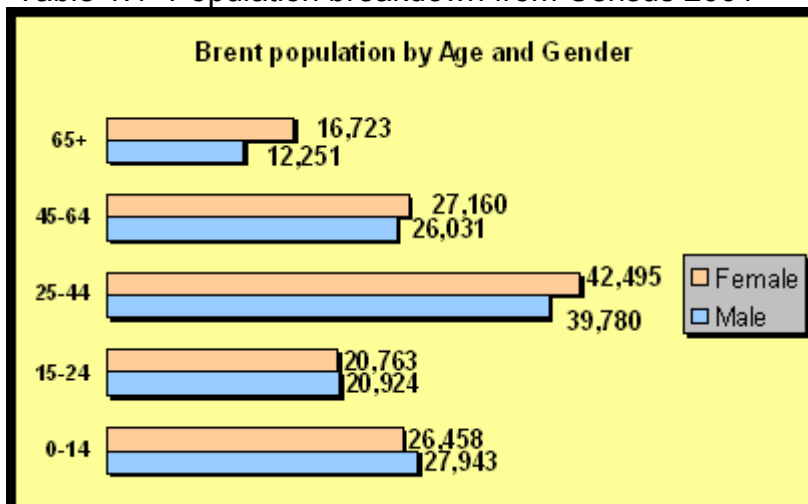
An accurate population profile is available from 2001 Census data:

- The population of Brent has increased by 22,700 since 1991 to 263,464 in 99,991 households. This is the 8th largest increase in London, following a period in which the borough population had declined.
- Brent has an ethnic majority population – approximately 55% of residents are from Black and minority ethnic communities and diversity within the ethnic minority communities is far greater.
- Brent has the second lowest percentage of white households (45.3%) in London and in England and Wales as a whole.
- Brent has the largest percentage of people (38.2%) born outside the EU and the fifth highest percentage of people (8.4%) born elsewhere in the EU
- The largest ethnic minorities in Brent are Indian (18.5%), Black Caribbean (10.5%) and Black African (7.8%)
 - Nearly 25% of people in Brent are under 19 years of age and 19% are between 20-29 years. This makes Brent population young with 44%

being under 30 years. This 5 year strategy must ensure Supporting People services for young people are ready to respond to the changing needs of this group

- There are over 30,000 people over the age of 65 years with the ethnic profile changing rapidly with the growth of the numbers from the Black and minority ethnic communities. Table 1.1 below shows the age breakdown of the local population at 2001 census.
- The level of Homelessness is the second highest in London with 3800 people living in temporary accommodation. This is twice the London average.
- In 2003/04 a total of around 2,700 homeless applications were received.
- The numbers of single vulnerable people living in B&B have recently dropped dramatically, from 647 households in 2001/2 to 93 at March 13th 2004, however single people now represent over 90% of the total people placed in B&B.
- 25% of the privately rented accommodation is said to be below habitable standards. The role for Supporting People in this sector could be considerable, yet current services fail to address this sector, we aim to address this in this strategy
- One fifth of the people who live in Brent consider their Health to be poor.
- 91.8% of households on our housing list would be unable to purchase housing in Brent on the open market.
- In 2002 57% of residents said that a low level of crime was the most important factor in making a place good to live.

Table 1.1- Population breakdown from Census 2001



1.7.2 Five neighbourhoods fall within the top 10% most deprived in the UK. Church End, South Kilburn, St Raphael's / Brentfield, Stonebridge, Harlesden and Church End. These boroughs show multiple deprivation which the Neighbourhood Renewal agenda aims to tackle:

- 20% of households have a gross income of less than £100 per week.

- 40% of household) have an income entirely made up of benefits
- Unemployment in Brent is currently 13% above the Greater London average and 40% .above the national figure
- Since 1997 the average hourly earnings of Brent residents have increased by 12.9% whilst average house prices have increased by 65%.¹
- 4500 people in Brent live in temporary accommodation, placed there by the Housing Service. This is over twice the London average.
- 91.8% of households on Brent housing list would be unable to purchase housing on the open market.
- 25% of privately rented accommodation is considered below a habitable standard.
- One fifth of people in Brent consider their health to be poor.²

1.8 How the Strategy has been developed

1.8.1 The approach to the developing this strategy has been:

1. Partnership Working with Joint Planning Groups
2. Undertaking Service User Needs Mapping
3. Consultation with Users
4. Expert advice from providers and Supporting People Core Strategy Group
5. Information from Contract Reviews
6. Partnership working with West London

1.8.2 Formal work on the strategy started in January 2004, when the Commissioning Body carried out a self assessment and agreed with the Supporting People Strategy Group that updated needs mapping, user consultation and contract reviews would be at the centre of informing this strategy. The Core Strategy Group agreed the vision for this strategy, and in has recommended the strategy to the Commissioning Body and Brent Health and Social Care Partnership Board. The strategy was discussed by the Quality of Life Scrutiny Panel in January 2005, and members have also contributed to its development through the inclusive forum and individual feedback. The strategy will be signed off by the Health and Social Care Partnership representatives, and by Brent Council Executive in January and March 2005.

¹ Brent Council Housing Strategy 2002-2007

² Brent Council Corporate Strategy 2002-2006

Partnership Working with Joint Planning Groups

- 1.8.3 The role of the Strategic Planning groups within the Brent Health and Social Care Partnership is crucial to the Brent Supporting People Strategy. The Older Peoples Local Implementation Team (LIT), the Learning Disability Partnership Board, the Mental Health LIT and the Drug Action Group, the Physical Disability and Sensory Impairment Priority Action Group have agreed the priorities identified for their client groups, as have the Refugee Forum, the Domestic Violence Forum and the Health and Housing Forum. Brent Health and Social Care Partnership Board agreed the strategy in January 2005.
- 1.8.4 Some of these strategic joint planning groups have housing sub groups which led on the Supporting People strategy for their client groups. A Supporting People Strategy for Older People was agreed by the Older Peoples PAG in November 2004 [Click here](#) for [link To Older Peoples Needs Mapping statement](#) . The Mental Health Housing Sub Group developed a Housing and Support Strategy for people with Mental Health problems, agreed by the LIT in December 2004. [Click here](#) for [link to Mental Health Needs Mapping Statement](#) .

Service User Needs Mapping

- 1.8.5 Section 5 of this strategy provides detailed information about needs and gaps in services. We have identified priorities for the next 5 years by updating the work done for the Shadow Strategy in 2002. Prior to Supporting People, there had been no strategic approach to housing support issues in Brent. The pattern of services does not reflect current needs. An evidence base was therefore needed to plan future services. Furthermore, having identified savings through contract review, we want to direct new services at people most in need.
- 1.8.6 Updated needs mapping took place in 2004-where either the data collected in 2002 was not complete (HIV, women escaping violence, refugees) or where it was agreed national and local context for services had significantly changed, (eg the impact of the Priority Needs Order on homelessness and young people, the implementation of Valuing People and the National Drug and Alcohol strategies) or where the supply of services in Brent is much lower than the London average (older people).
- 1.8.7 Providers of Supporting People services and voluntary agencies have been central to this process, both in completing questionnaires posted on the web and provided at their forum, and by being interviewed on the phone. They also submitted valuable data to support their views.

Consultation with Users

1.8.8 Service user views are obtained in a variety of ways:

- Service users attending an Inclusive Forum, held in July 2004. Click here for a link to the notes from the meeting.
http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Inclusive_forum_Papers_and_minutes/Inclusive+Forum+Minutes.htm
- Service users represented at Joint Planning Housing Sub Groups
- Service User views heard at Speak-outs, consultation days and planning events

Our close working with the joint planning groups allowed us to talk to service users about their housing support needs at a range of existing forums. For example- the Learning Disability Partnership Board held workshops on Housing Support needs at their planning days, participation in the Homelessness Strategy review days, attending support group meetings for people with HIV and Aids.

- Service users interviewed to give their views on housing support services during contract reviews.

This has been very important in setting priorities for Supporting People funded services. For example, service users with mental health problems have stated that they want support to be more flexible and that they do not want to live in shared supported housing for long periods. This has led to our aim to significantly increase the amount and variety of floating support.

Our approach to these interviews has been imaginative. Working in partnership with Brent (Mental Health) User Group and Brent Homeless User Group, two groups of service users were trained and interviewed other service users about their experience of housing support services. The interviews fed into the review process. This had many benefits, it allowed interviews with many users, it encouraged people to be honest about their experiences, and it gave service user interviewers the chance to learn new skills and earn some money.

This method of consulting service users has been very successful and will form an important strand of our future consultation, with future projects being planned to develop a pool of service users to interview women escaping violence and older people during the 2005 programme of contract reviews.

➤ Involving Hard to Reach Groups

In order to hear the views of hard to reach groups, such as travellers, people with HIV and Aids, rough sleepers and people with complex needs, we adopted 2 approaches-

- a. we have worked with advocacy groups such as Brent Homeless User Group and the Refugee Forum, who were able to organize meetings with rough sleepers, refugees who do not engage with mainstream services, and others with complex needs. The Needs Mapping for people with HIV has been informed by detailed discussions organised by a self-help group for this client group, this has led to high quality information for a group often cautious of engaging in formal consultation.
- b. We also carried out some 1:1 interviews, such as those with teenage parents, young people with mental health problems, and isolated refugee families. You can see more about this in the relevant needs mapping section of this strategy.

Expert advice from Providers and the Supporting People Strategy Development Group

1.8.9 Brent Supporting People Providers Forum³ is crucial to successful implementation of Supporting People. During 2004 providers expressed concern about the impact of cuts in our local Supporting People budget. Our aim is to develop a strategy which delivers much needed services, facilitates the delivery of good quality and value for money and encourages a variety of providers to manage services for our very diverse community.

1.8.10 Providers discussed the strategy at their forum in July, September and December 04. In October 04 they also organised a special consultation event when other stakeholders were present to discuss the vision and top priorities for this strategy. Providers used questionnaires to comment on the draft needs mapping statements for each client group. Where provider sub-groups operate, such as the 16/17 year old group, and the mental health provider group, they proposed top priorities and targets for action. A one-off meeting with providers of single homeless services led to agreement of priorities for this client group.

1.8.11 The Supporting People Core Strategy Group⁴ has overseen the development of this strategy. This group is also involved in running the Brent Supporting People Inclusive Forum, a large event organised at least once a year. In July 2004 the forum enabled very wide

³ The Provider Forum is a sub group of Brent Housing Group. It is a forum of providers of housing support services which meets at least quarterly to discuss the programme, and to share good practice

⁴ The Core Strategy Development Group is attended by senior members of staff from Social Services, Housing, Health and Probation as well as 4 elected provider reps, who regularly report back to the Provider Forum. See appendix 7 for the Brent Supporting People governance structures

stakeholder contribution to the development of this strategy, including good representation of service users.

Information from Contract Reviews

1.8.12 By January 2005 the Supporting People team had completed 70 contract reviews for the following client groups:

- People with physical, sensory and learning disabilities,
- People with HIV/Aids,
- People with mental health problems,
- Offenders,
- Young people
- Drug and alcohol users.
- Single Homeless
- Homeless Families

This means we have valuable information, particularly about referrals, how people access services, cost and staffing information, and the views of stakeholders and users.

Joint Working with West London

1.8.13 any of the issues impacting on Supporting People are similar across West London and other London boroughs. Brent is an active partner in Locata (cross borough choice based lettings) and the Supporting People in West London Group. We have participated in developing the West London strategy for Supporting People and in other joint initiatives with partners in West London, such as our joint approach to accreditation, provider training and communication. The full West London Supporting People strategy, is at the following link:

http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Cross_authority_group_Papers_and_minutes/West+London+Strategy.htm

SECTION 2 Supply of housing support services

2.0 There have been a lot of changes in the supply and cost of Supporting People funded services in Brent since the programme started in April 2003. This information about supply is based on November 2004 data.

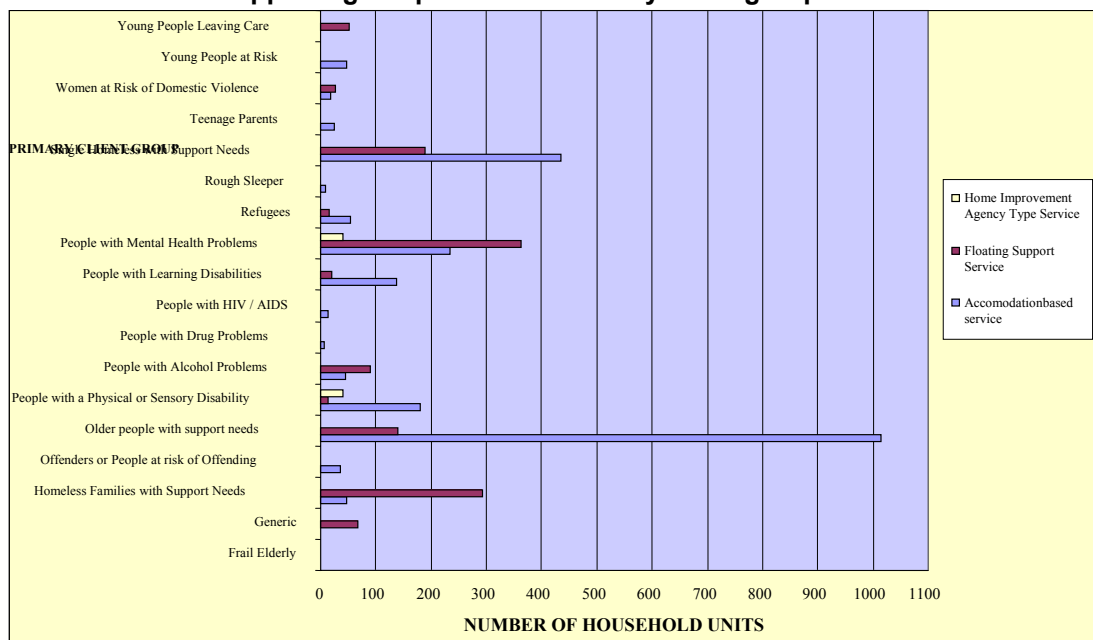
2.1 In our Shadow Supporting People Strategy 2002, we noted the uneven geographic distribution of Supporting People services, the majority being in the poorer south of Brent. The increase in floating support services which has taken place since April 2003, and which we intend to continue, is addressing this.

Number of people supported by Supporting People services

2.2 3363 people receive a Supporting People funded service at 1st November 2004. This is an increase of 338 from the 3025 receiving a service when the programme started in April 2003. There are a total of 104 Supporting People funded services in Brent, provided by 58 providers. 68.6% of users receive an accommodation based service, 29% receive floating support and 2.3% of service users receive a service similar to that provided by a Home Improvement Agency. The new services provided since April 2003 have been both accommodation based (140 units) of pipeline schemes in development, and new floating support services.

2.3 The breakdown of these people by client group is illustrated in Table 2.1 below:

Table 2.1 - No of Supporting People funded units by client group - November 2004



2.4 Older people make up 44% of the total number of people receiving Supporting People funded accommodation based services in Brent. Despite this, we believe that we are undersupplied with services for this client group. Although there are no services specifically designated for the Frail Elderly under this classification, the largest provider of services to older people (Willow Housing Association) has two services for 78 people incorporated into their service provided for older people.

2.5 Homeless Families with support needs make up 30% of total floating support units, we believe this is an oversupply and will be seeking to reduce spend and numbers supported.

2.6 People with drug problems, People with HIV/AIDS, Refugees and Rough sleepers are the least catered for client groups, each accounting for less than 1% of the total units available. There are also no floating services

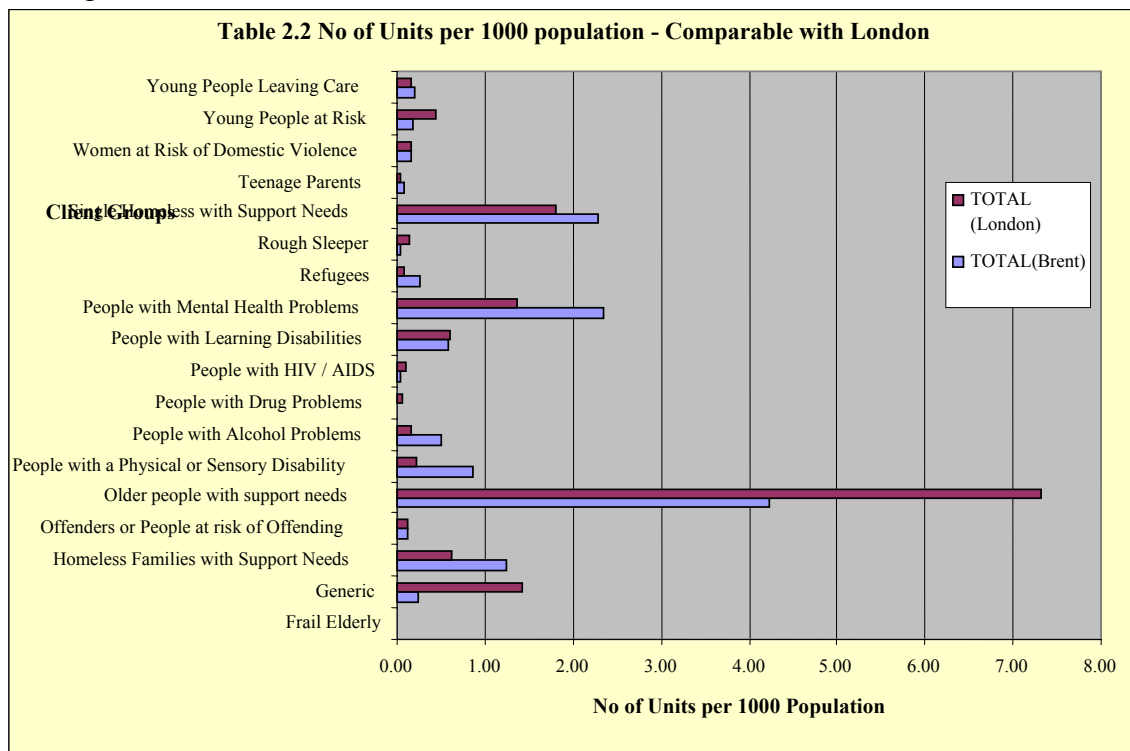
available for these client groups. Given the demand for services for people from these client groups, addressing these gaps is an important part of our strategy.

2.7 Table 1.4 Appendix 1 shows the number of services provided for each client group. Some client groups are supported through relatively low numbers of services, whereas other services are providing for small numbers of people. Of particular concern is the large number of services for people with a learning disability and physical disabilities, when compared with the small number of people receiving these services. This leads to duplication of administration and is not efficient, although it does allow for variety in the type of services and type of providers offering a service.

How does housing support provision compare with London boroughs?

2.8 The supply of housing support for cross borough client groups is compared with other boroughs in the West London strategy. As Table 1.13 Appendix 1 shows, Brent has high number of units of housing support available for single homeless people, compared with other boroughs, whilst the number of units available for young people is low.

2.9 These patterns are also repeated when our supply is compared with London more generally. In table 2.2 below we also see the under supply of older peoples services compared to London generally, and significantly higher numbers of people with mental health problems, disabled people and single homeless receiving a Supporting People funded service than in other boroughs.



Although this table shows more people receiving an alcohol service than in other boroughs, this relates to a registered care home which is not eligible for funding after 2006, our view is that more alcohol specialist services are required.

2.10 In summary, the supply of Supporting People services compared to other London boroughs can be defined as:

Undersupply	Average Supply	Oversupply
<ul style="list-style-type: none"> • Frail Elderly • Older People with Support Needs • People with Drug Problems • Generic services • Young People • HIV • Mentally Disordered Offenders • Rough Sleepers 	<ul style="list-style-type: none"> • Women escaping violence • Teenage Parents • Offenders • Learning Disability • Alcohol Services • HIV and Aids 	<ul style="list-style-type: none"> • People with Mental Health problems • Homeless Families • People with Physical disabilities • Refugees • Single Homeless

2.11 This is the pattern which we have investigated when carrying out our needs mapping, to see whether these patterns are justified, and where changes in funding are needed. Under or oversupply against the London average does not necessarily mean that there is no demand for a service locally. This comparison gives a starting point for our needs mapping.

Spending

2.12 The budget for the Supporting People programme in Brent in 2004/5 is £13,724,000. This is illustrated in Table 1.1 Appendix 1

2.13 There are significant gaps in spending on the following client groups:

- Frail Elderly
- People with Drug and alcohol problems
- Young people

2.14 The total spend on each of these groups was less than 2% of the total programme, despite the high demand in our borough for these services. Addressing these gaps is at the centre of our strategy.

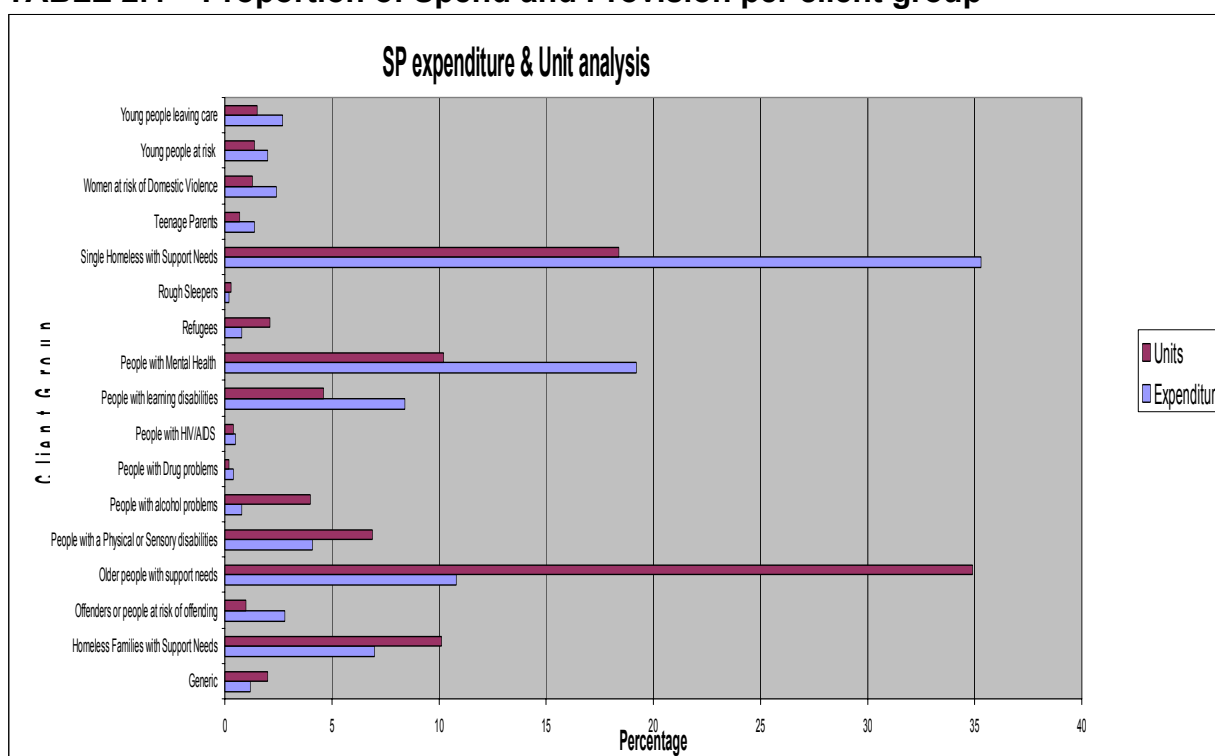
2.15 Accommodation based services account for 80% of the total spend compared with Floating services which account for just 18% of the total.

2.16 Services for Single Homeless represent almost 30% of the budget for Supporting People services (over 25% of the budget is spent on just 3 large services for single homeless people). Services for people with mental health problems represent 25% of the budget, whilst services for homeless families

and people with learning disabilities also represent almost 10% of the budget each.

2.17 Table 2.4 below shows how the proportion of budget spent on each client group does not equate to the number of units provided for each client group. This reflects the average cost of unit, which would be expected to vary, however, there are some client groups where the mismatch between number of people receiving a service and the proportion spent is very great. Some adjustment is desirable over the period of this strategy. The expenditure on older people is very low compared to the large numbers supported, and the opposite is true for single homeless and mental health.

TABLE 2.4 – Proportion of Spend and Provision per client group



Cost of housing support

2.18 The average weekly cost per person of the housing support service is shown for each of the client groups for accommodation and floating services in Table 1.15 Appendix 1. Averages range from £18 per user per week to £30 per user per week. Accommodation based services are more expensive than floating support services for all client groups.

2.19 We know from comparisons with London averages that when the Supporting People programme started in April 2003, costs in Brent were amongst the highest in London. Table 1.9 in Appendix 1 shows the deviation from the London average cost per bed space.

The average weekly unit costs of the accommodation based housing support service provided for the following client groups in Brent are well above the London average:

- people with mental health problems,
 - homeless families,
 - women escaping violence,
 - young people at risk
- as are floating support services for:
- single homeless,
 - older people
 - homeless families.

2.20 Of most concern is the cost of services for homeless families which is over 150% above the London average. At the time of writing, the Supporting People team is negotiating with the 2 major providers of these services to reduce unit costs significantly. Negotiations are also taking place to reduce the average cost of mental health services in Brent.

2.21 Average costs are below the London average for many more client groups, both accommodation based and, especially, floating services.

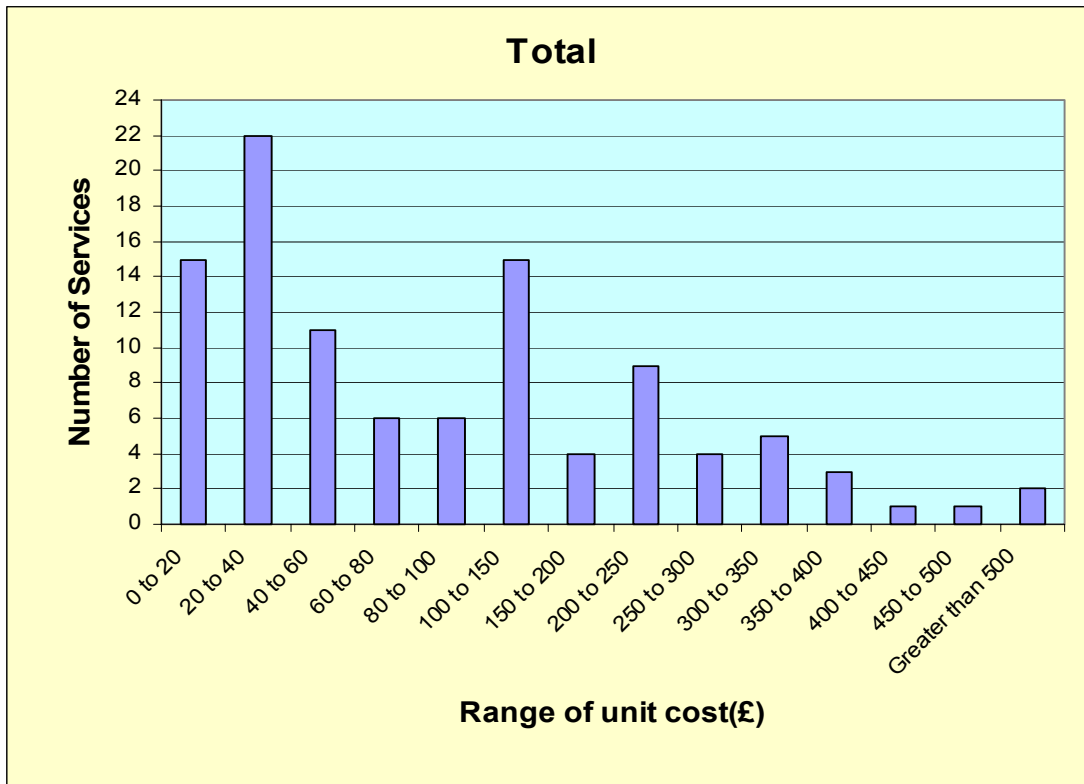
2.22 As with the supply mapping information above, these costs are a starting point for analysis. In some cases above average costs may be justified. However, we intend to address the high and low cost issues where greatest deviation from the London average is shown:

Low costs	High Costs
<ul style="list-style-type: none"> • People with Drug and Alcohol Problems • Generic services • Young People leaving care • HIV • Mentally Disordered Offenders • Rough Sleepers 	<ul style="list-style-type: none"> • People with Mental Health problems • Homeless Families • People with Physical disabilities • Refugees • Single Homeless • Older People with Support Needs • Women escaping violence • Young people at risk

2.23 A further characteristic of costs in Brent is the wide range of costs for similar services. This is illustrated in Table 1.11 Appendix 1 which shows the range of costs for each client group. Table 2.5 below shows the total range of costs across all services for all client groups.

2.24 The majority of services are very inexpensive, falling within the £20-£40 per service user per week range (22 services) followed by the £0-£20 (15 services). These low cost services are mainly older peoples services, due for review in 2005/6. Reviews carried out of contracts with low costs reveal low levels of housing support service can be achieved where costs are low. This will need to be addressed in this strategy.

Table 2.5–Range of weekly costs per person



2.25 The widest range of costs is demonstrated in services for people with mental health problems, where 8 services cost less than £80 per person per week, and 7 services cost more than £300 per person per week.

2.26 There are 4 services with a high cost of over £400, providing support for Learning disability (2) and Mental Health (2) client groups.

Housing support providers

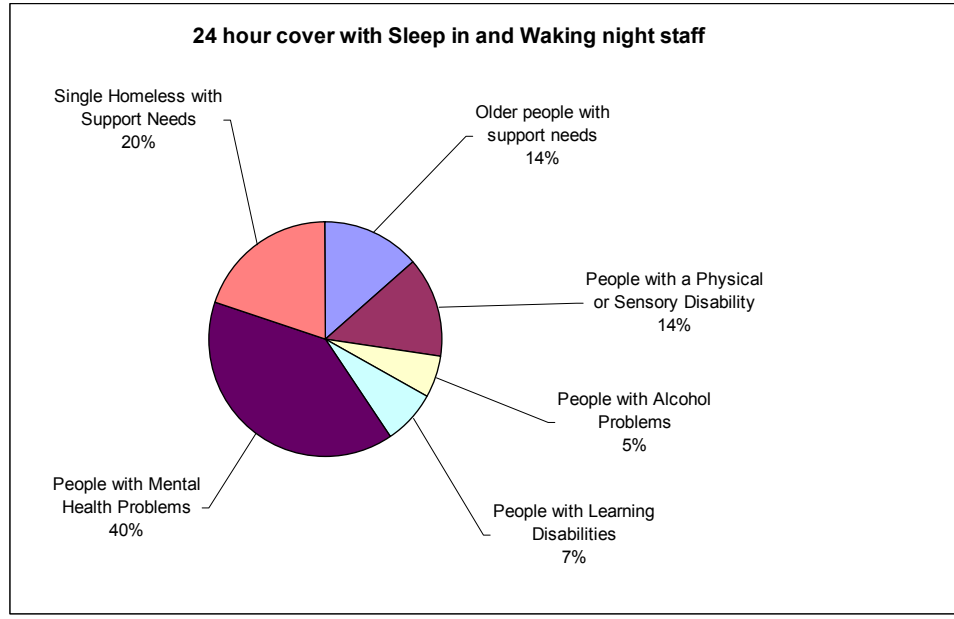
2.27 In April 2003, 55 providers had contracts for 105 services, providing housing support services to 3025 people. The number of providers has now increased to 58, providing 104 contracts. Some contracts have been merged following review, but 10 short term contracts, (including 2 with small local organisations set up as capacity building pilots), have been agreed, to address specific needs. Reducing administrative complexity by reducing the number of organisations, and services, within the Brent Supporting People programme, has not yet been possible. This remains a target for the programme over the next 5 years.

2.28 Table 1.10 Appendix 1 shows most services are provided by housing association and council providers. This means that services are less available to people living in the private rented and owner occupied sectors. Addressing this is an important priority for this strategy. Although small numbers of people are provided with Supporting People services by Social Services, these services make up a significant proportion of the spending for People

with Learning Disability and Mental Health problems. (The latter client group is the only one for whom private companies provide any Supporting People services in Brent).

2.29 The majority of users receive daytime services of a floating or visiting support only. 24 hour cover is available to six client groups. The proportion of people covered by this service illustrated in the table 2.6. We believe it may be possible to explore economies of scale by encouraging more joint working between providers.

Table 2.6



Section 3

Understanding the Links between Supporting People and other Strategic Priorities

Supporting People covers a wide range of client groups⁵. The initiative therefore links to a number of national, regional and local strategies. In this section of our strategy we explain the range of contributions made by Supporting People services to each of these agendas.

3.1 Communities Plan

Brent's Local Strategic Partnership 'Partners for Brent'⁶ brings together public, voluntary and community sectors to improve the quality of life for those living and working in the borough. Six 'theme groups reflect community concerns. Whilst Supporting People overlaps with each themes, it is specifically addressed within the Housing theme. This aims to increase the supply of appropriate, culturally sensitive housing including specialist/supported housing for vulnerable people and socially excluded groups, an aim central to the Supporting People programme.

3.2 Corporate Strategy

3.2.1 The Corporate Strategy has five crosscutting themes, developed following consultation with Brent residents. The areas of concern for local people are:

- Supporting children and young people
- Promoting quality of life and the green agenda
- Regeneration and priority neighbourhoods
- Tackling crime and community safety
- Achieving service excellence

3.2.2 All link with Supporting People, through:

- Work with 16 and 17 year olds, homeless families and teenage parents
- Work on increasing supply of supported housing and developing frail elderly accommodation
- Strong emphasis on providing housing support services in renewal areas
- Offender, drug and alcohol and domestic violence projects.
- Service excellence is addressed through our programme of monitoring and contract review, benchmarking and sharing good practice.

⁵ (The full range of client groups addressed by the Supporting People agenda is listed in Appendix A).

⁶ Further information about this plan is available at <http://www.brent.gov.uk/corpstr3.nsf>

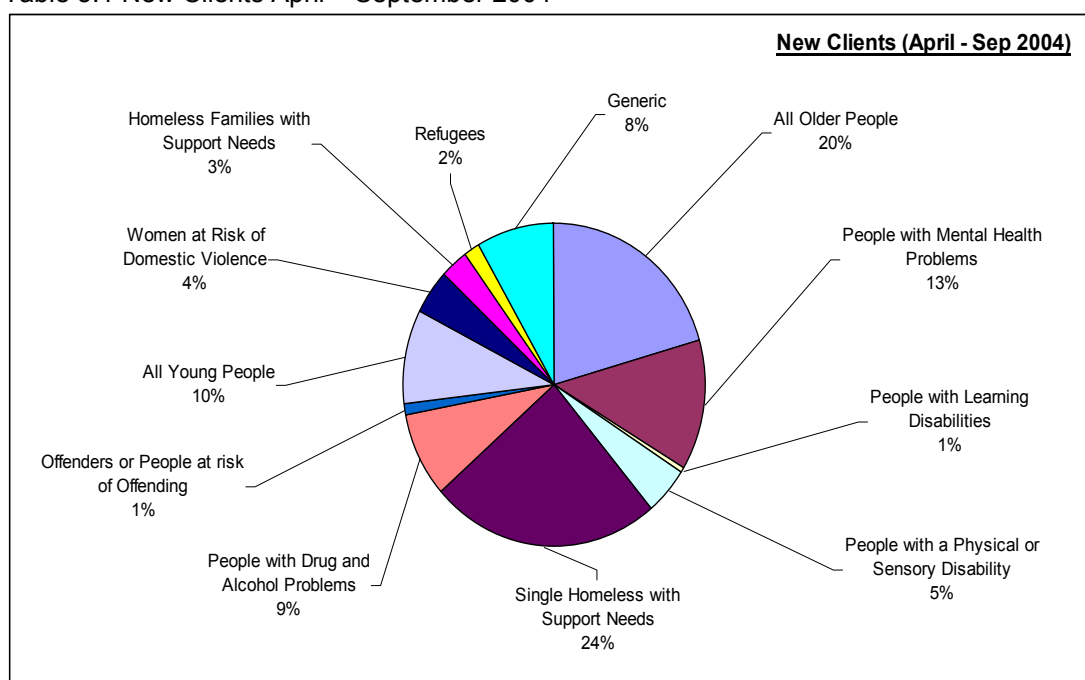
3.2.3 Other aims of the Corporate Strategy have particular links with the Supporting People Initiative:

- To make sure that older people, disabled people and those with mental health problems are able to take a full and active part in the life of the community
- Work with our partners in the health sector, to reduce the health inequalities experienced by the most vulnerable communities in Brent
- Work with the voluntary and community sector, to improve the quality of life of Brent's most disadvantaged individuals and groups.
- Work with individuals at risk of offending, to provide alternative life choices and increase access to training and employment

3.2.4 How do Supporting People services contribute to the Communities Plan and the Corporate Strategy?

Table 3.1 shows the breakdown of those who started receiving Supporting People services between April and Sept 30th 2004.

Table 3.1 New Clients April – September 2004



3.2.5 Most of the 322 new clients were single homeless people, or homeless families, reflecting turnover in direct access hostels and floating support services. However, the high percentage of older people receiving services is interesting because sheltered housing did not provide data. This indicates that all services, not just specialist services, are promoting independence for older people. People with Mental Health problems and young people are also well represented. As turnover in specialist services for these groups is low, this means

people with these needs are well represented in non-specialist services, where turnover is higher.

Table 3.2 below shows the referral sources for new clients:

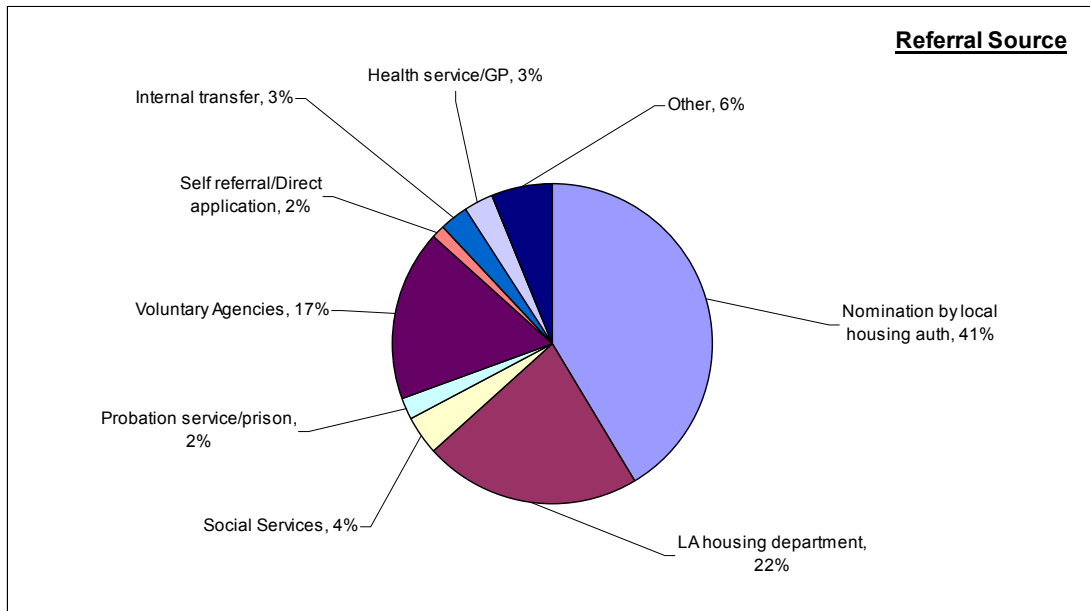


TABLE 3.2 Referral sources – new clients April - Sep 2004

3.2.6. This demonstrates reliance on referrals and nominations from the Housing Service, and the voluntary sector, with relatively few referrals being made from other statutory services, suggesting that housing agendas are better served by Supporting People providers, than health, social services and probation priorities. We aim to see the proportion of referrals from these sectors increase over the five years of this strategy.

ACTIONS NEEDED TO SUPPORT THE COMMUNITIES PLAN

Widen the referral sources from statutory sectors

Work with our partners to introduce performance measures which show how services contribute to reducing health inequalities and social care objectives

3.3 Community Safety

3.3.1 Crime reduction is a key Government target. Since the Shadow Strategy was written, legislation and policy has developed significantly in this area.

3.3.2 The Government has increased spending on Drug Treatment Programmes, and has introduced the Drug Intervention and the Prolific Offenders programmes. There is a focus on preventative programmes. This area is also reflected in Brent's Corporate Strategy (see above).

3.3.3 The recent introduction of the Drug Intervention Programme to Brent and other London boroughs; the development of Prolific and Other Priority Offender strategies; the Crime Reduction and Community Safety partnerships and the Multi Agency Public Protection Agency (MAPPA) all further the development of current cross agency work focused on crime. The Brent Drug Action Team and Criminal Justice Intervention Plans for 2004/5 endorse current joint work with Supporting People, improving access to housing advocacy. The restructuring, in 2003, of frontline services across the London Probation Area, on the basis of risk of harm (with increased resourcing of high-risk work), alongside the further development of Multi Agency Protection Policy Arrangements reinforced the priority given to higher risk offenders. Our strategy aims to address this very important trend.

3.3.4 The 2004 Criminal Justice Act will have major implications. More adults will be subject to licence supervision and many high-risk offenders will be subject to longer periods of licence supervision. By improving access to support, Supporting People services will make an important contribution to this issue⁷. Since the Shadow Strategy was developed, our local services for ex offenders have made significant strides in working with Probation and Police to improve relations and contribute to joint working on crime reduction and prevention.

3.3.5 Domestic violence is also the subject of considerable government policy development. Government recommendations feature especially in the *Living Without Fear* document and in the operation of the Crime Reduction Programme. The Government's Women and Equality Unit states: "*Domestic violence currently claims 150 lives a year and affects millions more. The Government is determined to prevent domestic violence happening or recurring, to protect and support its victims and to bring offenders to justice.*"

3.3.6 The London Domestic Violence Strategy 2001 (LDVS) sets out the international and national policy context and good practice for all

⁷ Further information about the contribution to drug agendas is set out in paragraph 5 below.

sectors, including housing. This Supporting People Strategy aims to support the LDVS and the work of the Brent Domestic Violence Forum.

3.3.7 The Brent Crime and Disorder Partnership is currently updating the Crime Reduction and Community Safety Strategy, based on a recent Crime Audit. The Crime Reduction Strategy has 15 themes and many overlap with Supporting People issues. An example relates to reduction of domestic violence, where floating support work and refuges funded by Supporting People have a clear role to play. Similarly, services for ex-offenders and for people who misuse drug and alcohol, for young people and for single homeless people are important.

3.3.8 How do Supporting People services contribute to the Community Safety Agenda?

3.3.9 Services for Offenders

As table 3.2 above shows, the percentage of all new clients who were referred to Supporting People services from the Youth Offending Team and the Probation Service is low. Only offender specific services accept referrals from these sources (1% of all new referrals during six months to October 1st 2004)⁸. This must be addressed, as must the lack of priority given to offenders by Housing Resource Centre. During the course of this strategy we aim to increase the number of single homeless, drug and alcohol and young persons services accepting referrals from Youth Offending Team and from the Probation Service. We aim also to improve mechanisms for addressing the housing needs of offenders who seek help from our Housing Resource Centre. This is a priority for this strategy, in order to better assist with community safety priorities.

Supporting People funded Offender services funded were reviewed in Summer 2004. The reviews revealed some concerns about staffing levels and health and safety. Addressing these issues is a priority for this strategy to enable services to adapt to meet the needs of higher risk clients prioritised by Probation.

However, it is clear that for some service users the services, particularly in smaller hostels, meet a very real need:

“When I came here my life was a real mess, I couldn’t cook, had no money and had lost everything. I was going no-where. North West London (Housing Association) gave me the space and support to sort myself out. My key-worker believed in me and helped me to get back my confidence again”

Resident of Novas Ouvertures hostel at an open evening

⁸ Through out this section of the strategy we refer to Client Record Data from the period April –October 2004, because of concerns about the quality of data provided in client record returns during 2003/4

Brent's 2002 SP Shadow Strategy laid specific emphasis on two areas of unmet need – an under-supply of supported accommodation for offenders and the lack of a resettlement and housing service for offenders. Both situations remain. The provision of Supporting People accommodation for offenders in Brent approximates to the London average but there is an acknowledged overall shortfall in the availability of such accommodation in London. This is exacerbated in Brent by very low levels of move on from the existing supported accommodation. This will also be addressed

3.3.10 How do services for women escaping violence contribute to the Community Safety Agenda?

Supporting People funded services for women escaping violence are due for review during 2005/6. The view of the Domestic Violence Forum is that the refuge services provided in Brent contribute significantly to the borough's Community Safety agenda, providing safe accommodation and support for women at serious risk of violence in their homes. The high occupancy and good levels of turnover in all the refuges in Brent support this, as do the available teenage parent accommodation and specialist service for women, through provision of safe accommodation for young women often at risk of violence.

There is, however, an undersupply of refuge bed-spaces, a lack of services for women with complex needs and a lack of floating services. Our ability to contribute significantly to the Community Safety agenda is undermined by lack of supply and by the need to improve interagency working on domestic violence issues. An aim of this strategy will be to address these issues.

3.3.11 How do Supporting People services contribute to the Drug and Alcohol Agenda?

During the first 6 months of 2004/5, only 10% of new Supporting People clients identified their primary need as relating to drug or alcohol need. This reason is given as the secondary need in 5 % of new clients. Evidence provided by the 4 largest providers of single homeless services in Brent, however, indicates that up to 40% of single homeless clients have drug or alcohol support needs.

The data for 2003/4 shows that people with drug or alcohol as their primary need make up the second highest recorded percentage of non-host referrals (i.e. new clients moving across borough boundaries into services in Brent), at 47.5%.

A significant block to addressing drug and alcohol strategic priorities is the low proportion of Supporting People funding spent on substance misuse services, compared to the level of need. Only 2 % of the Supporting People Grant is spent on specialist services for this client group. A further issue is that Supporting People contract reviews of single homeless services have revealed many providers fail to meet the specialist needs of these client

groups. An aim of this strategy is to re-designate and re-model services categorised as for single homeless, shifting spending to better meet the needs of people with drug and alcohol problems.

Supporting People services have a good impact on service users receiving specialist support with drug and alcohol problems. 84 new clients participated in a programme of substance misuse support during 2003-4, the majority (65%) referred to alcohol services, indicating success in engaging with specialist services. Reviews identified good practice, appreciated by service users:

“I can honestly say that my support worker prevented me losing this flat. I had so many problems with my neighbours and rent arrears”

PCHA Floating Support user- Summer 2003

“It is perfect for recovering addicts who are devoted to getting their lives back on track. I have had the time and support to get back to a normal way of life and learn valuable skills for when I move to my own flat. I am starting voluntary work for the Probation Service, accompanying clients to court and rehab. I feel I can give people the benefit of my experience and show them its possible to turn your life around ”.

Cricklewood Homeless Concern - Hostel service user – 2004

ACTIONS NEEDED TO RESPOND TO COMMUNITY SAFETY AGENDA:

<p>Offenders</p> <ul style="list-style-type: none"> ▪ Ensure providers of support for single homeless accept referrals from the Youth Offending Team and the Probation Service ▪ Improve our mechanisms for addressing the housing needs of offenders who present to our Housing Resource Centre
<p>Women Escaping Violence</p> <ul style="list-style-type: none"> ▪ Develop service for women with complex needs ▪ Increase floating support ▪ Improve interagency working
<p>Drug & Alcohol</p> <ul style="list-style-type: none"> ▪ Re-designate and remodel single homeless services where clients needs are appropriately addressed by specialist staff ▪ Commission a floating and resettlement service for people with drug and alcohol needs

3.4 Joint Commissioning Strategy for Older People

Following the Government's guidance "Better Services for Older People", all Health and Local Authorities must produce Joint Commissioning Strategies for services for older people. Particular areas to be addressed are: rehabilitation, multi-disciplinary assessment and the provision of respite care.

The vision of Brent's Joint Commissioning Strategy for Older People INSERT LINK is that older people enjoy an independent, active and healthy life, in a safe environment. The priorities are:

- Early intervention, to prevent older people going into crises and prevent deterioration by providing timely and appropriate services
- Independent living for as long as possible, rather than creating early dependency on care services
- Minimising long term institutional care, by providing a range of services to enable older people to remain in the community
- Service flexibility that adapts to individual needs in their own home
- Services that meet the ethnic and cultural needs of older people in Brent
- Specialist services for older people with special needs, such as mental health and dementia, to maximise opportunities to live in the community e.g. respite care for Carers
- Whole systems capacity procurement, maximising cost effectiveness.

Brent's Prevention and Intermediate Care Strategy (2004/09) proposes major reform of prevention, rehabilitation and intermediate care services, to provide an integrated approach to health and social care. Key elements for delivery include:

- Increase in rehabilitation and community support resources.
- Increase in extra care sheltered housing.
- Active partnership working across all care sectors.
- Protocols between the Primary Care Trust (PCT), NHS Trusts and Social Services leading, in stages, to a fully integrated intermediate care service by April 2006, linked to housing and support services.

*Quality and Choice for Older People's Housing: A Strategic Framework*⁹. This identifies areas where Supporting People can contribute:

- *Diversity and choice* - to increase the range of accommodation and care and support choices in the private and public sectors
- *Information and advice* - to provide better advice and information on access to housing information and advocacy services
- *Flexible service provision* - to increase the range and volume of appropriate and affordable housing and support services, for example by funding new technologies to support people in their own homes

⁹ DTLR and DoH- Jan 2001

- *Quality* - to improve the quality of older people's housing and reduce timescales for assessment and delivery of adaptation services
- *Joint working* - to contribute to provide holistic service provision

The links between provision of housing support and extra care housing support and the above frameworks are very strong. The Borough's Older Persons' Housing Strategy 2003 –8¹⁰ identifies the need for more extra care housing in the borough.

Social Service's Plan for 2004- 05, "Improving the chances for a Diverse Community", establishes a number of values which relate to Supporting People themes, including the promotion of independence and social inclusion. In addition, the Brent Corporate Strategy pledges to

- "Maximise access to affordable quality housing to all Brent residents.....
- Make sure that Older People, ... are able to take a full and active part in the local community.....
- Work with our partners in the health sector to reduce the health inequalities experienced by the most vulnerable communities in Brent "

3.4.1 How do Supporting People services contribute to the agenda for older people?

Supporting People contract reviews for this client group will be carried out in September 2005 and their outcomes will inform our Action Plan.

As sheltered housing services are not required to provide client record data, there is no information available from this source to indicate who is accessing sheltered housing in Brent. However, despite this 18% of new users of non-elderly specific Supporting People services during the first six months of 2004/5 were older people. This represents the second largest group, after single homeless clients, illustrating that older people are receiving support services that do not cater specifically for older people.

Most Supporting People funding for Older People's support in Brent is for sheltered and extra care sheltered services. There are currently 1059 units of sheltered accommodation, including 78 units of extra care sheltered accommodation for older people, excluding private sector accommodation. The majority of service users receiving these services were housed before Supporting People started and their need for housing support varies, some having low support needs.

This is an under-supply of Supporting People services for older people, compared with London generally. Cost comparisons show costs in Brent to be well above average. These issues will be addressed following contract reviews.

¹⁰ Approved by the Executive in August 2004

Table 3.2 Older People Units in Brent

	London: units per 100000 population	Brent: units per 100000 population
Frail Elderly	22	2.6
Older People with Mental Health Problems/Dementia	2	0.0
Older People with Support Needs	731	469.2

ACTIONS NEEDED TO RESPOND TO THE AGENDA FOR OLDER PEOPLE:

Undertake service reviews for this client group in September 2005, with a focus on service quality and costs, the outcomes to inform the Action Plan
Provide additional floating support for older people in the private rented sector and for owner-occupiers.
Address the issue of undersupply of sheltered and extra care accommodation.
Establish a Vulnerability Panel

3.5 Diversity Strategy

Brent is one of only two boroughs in the UK where the Black and Minority (BME) community is a majority. Although Brent's population is younger than the national average, the number of people from black and minority ethnic groups over 65 will double in the next five years. Over 75% of pupils in Brent's schools are from minority groups. Brent shares some demographic features with other West London boroughs, in particular a higher proportion of residents aged 20 to 39 than the national average.

All parties to the Supporting People strategy have made a commitment to ensuring equality and meeting the needs of our diverse community. The Brent Council diversity website sets out all the varied legislation which provides the context¹¹.

Addressing equalities is so important for Supporting People services in Brent that we have decided to develop a specific Diversity Statement and Action Plan for Supporting People services, attached as Appendix 3 INSERT LINK to this strategy. This sets out more detail about the context, the specific actions to be taken to improve our knowledge about needs and to achieve effective Supporting People services for the diverse community. This has been written to address the widely varying standards identified in Supporting People services through contract reviews. We also want to be specific about the action the Council and its strategic partners will take.

¹¹ www.brent.gov.uk/diversity.nsf.

With regard to refugees, integration is the key message presented in the home office consultation draft “Integration Matters – A National Strategy for Refugee Integration”¹². This is the second national strategy produced by the Home Office. Brent is currently developing a strategy for refugee services.

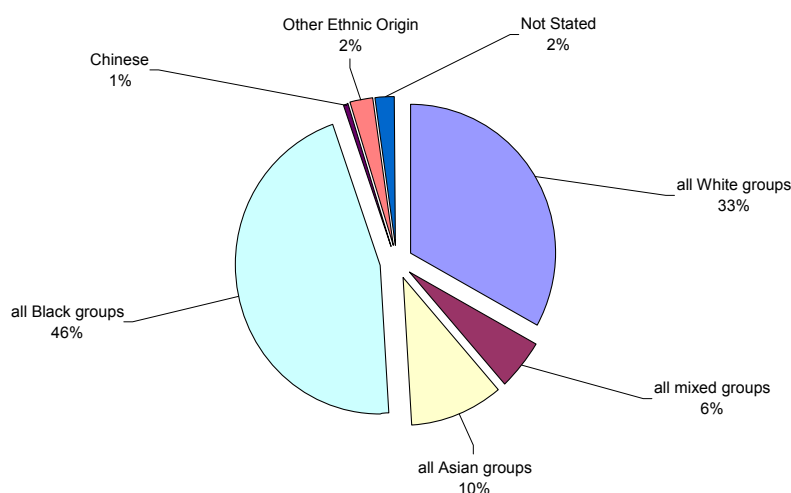
3.5.1 How are current Supporting People services addressing issues of diversity?

The current supply of housing support does not reflect the large numbers of people from different ethnic and faith communities in Brent. 11 of our 55 providers are culturally specific, the majority providing Irish and Jewish services. Two short-term services have recently been funded, to address gaps in services for Somalian people and the Muslim community. Gender based services are limited to women’s refuges and teenage parent accommodation. Some gender, ethnic and faith specific services will be developed during the five years of this strategy, to address gaps where a clear need for such services is identified.

Diversity issues are considered when Supporting People contracts are reviewed. 34% of contracts (18 out of 55) reviewed have not met the required standards. The Supporting People diversity strategy also addresses this (see [Appendix 3 INSERT LINK](#)).

Table 3.3 shows the ethnic breakdown of all clients accepted into Supporting People services during the period April-September 2004. 65% of the 322 new clients were from black and minority groups. Fewer new Asian clients than might be expected are found, reflecting their pattern of lower use of the social housing sector, and in line with their approaches to Housing Resource Centre

Table 3.3 New Clients by Ethnic Origin (April - Sep 2004)



¹² Home Office consultation report, launched in May 2004.

Table 3.4 below shows the breakdown of new Supporting People clients (April-Sept 2004) by gender.

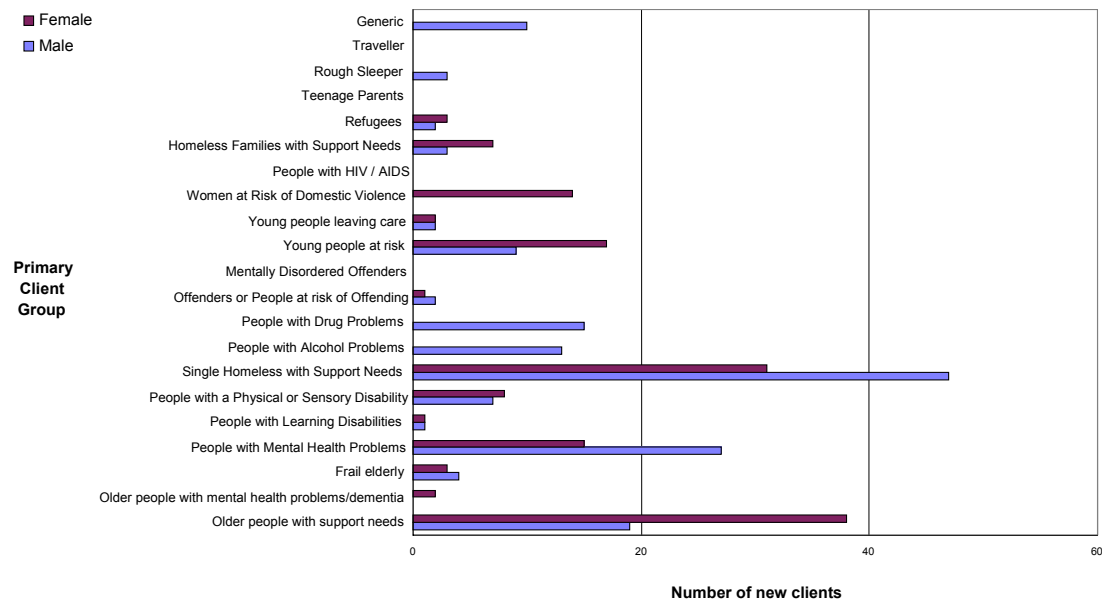


Table 3.4- gender breakdown of all new clients by client group April-Sep 2004

The balance was approximately 50/50, but the balance across different services varied. More women accessed floating support than direct access or supported housing. The ethnic origin of women and men accessing services varies, with more white men accessing services than white women. Specific issues raised for women’s services in Brent are discussed in the Supporting People diversity strategy.

Our approach to diversity also includes meeting the needs of disabled people effectively. Although services for people with disabilities make up 7% of our Supporting People services, only 5% of all new users in the period during the period April to September 2004 had their disability as a primary need. The majority of these were accepted into non-specialist services, because the majority of disabled specialist services are long-term services.

ACTIONS NEEDED TO RESPOND TO THE DIVERSITY AGENDA:

Implementation of diversity statement within all Supporting People contracts
Development of ethnic and faith specific services in next 5 years, where gaps are identified
Ensuring that diversity is dealt with effectively by all providers

3.6 Joint Commissioning Strategy for Mental Health

The National Service Framework (NSF) for Mental Health is part of the Government's agenda to drive up the quality and reduce unacceptable variations in health and social services¹³. The Framework sets standards in five areas: mental health promotion; primary care and access to services; effective services for people with severe mental illness; people who care for people who have mental ill health difficulties and action necessary to achieve the suicide prevention targets.

The Mental Health Local Implementation Team Housing Sub Group leads the strategic direction of Mental Health Services in Brent. A key aim of this team is to ensure that the NSF works in a complimentary way with Supporting People. This group believes that, with some exceptions, current Supporting People services for people with mental health problems are not meeting strategic priorities. The group has summarised the factors which are preventing a good strategic fit between our current Mental Health housing support services funded by Supporting People, and the aim of promoting independence and choice stated in the National Service Framework. These are:

- lack of coherent and consistent referral mechanisms to preventative floating support and supported housing,
- inadequate floating support
- lack of move on from shared intensive supported housing

These were raised in the recent Mental Health Supporting People contract reviews and will be addressed over the period of this strategy.

3.6.1 How do Supporting People services meet the needs of people with mental health problems?

Historically mental health supported housing services in Brent have been providing for people with high support needs. This has led to high average costs of these Supporting People services. The average weekly SP cost per bed-space is £260 per week, significantly higher than the average for all client groups and higher than the average for comparable services across London (£187 per week).

In addition to these costs, Brent Primary care trust (PCT) and Brent Mental Health Service (BMHS) also fund about external placements costing over £12 million per year. The lack of flexible floating services and problems in current services prevents move on from current local housing support services. This, in turn, prevents local placement of clients in more intensive local housing support services.

¹³ Department of Health (1999) The National Service framework for Mental Health. Modern Standards and Service Models London DH. P3.

The recent Supporting People contract reviews of these services identified that high cost did not equate to high standards. The reviews also identified that many short-term designated services are providing long-term high support services and are successfully maintaining some people in the community very well. This was especially so with floating services and newer services. However, many clients expressed the view that they would prefer to live independently in their own flat or with fewer people.

Improvement of quality in poorer performing services and addressing move on are therefore key issues for this strategy.

Specialist services for people with mental health problems represented 26% of Supporting People expenditure in 2003/4, providing services to 323 people. This is only 10% of the total numbers supported by Supporting People funded services. In addition to this low supply of specialist services, the supply is unbalanced, with the majority provided in shared supported accommodation, rather than self-contained or floating services.

Whilst 44 people (14%) whose primary need related to mental health support needs started receiving Supporting People funded services during the first half of 2004/5, only 8 of these were specialist services. Large numbers of people with mental health needs are receiving non-specialist services, or have complex needs which are being addressed in other services, such as offender, single homeless or drug and alcohol services.

We aim to establish a vulnerability panel and coherent access systems to ensure that clients will be prioritised for specialist Supporting People mental health services:

- People moving on from supported housing
- People leaving hospital
- People moving into the borough from out of borough placements
People living in B&B
- People at risk of losing independent tenancies

ACTIONS NEEDED TO RESPOND TO THE MENTAL HEALTH AGENDA

Agree criteria and access routes for all services
Establish vulnerability panel, to complement the complex care panel
Address move-on issues

3.7 Valuing People – People with Learning Disabilities

The lack of choice in housing for people with learning disabilities is identified within Valuing People¹⁴. Valuing People also aims to plan better the housing

¹⁴ Valuing People; A new statement for Learning Disability for the 21st Century Department of Health
www.doh.gov.uk/learningdisabilities

needs of people living with older carers¹⁵. The Brent Learning Disability Partnership Housing Plan [http://www.brent.gov.uk/socserv2.nsf/24878f4b00d4f0f68025663c006c7944/63e10ca3afd7a87d802569ae003b191a/\\$FILE/Learning%20Disability%20Housing%20Plan.pdf](http://www.brent.gov.uk/socserv2.nsf/24878f4b00d4f0f68025663c006c7944/63e10ca3afd7a87d802569ae003b191a/$FILE/Learning%20Disability%20Housing%20Plan.pdf) aims to:

- Increase the range of housing options for people with learning difficulties.
- Change from more traditional services such as residential accommodation to a supported living approach. More people will be given the support they need to live in ordinary housing.
- Give better information about the housing and support options available so that they can make informed choices about where to live.
- Consult with people with learning difficulties and their carers about their housing needs and aspirations
- Improve the way in which we map provision, record current housing needs and project future needs

The Supporting People Commissioning Body and the Learning Disability Partnership (LDP) Board cannot achieve the wider strategic aim of improving opportunities for independence unless housing and support issues for people with learning disabilities are addressed. The lack of variety of our current provision for this client group will be addressed, with specific projects now in the pipeline.

The benefits of models of housing support that allow people to live independently in permanent accommodation, with outreach support, are demonstrated in only one service, for nine people, in Brent. We will aim to develop further similar schemes:

“It’s really good in my own flat. I do what I want, go shopping, see my friends, and Paul (support worker) lives nearby. People never thought I could live on my own but now I do”

PentaHACT service user, at Inclusive Forum July 2004

Whilst Brent has a similar number of units to its West London neighbours, we spend slightly less than the average per bed-space both for West London, and nationally. The level of move on from shared supported accommodation is very low. In 2003/4 less than 1% of clients moved on from shared learning disability services. Effectively, all Supporting People Learning Disability Services currently provided in Brent are long-term services. New service users are consequently prevented from accessing services. This is exacerbated by the lack of outreach services to assist people to live independently in the community. Addressing this is a priority for this strategy.

¹⁵ The Looking Forward Project; the Hopes of People with Learning Disabilities Living with their Ageing Family Carers; July 2001, Foundation for People with Learning Disabilities

People with learning disabilities represent a small group of people (4%) compared to other client groups, but receive a disproportionately high level of the total Supporting People funding (8.45%). One reason for this is high cost services. Savings generated as a result of service reviews will support development of other, more independent, types of support.

In order to address the current imbalance between accommodation based and outreach services we will aim to maintain approximately the current level of funding for this client group, but will aim to re-direct resources to models of independent living. We also aim to increase the numbers of providers of services for people with Learning Disabilities.

ACTIONS NEEDED TO IMPROVE RESPONSE TO VALUING PEOPLE

▪ Achieve savings following service reviews
▪ Enhance variety of service models and support providers
▪ Redirect resources to address the current imbalance between accommodation based and outreach services
▪ Improve information to widen access to services

3.8 Children and Young People

There are many overlaps with the Government agenda for Children and Young People and Supporting People, particularly in relation to Supporting People services for teenage parents, homeless families, refugees, young people and women escaping violence.

The government's Green Paper '*Every Child Matters*' highlighted five key outcomes for children to be achieved: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well being.

The Children Act advocates a fundamental shift, away from services delivered within traditional organisational arrangements, often based on crisis intervention, to more universal, preventative services and early identification of potentially 'vulnerable' children. This will impact significantly on Supporting People providers.

The aims of the Children and Young People Preventative strategy are also relevant. The National Service Framework for Children, released by the Department of Health, identified eleven standards that will support the delivery of the five key government outcomes listed above.

3.8.1 How do Supporting People services meet the needs of children and young people?

The number of new users who started using Supporting People Services between April and September 2004 in the categories Teenage Parents, Homeless Families and Domestic Violence were zero (0%), 10 (3%) and 14 (5%), respectively.

- Provision of support to teenage parents

There is an under-representation of teenage parents within those who receive Supporting People funded services and insufficient accommodation based and floating support services for this client group

- Funding eligible support services for children within domestic violence refuges.

There is a need to ensure, through service reviews, that Supporting People funding is creating opportunities for appropriate support for children resident within domestic violence refuges.

- Provision of support to homeless families living within temporary accommodation

Floating support provision must minimise exclusion and promote opportunity through enabling access to education, training, health and community resources.

- Provider awareness of children's support issues

Performance monitoring and service reviews have revealed there is often inadequate focus on the support needs of children. There is a need to ensure that providers are aware of related issues, that they work in conjunction with Child Protection and that interagency working is maximised.

ACTIONS NEEDED TO RESPOND TO CHILDREN AND YOUNG PEOPLE AGENDAS:

Encourage the engagement of young people in our services
Increase access to floating support for vulnerable young people and vulnerable adults with children
Consider provision of additional, focussed, accommodation based services, including more semi independent living for teenage parents
Increase awareness of joint working on children's issues

3.9 Social Inclusion Agenda & Regeneration Strategy

Five neighbourhoods within Brent fall within the top 10% most deprived in the UK. The Neighbourhood Renewal agenda aims to tackle multiple deprivation focused within these areas. Appendix 1 includes a map of relative levels of deprivation in the south of Brent compared to the north of the borough. Through the Regeneration Strategy the Council seeks to ensure that Brent is

able to provide a home of choice for its diverse population and businesses alike. Strategic priorities are: -

- To reduce gaps between Brent’s deprived communities and the rest of London. In particular to focus on the neighbourhoods of South Kilburn, St Raphael’s/Brentfield, Roundwood, Church End, Stonebridge and Harlesden.
- To reduce unemployment levels across the borough to below the London average, concentrating efforts on those people most in need.
- To increase income levels across Brent to above the London average and to promote measures to retain this wealth within the Brent economy.

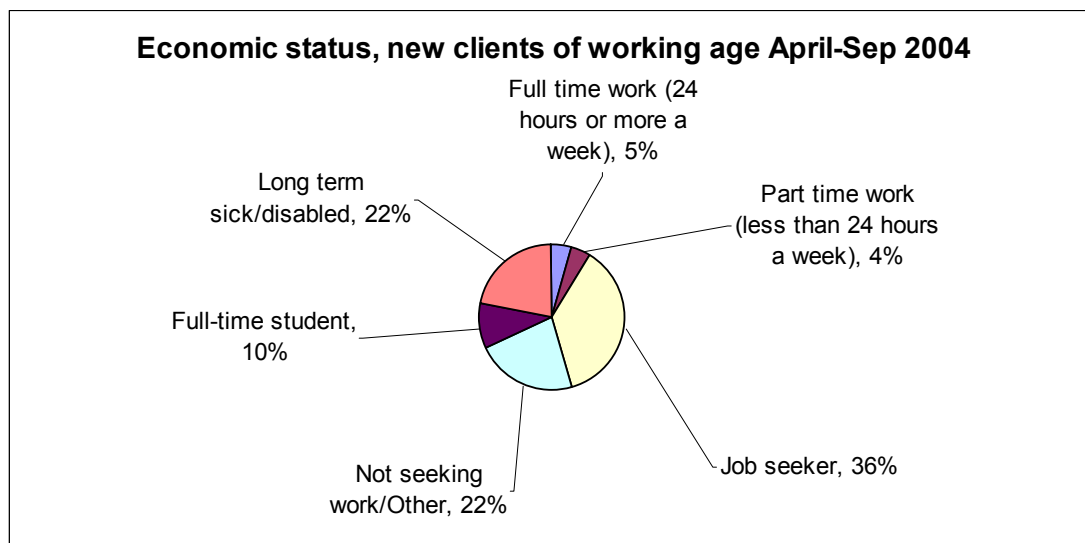
An aim of the future Supporting People strategy is to help to deliver improvements to health in areas of deprivation. This work has started, through work on projects undertaken by the Health and Homelessness Forum.

3.9.1 How do Supporting People Services contribute to the Social Inclusion and Regeneration Strategy?

Many Supporting People services are based in Brent’s priority neighbourhoods, although most of these are accommodation-based services, which do not currently benefit the wider community. We aim to consider more floating support services in these areas. Areas identified for future action could be: services for young homeless black people in Stonebridge, services for older people, people who misuse drugs and alcohol in South Kilburn, and extension of floating support services to regeneration areas.

Table 3.5 below shows the economic status of all new clients in Supporting People services April –October 2004.

Table 3.5



25% of new clients are seeking work, rising to 36% of those of working age, and over 50% of under 25 years olds. Work and training can lead to social

inclusion. Helping people into work, activity and training is an important part of housing support, for young people, people with learning disabilities, mental health problems and offenders. The Supporting People contract reviews showed variable performance in this area. Addressing this is an important aspect of this strategy. We will introduce a Performance Indicator to assess future performance on this.

Service users themselves place importance on the opportunity to further their own development as the following quotes from an offender service user shows:

“I am a tenant rep on the board, but the best thing is- I’m a volunteer helping with activities – judo, art, photography, yoga. I was thinking about the housing support worker training, but no- it’s the activities co-ordination for me, I have found something I really like.”

Resident of Novas Ouvertures hostel at an open evening- Nov 2004

ACTIONS NEEDED TO SUPPORT THE REGENERATION AGENDA

- **Develop more floating/resettlement support services in regeneration areas**
- **Improve referrals to floating support**
- **Introduction of a Performance Indicator, to reflect activities and positive outcomes for people seeking employment and training**
- **Develop an employment initiative, to encourage refugee service users into training and employment as Housing Support Workers, in partnership with providers**

3.10 Housing and Homelessness Strategies

Brent Council’s Housing Strategy 2002-07 vision is: *‘We will endeavour to develop a service that, within the next ten years, ensures that all residents are living in a decent home of their choice in a tenure of their choice.’*

The borough is characterised by a shortage of housing and the pressure on affordable housing is a significant issue for vulnerable people and Supporting People services. The background is therefore set out in some detail below. All tables are taken from the Housing Resource Centre, April 2004.

By 2006, it is expected there will be around 20,000 households with an unmet housing need, a rising figure. Over 30% of the demand (6400 households at April 2004) is for smaller accommodation, this being the size of accommodation required for move-on from hostels and for single vulnerable people. An upward trend in applications is expected to continue. However, homelessness acceptances have reduced from 44% of all homeless applications in 2002/3 to 28% at November 2004.

This pattern of high levels of housing demand is, unfortunately, not matched by high levels of affordable housing supply. In 2004/05 less than 7% of current applicants on the Housing Register and Transfer List will be housed, via about 1000 permanent lettings in affordable Registered Social landlord and Council properties in Brent.

At 21% of all housing stock in Brent, the private rented sector therefore plays an important part in Brent, as in other London Boroughs. This is reflected in the inclusion of lettings in the private sector within the choice-based lettings magazine and in the emphasis placed on this sector within the Homelessness Strategy (detailed below). This is critical for Supporting People services. Vulnerable people who live in the private sector currently are not able to access Supporting People services. Addressing this issue is a priority for this strategy.

Many providers and service users are reluctant to consider the private rented sector. Over the period of this 5-year strategy this must change.

3.10.1 Homelessness Strategy

To meet these challenges London Borough of Brent works with voluntary sector partners, leveraging in funds through targeted programmes and working in partnership with adjoining authorities to provide a range of housing solutions and options. Locata, the choice based lettings pilot currently being run with four other West London Boroughs, is an example of this.

This Supporting People Strategy must also support the agendas set out in the Homelessness Strategy, these are

- Preventing homelessness
- Minimising the use of B&B
- Minimising rough sleeping
- Improving services to the single homeless, including non-priority cases
- Improving services to all vulnerable homeless groups.

A series of initiatives to address these aims are contained within the Homelessness Strategy, and overlap with Supporting People services. These include:

- The Homelessness Compact, which works in close partnership with homeless people to pilot various initiatives
- The Non Priority Homeless and Rough Sleepers Strategy
- Reduction in the number of rough sleepers, by working in partnership with the voluntary sector
- Encouraging use of the private rented sector, including setting up a Rent in Advance scheme
- Development of outreach services for the homeless
- Development of a Training into work scheme, in conjunction with support providers
- Partnership working with colleagues in health and other services.
- Creation of a Hostel Development Officer, to ensure best use of hostel accommodation

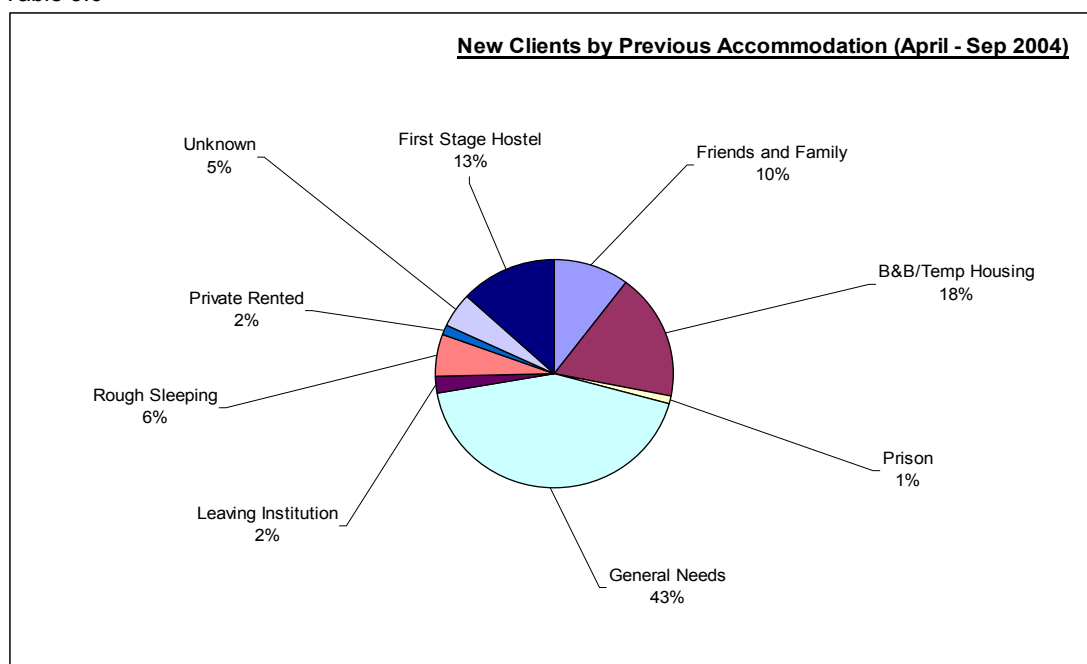
- Development of a “Save as you Stay” scheme, to enable homeless people in short-term accommodation to save towards a deposit
- Support for a Homeless Families Centre
- Development of a Housing Options package.

Some initiatives are provided by Supporting People providers, others, such as the Hostel Development Officer, the Save as You Stay and the Rent Deposit schemes offer ways to make better use of short term Supporting People services. Focusing services on people in the private sector who currently miss out on support is an important priority. The Supporting People budget may offer an opportunity to add value to some of these projects.

3.10.2 How do Supporting People services contribute to Housing Agendas?

Table 3.6 below shows the wide range of previous housing occupied by new clients who started receiving Supporting People services during the first six months of 2004/5

Table 3.6



(The number of people in Council owned tenancies relates to people provided with floating support services provided for council tenants during the period). The numbers of people receiving services in the private rented and owner occupied sectors low at 2% and 0% respectively. This strategy aims to increase the proportion of people receiving Supporting People services who live in these sectors.

At present move on levels from all short term services is inadequate to ensure turnover is maintained and that accommodation based services can meet the needs of those in greatest housing need. This is exacerbated by the wide range of referral systems used by providers which means that not all services

directly contribute to local priorities. We aim to address this during the period of this strategy.

We also aim to address the number of cross borough referrals accepted into services where we have significant local demand, particularly young people and offenders. In future providers will be asked to give first priority to borough referrals, second priority to people with West London and other neighbouring borough connections, then to people with wider London connections. This is further detailed within the section on the West London Strategy, below.

Reviews of single homeless services undertaken to date demonstrate that, although move on is a difficult problem preventing effective use of some services, providers are delivering services which benefit service users significantly. English Churches Housing Association demonstrates high standards in delivery of hostel services, offering a wide range of activities and enabling service user involvement and move on. The support available is appreciated by users:

“If you have to live in a hostel- this is a very good one. The staff really try to help you, listen to your views and it’s very well planned- room for meeting each other, place to try computers, you only share the kitchen with a few people. It’s a very good place”

Livingstone House resident at a speak out- October 2004- Nov 2004

ACTIONS NEEDED TO SUPPORT HOUSING AGENDAS

- | |
|--|
| ▪ Providers to prioritise borough referrals to meet local demand |
| ▪ Increase levels of move on from short term services |
| ▪ Increase the proportion of people receiving Supporting People services who live in private and owner occupied sectors |

3.11 Health – The Local Delivery Plan

A number of links between our Supporting People Strategy and Health initiatives have been described in several of the preceding sections. Our main aim with regard to Health agendas is to support the aim of preventing hospital admissions and supporting people to live independently in the community. New Performance Indicators are being discussed with providers to monitor success at this. The following issues are also relevant: -

3.11.1 HIV and AIDS

Brent Primary Care Trust (PCT) is the strategic lead for services for people with HIV/AIDS in the borough. Supporting People works with the PCT to help deliver the National Strategy for Sexual Health and HIV/AIDS. In Brent there has been an increase in people diagnosed with HIV from 460 in 2001 to 560

in 2002, and 627 at the end of 2003¹⁶ with the biggest rise being amongst those in the Black African community.

The current accommodation based service for people with HIV and Aids provides a service to only 13 people. Reviewed in 2003, it was shown to be low quality and high cost. There is no local housing support service funded by Supporting People that works in partnership with local agencies.

Although the profile of new patients with HIV/Aids is of a predominantly African group, the needs of lesbian, gay, bi-sexual and transgender people are not adequately addressed and have a low profile in the borough. There is also a lack of housing related support for people who do not have English as a first language. Our consultation and research indicates that mainstream support services are not accessible enough to most of the people who need support. There is not enough professional expertise to empathise or work with people. It is therefore our intention to continue to provide a specialist service for this client group.

3.11.2 People with Physical and Sensory Impairment

Independence Matters¹⁷ sets out the governments main concerns relating to service provision for people with physical disabilities and sensory impairments nationally. The report identifies four themes, each of which should be supported by housing related support services- independence at home, identity and belonging, active citizenship and systems and processes. Key areas requiring further attention are identified, some of which are also local priorities:

- although waiting times for equipment and minor adaptations have improved some people have to wait unacceptably long times for major adaptations using the disabled facilities grant. As some agency costs are funded through Supporting People there is a clear link with this aspect.
- services for those with brain injury are not well enough developed across the country
- culturally sensitive services for disabled people are not well developed
- disabled parents are often not effectively supported
- although the numbers receiving direct payments are increasing there is still a long way to go before they are part of mainstream provision.

The government has published a National Service Framework for people with long term conditions in 2004 which set out clear expectations about the standards expected across health and social care.

ACTIONS NEEDED TO SUPPORT THE LOCAL HEALTH DELIVERY PLAN

Continue provision of a specialist service for people with Aids and HIV
Examine opportunities for locally based support provision for people

¹⁶ Brent Primary Care Trust-Sophid

¹⁷ Independence Matters- DoH 2004

3.12. The Regional Agenda –

3.12.1 London Region Cross Authority statement

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

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

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

London Borough of Brent will:

- Continue to work with other London boroughs, the ALG and the London Supporting People Strategic Forum to address pan-London Issues
- Recognise that all boroughs have a responsibility for hosting, supporting and developing services that do not only respond to local need
- Work within the West London sub-region but also across regional boundaries to address specific needs, especially in central London
- Identify, plan and where possible jointly commission cross borough services, sharing expertise, experience and resources with regards to housing support services for vulnerable people who are transient
- Consult other London boroughs as part of the service review process for cross authority services
- Ensure that the needs of vulnerable people in London, for which it is difficult to define a local connection, are met

- Avoid duplication in terms of monitoring reviews and consultation requirements on behalf of providers and share best practice
- Ensure that services that could or should be focusing on local needs are supported to do so.

Brent is a member of the West London sub regional group of London boroughs. The West London Group of Lead Officers has agreed that 2 representatives will be chosen to represent the regions' interests at the London Supporting People Strategic Forum.

The full Cross Authority Strategy for London is available at the ALG website <http://www.alg.gov.uk/doc.asp?doc=13593&cat=980>

3.12.2 The West London Five-Year Supporting People Strategy

In addition to ensuring that housing-related support services are available to local residents, we have a responsibility to consider the support needs of people who may move from one borough to another. We also have a responsibility to maintain locally based services that have been designated by the ODPM as meeting the needs of people from a wider catchment area than the host borough.

The seven boroughs which comprise the West London sub-region (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and Kensington & Chelsea) acknowledge that many people with support needs will move across local authority areas from time to time for various reasons, e.g. to move away from harmful environments, to obtain greater independence, or to access particular housing or support services. We therefore recognise that a cross authority dimension needs to be incorporated within the strategic development of a wide range of support services.

In addition, when we consider unmet needs, it may not be viable for us to provide specialist housing-related support services (e.g. for older people with mental health problems or people with learning disabilities who have complex needs) except on a sub-regional or regional basis. Some services may therefore benefit from a cross authority approach.

Cross authority access aims

The aims of the West London Strategy are:

- To maximise the use of existing services and other accommodation in West London which address cross authority needs
- To increase access to move-on accommodation for people in receipt of cross authority support services living in temporary housing
- To improve the continuing availability of services for people with support needs who move from one West London borough to another

- To identify gaps in existing cross authority provision and move towards jointly commissioning new services to address priority needs across West London
- To ensure that all cross authority services in West London are delivered to a consistent quality and represent value for money
- To continue to develop work of the seven West London boroughs meeting regularly, sharing information and developing common practices on Supporting People issues.

Values behind this Strategy

In developing this Strategy statement, the West London boroughs have wanted to:

- complement *Building Communities*, the Housing Strategy for West London, and other relevant national, regional and local strategic objectives
- work in transparent partnership with local Supporting People service providers and other stakeholders, engaging them in this Strategy
- ensure that the cross authority access needs of BME communities are adequately addressed
- develop existing cross authority services and plan for new ones on the basis of an assessment of existing services and gaps in current provision. This assessment will be informed by analyses of needs and of service user movement across and beyond West London, and likely future levels of Supporting People funding
- involve users of cross authority services in influencing service development
- promote partnership working amongst providers, stakeholders and the boroughs themselves with the aim of providing service users with well-run, relevant, efficient and effective support services.

The full West London statement will be distributed as a separate stand-alone publication. The Brent 5-year strategy and Action Plan acknowledges and responds to the initiatives outlined above.

[http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Cross authority group Papers and minutes/West+London+Strategy.htm](http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Cross_authority_group_Papers_and_minutes/West+London+Strategy.htm)

Section 4 Client Group Needs Analysis

4. 1. Older People with Support Needs and Frail Elderly

4.1.0 We have written a full Supporting People strategy for older people, to complement our Housing Strategy and Joint Commissioning Strategy for older people. You can read this at www.brent/housing/supportingpeople. This is a summary of the main issues we aim to address.

4.1.1 Whilst Older People are defined as those who are aged 60 and over, older people's support services have to be planned for the future in consultation with those who are younger than this. There are 41,426 people who are 60+ in Brent, proportionally lower than the national average. However, over the last ten years there has been an increase in the number of people over 85 years of age, and this trend is likely to continue, with many more frail older people needing a high level of health and social care¹⁸. In Brent there has also been a fourfold increase in the proportion of black and minority (BME) elders who are older than 75 yrs since 1991.

4.1.2 About 30% of older people have special needs e.g. severe mobility problems, poor or partial eyesight, chronic illness etc, and the majority of these people require support from family, friends, or from statutory or voluntary agencies¹⁹.

4.1.3 Approximately 43% of older people in the Borough have or will have special needs.

- 15,700 older people (on average half of all older people in Brent) receive hospital treatment (66% for people in their 80's and older).
- More men than women in their 60's and 70's receive hospital treatment.
- 15.6% of Brent's population have limiting long term illness (18.2% for England and Wales).
- 96% of older people with a limiting long term illness stay in their own homes (this is 47% of people aged 60+ and 61% of those aged 75+).
- Older people experiencing fuel poverty are likely to have respiratory conditions, arthritis, and increased risk of strokes and heart attacks.
- Health needs of older homeless people are respiratory complaints, TB, skin complaints, depression and anxiety, other mental health problems and drug and alcohol problems.
- Life expectancy decreases the further south older people live in the borough, reflecting higher levels of poverty in these neighbourhoods.
- 44% of those aged 65-74 years and 49% of those aged 75+ are likely to have two of the six most chronic diseases, - heart disease, stroke, hypertension, diabetes, chronic obstructive pulmonary diagnosis and asthma.
- Up to 14% of older people not in hospital or residential care can suffer from malnutrition. In Brent this would be about 6,000 older people.

¹⁸ Elders Assessment and Care Management Fundamental Service Review Report (L.B. Brent Social Services) March 2002

¹⁹ Elders Assessment and Care Management Fundamental Service Review Report (L.B. Brent Social Services) March 2002

4.1.4 Brent's Homeless Resource Centre figures on the number of older people who have applied as homeless over the last three years show a steady increase in the numbers of older people applying as homeless, particularly in the age range 70 – 84. Over 30% of those who applied as homeless were from black communities.

Frail Elderly Needs

4.1.5 More Older People require extra care accommodation than is currently available in Brent. There is a need to rebalance sheltered and extra care sheltered accommodation to address this. There is also a need for more intermediate care beds.

The needs of older people with a mental health problem or dementia have also been identified as an area where there is currently a shortage of services locally. Brent PCT and Brent Social Services are currently writing a Mental Health strategy for Older People, and the outcome of this will influence the future development of Supporting People services for this client group.

There are 78 bed spaces of frail elderly accommodation funded through Supporting People in Brent at present. Willow Housing report that often it is very difficult to support older people with dementia in sheltered housing as staffing resources are inadequate to ensure their safety and security. In addition, they report very complex needs, after relating to Domestic Violence as well as Dementia and disability. It is felt that additional smaller developments may be an appropriate alternative to registered care.

Sheltered Accommodation Needs

4.1.6 There are a total of 1059 units of sheltered/extra care sheltered accommodation provided for older people (excluding private sector accommodation) in Brent. 78 of these units are extra care sheltered units. ODPM produced a profile for Brent, suggesting a "typical provision" of between 1,327 to 4,526 sheltered accommodation units (of which between 86-447 bed-spaces would be extra care sheltered housing), and between 10 to 165 households receiving floating support. Research into the housing decisions of people aged over 60 suggests 8% of older people need social sheltered housing. This suggests a requirement for 2,878 sheltered and extra care housing units in Brent. At present Brent doesn't meet these projections.

4.1.7 Housing Resource Centre figures indicate a growing demand for extra care sheltered. In 2003/4 46 were referred to extra care sheltered compared to 42 sheltered referrals.

4.1.8 Brent therefore needs to increase its supply of flexible sheltered accommodation which would be adaptable for extra care sheltered housing by up to 500 units over the next few years, to deal with the growing need for sheltered housing. Other issues to be considered alongside this would be ensuring that BME elders were given quality and choice of housing and to consider female elders housing solutions. We await the outcome of bids to

Department of Health for capital development of new frail elderly schemes. Should these be unsuccessful London Borough of Brent will seek other capital funding opportunities to ensure this need is addressed.

Floating Support Needs

4.1.9 According to the Supporting People Circular on the “Typical Supply Profile”, it is profiled that Brent would have floating support for 1,392 older people ie 5.525 per thousand residents. We also have an undersupply of this provision

Evidence of Older People’s Support needs in the Private Sector

4.1.10 As demonstrated above, there are housing issues for elders in the Private Sector. Research has indicated that there is a need for low level housing support services to ensure that older people are able to access the services to address their housing needs and retain tenancies etc.

Older People with alcohol problems

4.1.11 A number of agencies have identified the need for there to be more outreach and accommodation based support to assist older people with alcohol related problems. Many older people with long term alcohol problems have complex support needs which could be addressed through specialist sheltered accommodation. The needs amongst the Irish Community have particularly been identified.

Older People with Physical and Sensory Impairments

4.1.12 The full strategy for older people notes the main issues as the numbers of blind and partially sighted people in need of housing support, and the need for additional help in accessing adaptations.

Isolated Older People

4.1.13 There are thought to be several hundred isolated older people who refuse services but who could benefit from someone (eg an outreach worker) making occasional visits. At least 50-100 people are known to social services.

Older People from BME Groups

4.1.14 The full Older Peoples strategy identifies additional support needs amongst older Afro Caribbean people, particularly men; amongst older isolated Irish people, amongst older Asian and a need for refugee housing.

FUTURE ACTION – OLDER PEOPLE
<ul style="list-style-type: none">• Reviewing Older People’s housing support services in 2005 to address the issues of the high cost and low unit supply of provision in Brent when compared to the rest of London.• Increased of housing support for the frail elderly and re-designation of sheltered services to frail elderly, jointly commissioned with Brent PCT.• Increased floating support to address needs of elderly and occupier those in private sector.

- BME need for housing support.
- Commission services for Older People with alcohol problems.
- Consider further low level preventative support services particularly for those in the private sector .
- Increased involvement with the Single Assessment Process.
- Consider option of extra care with floating support attached, possibly jointly with West London.

4.2.2. Homeless Families

4.2.1 The pattern of housing for homeless families has changed since the Shadow Supporting People strategy was written in 2002. At that time Brent had high levels of homeless families living both in temporary accommodation, and in Bed and Breakfast (B&B). Since then the numbers of homeless families in B & B has steadily reduced. The number in temporary rented accommodation provided by both private sector landlords, and housing associations increase from 2800 in 2002, to well over 4500 in November 2004. The numbers housed in hotels has steadily reduced in line with this increase. At the end of March 2004, the Council achieved its target of having no homeless household with dependant children staying in hotel accommodation for six weeks or longer.

4.2.2 The council uses three homeless persons “hostels”, at Middlesex House, Gordon House and Press House. Most temporary accommodation for families is provided in private rented accommodation both inside and outside the borough. Although this reduction in use of hotels represents a desirable achievement, the Health and Homelessness team report that, ironically, it is now more difficult to identify vulnerable families in need of support. Much of their work is basic housing support, helping with benefit claims, community care grant applications and appeals, resettlement work etc.

4.2.3 However, refugee organisations, Brent Private Tenants Rights Project and the Homelessness Forum report high levels of support needs amongst refugee families living in all forms of temporary accommodation.

4.2.4 At December 2004 Housing Resource Centre (HRC) identified 3622 active households (ie all cases living in Temporary Accommodation, B& B or pending a homelessness assessment). 23% of all these active homeless cases at December 2004 were defined as vulnerable. However, the definition of vulnerable is broad, including those with a general “physical health vulnerability”, which may not indicate a housing support need. In addition, the total number defined by HRC as “not vulnerable” includes many refugees and some teenage parents, who according to Health Visitors and Refugee organisations who responded to the Strategy consultation, have significant housing support needs.

4.2.5 The Homelessness Forum has received funding to establish a Homeless Families centre in the borough, partly funded through a capital grant from the Housing Service. An aim of this Supporting People strategy is to consider how Supporting People services for Homeless Families can be integrated with this Center.

4.2.6 Initially piloted on one-bed cases, the Locata choice-based lettings scheme was extended to all bed-sizes in December 2002. Since the Shadow Supporting People Strategy was written this has also had an impact on the support needs of homeless families. Vulnerable families, those who do not read English, those with mental health problems or disabilities find the bidding process daunting. Assisting with this is an essential part of the role of housing support for this client group.

4.2.7 A further development for this client group is the establishment of a large floating support scheme for homeless families. This has had mixed success. There is some evidence that the reduction in numbers living in B&B has reduced the need for support as this service has found it difficult to engage with homeless families successfully. The Supporting People contract review recommended that the service should reduce in capacity and price, and focus on homeless families in most need of support. Similarly, a Supporting People contract review of a large accommodation-based service for this client group, identified ineligible costs and cost inefficiencies, a lack of focus on homeless families in most need, demonstrated in particular by a poor response to language needs and poor quality information in general. The following quotes illustrate the situation:

“I cannot read English and cannot go to language classes because of child care and personal problems. Even though I live here (in a hostel for homeless people) I don’t get any language help, my eldest daughter (senior school age) helps me. I go to the Citizens Advice Bureau or a solicitor for specialist help”

“I am not confident about where I would get advice. I want to go back to work but I need good advice about the impact on my family benefits and budget before I can plan. I understood some ways things are done here, but I’m not confident about things. Information about housing is conflicting and confusing”.

Families in homeless hostel- October 2004

4.2.8 The Homelessness strategy aims to achieve holistic needs assessments and ensure home-seekers gain access to relevant services. Prevention work and reduction in the use of temporary accommodation is emphasised. Until recently the support needs of families were not being met and they were at risk of losing or abandoning their tenancies. The establishment of the Homeless Families centre and re-focusing of the current Supporting People funded services will address some of these needs in Brent.

4.2.9 A further development is the review of housing advice provision within the borough. This proposes enhancing homelessness prevention as stated in the ODPM report “Homelessness Prevention – Avoiding the crisis.” Comprehensive support needs assessments should be carried out for all people who are homeless or at risk of homelessness. Unless needs are accurately and fully assessed in more detail than that demonstrated in table 2 above, the range of support services cannot be planned.

Future Action – Homeless Families

- The total Supporting People Grant spent on this client group will reduce over the period of this strategy. However, funding will be re-directed from accommodation-based services and general floating support services, to floating services which respond to need amongst specific homeless families in need such as refugees, teenage parents, families needing adapted accommodation, those with mental ill health.
- We will consider how Supporting People funding can be directed to provide housing support services based at the Homeless Families Centre, either through re-locating an existing scheme, or funding a new post.
- We will consider matching capital and revenue funding in regeneration areas where possible

4.3. Offenders

4.3.0 We have written a full Supporting People strategy for offenders. You can read this at www.brent/housing/supportingpeople. This is a short summary of the main issues which we aim to address within this 5 year strategy. The West London Strategy also includes a full statement on the regional approach to this client group

4.3.1 Since the publication of the shadow strategy there have been several developments within the criminal justice field. The most significant has been the restructuring of frontline services across the London Probation Area on the basis of risk of harm, Drug Intervention Programme (formerly CJIP), and Prolific and Other Priority Offender strategies. The London Probation Service aims to focus more on public protection and managing higher risk offenders, supporting this is a priority for Supporting People which will impact on not only offender specific services.

4.3.2 The number of offenders in statutory contact with the Probation Service in Brent has remained relatively static for several years at about 1,000, about 550 in the community, and 450 in custody. There has been a recent trend towards an increase in those in the community. St Mungos report 30 short term prisoners a month receive housing assistance at Wormwood Scrubs Prison

4.3.3 In 2002 London Probation conducted a series of accommodation audits, the findings for Brent are below. The detailed results are stated in the Supporting People Strategy for offenders posted on our website, mentioned above. In summary, the sample showed:

- High levels of homelessness, including 52% living with family or friends and 9% in hostels
- 13% were categorised as presenting a high risk of harm
- 60% were unemployed
- 34% of the sample's offending was reported to be influenced by drug misuse (and 33% by alcohol)
- 26% were reported as having mental health problems (ranging from depression to personality disorder)

- 18% were reported as having other risk factors (e.g. sex offending, violence, domestic violence) that had potential implications for access to accommodation.
- 41% of the offenders sampled were in accommodation that did not meet their needs.
- 73% of those categorised as presenting a high risk of harm were in unsuitable accommodation.

4.3.4 Probation staff are concerned about:

- A lack overall of accommodation for offenders, and for offenders with substance misuse issues and high risk offenders
- A need for options other than hostels
- Lack of move on options
- Problems of access to probation and offender hostels
- More supported/semi-independent accommodation required
- Private landlords not accepting HB claimants
- More access to housing and support for 18-25 year olds,
- Lack of specialist accommodation related advice for offenders
- Unrealistic expectations being placed on staff over their capacity to help with accommodation
- Lack of consistent strategy or approach to this client group by the Housing Service generally, where offenders are still seen as having little entitlement to housing.
- Inadequate focus on work and training options.

Distinct 'Client Groups'

a. High Risk Offenders

Public protection has for several years been a core task of the Probation Service. The new Multi Agency Protection Panel Arrangements (MAPPA) mean some high risk offenders will not be permitted to return to their former family home where this remains available. Some may be housed at, an Approved Probation hostel in LB Brent. Move on is a problematic issue for all offenders in hostels, but particularly so for high risk offenders. There is an expectation on the part of London Probation that there should be increasing engagement with high risk issues through Supporting People and this is a top priority of this strategy. This is an area where we will be working closely with West London Boroughs.

b. Young Offenders

Brent Youth Offending Service (BYOS) is responsible for providing services to children and young people aged 10-17 resident in Brent. Over the past 3 years there has been an increase in the percentage number of 16/17 year olds committing offences. Currently two-thirds of all youth offences are committed by a small minority of young people in this age range.

The lack of suitable accommodation for young people is a significant issue for a small number of young people especially those released from custody, leaving this group vulnerable and at risk. This group are often likely to be those who present the highest risks for the community in terms of harm to the public and risk of serious re-offending. The 16/17 group will continue to grow in size and,

in parallel, place demands upon a range of services including supported housing. This is a further top priority for this strategy

c. Mentally Disordered Offenders

The Probation Service in Brent supervises a significant number of offenders with mental health problems whose support needs vary in line with their diagnosis. Offenders with personality disorders, where the intervention of other services is less predictable, and where the issue of personality disorder is compounded by substance misuse, chaotic lifestyles, and risk to self, community and staff present individual challenges require improved access to high support/high cost dual diagnosis services and development of cross borough services. None of the West London Boroughs have any supported housing provision for this client group, an issue which the boroughs plan to address jointly.

d. Women offenders

Women offenders remain a relatively small proportion of the offending population, and referrals of women offenders to traditional supported accommodation appear even smaller. Consideration needs to be given to how this need can best be met, possibly across West London.

e. Substance Misusers

There are strong links between offending behaviour and substance misuse. A significant number of residents of specialist offender services will have a drug or alcohol dependency problem, or could benefit from specialist substance misuse services. This is in line with trends in the general offender population and with the increasing use of Drug Treatment and Testing Orders as sentences. We will address this through improving access to specialist services for offenders.

FUTURE ACTION- OFFENDERS

1. Increased supply of supported accommodation for offenders and use of specialist accommodation for high risk offenders
2. Improved access to non specialist supported accommodation for medium risk offenders
3. Introduction of a housing assessment support worker for offenders.
4. An increased focus on high risk offenders.
5. Improved links between Brent Housing and Criminal Justice Agencies.
6. More effective move on and floating support
7. Future P.I's will include monitoring the effectiveness of helping offenders into employment and training.
8. Greater emphasis on services which help offenders into work and training.

Section 4.4 People with Physical Disability and Sensory Impairment

4.4.1 We have written a full Supporting People strategy for people with physical disabilities and sensory impairment. You can read this at

www.brent/housing/supportingpeople. This is a short summary of the main issues which we aim to address within this 5 year strategy.

4.4.2 According to the 2001 Census, 41,000 people in Brent (15.6% of the population) are reported as having a long-term illness or disability. This is a large increase since the 1991 census reported 11% of the population falling into this category. The increase is due to factors such as:

- Improved survival rates due to better treatment at birth.
- An increase in drug and alcohol abuse resulting in disability or cognitive impairment.
- High incidences of stroke for those under 65
- High prevalence of HIV/AIDS within the borough
- High prevalence of diabetes
- Increase in palliative care cases related to cancer

4.4.3 The numbers reported in the census are slightly lower than the national average of 18.2% for England and Wales. People from Black and minority ethnic communities are likely to report higher levels of limiting long term illness.

4.4.4 The draft Joint Commissioning Strategy for Physical Disabilities and Sensory Impairment notes that “we are limited by both quality and quantity of specific data relating to physical and sensory impairment in Brent, particularly in area of forecasting future trends”. Generally it is understood that the number registered with a physical impairment by Social Services is lower than the total number available to register. The Council's Physical Disability Register (registration is optional) has 2,969 registered adults²⁰. The Social Services Physical Disability and Sensory Impairment Team receives over 1,800 referrals each year²¹. Approximately, a further 2000 people are registered under the Chronically Sick and Disabled Persons Act as blind or partially sighted, the majority of whom are older people²².

4.4.5 Estimates provided by RNID indicate the likely incidence of Deaf people in Brent:

People with all types of hearing loss	37,637
People who are hard of hearing	34,250
People who became deafened in adulthood	513
Adult British sign language Users*	258
Deaf children aged 0-15	97
Deaf blind people	98

*Note that this data does not

include reference to people who use a sign language, other than BSL. There are significant numbers who use other sign languages, with implications for interpreting.

²⁰ Adult Disability Resources Best Value Review Final Report (LB Brent Social Services) October 2000

²¹ Brent and Harrow HIMP 1999-2004

4.4.6 The shortage of suitable housing (and appropriate residential or nursing care) can lead to delayed hospital discharges. However, significant improvement has been achieved since the shadow Supporting People strategy was written in 2002, through the introduction of a Clinical Needs Assessor, who has reduced the numbers of people waiting for very specialist housing and support from 8 people to 1 person at the time of writing.

4.4.7 The lack of suitably adapted/adaptable accommodation in the Borough is seen as a major gap in service provision for this client group. The demand for appropriate housing has been growing but does not match the supply of suitable housing

4.4.8 During consultation for this strategy, many partner organisations and service users refer to a significant number of people needing help and advocacy services to access adapted accommodation, rather than ongoing housing support to sustain their accommodation once they are housed appropriately. This will be addressed through the development of floating support.

Black and Minority Communities

4.4.9 The Brent and Harrow HIMP (1999-2004) notes that the higher prevalence of longstanding illness, disability or infirmity among people from ethnic minorities. Refugees with a physical disability have particular needs, associated with language, trauma and access to appropriate accommodation and support services. Many are living in temporary accommodation, and require extra support services. Supporting People has recently responded to this need by providing pilot funding for a service to be provided by Muslim Association of Disabled People.

Employment

4.4.10 The unemployment rate for disabled people nationally is 2.5 times greater than for non-disabled people²³. This has implications for income of disabled people. Many people need low-levels of housing support, to help them access welfare benefit entitlements.

Needs of Blind and partially sighted people

4.4.11 It is thought there are about 3000 blind people living in Brent, however, Social Services identify about 100 (mostly older) people living in the community with no-one to assist them. The type of help that they require could be met through low intensity housing support, such as that provided by Brent Association for the Blind and expanding the handyperson service, currently only available to older people. This is an area where we intend to develop Supporting People services in future.

Black and Minority Blind and Partially Sighted People

4.4.12 Although social services works with all the black and ethnic minority communities in the Borough, it has relatively little contact with Asian people who are blind or partially sighted, many are older people living with their families who

²³ Adult Disability Resources Best Value Review Final Report (LB Brent Social Services) October 2000
Supporting People 5 Year Strategy
Section 4 Needs Mapping

are reluctant to involve the statutory services. Older Afro-Caribbean people are perceived to be more isolated and in need of assistance.

People with hearing impairment

4.4.13 Research for the Supporting People Strategy identified many unmet needs for housing support amongst the deaf community, including deaf people with complex needs, such as an additional mental health issue. Many deaf people cannot read sufficiently well to understand official letters eg from the Council, benefits offices etc. There is a high risk of rent arrears, and they need advocates to avoid evictions, support to manage their finances. Many deaf people would benefit from a specialist housing support worker for deaf people who can sign in order to be able to effectively communicate. This remains a priority for the Supporting People strategy.

Disabled people with alcohol and drug related problems

4.4.14 Social Services consider there is a gap in the provision of services for people who have alcohol and drug related problems as well as a physical disability. They tend to be vulnerable people who need more support services than is currently available. Needs are even more complex if the person with mental health or alcohol/drugs problems is deaf.

4.15 Gaps in Housing Support services for Disabled People

- Suitable housing eg with aids and adaptations in place.
- A practical person to install simple aids and adaptations. 60% of people needing aids and adaptations do not require a qualified OT.
- Someone to undertake small home related DIY type tasks such as: changing light bulbs, taking down/putting up curtains, decorating, doing the gardening.
- Floating support

Supporting People Contract Reviews

4.4.16 Supporting People services for people with physical disabilities were the first Supporting People funded contracts to be reviewed within the programme. Reviews identified the following issues:

- Several accommodation based services were providing an intensive support service to physically disabled people who did not need or want the service. These providers have either found it difficult to change their service to floating support, or did not wish to do so.
- High costs in services for deaf people were accompanied by good quality services. Services to deaf people were expanded following the reviews, but there remains an overall shortage in floating support services for people with sensory impairments

Future Supporting People Action- People with Physical and Sensory Disabilities

- The arrangements for the Home Improvement Agency functions in Brent will be reviewed with Older People LIT, Disability PAG, voluntary agencies and Brent Housing Service
- The expansion of handyperson services for disabled people will be considered by April 2007
- Further expansion of the floating support schemes for people with sensory impairments will be considered by April 2007
- During 2005/6 we will improve referral arrangements to Supporting People services so that care management can make referrals to housing support services funded through Supporting People

4.5 People with drug and alcohol problems

4.5.0 We have written a full Supporting People strategy for people with drug and alcohol problems. You can read this at www.brent/housing/supportingpeople. This is a short summary of the main issues which we aim to address within this 5 year strategy.

4.5.1 There is insufficient housing related support services in Brent to address the needs of people in the borough who have a problem with drugs or alcohol, particularly floating support for those living in their own homes and the private sector especially. Clients access general services for homeless people, where there is not enough expertise to support them as effectively as specialist services, or often no service at all. The evidence from contract reviews of services for people with drug and alcohol problems, single homeless and young people, shows that insufficient co-ordination between services between these services and drug treatment or probation services to prioritise referrals and to support people in general services. However, the specialist services, both accommodation-based and floating support, which do exist are appreciated by service users:

“I can honestly say that my support worker prevented me losing this flat. I had so many problems with my neighbours and rent arrears”

PCHA Floating Support user- Summer 2003

“I’ve attended college and gained an NVQ. I have passed my driving theory test and am taking the practical soon. I’ve learned how to use a computer and I am now looking at re-housing as I feel ready to take on the world. All this is a result of Haines House helping me”

Cricklewood Homeless Concern Service User

4.5.2 Brent Drug Action Team plans for drug users in structured treatment for future years:

Year	2002/03	2003/04	2004/05	2005/06
Total number in treatment	651	728	786	865
% change over previous year	-	12%	8%	10%

4.5.3 In 2003/2004 85 young people engaged in treatment interventions to address their substance misuse with Addaction and Brent Centre for Young People. This represented an 80.5% increase on 2002/2003.

4.5.4 9% of people who started receiving Supporting People services during the first 6 months of 2004/5 were identified as having a primary need relating to drugs or alcohol. However, the data provided by Brent providers of services for single homeless people indicates that 30- 40% of clients have substance misuse needs. St Mungos report that less than half of their clients with these needs engage with substance mis-use services. Cricklewood Homeless Concern, Innisfree and Willow (who both note particular concerns about older people with alcohol problems), Novas Ouvertures and ECHG all support the view that high numbers have alcohol or drug support needs. Innisfree H.A. also reports high levels of alcohol needs amongst older Irish People in both specialist and unsupported accommodations offer in the private sector. Clearly the issues of drug and alcohol abuse and the difficulties it causes for individuals is a significant issue which Supporting People services do not adequately address at present.

4.5.5 The Probation Service is a key partner in the delivery of drug and alcohol strategies. In 2002, they undertook a survey "A Study of the Accommodation Needs of Offenders known to the Probation Service, in the London Borough of Brent". Taking a sample of 202, it found that 34% were reported as being people whose offending behaviour was influenced by drug misuse (69 people). 33% were reported as being people whose offending behaviour was influenced by alcohol misuse (67 people).

4.5.6 Brent Social Services employs a vulnerable homeless social worker attached to the Drug and Alcohol Team, with a caseload of about 25 people. The team has concerns about the following areas of need:

- People returning from treatment without accommodation
- Clients living in areas with heavy substance use
- Clients not coping with independent living

4.5.7 The main gaps in current services for people who misuse drugs and alcohol:

- Insufficient floating support cross-tenure floating support to help people maintain their independence and to move on from existing supported housing.
- Low provision of specialist housing support services for drug users
- Young people are not a priority in housing related support services

- Not enough services to support older people with alcohol problems, especially in the private sector.
- A lack of access to and exclusion from mainstream services
- Inadequate support services for people with mental health and substance misuse problems (dual diagnosis)
- Lack of awareness, understanding and expertise of drug and alcohol issues in generic and other housing related support services
- Inadequate information about how to access services

Future Action – People with Drug and Alcohol Needs

- To expand specialist provision both floating support and accommodation based, partly through the re-designation of non- specialist services, including making floating support available for people moving on.
- To require providers of relevant services to participate in the PCT good practice group and base line professional training programme
- To review exclusions in all housing support services
- To work in partnership with the PCT to remodel the dual diagnosis service
- To contract with providers to ensure that young people are a priority
- To commission a service for older people with alcohol needs
- To improve information and access to services
- To work with the West London Supporting People Group to address the continuing need for cross authority provision for those with complex needs
- To participate in the commissioning work of the Drug and Alcohol Action Team (DAAT) and to identify joint development and funding, and, consider a formal referral mechanisms

4.6. People with HIV/AIDS

4.6.0 We have written a full Supporting People strategy for people with HIV and AIDS. You can read this at:

<http://www.spkweb.org.uk/NR/exeres/8A8739EC-E73F-43D2-8F5F-D172759E6E4F.htm>

This is a summary of the main issues which we aim to address within this 5 year strategy.

4.6.1 “London, particularly South East London, is bearing the brunt of the UK's HIV epidemic, with poverty and social exclusion exacerbating the situation”. Paul Ward, Deputy Chief Executive of Terrence Higgins Trust, March 2004.

4.6.2 In Brent there has been an increase in people diagnosed with HIV from 460 in 2001 to 560 in 2002. At the end of 2003 this figure had risen to 627. Of those cases recorded in 2002:

- 25% of were symptomatic and 23% diagnosed with AIDS.
- 53% were aged 25–39 years. 33% were aged 40-54 years.
- 46% of HIV positive people were Black African and 29% white.
- There is an increase in Brent of heterosexual transmission. 62% of cases, with 29% recorded as gay/bisexual transmission.
- 59% were male and 41% female.

- There is a high ratio of refugees and asylum seekers who have often reported encountering language problems.

4.6.3 A study of 102 lesbian, gay, bisexual and transgender (LGBT) people in Brent and Harrow found that :

- Abuse, harassment and discrimination are a current factor facing many LGBT people in Harrow and Brent.
- A significant number of respondents reported having a disability. There was disaffection with disability services in relation to LGBT issues the report concludes that this should be further explored.

4.6.4 The main gaps in current services

- No cross tenure floating support service
- Needs of lesbian, gay, bi-sexual and transgender people are not adequately addressed and have a low profile in the borough
- Lack of housing related support for people who do not have English as a first language
- Mainstream support services are not accessible enough to most people who need support, there is not enough professional expertise to empathise or work with people effectively
- No local service funded by Supporting People

4.6.5 The support needs of people with HIV/AIDS have shifted because people are living longer but national research does not support the theory that living longer means that people do not need housing related support. Specialist support is needed because the experience of people with HIV/AIDS is that mainstream support services do not offer the levels of expertise, empathy or confidentiality that users can trust. Our strategy is to continue to provide a specialist service for this client group.

Future Actions – People with HIV and AIDS

- To implement the recommendations of the review of the current service
- To prioritise the development of provision to cross all tenures and offer people with HIV/AIDS a flexible and responsive service; locally based
- To contract with services that can evidence a commitment to work empathetically with people from BME, lesbian, gay, bi-sexual and transgender communities and demonstrate high quality in the Supporting People QAF Standard of fair access, inclusion and diversity
- To work with the Sexual Health Strategy Group to identify opportunities for joint funding and partnership working, including awareness training to help complement existing services

4.7. People with a learning disability

4.7.0 The Housing Sub Group of the Learning Disability Partnership Board has written a full Supporting People strategy for people with Learning Disability, to complement our Housing Strategy and Joint Commissioning Strategy for people with a learning disability. You can read this at http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Strategy_and_policies/Learning+Disability+Final+Draft.htm

This is a summary of the main issues which we aim to address within this 5 year strategy.

4.7.1 Based on Public Health research, it is estimated that there are between 817 – 1362 people have a moderate to severe learning disability in Brent and that between 653 – 1089 people would be likely to have moderate learning disabilities. Current social services estimates are of 832 adults registered with a learning disability and a further 227 people who are not registered but known to the authority. It is estimated that a further 100 people are in services funded by health and are not known to Social Services.

4.7.2 About 48% of people with a learning difficulty also have a sensory impairment. This is much higher than in the general population²⁴. This would mean that in the borough, of those with a moderate to severe learning disability that between 313 and 523 people may also need extra support with a sensory problem.

4.7.3 It is estimated that 39% are women and 60% are men. About 60% of people live with their parents. The Special Needs Assessment & Pupil Service Unit (SNAPS) showed that there would be over 60 children with a learning disability entering adult services between 2000-2003 and that a total of over 150 Brent children between the ages of 13-19 years attend schools which cater for children with profound disability. It shows, also, that 9 children with severe learning disabilities and 21 children with sensory impairments or moderate learning disabilities will be leaving school in 2003/4.

4.7.4 National Mencap²⁵ estimates that 29,000 people nationally live with a carer over 70 years of age and Valuing People estimates that 25% of people with a learning disability are not known to services until their carer is unable to continue care⁶. This would mean that at least 17 – 273 people with moderate learning disabilities in the borough are not known to services at present.

4.7.5 Information collected about people in Brent shows a group of people with learning difficulties who will be getting older and need services for older people.

4.7.6 Current Supporting People services do not offer the range of housing support which meet current aspirations. Most people with a learning disability in Brent, who can and want to live independently, cannot do so as inadequate outreach support is available. It is recognised that although few people would choose to live in shared supported that people who are tenants have rights and may choose to stay living where they are

4.7.7 The main gaps in current services

- Young people are the priority, by helping them to become more independent, we will save money, offer better quality of life and meet the aims of Valuing People
- Services which meet language and/or cultural needs
- The needs of people who are living at home with parents need to be addressed
- Services for older people with a learning disability who are becoming frail

²⁴ Valuing People – Department of Health

²⁵ The Housing Time Bomb: the housing crisis for people with a learning disability and their older parents – National Mencap June 2002

FUTURE ACTION- People with Learning Disabilities

- We will increase flexibility by developing outreach services based in current housing support services
- We will only commission new shared supported housing services where it is short term, training accommodation, or remodelling of a service users want
- We aim to work towards Brent only having shared homes that people want, and where most accommodation choices will be self contained
- To jointly commission services to complement new capital schemes for people with higher support needs, currently in development
- To contract with service providers to ensure that young people and people living at home who need to plan for the future are a priority
- To improve access to move on with floating support
- To work with the Learning Disability Partnership to review our progress, agree joint services with our partners and to identify good practice and new ideas throughout the next five years
- To help keep services local and accessible
- To work with all of our providers to provide clear and accessible information about services, to ensure that people with low level learning disabilities are not forgotten

4.8. People with Mental Health Needs

4.8.0 The Housing Sub Group of the Mental Health Local Implementation Team (LIT) has written a full Supporting People strategy for people with Mental Health Needs, to complement our Housing Strategy and Joint Commissioning Strategy for people with a mental health needs. The strategy includes a full action plan and proposed performance indicators to be scrutinized to assess the impact of the strategy on specific areas of performance. You can read this at www.brent/housing/supportingpeople.

This is a summary of the issues which we aim to address within this 5 year strategy.

4.8.1 One issue is the lack of effective data for planning purposes. This is an issue which will be addressed urgently over the first 2 years of this strategy.

4.8.2 The admissions to mental health units are a good indicator of the incidence of mental ill health in the borough. Total inpatient admissions for 1 April 2003 to 31 March 2004 show 706 admissions in Brent, this is very high compared to neighbouring boroughs. The LIT sees this as indicating a lack of community services to prevent admissions and is addressing this issue through a variety of mechanisms. In-patient ward stay also indicates longer periods of stay than in neighbouring boroughs. There were 263 admissions to the Acute Unit at Central Middlesex Hospital during the period April to August 2004, 99 were under section.

4.8.3 In 2003/4 there were a total of 3002 people with mental health problems on the Care Programme Approach in Brent, 1380 were female and 1622 were male. Information from Central and North West London Mental Health NHS Trust indicates that 37% of these clients are from all white groups, 28% from all black groups combined, and 18% from all Asian groups. Black men are significantly over represented compared with other ethnic groups. There is an under

representation of Asian females among people reported to be suffering from mental problems.

4.8.4 Although about half of those people who are on enhanced CPAs (327) live with carers in Brent, trends indicate that the use of residential care homes, is also significant. Of the 650 people on enhanced CPA, 158 were in residential care during the first quarter of 2004, with 88 of these in placements outside the borough. In 2003/4 over £12million was spent on out of borough placements by Brent PCT and BMHS, this is of concern to the Mental Health LIT. Supporting their strategy to reduce this use significantly is at the centre of the Supporting People strategy for people with Mental Health problems.

4.8.5 There were 2650 people on standard CPA who receive services from Brent Mental Health Service who mainly live independently or with carers. Although these are most at risk of losing their homes through mental ill health leading to evictions, problems with neighbours and landlords, difficulties securing benefits etc, the level of need for statutory mental health services and drawing of eligibility criteria so tight, that these people are least likely to receive the support they need. Housing support therefore has a crucial role to play.

Housing Needs of People with Mental Health Problems

4.8.6 35% of a total of 2,475 housing applications received in 2003/4 met the homelessness criteria. Approx 8% of those who approached Housing Resource Centre have a mental health problem, however, this increases to 22% amongst single people. There are therefore a large number of homeless people with a mental health problem likely to require housing support. English Churches Housing Group reports that 30% of the clients of their floating support service for single people living in Bed and Breakfast and Temporary Accommodation have mental health problems.

4.8.7 The ethnic breakdown of mental health homelessness applicants shows 21% to be from black groups, 14% from Asian groups and 26% white (including 5% white Irish). No data was available for a high number of applicants- 16%.

4.8.8 Over 20% of all new clients in any sort of Supported Housing were assessed by support providers as having a primary need of mental health, the majority in non mental-health specialist services. However, the current provision of supported housing and housing related support does not meet existing need or demand for people experiencing mental health difficulties. This shortfall manifests itself in the following ways:

- Delayed Discharges from hospital wards
- The placement of some service users in out of borough residential placements owing to the lack of appropriate local provision.
- The over-concentration of supported accommodation in the south of the Borough and the additional pressures this places on local services.
- Lack of move on accommodation,
- Lack of information about how to access housing support services
- Difficulties in accessing independent tenancies or floating support

- Service users remaining in high level supported accommodation when they may no longer need such levels of intervention.
- Service users who are excluded from services because their current or past history is considered to be too high risk by service providers.
- Block purchased schemes that are not at full occupancy causing valuable resources to be under utilized.
- The continuing assumption that service users should live long term in shared housing
- Support services provided only once a crisis is reached rather than to prevent crisis.
- Limited flexibility in the way in which housing related support is being provided.

FUTURE ACTION- People with Mental Health Needs

The Mental Health Housing Local Implementation Team has agreed the following priorities to address these needs and supply issues:

- Increase move-on from hostels and supported housing so that vacancies are created in supported housing in Brent. This will enable re-modelling of services to take place and those in most priority, particularly those in B&B or placed out of the borough, to access these services.
- Agree criteria and common standards for supported housing, and floating support, including a common access route to these services so that people in most need can access services
- Increase floating support for people in private rented, owner occupied and social housing sectors to improve their chances of managing independently.
- Housing Sub Group to monitor improvements in standards through review of several Key Performance Indicators
- Re-specify and re-tender dual diagnosis service
- Implement outcome of service reviews including reduction in costs to release funding to enable reduction in out of borough placements and increase in floating support

4.9. Refugees

4.9.1 We have written a full Supporting People strategy for refugees. You can read this at

[:http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Strategy_and_policies/Refugees+revised+final+draft.htm](http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Strategy_and_policies/Refugees+revised+final+draft.htm). This is a summary of the main issues which we aim to address within this 5 year strategy.

4.9.2 There is a lack of reliable data about the number of refugees both nationally and locally, however estimates suggest that there are between 13,000 and 20,000 refugees in Brent. The lowest estimates of refugee population representation indicate that of those in local authority temporary accommodation (4.79%), in the region of 203 people are likely to be refugees. Stadium HA and other organisations working for homeless families, report that, in reality, the percentage is probably higher.

4.9.3 Education statistics in Brent show that there are 3,500 refugee and asylum seeker pupils in the borough who have been in school less than two years, one of the highest numbers in the UK and an 8.3% increase since 1988.

4.9.4 More than 40 different languages are spoken in the borough's secondary schools. The highest proportion of pupils with English as an additional language in West London is in Brent (45%).

(a) 4.9.5 An analysis of which country these asylum seekers originated from shows that asylum seekers from 40 different countries or areas are currently being assisted by Housing Resource Centre. Although a large number are "not known", the largest group is from Somalia. There was a steep rise during the 1990's, with arrivals from the Horn of Africa, Iran and Afghanistan. Over the past 3 years the Somalian and Iraqi communities have become particularly prevalent in Brent.

4.9.6 Data from our client record forms for Supporting People indicate that less than 5% of new clients were identified as having a primary need related to their refugee status during the first six months of 2004. However the largest providers of SP accommodation based services, English Churches and Novas Ouvertures report that up to 30% of service users in large hostels in the borough are refugees, some of whom have low support needs, other than needing permanent housing.

4.9.7 There is a perception many of the clients housed by Brent have been accommodated in the most deprived areas of the borough.²⁶ This adds to their disadvantages and some cases leads to health problems associated with stress. There is no recognition of health issues, associated with organised crime and/or torture and as such there are no services catering for this need. This has a direct impact on housing support needs, and also on refugee homelessness status. These issues add to the housing support needs of these clients, and lead us to the conclusion that housing support provision for refugees in Brent is under-supplied compared to the demand.

4.9.10 Interviews with refugees carried out for this strategy identified:

- High degrees of isolation
- Confusion about information received from statutory agencies
- Need for more social contact with people in similar situations to themselves.
- Desire to access employment.

4.9.11 Refugees are not a homogenous group of people. The lack of an adequate response to the needs of refugees raises wider questions about the ability of all Supporting People services to respond to the needs of the people of Brent effectively and equitably. Brent has a changing population; it is not possible to develop services for every individual ethnic or cultural group that may be represented in the borough in future. Specialist services could become overloaded or lead to reducing commitment from mainstream services to

²⁶ Draft Report on Needs of Refugees in Brent – Brent Housing Resource Centre, Dec 2004
Supporting People 5 Year Strategy
Section 4 Needs Mapping

develop professionalism and language support. There is an important role for all providers in meeting the needs of refugees.

4.9.11 We propose to develop an employment scheme to support refugees into housing support jobs to address some of these issues. The role of all providers in addressing the need of refugees is also covered in our Supporting People diversity strategy (see Appendix 3)

4.9.13 The main gaps in services for refugees

- A lack of provision that empathises with, understands and delivers effective services to the refugee population
- Few services with an awareness of the need for support to cope with the effects of trauma, organised violence, torture and sexual violence and a lack of a service to offer that support.
- Few culturally specific services to engage and support refugees.
- Lack of effective language support, knowledge about immigration law and or awareness of commonly experienced needs.

4.9.13 Future Action- Refugees

- To work with local community groups to develop an employment project to support refugees into housing related support jobs
- To learn from the pilot Supporting People support service, and continue to build capacity of community groups to provide services.
- To contract with providers and assist in training providers, in a way that will better ensure a reasonable availability of language support, understanding of basic immigration law, cultural awareness and knowledge.
- To contract with our mental health service providers to ensure that they can evidence skills in working with people who have suffered from the traumatic effects of torture, organised and sexual violence.
- To support the development of the Corporate Strategy for refugees in Brent and investigate opportunities for joint planning and funding of service developments that can improve access to and provision of, housing related support.

4.10. Single Homeless People and Rough Sleepers

4.10.0 We have written a full Supporting People strategy for single homeless people. You can read this at www.brent/housing/supportingpeople. This is a short summary of the main issues which we aim to address within this 5 year strategy.

4.10.1 Given the high demand and low supply of affordable housing in Brent, it is not surprising that demand for hostel accommodation and services for single homeless people is high in Brent. The shortage of permanent affordable housing means that many people use hostels because they have a housing need, rather than a support need or vulnerability. Increasing the availability of move on people with low support needs is a top priority, mainly through use of the private sector.

Single Homeless People with Low Support Needs

4.10.2 The 4 largest providers of advice and support to single homeless people, in addition to consultation with providers, service users, interviews and user speak-outs have provided data which tells us that up to 30% of residents of single homeless services at any time are ready to move out, but have no-where to go. Refugee residents in hostels often have few housing options, but have low additional support needs. St Mungo's survey of their users in Brent in July 2004 shows that 22% of their users have no support need other than a need for housing support, ie to help them move on to independent living.

4.10.3 Implementation of a range of move on initiatives has started in 2004. Continuing with this is an important element of this strategy. Use of the private rented sector will require a sea-change in attitude, from both support workers and service users, to emphasise that living in a SP funded hostel does not guarantee access to RSL or Council tenancy, to improve the image of the private sector, and to address issues of security of tenure, quality and price. We will link with the initiatives stated in the homelessness strategy and the non priority homeless/rough sleepers strategy in order to assist with this.

Single Homeless People with high support needs

4.10.4 By far the majority of current users of single homeless services have significant needs, and many have very complex needs. In addition, many people currently in the private rented sector, often unknown to the council but using voluntary sector services, also have high support needs, currently often unmet. Addressing these high needs, in conjunction with providing assistance with move-on for those who do not need support is at the centre of this part of our strategy.

4.10.5 Cricklewood Homeless Concern report "A large minority of the homeless people we see are long term, chaotic homeless people who require a high level of intervention and support to enable them to make positive lifestyle choices". They saw a total of 978 clients from October 2003-Sep 2004, with 33% showing mental health needs, 27% physical ill-health, 19% alcohol misuse and 11% drug misuse issues, although the pattern of need is different between men and women. Significantly fewer women were using their services (18%), and of these, many more showed mental health and physical health problems, amongst men alcohol and drug problems were more prevalent. Data provided by St Mungos, ECHG and Novas also supports this picture of very high support needs amongst users of housing support. St Mungos report 54% of people using their Brent services in June 2004 identified as having two or more needs, in addition to a need for help with securing housing. 16% had very complex needs falling into 5 or more categories such as drug misuse, disability, mental health problems etc. 33% of clients have substance misuse needs including drugs and alcohol, but less than half of these clients are engaging with substance mis-use services. 30% have mental health problems, but again, low numbers are engaging with local mental health services.

4.10.6 Both ECHG and St Mungos report the value of teams of generic workers, sharing skills in working with single homeless people with complex needs. Whilst our aim is to increase the number of specialist workers working with

this client group, the benefit of this cross disciplinary work is recognised and will be continued, where providers can show that complex needs are being met.

4.10.7 Women living in hostels in the borough reported

“It is difficult for East African women especially, we need extra help and support with sensitive issues difficult to talk to men about”

Women service user at Livingstone House Speak Out - October 2004

4.10.8 Brent Private Tenants Rights Project work with Faith Groups and other small community groups to identify socially excluded private tenants. This area of work is revealing high support needs within the private sector.

4.10.9 Although only 5 rough sleepers were identified in the official rough sleeper count in November 2004, CHC report 168 rough sleepers in contact with them during this period. Client record data for the year shows 75 rough sleepers re-housed in Supporting People services in 2003/4, 4% of all new clients.

Single Homeless People - Summary

4.10.10 The picture for single homeless people is of increasing housing demand, fewer homelessness acceptances and continuing low supply of affordable housing. The introduction of the Priority Needs Order has led to numbers of vulnerable single people housed in B &B, with age and mental ill health being the principle needs. Pressure on housing has led to a pattern of hostels with lower move-on than is desirable, with a proportion of hostel users having low support needs. Many housing support services for single people are failing to address additional support needs, and need to be re-designated to meet ever-changing needs, whilst floating services for this client group are undersubscribed.

Future Action- Single Homeless People

- Implement outcomes of contract reviews during 2005- 2006
- Ensure all single homeless people living in short term services are able to move-on within 2 years, with the appropriate amount of support
- Continue to work with partners to ensure take up of move on within the private sector for those for whom this is an option
- Improve information about and access to existing accommodation based services by agreeing service specifications and producing publicity by April 2006
- Improve information about and access to existing floating support services
- Re-designate some single homeless housing support services to allow more specialist support workers, both floating and accommodation based, for single homeless people, particularly to support those with alcohol or mental health problems. Prioritise services which show they can meet these specialist needs
- Carry out research into needs of specific BME communities by September 2006
- By April 2006 expand training and annex accommodation for at least 20 people who cannot move on from short term services
- Address language needs, diversity issues and access to employment and training in single homeless services
- Participate in refugee housing support worker training scheme
- Consider rationalisation of floating support contracts

4.11 Teenage Parents

4.11.1 The UK has the highest teenage pregnancy rates in Western Europe²⁷. A cross-Government unit, the 'Teenage Pregnancy Unit', was established within the Department of Health to take responsibility for the implementation of the national strategy and transferred to the Department for Education and Skills in 2003 to take this forward. The ten year Teenage Pregnancy Strategy was developed by the Social Exclusion Unit, which recognised that teenage pregnancy is both a result and cause of social exclusion. This was launched by the Prime Minister in June 1999 with two main goals:

- To reduce the rate of teenage conceptions by halving the rate of conceptions among under-18s
- To get more teenage parents into education, training or employment, to reduce their risk of long term social exclusion

4.11.2 The national Teenage Pregnancy Unit (TPU) requires each local area to develop a tailored ten-year strategy and rolling three-year action plan to achieve the main goals. This local teenage pregnancy strategy has been re-developed and updated by the Brent Teenage Pregnancy Board following a strategic review of the current strategy and action plan for 2003-2006. The strategic framework has been developed to integrate local services, policies and drives in line with government aims and objectives.

4.11.3 Brent is committed to the development, implementation and monitoring of the teenage pregnancy strategy. The multi-agency Brent Teenage Pregnancy Partnership Board will have responsibility for this.

4.11.4 This is an important priority for agencies in Brent, the rate of conception for females aged under 18 in Brent has been higher than the average rate for outer London, and in 2002, exceeded the outer London average by 9%, but equalled the pan London average rate.

4.11.5 In Brent the following incidence of teenage pregnancy has been reported:

Table 1: Incidence of teenage conceptions in Brent

Brent	1998	1999	2000	2001*	2002*	2003*
Under 18 conceptions	218	239	259	236	261	294
Conception rate/1 000 under 18s	47.8	50.8	53.7	47.1	51.4	59.3%

²⁷ Nicoll, A., Catchpole, M., Cliffe, S., Hughes, G., Simms, I., Thomas, D. (1999) Sexual Health of Teenagers in England and Wales: Analysis of national data. BMJ 1999; 318: 1321-2

The challenge for Brent is therefore not just to work towards a reduction in conception rates in teenagers, but to reverse an increasing upward trend. To be realistic, Brent's short-term aim is to reduce the increase to a 'no growth' state.

4.11.5 The number of births to under 20 year olds in Brent is given below:

Table 2: Number of births to under 20 year olds in Brent

Age	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
<16	4	5	5	3	4
16-20	225	197	195	198	205
All <20	229	202	201	201	209

Source: Brent Strategy for Sexual Health and HIV 2004

4.11.6 The ward level data for the wards with the highest number of conceptions based on all live births during 1997-2001 for mothers under the age of 20 is shown in Table 1.11 Appendix 1.

It is significant that Harlesden and Kilburn, with the highest reported number of under 16 and under 20 births are both wards within the top 10% most deprived areas in the UK. Harlesden also has the highest proportion of black or black English within its population.

4.11.7 Current supply and need for Housing Support for Teenage Parents

In Brent there are 24 bed-spaces providing a specialist service for teenage parents in shared houses with an annual cost of £175,000. This represents less than 1% of the total Supporting People bed spaces, and 2% of the Supporting People budget. Despite the low numbers of specialist services for this client group, this represents about the same level of accommodation based services as other London boroughs (-8% deviation from the average), although lack of provision of floating support services means that supply of this is well below the London average. In addition, the average cost of local provision is 76% above the average cost of similar services in London.

4.11.8 No lettings have taken place in these services during the first half of 2004/5, although 10 new clients received services during 2003/4, indicating a 40% turnover, slightly less than might be expected to ensure no longer than 2 years stay, but still acceptable. However, design problems mean that the accommodation is unsuitable for toddlers, so women often leave the current provision to enter temporary accommodation, where support is less easily available. This needs to be addressed.

4.11.9 A further issue identified by providers of teenage parent accommodation based services, is the high levels of domestic violence experienced by young parents resident in these services. Many women are either escaping violence, or are still victims of violence whilst living in services. This raises issues of safety for women and children, access to children for fathers, and training for staff and residents.

4.11.10 Supporting People contracts are due to be reviewed in May 2005. This will give an opportunity to identify future direction for these services and address supply and cost issues formally. These reviews will take place in partnership with the teenage parent co-ordinator and her team.

4.11.11 In addition to the accommodation based services, a non-Supporting People floating support team provides outreach support to young parents and teenage parents in various tenancies.

4.11.12 Seeing the rise in the numbers of teenage parents, it is clear that we need to have more provision of supported accommodation for this client group if we are to meet the goals stated in the teenage pregnancy strategy. It is also essential that Supporting People services link strongly to local initiatives for teenage parents.

4.11.13 User Consultation.

The Borough has been successful in eliciting the views of a broad cross section of 16-17yr old users, i.e. teenage parents, single homeless and refugees. Questionnaires were used to obtain basic information on how they accessed and progressed through the Borough's services.

The findings indicated nearly all the clients found being placed in B&B particularly difficult, with comments ranging from feeling unsafe, unhygienic conditions and being unable to study. This view was echoed by many providers working with clients who had been placed in B&B. Generally, education, food, a job and home emerged as the most important aspect of life.

Future Action – Teenage Parents

- Review of current Supporting People contracts for teenage parents – By December 2005
- Implementation of contract review outcomes during 2006
- Re-configuration and remodelling of current services to provide second stage, semi independent living and address design issues which prevent use of services by women with toddlers
- Multi-agency working approach with all relevant key partners
- Address specific needs and diversity issues

4.12. Travellers

The West London Supporting People Group has carried out a full needs mapping for this client group, this is on our website at the following link http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Strategy_and_policies/Needs+Mapping-+Travellers.htm This is a summary of that document.

4.12.0 Brent has a traveller's site with 31 pitches. Over 100 adults and 100 children live on the site. The management of the site has recently been taken over by Novas Ouvertures, The service is provided to Brent Housing Partnership, owners of the site under contract, but currently receives no Supporting People funding. However, Novas provide some support, integral to housing management and a lot of support is also provided by Brent Irish Advice Service.

4.12.1 Novas employ 3 workers on site, dealing mainly with neighbour disputes, site management and maintenance and welfare benefits. They report a lot of housing support needs, particularly relating to benefit entitlement, access to schools and other education services, anti-social behaviour, domestic violence and neighbour disputes. Some young women would like to leave the site, to move to permanent housing, but experience a lot of pressure from older members of the community to remain.

4.12.2 As with all West London boroughs, Brent currently has no Supporting People services for this client group. Novas would like to be funded to provide an extended service via the site management team. We will consider the options for providing support to this group in partnership with West London and Novas.

4.13. Women escaping violence

4.13.1 This is a summary of a full statement on the Housing Support needs of Women Escaping violence, written in partnership with Brent Domestic Violence Forum. This is on our website at www.brent/housing/supportingpeople.

4.13.2 In Brent the Supporting People team works with the Domestic Violence forum, Domestic Violence Forum Housing sub-group and the Domestic Violence Task Group. The Task Group is essential to implementing the Governments agenda around Domestic Violence within the Council's departments, in addition to minimum standards set by the ALG, which are set encompass national standards.

4.13.3 For more up to date statistics on domestic violence visit the Domestic Violence Data Source (DVDS). Also the Women's Aid website <http://www.womensaid.org.uk/index.htm>

4.13.4 Women escaping violence require services which allow them to leave their home to a place of safety, which is often in another borough. Therefore the West London Strategy, http://www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Brent/Cross_authority_group_Papers_and_minutes/West+London+Strategy.htm which addresses some of the requirements of designated cross authority schemes will feed into the Supporting People strategy for this client group.

Needs Analysis of Women Escaping violence in Brent

4.13.5 There is recognition of the underreporting of domestic violence, therefore figures reflect only a fraction of those with a need. As a result a new specialist Supporting People floating service for 10 people was commissioned in August 2004 on a short term basis. This may be extended if local demand for a housing support service for women escaping violence is proved.

4.13.6 Local figures obtained from the Police for Brent for the month of September 2004 on the observations of frontline police officers suggest the following:

448 Incidents of Domestic Crime were reported, of which 242 were classified as actual Crimes, and a further 184 had Specified Investigations. Police officers

attending the scene of the incidents reported that women experiencing violence were from every ethnic group.

It should be noted that Brent had the second highest number of reports of domestic crime in all the London Boroughs, being second only to Lambeth. Brent Police have informed that annual figure for the number of crimes reported also reflects this trend.

4.13.7 During the first 6 months of 2004/5 a total of 14 women escaping violence are reported as accessing Supporting People services, this represents 4% of all new Supporting People clients during the period, with 10 of the 14 accessing women's refuge services. Although this is a small percentage of all new clients, women's refuge provision makes up only 2% of all Supporting People units in Brent, so this is an impressive throughput.

4.13.8 Client record data for the year 2003/4 and the first 6 months of 2004/5 indicate that the client group with the highest recorded percentage of non-host referrals is Women at Risk of Domestic Violence (72.3%), i.e. although some women accessing services do have local connections, the ability to move across boundaries is very important.

4.13.9 Despite this ability to accept new referrals into women's refuges, in Brent there are currently 20 available refuge spaces, 6 less than the recommended allocation. One refuge provides 6 beds specifically for Asian Women.

4.13.10 An issue which is identified as very important locally is that of supporting women with no recourse to public funds. Whilst refuges in Brent have accepted such women, their presence is not recorded on data, so would appear as a void in Performance Returns.

4.13.11 A further need which has been identified through consultation is the issue of the varying needs of women escaping violence, for example women fleeing forced marriages or women working in the sex industry and victims of trafficking have different needs to women with mental health issues and self harming behaviour. The lack of refuge and floating support for women escaping violence in Brent makes it difficult to deal with these needs sensitively. This will be addressed, possibly in partnership with West London.

4.13.12 Consultation has also identified the needs of clients who have specialist support requirements, i.e. multiple / complex needs. This includes those whose additional support needs are mental health issues, drug and alcohol dependencies, as generic services are not necessarily resourced to offer adequate support to women with more complex needs. Specialist support is required for this group. This remains a priority of this 5 year strategy.

Future Actions – Women escaping violence

- Review existing services for women escaping violence -by December 2005
- Address issue of high costs in women's refuges in Brent -by April 2006
- Implement outcome of Supporting People contract reviews - during 2006
- Over the period of the Supporting People strategy the numbers of people receiving specialist services available for women escaping domestic violence will

be increased to about 50 women, receiving floating, resettlement, outreach and refuge services.

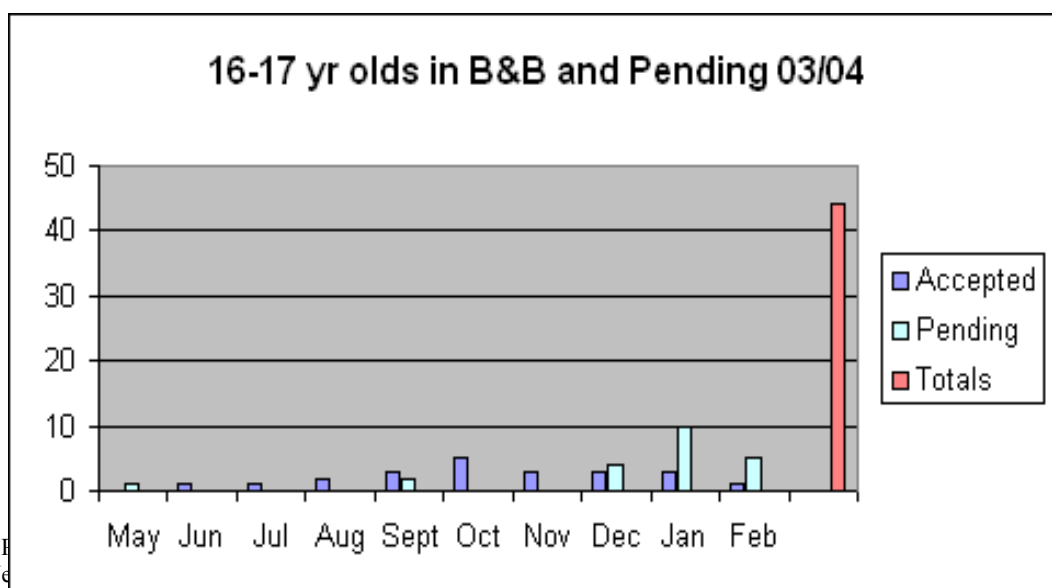
- We will aim to provide the full 26 refuge bed spaces in Brent by April 2008, through provision of safe houses, small self contained units or other new units specified for women escaping violence. It is likely this will provide for women with specialist needs, such as drug and alcohol, mental health or refugees and may be in partnership with West London
- Consider re-configuration of existing refuge services or re-designation of current shared accommodation for other client groups surplus to requirements to increase hostel provision by up to 10 bed-spaces for young women, within the 5 year period of this strategy
- Expand floating support services to support women. This will be done through re-configuration of existing refuge services
- Consider needs of trafficked women and women in the sex industry in partnership with West London.
- We will participate in joint commissioning of a service across the West London Boroughs to provides both support and temporary accommodation

Section 4.14 Young People

4.14.0 The introduction of the Homeless Act 2002 placed greater responsibility on the Borough for 16-17yr olds; some of the Shadow Strategy for this client group has therefore been superseded. The emphasis is now focused on ensuring Boroughs meet their duty to 16-17yr olds at local and national level. The governments green paper 'Every Child Matters' and the Housing Act, now inform the format in which services are provided for young people. In this five-year strategy young people will continue to be a priority client group. Homeless 16 and 17 year olds are now assessed alongside Care Leavers and accorded the same status when accepted by the Housing Resource Centre.

4.14.1 The introduction of the new Children's Act will have an impact to services. Some of the benefits of the Children Act (mentioned in Section 4 above) will be the removal of duplication in bureaucracy and better sharing of information which should enable limited resources to go further.

4.14.2 The Housing Resource figures demonstrate a clear upward trend in the number of 16-17yr olds accessing the Boroughs services.



- 4.14.3** The number of young vulnerable clients in B&B is increasing, which highlights a trend which is not expected to decline in the immediate future. The impact of the new legislation has automatically resulted in an increase in the number of young clients accessing the Borough's housing services. Reflecting this use of B&B for young people, the floating support service provided by ECHG for 149 single homeless people reports that at June 2004 47 people were aged 16-18 (31% of those using the service). The support provided to these people focuses on access to training and employment, benefits and accessing mediation to help young people return home.
- 4.14.4** The new initiatives both at local and national level are designed to impact on the number of 16-17yr olds being placed in B&B. The Family Mediation Service is reporting high levels of success, with 90% of young people referred to the scheme returning home, however, high numbers in B& B continue as new clients apply for homelessness status. Those who remain in B&B are most vulnerable and least able to return home.
- 4.14.5** A number of new services for young people have handed over during 2003 and 2004, this has increased Supporting People capacity for young people in Brent to 99 bed spaces. However, review of these contracts has identified that many 16 and 17 year olds do not wish to access hostel and shared accommodation and do not wish to receive support, preferring to live in Bed and Breakfast. This contradicts their own stated views, (see below), about B&B, and is thought to be because they prefer the freedom in B& B, compared to hostel life. In addition, client record information from services for young people show these services do not accept referrals from Brent Social Services, or from Probation and the Youth Offending Team. An important short term aim of this strategy is to ensure that referrals sources are widened and assessment systems within Housing Resource Centre improved to ensure that services reach those in most need, and to improve access to rent deposit schemes and move on for those who don't need long term hostel places.
- 4.14.6** Further-more full effective use of services for young people is prevented by the lack of turn-over in services for young people. As mentioned elsewhere in this strategy, the twin aims of encouraging young people to return home, and to accept permanent housing in the private sector are vital in order to ensure effective use of Supporting People services.

User Consultation.

- 4.14.7** The Borough has been successful in eliciting the views of a broad cross section of 16-17yr old users, i.e. teenage parents, single homeless and refugees. The initial finding indicated nearly all the clients found being placed in B&B difficult - feeling unsafe, unhygienic conditions and being unable to study being voiced by both males and females. This view was echoed by many providers working with clients who had been placed in B&B. Generally, education, food, a job and access to a permanent home emerged as most important.

4.14.8 The needs mapping and contract review exercise have uncovered a need for Supporting People providers and others to work more closely with other agencies. The Children Act reforms support this approach. The new method of tracking could provide a wealth of information on children who are already involved with services. This information could provide part of the basis for projecting future needs in housing, support and other areas of a young person's life.

Performance indicators which provide more sensitive measurement of the services provided to young people will be developed with providers.

Future Actions- Young People

- With providers, implement the outcome of contract reviews, including broadening referral agencies, ensuring access to services is offered to young people with local connections - referred by Social Services, YOT, Probation and Housing.
- Provide Floating support to all young people under 20 living in Bed and Breakfast
- Work with providers to develop service specifications for all young people Supporting People services, focusing services on either high, medium or low support needs, and agree benchmark costs for high, medium and low support services - by April 2007
- Participation in the working 'protocols' and the 'joined up' approach to meeting the support needs of young people, including stronger links with internal stakeholders to meet the emerging support needs of young people, especially Social Services and HRC
- Develop specific PIs for young peoples services to include assistance to access training and work
- Continuing to engage in consultation with users and providers including participating in Corporate Young People consultation events.
- Increasing the capacity of Floating Support services, by ensuring services 'float off'.
- Monitoring child protection issues in the context of Supporting People services for young vulnerable clients

Section 5 Value for Money

The Independent review of SP funding²⁸, undertaken on behalf of ODPM in 2004, concluded that the distribution of SP funding did not represent good 'value for money'. There is a need to ensure value for money (VFM) is demonstrated across the Supporting People agenda.

5.1 Approach to assessing Value for Money

When costs in Brent per unit of service (excluding community alarms and sheltered housing) were compared, costs were significantly greater than other London Boroughs (£72.58 vs. £42.37) and more than twice those across England (£72.58 vs. £28.30).

Supported accommodation and floating support costs for all groups were in the highest 25 per cent compared with the region and England as a whole²⁹.

The reason for the levels of spending are complex, reflecting competitive tendering, high support services, and, unusual for an outer London Borough, the presence of two direct access hostels in Brent.

Given the background of high levels of spending on support services, some historically high cost services in Brent, and the need to identify opportunities for generating savings, the Commissioning Body adopted a robust approach to value for money considerations. A high priority has been given to ensuring strategic relevance and value for money, in all operational processes.. The Audit Commission cited Brent SP Team's approach to value for money as an example of 'positive practice'. This approach will continue over the period of this strategy.

In response to the need to generate savings, we will aim not to introduce "across the board" savings but to scrutinise value for money on each service.

5.2. Value for Money Processes

5.2.1 Service reviews

A robust service review system is in place. This ensures evaluation of value for money and cost effectiveness. All service reviews include a value for money assessment,.

In Brent the approach has been to work with providers to agree a reasonable contract sum, to ensure cost efficiency, eligibility for funding, and good value for money. Through the review process and in order to consider whether a support service provides value for money, a range of outcomes is considered, in particular whether the service is:

- Meeting Supporting People aims and objectives
- Delivering contractual obligations

²⁸ ODPM Supporting People Programme, Independent Report, RSM Robson Rhodes LLP, January 2004

²⁹ Audit Commission Report April 2004
Supporting People 5 Year Strategy
Section 5- Value for Money

- Contributing to strategic priorities;
- Meeting identified demand;
- Funding eligible services to eligible clients;
- Delivering good quality;
- Satisfying service users and stakeholders;
- Achieving financial savings to related agenda (e.g. prevention of escalating need, reduction in cost pressures for linked/ statutory provision).

Robust performance monitoring and service review procedures have also been established. Comprehensive, accurate and up-to-date financial information is obtained from support providers, this being essential to the value for money assessment. Details of all service income and expenditure are assessed. A Financial Information Pro-forma has been developed in partnership with other West London boroughs.

A holistic approach is taken to determining whether a scheme provides value for money, this also assists the validation of expenditure on eligible housing related support costs. Benchmarking highlights those services outside the cost band of most similar services. We will continue to take a robust and holistic approach to contract reviews and assessment of value for money to ensure contract values fairly reflect the service provided. Our approach to value for money will be further refined in partnership with providers and the West London Partnership over the first year of this strategy.

5.2.2 Performance Monitoring

We need to set ourselves challenging performance targets and achieve continuous improvement in the efficiency and effectiveness of services in order to deliver excellent services. With providers, we aim to actively pursue new and creative ways of doing things and learn from best practice wherever it exists.

Comprehensive performance monitoring procedures have been established. Six monthly performance monitoring meetings enable an initial assessment of service VFM. Systems are in place to help assess if we achieve our targets. Both the Supporting People team and providers will be expected to monitor their performance and report regularly to members on progress. A key aim of this strategy is to develop a range of local performance indicators to help inform our progress on service improvement. A full list of possible indicators and possible dates for their introduction, including those which will help to assess impact on Health, Housing, Social Care and Community Safety are attached in [Appendix 4 INSERT LINK](#). These will be introduced in conjunction with West London. We are aware of the additional workload on providers and will refine indicators to those which are already collected and which are most useful in assessing progress and quality.

5.2.3 Partnership Working

There is now a strong partnership in place within the Commissioning Body, involving Health, Housing, Social Services and the Probation Service. This will enable a comprehensive appraisal of the options for future service delivery and support the development of SP services that respond efficiently and effectively to linked agenda. Our joint commissioning partners are involved in all aspects of reviews, from initial statement of strategic relevance, through to joint validation visits and agreement of outcomes, including possible joint re-tendering. This approach will also continue in future, in order to ensure that our services are directed at joint priorities. Opportunities

for joint commissioning of services are being sought and our aim is to commission at least 25% of new services jointly. In 2005/6 this will relate to the following services:

- Dual Diagnosis Service
- Floating Support services for people with Mental Health problems
- New Learning Disability provision to complement capital developments
- Floating support for older people with alcohol problems
- Outreach support for offenders

The close partnership which exists with other West London SP teams will assist regional service development. There has been a shared approach to a range of issues, including the development of joint performance indicators; accreditation of support providers and staff training. Opportunities for joint working will be maximized and will provide further opportunities for improved value for money and cost savings. For example, there are a number of services or elements of services, such as community alarm services, which may not need to be located in the area in which they are provided and which could offer economies of scale.

The implementation of the programme has involved a strong partnership with support providers. Shared working has generated more efficient processes and collective learning, with a resultant reduction in costs both for providers and for the SP team. Providers have been important advisors in developing review and monitoring procedures, and have set up benchmarking sub groups. This partnership approach to considering good practice and costs will be important in the future implementation of this strategy.

Partnerships have also been promoted with other agencies and the voluntary sector. These are exemplified by projects involving user peer review in the contract reviews of mental health and single homeless services. This approach has generated not only opportunities for involvement and empowerment of these agencies and of clients, but also assures the efficient use of SP resources.

5.3 Contract reviews

Appendix 5 [insert link](#) provides details of the current review timetable. New services, those considered to be high risk and highest cost services were reviewed early in the programme, the latter including learning disability and mental health services and the small number of services with unit costs in excess of £400 per week. This means that most of the savings in our programme are likely to be generated in the first 2 years of reviews.

In 2003/04, 41 services were reviewed, representing 40% of the value of the Supporting People programme. A further 30 services have been reviewed in 2004/5. Strategic partners and all stakeholders were involved in the reviews. The reviews revealed that mental health services were generally poorer quality and higher cost, and that a lot of re-modelling of services is needed to meet service user aspirations. Addressing this is a key part of this strategy

Through cost evaluation, comparison with local, regional and national comparator tables and analysis of data collected from the provider, the value for money and cost effectiveness of individual services is reviewed. Comparisons have been assisted

between the cost and quality of providers and, in some instances, the negotiation of better terms for future services.

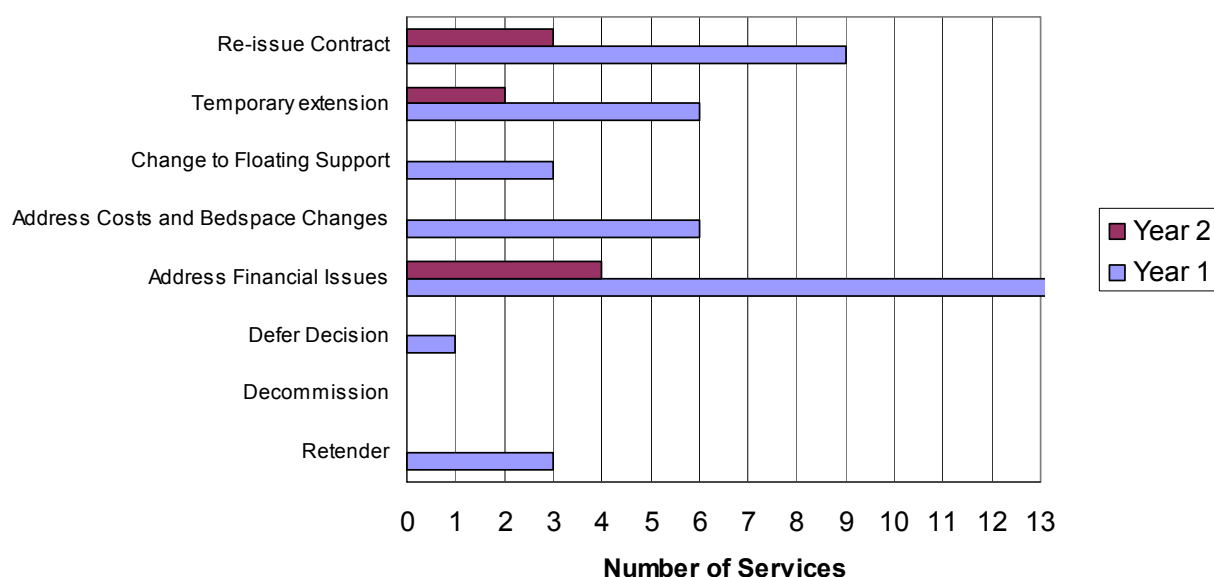
Appendix 6 [insert link](#) shows the outcome of assessments against the Quality Assessment Framework. The tables show that for core objectives C.1.3 and C.1.4, relating to Health, Safety and Security and Protection of Vulnerable Adults respectively, level ‘D’ has been scored. We will monitor provider action, to ensure that services attain level ‘C’, prior to the award of Steady State contracts.

The Council has generated savings of approximately £1.2 million through the service reviews in the first and second year of the programme. Savings will be reinvested in developing additional Supporting People services or, following discussion within the Commissioning Body, put toward the total savings targets.

The pattern of savings identified has been varied-

- Some providers of Learning Disability and Mental Health services have identified areas which are ineligible for Supporting People Grant. Such savings may impact on Health and Social Services budgets. However, the approach has been to try to work with providers to ensure that services are focused on Supporting People eligible tasks.
- Some providers have identified cost efficiencies which do not impact on service delivery including re-modelling their service, or increasing bed-spaces, reviewing over-heads
- Some providers have merged services, to cut overheads and management costs

Outcome of LBB Reviews from April 2003 to December 2004



5.4 Benchmarking

The need to strike the right balance between quality and cost and the importance of comparison of a range of inputs and outcomes to value-for-money considerations is recognised. Benchmarking is used to compare cost or value between different services and includes comparison of unit costs and performance. Relative cost and value benchmarks are also considered across local services. In addition, Brent SP team is working with other West London boroughs to develop further benchmarking opportunities. Analysis of Performance Indicator returns for a minimum of four quarters enables a comprehensive value for money perspective to be achieved including consideration of availability, utilisation; staffing input, throughput and positive outcomes for clients.

5.5 Links to Best Value

“Achieving Service Excellence” is one of the key themes of the Brent Council Corporate Plan. Brent Council and its partners is looking to improve performance across all its service areas and to ensure that all services are economic, efficient and effective. In pursuing this goal the council will be carrying out a range of service reviews using Best Value principles. Our intention is to ensure that where these have relevance to Supporting People services, providers, users and the Supporting People team will contribute.

5.6 Commissioning, Procurement and Contract Management

5.6.1 Competitive Tendering

Following completion of a service review, the criteria for entering into a competitive tender exercise, as opposed to granting a Steady State Contract to an existing provider, include a review of outcomes where:

- The current cost of the service is more than 10% above the norm for other comparable services, and the provider cannot provide suitable justification for this, and is unwilling to enter into a steady-state contract on a reduced contract sum.
- It is not felt that the service can be provided on an economic basis, because of the size of the service.

To date, following formal service reviews, the Commissioning Body has agreed to re – tender a floating support scheme and an accommodation based service for mental health for the above reasons. This will be achieved during 2005.

5.6.2 Market Testing

In Brent we aim to balance our standing order and legal obligations, with a sensible approach to managing the Supporting People market. We will work with our procurement team to ensure market testing takes place where appropriate.

Following mental health contract reviews we are undertaking a market testing exercise for one of our highest value contracts- a dual diagnosis service for people with mental health and drug problems. This will be a joint exercise with Brent PCT and is a key action for 2005. Other market testing opportunities are identified in the Action Plan

As described in the West London strategy, we will be jointly procuring services for several cross borough client groups over the period of this strategy.

5. 6.3 Using E-Commerce to Improve Procurement and Contract Payment

E-commerce has a role in simplifying, standardising and speeding up the documentation for procurement of SP services and in the subsequent management of the contract. Hub Services will provide comprehensive information on services and service providers to SP professionals and members of the public. In addition to reducing transaction costs and improving productive time, e-commerce can assist the benchmarking of procurement of SP services. It can also enable providers to collaborate on joint tender applications, or to form consortia to deliver more complex or geographically dispersed SP services.

The West London Supporting People Group is currently leading on the implementation of a common approach to procurement and approved providers. The implementation of a new approved provider data-base across West London lends itself to holding information about all West London accredited Supporting People providers and taking this forward is an important aim in order to ensure efficient management of provider information and widest possible competition for future tenders.

5. 6.4 Integration of service delivery with other Authorities/public sector bodies

Many vulnerable people use a range of local services in addition to a housing related support service. The difficulties in co-ordination of these separate services lead to duplication of effort, or services which fail to address the full range of housing related support services required by vulnerable people. This has been noted as particularly the case with the number of floating support contracts. There may also be added costs in establishing and managing multiple contracts for these services. Combining services, to provide more holistic solutions to the needs of vulnerable people, will result in better-focused services at lower costs. Our approach to the reviews of services for people with Learning Disabilities has demonstrated a useful joint approach, where issues of poor quality have been jointly dealt with.

The approach used to monitor and review Supporting People contracts could be applied to contracts held by Social Services, as a first step in co-ordinating approaches. We will be exploring how this can be taken forward.

5.6.5. Service Rationalisation

In many areas, SP services have developed in an incremental and unplanned way. In some cases a number of services operate in the same geographical area and provide for the same or similar client groups. There is an opportunity to rationalize. Streamlining multiple similar services in the same geographical area may give rise to considerable efficiency savings, easier contract management and improvements to availability and accessibility. Related opportunities will be sought, through the review process.

Areas where we will consider the possibility of joint work are:

- -the employment of night cover
- warden call alarm system
- floating support
- Training

SECTION 6 - CHARGING

6.1 National Context

ODPM guidance requires that local Supporting People (SP) charging policies comply with Fairer Charging. Where an individual is liable for SP charges, their ability to pay must be assessed through Social Services' financial assessment methodology. Charging arrangements for SP services must therefore dovetail with the local Fairer Charging policy for Home Care and other residential services.

6.2 Chargeable Services

ODPM guidance categorises support services into long-term, short-term and fluctuating services. The definitions refer to the aims of the service. Only long-term services are chargeable. Long-term services are defined as those which "aim to maintain a limited degree of independent living.... as part of a permanent or open-ended arrangement". A number of services fall within this definition, namely: -

- Sheltered housing for older people;
- Lifetime homes for people with learning disabilities;
- Some services for people with physical disabilities;
- Some services for people with drug and alcohol problems; and,
- Some services for people with mental health problems.

The majority of people affected by charging policy are older people living in sheltered housing. Details of the services in Brent where a charge is levied are set out in para 6.3.2 below.

6.2.1 Transitional protection from charging

➤ Council tenants.

Council tenants, whose support costs were previously paid by, or subsidised from, the Housing Revenue Account (HRA) are transitionally protected for the life of their tenancy. This applies to sheltered housing schemes. New tenants moving into sheltered housing are, however, charged the full support cost.

➤ Independent Sector Tenants.

In accordance with ODPM guidance, support charges paid by independent sector tenants, who received support prior to April 2004, reflect their previous contribution. This protection remains until after the first service review. Service users, who lost entitlement to HB because their HB was less than their support charge, are similarly protected.

In addition to the above exemptions, people with mental health support needs funded under Section 118 of the Mental Health Act are also exempt from charges.

6. 3. BRENT CHARGING POLICY

6. 3.1 Overview

Executive approved the Council's Supporting People Charging Policy in 2003. The resultant policy and procedures have been acknowledged by the Audit Commission as 'comprehensive that ensure transparency and consistency in the management of all related processes³⁰.' The Brent Charging policy is available at <http://www.spkweb.org.uk/Your local area/GOL/Borough of Brent/Strategy and policies/Supporting People Charging Policy.htm>

6.3.2 Financial Context

The total value of chargeable services is £4,880,524. This represents 34% of all SP contracts. The total annual value of chargeable services by type is:

Accommodation based	£4,839,481
Floating:	£41,043
Total	£4,880,524

At December 2004, most clients of chargeable services were eligible for SP funding:

POSTION AT DECEMBER 2004	Number	Percentage of total chargeable units
SP funded –HB eligible	1218	82.9%
SP funded - Fairer Charging	28	1.91%
Self funding	223	15.18%
TOTAL	1469	

There are 1469 chargeable units, being 40% of all units funded by SP.

There are a total of 105 SP services, of which 32 are chargeable services. These are broken down as follows:

Accommodation based	31
Floating	1
Total	<u>32</u>
Older people	11
Physical disability	4
Mental Health	9
Learning Disability	6
Single Homeless	1
HIV	1
	32

³⁰ Report of the Audit Commission Feb. 2004
Supporting People 5 Year Strategy
Section 6- Charging

6.3.3 Future Charging Policy

This high percentage of clients pass-ported to a free Supporting People service, raises the issue of how cost effective administration of the charging system is for the Supporting People team. As steady state contracts are issued, the Supporting People team will review the appropriateness of continuing with a block subsidy (chargeable) contract, with a view to negotiating block gross (chargeable) contracts.

6.3.4 Local Charging Procedures

Charging policy and procedures were reviewed in January 2004. As a result, a number of minor changes were made to procedures, reflecting issues that had arisen in the first nine months of their operation. A further review will take place in 2005 in conjunction with the negotiation of the terms of the steady state contract mentioned in paragraph 6.3.3 above.

6.4.0 Self Funded Services

Those clients receiving long-term housing related support services not eligible for assistance with their support charges (either through eligibility for HB or under Fairer Charging), must pay their weekly support charge direct to the support provider. As noted in Para 6.3.2 above, in December 2004, it was estimated that 223 clients (15.18% of those receiving SP funded support services) were funding their own support charge.

There has been some concern expressed about the level of charges applied by providers directly to self-funders, specifically that providers are generating additional income by charging these clients more than the agreed SP subsidy per client. In the autumn of 2004, the Supporting People team dispatched an ODPM questionnaire to the 39 providers of chargeable services, requesting information about the level of support charges for self-funding clients. Five providers (16%) advised that the charges levied to self-funders exceeded the agreed subsidy per unit. This involved a total of 13 clients, both older people and mental health clients.

Section 7 - The Five Year Strategy Action Plan

7.1 Client Group Priorities and Targets

Top Priority for Development and new commissioning:

Client Group	Issues	Priority Actions	Other Actions
Frail Elderly	Services for Frail Elderly People are a top priority– there is an undersupply of services and growing need. There is a need to consider needs of ageing black and minority ethnic communities. This is a top priority for Health and Social Services and will be a key area for future commissioning and joint commissioning of Supporting People services.	<p>Actions</p> <p>We will jointly commission additional services to meet the needs of frail elderly people, in partnership with Social Services and Brent PCT.</p> <p>We will do this through re-modelling of existing sheltered housing. (see also para 3 below). In 2005/6 c.50 units will be commissioned.</p>	We aim to increase the number of Supporting People funded services for frail elderly people to meet the needs of frail elderly people over the next 5 years. The level of new provision for future years will be agreed during 2005/6.
Older People with Support needs	There is a significant imbalance between accommodation-based and floating services. This impacts on ability to provide for older people living in the private rented and owner occupied sectors. The strategic relevance of individual sheltered housing services will be fully assessed in 2005, when the contract reviews for this client group will take place, giving the opportunity to address the high costs and low unit supply compared to the rest of London. We need to review the balance between generic and specialist sheltered accommodation for specific ethnic minority groups.	<p>We will aim to re-model some of the non-specialist sheltered housing over the period of this strategy to provide frail elderly services, expanding frail elderly accommodation over the life of this strategy.</p> <p>We will, jointly with Brent PCT, fund a home from hospital housing support co-ordinator post to help older people return home more quickly</p>	<p>We will develop a service for Older People with alcohol problems, considering the possible continuation of the pilot service in 2005/6, and longer term options.</p> <p>Following contract reviews we will consider commissioning additional floating support for older people, including a low level preventative support service for the private sector.</p> <p>We will also consider the need for additional BME specialist accommodation and specialist floating support for older people, in the light of increasing numbers of older people from BME groups</p>
Client Group	Issues	Priority Actions	Other Actions

Older People with Mental Health Problems	<p>We have no specific housing related support services for this client group. Addressing this is a top priority for this strategy</p>	<p>Capital bids have been submitted to develop units for this client group. We will support these bids with revenue to fund housing related support for up to 10 people with dementia or mental health problems, in 2006-7</p> <p>We will consider developing a floating support services for up to 40 people, by April 2007 - possibly in conjunction with a home from hospital scheme.</p>	<p>Further capital development options will be considered</p>
Offenders or people at risk of offending and mentally disordered offenders	<p>This is an important client group for the Supporting People strategy, in order to meet community safety corporate priorities. The current services in Brent are highly strategically relevant. However, the contract reviews showed an urgent need to improve standards and re-model service delivery in some services.</p> <p>There is an undersupply of specialist services for this client group, compared to demand, particularly for offenders with high risks, and there is inadequate access for offenders to non-specialist accommodation. These issues are a top priority for our strategy.</p>	<p>We will implement the recommendations of the recent contract reviews of existing offender SP services, including i. reduce costs through efficiency savings by April 2006 ii. Consider the re-modelling of shared offender accommodation and provision of overnight cover -by April 2006</p> <p>During 2005-6 we will consider funding a housing advice support worker for offenders in partnership with Brent DIP</p> <p>We will improve access to move on for offenders, through use of the private sector and rent deposit funds and closer working with housing resource centre, with an aim of all service users in offender services being re-housed within 2 years by April 2007</p>	<p>By April 2007 we will improve access for offenders to non-offender accommodation. We will commission floating support for people leaving prison - 15 -20 people by Sept 2007</p> <p>We will consider how services can be directed at higher risk offenders and increasing availability of housing support for this group during this strategy.</p>

Client Group	Issues	Priority Actions	Other Actions
People with Alcohol Problems	<p>Services for this client group must contribute directly to the community safety and health agendas locally. We have no floating support service for this client group and a predominance of registered service. There is a growing need for services.</p> <p>We have inadequate support services to assist people with mental health and substance misuse problems (dual diagnosis).</p>	<p>We will remodel and re-designate some of our non-specialist single homeless services, both accommodation based and floating support, to provide specialist accommodation based and floating support for people with alcohol problems. We aim to provide at least 100 people with alcohol specialist services over the period of this strategy.</p> <p>Commission a floating support service for 20 older people with alcohol problems in 2005</p> <p>Services for people with alcohol and mental health needs will be considered during 2005 when the dual diagnosis contract is re-specified.</p>	
People with Drug Problems	<p>We are undersupplied with services for this client group. There is a growing need, this is an important priority for our partners, and for this strategy. It will contribute to the Community Safety, Health and Young Peoples agenda</p>	<p>Jointly with Brent PCT we will re-specify and re-tender a dual diagnosis service for people with mental health and drug problems by September 2005</p>	<p>During 2006 We will commission a floating support for people with drug problems and consider how services can be directed to meet the needs of young people</p> <p>During 2005 and 2006 we will remodel and re-designate some of our non-specialist single homeless services, both accommodation based and floating support, to provide specialist accommodation based and floating support for people with drug problems.</p> <p>We will continue to support our existing high performing accommodation based services for this client group</p> <p>We aim to provide at least 100 people with specialist drug housing support services over the period of this strategy</p>

Women at Risk of Domestic Violence	<p>In Brent the number of refuge bed- spaces is below the recommended number, and the floating support service is a new service being piloted at the time of writing. The role of domestic violence services in promoting personal and community safety are an increasingly important priority locally</p>	<p>We will undertake, during 2005, the contract review of current services with a view to assessing demand, rationalising funding and ensuring high quality service delivery</p> <p>We will aim to expand the numbers of women escaping violence receiving a service to 26 women by April 2006, and to work with West London to expand this further.</p>	<p>To work with the domestic violence forum to establish need and consider commissioning a cross West London service for women with high support needs, either accommodation based or floating support</p> <p>Consider specific needs of young women, trafficked women and women who work in the sex industry</p> <p>Participate in a service user forum specifically for women escaping violence</p> <p>Encourage provider training on d.v. issues, for all providers working with women</p>
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High Priority: The following actions are required in order to improve services following review, ensure good use of resources and generate savings for the above service expansion. This includes some remodelling, re-tendering and de-commissioning:

Client Group	Issues	Priority Actions	Other Actions
Homeless Families with Support Needs	The low take up of some of these services suggests an over-supply of floating support. A quality improvement plan has been put in place to reduce floating support capacity and cost, and to direct support at those most in need. Costs will be reduced. There is evidence of a demand for housing support from refugee homeless families	<p>The percentage of SP funding for services to this client group will be reduced over the next 2 years through cost savings and efficiency.</p> <p>Existing floating services for homeless families will be re-modelled over the period 2005-7 to focus on the needs of teenage parents, refugees, and other vulnerable homeless households, particularly in the private sector</p>	<p>We will consider re-modelling existing support to provide a housing support worker based at the new Homeless Families center.</p> <p>Re-specifying and re-tendering of floating support for this client group will be considered in order to meet these specialist needs</p>
People with Mental Health Problems	19% of our Supporting People Grant is to be spent on this client group during 2005-6. This client group is an important priority for this strategy, but we believe cost efficiencies can be made. The total Grant allocated to this client group will reduce to c.15-17% of budget by the end of 2006/7. The balance in spend between accommodation-based services, (90% of the total SP spend on this client group), and floating support services will change, so that people can be better supported to move on from shared housing, registered care and hospitals into more appropriate accommodation.	<p>Work on this client group will take place jointly with Brent PCT and Brent Social Services.</p> <p>Re-model accommodation based services to release funding and provide floating support to allow at least 50 people per year to move into more independent accommodation in a variety of tenures. We will specify and tender, with Brent PCT, a floating support service for up to 50 people with mental health problems during 2005/6. This ambitious target will be reviewed after the first year of this strategy. Current average floating support costs per person for this client group are low, at £58 per week. If this cost could be maintained £150,000 would need to be released from other services to fund additional floating support. If higher levels of housing support are to be specified in future years, a higher funding transfer will be needed.</p> <p>With partners in Drug Action Team and Brent PCT Joint Commissioning for Mental Health we will jointly re-specify and re-tender the dual diagnosis service- to be achieved by April 2006.</p>	<p>By April 2007 -improve coherence and consistency in accessing all accommodation-based and floating support services for people with mental health problems, through common service specs, agreed access routes and agreed criteria (in partnership with providers) which prioritise people leaving hospital, people ready to move on, people at risk of suicide etc.</p> <p>By the end of the period of this strategy we aim for the split of accommodation based services and floating support services to be approximately 50/50.</p>

<p>Single Homeless with Support Needs and Rough Sleepers</p>	<p>35% of Supporting People expenditure is on this client group. Three services make up 69% of the forecasted spend on this client group for 2005/6, and 23% of the total Supporting People Grant. These are:</p> <p>I.English Churches Single Homeless Contract- Direct Access Accommodation</p> <p>II.Novas Ouvertures Single Homeless Contract- Direct Access Accommodation</p> <p>III.English Churches Floating Support for single people.</p> <p>Service i. and ii are under review at the time of writing. Service iii was subject to tender in 2002 and will be reviewed in 2005/6, at the end of the current contract term.</p> <p>Lack of move-on is preventing effective use of resources. Addressing this is a key issue for this strategy, to support our Homelessness agenda. There are also concerns about the inability of some services to meet the needs of offenders, drug and alcohol users, and people who do not speak English.</p>	<p>The proportion of SP Grant spend on “single homeless” services will be reduced, and funding will be directed to specialist drug, alcohol and mental health workers for single people. The total spend on this client group will reduce to c20-25% of the SP budget by April 2007 through re-modelling, cost efficiencies and re-designation of services. It is recognised that generic “single homeless” contracts exist they bring the benefit of cross –disciplinary working, where such contracts exist they will need to show how they meet specialist needs.</p> <p>We aim to improve access to move on so that by April 2007 no-one living in short term accommodation needs to stay more than 2 years. This is very ambitious and will require both a sea change in attitudes about the private rented sector, and a more systematic approach to assessment for floating support. Work being done by Brent Private Tenants Rights Group, Housing Resource Centre and Private Housing Information Unit is taking this forward.</p> <p>We will support our initiative to help an increased number of people move out of accommodation services by improving access mechanisms to existing floating support services for single homeless people for people who need short term resettlement support.</p>	<p>We will work with providers to develop specialist floating support for those who need it, as mentioned above in the sections on mental health, drug and alcohol</p> <p>We will work with providers to develop specialist supported “annex “ accommodation in the private sector for people who cannot move on from short term accommodation</p> <p>The Floating Support contract for singles will be re-specified during 2005 to support the above agenda</p> <p>We will consider how cost efficiencies in the area of employment of night workers at hostels can be generated</p>
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The actions on the following client groups will help us deliver on wider strategic aims, particularly Health and Social Care targets. These actions will be undertaken within current resources, it is unlikely that additional resources will be allocated to these client groups:

Client Group	Issues	Priority Actions	Other Actions
People with Physical or Sensory Disabilities	Supply comparisons show Brent to have higher supply than other boroughs, although costs are similar to other London boroughs, the balance between floating support and accommodation based services is incorrect, as is the focus of current accommodation based services.	<p>Floating support for people with sensory impairments will be expanded -by April 2008</p> <p>Improve referral arrangements to Supporting People services so that care management make referrals to housing support services funded through Supporting People</p>	<p>A Home Improvement Agency will be considered</p> <p>Handyperson services will be expanded to provide for disabled people as well as older people.</p> <p>Consider developing a service of floating support workers for Disabled People including those with brain injury at high staff ratios We will consider the role that housing support can play in helping to move people on from rehab placements</p>
People with Learning Disabilities	<p>We have a shortage of floating and outreach services, and of self contained accommodation based services. Performance figures show low levels of move on.</p> <p>cost efficiencies are possible in current services.</p> <p>We will work with partners and contract with our service providers to ensure that young people and people living at home will be prioritised. This requires review of criteria and assessment procedures in existing supported housing services 3 services in the development pipeline</p>	<p>Work on this client group will be done in joint partnership with Brent PCT and Social Services.</p> <p>We will reduce the proportion of the Supporting People budget spent on Adult Placement and other services where high costs were identified during reviews</p> <p>Re-model existing accommodation based support services to provide an floating or outreach support services</p> <p>We will commission jointly with LDP a high support service to provide a new housing support service to 6 people with complex needs at Malvern Road, by April 2007 Over the period of this strategy we aim to commission an additional 50 units of outreach support for people with Learning Disabilities</p>	<p>During 206/7 we will jointly commission an outreach service to address the housing support needs of people who will be re-housed independently as part of the planned Private Finance Initiative</p> <p>We will not commission any new shared supported housing services, short term, training accommodation may be considered, remodelling to a model service that users want, or replacing housing that is in poor condition.</p> <p>Subject to receipt of DOH capital, we will commission an accommodation based service for older people with learning disabilities and their carers</p>

Client Group	Issues	Priority Actions	Other Actions
Young People Leaving Care and Young People at Risk	<p>We are under-supplied with services for young people leaving care, and those which we have are high cost.</p> <p>Services for young people are an important Council priority.</p>	<p>Implement findings of contract reviews during 2005 including addressing high costs</p> <p>Increase the capacity of existing SP services to provide short term support to young people who can return home and longer term services to those who cannot</p> <p>Increasing access to accommodation based services to meet demand from young offenders and drug users</p> <p>Promote partnership working with providers to ensure all young people engage in support services.</p>	<p>Participation in the working 'protocols' and the 'joined up' approach to meeting the support needs of young people</p> <p>Improve the sensitivity of performance indicators in services for young people.</p> <p>Ensure the participation in the wider agenda affecting young people</p>
People with HIV/Aids	<p>There is no floating support service that can cross all tenures to respond to changing needs.</p>	<p>We will re-model the service for this client group. Our aim is to provide a floating support service for up to 40 people nominated by health and social care professionals, by April 2006.</p>	<p>We will review the pattern of HIV presentations in Brent during 2006-7 with a view to considering future additional demand and re-tendering of an expanded housing support service for this client group</p>
Refugees	<p>The proportion of Supporting People funding currently allocated to this client group does not reflect their significance in the community. Many refugee groups claim mainstream services do not serve them well. Our aim is to ensure that the needs of refugees are dealt with effectively by mainstream providers, whilst working with specialist organisations if an emerging need is identified. The following actions will be taken:</p>	<p>To continue to use the Quality Assessment Framework (QAF) to drive changes to all Supporting People funded services to improve fair access, diversity and inclusion</p> <p>We will consider extending the pilot floating support services for refugees into 2005/6</p>	<p>By September 2006 - explore an employment scheme to support the training and employment of refugees in housing related support jobs, across all services.</p> <p>Joint training on refugee issues</p> <p>To support the development of the Corporate Strategy for refugees in Brent, investigate opportunities for joint planning to improve access to and provision of, housing related support.</p> <p>To learn from the pilot floating support service, we will review the need for further expansion of specific floating services for refugee and faith groups</p>

Client Group	Issues	Priority Actions	Other Actions
Teenage Parents	We have a shortage of floating and outreach services. Addressing these issues is a key priority for partners. We will be working in partnership with other agencies and providers to improve data and address issues	To meet the government target which states that there will be no teenage parent under 18 in independent accommodation and all will be placed in semi independent housing with support. The reviews are scheduled for this client group in May 05. Re-configuration and remodelling of current services to provide second stage, semi independent living and address design issues which prevent use of services by women with toddlers	Promoting move-on to semi-independent accommodation for teenage parents. Multi-agency working approach with all relevant key partners Further data collection to ensure future needs can be met. The targets for this client group will be reviewed as part of the Contract reviews to be carried out in 2005.
Travellers	The needs of travellers will be considered on a west London basis.	Consider additional needs with West London	
Generic Groups	In Brent there are only 3 generic services at present. It is difficult to see the strategic relevance of these services, although services described as generic which have been reviewed demonstrated high quality, meeting the needs of housing association tenants with low support needs.		We will not commission further generic services meeting the needs of very wide range of client groups We will only continue to fund these services as low support preventative services where a need can clearly be demonstrated which cannot be met by specialist SP services.

7.2 PRIORITIES FOR CAPITAL DEVELOPMENT OF SUPPORTING PEOPLE FUNDED SERVICES

7.2.1 Development of new services which have been identified through needs mapping

Client Group	Scheme Type	Notes
Women escaping violence	Development of refuge for women with complex needs or older male children –possibly with West London	Identified as a priority client group. Capital has not been identified.
People with a learning disability	Cluster scheme of self contained accommodation with support available locally Supported housing for disabled people with Learning Disability and people with complex needs	These services will help to improve the range of housing and support services available locally for people with Learning Disability. Capital has been identified for both services and the services have been Identified as priority in the LD joint commissioning strategy. Supporting People services will be jointly commissioned with Brent LDP and it is likely these will be funded from savings elsewhere in the SP Learning Disability Budget.
Frail elderly	Development of new accommodation based services for frail elderly people and elderly people with mental health problems and dementia	Service will be jointly commissioned with SSD and PCT. Possible new provision or re-modelling of existing sheltered services for frail elderly. Capital bids have been submitted

7.2.2 Remodelling of existing services- This list may be added to as further opportunities are identified, particularly through contract review

Client Group	Scheme Type	Notes
Offenders	Remodelling of current offender provision to allow high risk and medium risk specialist offender accommodation	Identified as a priority.
Mental Health	Remodelling of existing shared accommodation to provide greater self containment and or re-model for other client groups and provide floating support	Capital has not been identified. Revenue for floating support will be identified from within current SP resources allocated to this client group. To jointly commission.
Single Homeless	Refurbishment and remodelling of hostels	Identified through survey and review
Single Homeless	Refurbishment and remodelling of 115 Pound Lane	Recent bid to ODPM has been turned down, options for refurbishment urgently need to be considered
Older People	Frail elderly schemes	Remodelling and refurbishment of specific family houses released as residential sheltered housing wardens become non residential could be considered.
All client groups	Need for disabled adaptations to meet requirements of Disability Discrimination Act	Identified through applications for capital funding- October 2004

7.3 Other actions to improve performance and implement the vision for the Supporting People Programme in Brent:

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
Complementing the relevant key local, regional and national strategies and develop more joint funding arrangements	Develop joint performance targets for older peoples and mental health services -reducing admissions to hospital -promoting independence -reduce use of out of borough placements etc	Develop joint performance targets for teenage parent services young people services and people with learning disabilities services	Develop joint targets for drug and alcohol services		
	Develop service specifications and benchmarks for mental health and single homeless services	Develop service specs and benchmarks for older peoples services, domestic violence and young peoples services			
	Strategic Planning/needs mapping with partners to assess future need for: - Domestic Violence Services - Teenage Parent Services	In partnership with PCT and NWLMHT and BMHS -assessment of need for mental health services for people with complex needs and dual diagnoses	Carry out full needs mapping for refugee services in partnership with PCT, refugee forum and diversity unit	Generally Review services for women	Generally review services for BME communities
	Specify and Jointly Commission Dual Diagnosis service	Jointly Commission new Learning Disability and Frail Elderly Support Services - for new capital schemes in development			
	Implement outcome of Single Homeless reviews to promote contribution to Homelessness Agenda				

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
Work in partnership with providers, stakeholders and service users to maximise use of services for those who need them most	Agree access routes to all services following reviews Improve Information about access to services and referral mechanisms	Agree access routes to services reviewed in 2005/6 Directory of services to be available	Vacancy data base in place Review exclusion policies (with West London)		
	Set up vulnerability panel for Mental Health Services	Implement common referral and access procedures for young people and mental health services	Develop formal and transparent access routes for all services	All services to have transparent access routes	
	Monitoring of client record forms to be formalised with providers	Improve access to services for people in private sector	Formal review of referrals and nominations from non-housing sources		
		Monitor offender access to services			
	Review access to services for people with disabilities and offenders	Monitor and review offender and young offender access to non offender services			
	Ensure Floating support services are fully utilised through improving information		Formal review of access to all floating support services		
	Develop Contract which requires floating services to support people across all tenures				

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
Improving Move On	Implement move on scheme from short term services Consider move on solutions across West London	Develop further options within private and social housing sectors	All short term services to provide move on within 2 years	Formal Review of move on	
	Agree targets for the use of move on with each short term accommodation-based service provider	Introduce formal monitoring of move on targets			
	Review access to floating support Develop floating support directory	Develop standardised move on assessment form (with West London)	Update floating support directory		
	Develop service spec and performance indicators for all floating support services	Introduce common and local performance indicators for all floating support services			
	Implement revised social housing sector move on quota				
Ensure all services contribute to the community safety agenda and promote the inclusion of young people	Negotiate access for offenders to all appropriate services with aim of increasing access		Review exclusion policies (with West London)		
	Promote awareness training on -Domestic Violence, -Adult and -Child Protection -Drug and Alcohol				

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
	Negotiate increased access for young people to services for drug and alcohol users, single homeless, learning disability etc	Agree performance targets for young people and single homeless services- to include access to training and employment and activities			
	Review working arrangements between Housing and Probation to enhance how offenders are referred to services				
Work in Partnership with Providers	Investigate common training scheme for front line workers	Set up common training scheme for priority areas	Review success of training scheme		
	Research a joint provider training scheme to enable refugee service users as housing support workers	Set up refugee housing support worker training scheme Consider wider service-user training schemes			
	Sharing Good Practice through benchmarking groups- for Mental Health, Older People Single Homeless	Sharing Good Practice through benchmarking groups			
	Continue Capacity Building for small, BME and new SP providers	Review of Capacity building work and continued work with West London			
Respond to the needs of a diverse community	See separate diversity action plan - Appendix 3				

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
Improve Quality and Value for Money in Supporting People services	Develop service spec and PIs cost benchmarks for mental health and single homeless services	Develop service spec and PIs and benchmarks for older peoples services, domestic violence and young peoples services	Purchase input defined by number of staff hours etc		
	Local definition of housing support and SP eligibility criteria to be fully utilised through all reviews	All services to be fully eligible for SP Withdraw funding from registered care home services	Service specs and PIs for all accommodation based services to be in place		
	Ensure alternative funding mechanisms put in place where needed to replace SP funding cuts	Work on a project to consider introducing limits to overheads and surpluses, with providers	Consider geographic streamlining of services for future tendering		
	Draw up cycle of contract reviews (with West London) to see all contracts for client groups reviewed together	Formal review of benefits of the programme with providers and users	Publicise benefits of the programme		
	Encourage Peer review by providers				
		Implement sub-regional approach to cost and performance benchmarking	Introduce wide cost benefit measurement and procurement model following consultation		
	Consider optimum contract period to balance risks for SP programme and providers	With providers, -find bench-marking and joint procurement solutions to high cost of night cover			
Listen to and involve Service users	Ensure further innovation in service user involvement in all contract reviews – ensure user feedback from all reviews	Further development of speak out and events in partnership with self advocacy groups			

OBJECTIVE	2005/6	2006/7	2007/8	2008/9	2009/10
	Further development of speak out and events in partnership with self advocacy groups	Summarise and publicise views of service users			
	Service users involved in commissioning of new services	Involve service users in agreeing how to measure success of the programme			
	Further develop service user involvement strategy	Agree standards for service user involvement with all providers	Service user feedback to inform move on review and floating support directory		
	Further Service user Interviewer training programme to be considered	Service user involvement in procurement and tendering			
Effectively Manage the Supporting People programme	Consider closer links with procurement teams and contract management staff in relevant areas of Brent Council Introduction of shared West London data-base for preferred providers	Participate in peer review of services with West London			

7.4 Managing the Programme

The Supporting People programme is overseen by the Core Strategy Development Group (see Appendix 7) and delivered by providers and the Supporting People team in partnership with other stakeholders, particularly from Brent PCT, Brent Council and London Probation Area.

Every year the Supporting People team prepares a Service Operational Plan as part of the Housing Service planning processes. The annual plan for 2005/6 is in section 7 of this strategy. The plan is regularly reviewed by the Team and by the Core Strategy Group. The programme is also regularly reported to the Councils Quality of Life Scrutiny Panel, and to the Brent Health and Social Care Partnership Board.

Options for the Supporting People contract management in future include closer links with colleagues in corporate procurement teams, and contract and commissioning teams in Brent PCT, or Health and Social Services. As the action plan above shows, this will be considered in 2005/6.

7.5 How will we know our Strategy is successful?

The Action Plan includes specific targets which we believe are measurable. Our progress against these targets is reported regularly to the Core Strategy Group, the Commissioning Body and to Brent Health and Social Care Partnership on an annual basis. Council members receive regular reports.

In Appendix 4 we have listed some possible performance indicators for Supporting People providers, and for the Supporting People team. These have been developed in partnership both with Joint Commissioning Partnership Housing Groups, and with our partners in West London. These indicators will help in measuring the success of the programme and how well Supporting People funded services contribute to important local priorities, such as preventing homelessness, promoting independence, preventing unnecessary hospital admissions.

However, collection of Performance Indicators is time-consuming. We are therefore still in discussion with providers about the best performance indicators to use, and about the timescale for their introduction. This will be done in partnership with West London. As the action plan above shows, we are also planning to talk to service users about the success of the programme.

Supporting People Annual Plan 2005-6

1. Service Developments and Improvements

Actions	Target date for completion	Lead	key partners	outcome for service users	SP GRANT Resources
Commission Service to support older people leaving hospital	April 2005	SP team and Joint Commissioner	Joint Commissioner	More rapid discharge from hospital Care packages and appropriate housing in place	C £40,000
Commission service for older people with alcohol problems	April 2006	SP team	<ul style="list-style-type: none"> Joint Commissioner DAT co-ordinator 	Prevention of homelessness and anti social behaviour	C £40,000
Implement funding and remodelling changes to contracts for Homeless Families	April 2006	SP team	<ul style="list-style-type: none"> Housing resource centre Providers 		Savings released
Implement Move On review recommendations for all short term services	Start April 2005 – to achieve by April 2007	Providers Private Housing Information Unit	<ul style="list-style-type: none"> HRC Private Landlords Housing Policy Manager Hostels Development Officer 	All short term service clients to have access to move on within 2 years. Vacancies released for new users	

Actions	Target date for completion	Lead	key partners	outcome for service users	SP GRANT Resources
Consider funding a housing advice support worker for offenders in partnership with Brent DIP	By April 2006	SP Team	<ul style="list-style-type: none"> • DIP Co-ordinator • Probation • HRC 	Improved access to housing and advice for offenders More offenders accessing mainstream hostels	C £40,000
Work with providers to improve access to services for high risk offenders – put protocol and referral arrangements in place	Sep 2006	Probation and SP team	<ul style="list-style-type: none"> • MAPPA • SP Providers 	Increase number of high risk offenders accessing services in Brent	
Re-model and re-designate single homeless services to provide specialist drug and alcohol service	April 2005	SP team and Providers	DAAT	Increase in Drug and Alcohol services available	
Re-model service for people with HIV and AIDs to provide a specialist floating support service for up to 50 people	April 2006	SP team	Sexual Health Joint Commissioner	Increase number of people with access to service	Reduction in unit cost
Commission service for refugees	April 2006	SP team	<ul style="list-style-type: none"> • Refugee Forum • Brent PCT Community Dev. Worker 	Improve access to housing support for hard to reach refugees and those in private sector and TA	C £40,000
Develop training programme for Provider staff	Sep 2006	SP Team and providers	<ul style="list-style-type: none"> • External training provider 	Continuous improvement in housing support	Costs to be identified

Actions	Target date for completion	Lead	key partners	outcome for service users	SP GRANT Resources
Re-specify and market test the dual diagnosis service	Spec by April 2005 New service in place by April 2006	Joint Commissioner for MH SP team	<ul style="list-style-type: none"> • MH LIT housing sub group • Brent Mind • BMHS 	Involve service users in contract spec and selection	Cost savings on current contract value
Specify and market test a mental health floating support scheme	December 2006, for start date on 1 st April 2006	Joint Commissioner for Mental health SP team	Mental Health LIT Housing sub group	Involve service users in contract spec and selection	
Facilitate coherent and consistent approach to accessing supporting people services through introduction of criteria, broadening referral agencies and vulnerability panel	Pilot by April 2005 Fully operational by April 2007	SP team Hostel Development Officer	<ul style="list-style-type: none"> • HRC • Providers 	Priority given to service users in most need of housing support Coherent system	
Establish refugees into housing support jobs scheme	Sep 2006	Providers and Refugees into Jobs	<ul style="list-style-type: none"> • Refugee Forum • Service User groups 	Involve service users in design of training programme	Costs to be identified
Issue steady state contracts for all services reviewed during 203/4 and 2004/5, according to outcome of service reviews	Sep 2005	SP team	Providers		

2. Forecast Spend for 2005/6

Expenditure by client Group

CLIENT GROUP	VALUE	% TOTAL BUDGET
Domestic		
Violence	297,283	2%
Generic	141,568	1%
Homeless families with Support needs	854,549	7%
Offenders or people at risk of offending	341,386	3%
Older People with Support Needs	1,318,213	11%
People with alcohol problems	96,173	1%
People with drug problems	51,411	0%
People with HIV and Aids	51,823	0%
People with learning disability	1,031,413	8%
People with Mental Health	2,348,115	19%
People with physical or sensory disability	498,191	4%
Rough sleepers	17,384	0%
Refugees	92,414	1%
Single Homeless with support needs	4,313,076	35%
Teenage Parents	174,926	1%
Young people at risk	250,251	2%
Young people leaving care	329,763	3%
	<u>12,207,939</u>	

3. Service Review Programme

Actions	Target date for completion	Lead	key partners	outcome for service users / service user involvement
Teenage Parents	Sept 2005	SP team	<ul style="list-style-type: none"> • SP providers • Teenage Pregnancy Co-ordinator and TP Board 	Service users consulted for every review
Women escaping violence	Sept 2005	SP team	<ul style="list-style-type: none"> • SP Providers • Domestic Violence Co-ordinator and DV Forum Co-ordinator • Community Safety Team • Domestic Violence Forum 	
Older People	March 2006	SP team	<ul style="list-style-type: none"> • SP providers • Brent Older Peoples LIT • Social Services Older Persons Unit • Joint Commissioner for Older Persons Services 	Service user comments influence outcome of reviews
ECHG single homeless floating support (3 year contract due for review)	October 2005	SP Team	<ul style="list-style-type: none"> • ECHG (provider) • Hostels and Move on steering group 	
Disabled Facilities Grant admin contract	March 2006	SP team	<ul style="list-style-type: none"> • SP Provider • SSD Older persons unit • SSD O.T unit • Brent Older Peoples LIT and PDSI PAG. • Voluntary sector stakeholders 	

3. Risks and Contingencies for the Supporting People Strategy Implementation

The Supporting People programme presents challenges to providers, local authorities and other partners in the programme. Risk Management and Contingency Planning are an important part of the developing programme.

Risks and contingencies can be divided into:

1. Risks to the Supporting People programme in general
1. Service and Provider related risks

1. Risks to the Supporting People programme in general

The Supporting People risk map (Appendix 8)[INSERT LINK](#)) identifies the key areas of risk which have been identified for the overall Supporting People Programme in Brent. The risk map identifies a range of issues which could impact on the delivery of the programme.

- Financial risks which could impact on the finances of both Brent Council, and ultimately providers
- Managerial risks which impact on effective delivery and achievement of objectives stated in the strategy

2. Service and provider related risks

These are risks which would directly impact on service users, potentially very quickly. It is important to ensure providers and the Brent SP team work together to both foresee events where possible, and respond to unforeseen events as quickly and effectively as possible.

These risks can be subdivided into:

- Environment related - risks relating to the building such as fire, flood, major incident which would lead to the support service not being delivered.
- Service related - service failures which may require the service to be provided by another provider.
- Management related - such as fraud or financial mismanagement which may lead to the collapse of the provider and a need either for remedial measures or for another provider to be found. This might also include incidents such as anti-social behaviour which threatens supported housing users.

The risk map identifies the likelihood and impact of these events. It covers a number of strategies including:

- Regular and ongoing performance monitoring, dialogue and information sharing with providers and other funders of the service.
- Accreditation

- Use of Corporate policies and procedures for dealing with cases of abuse, anti-social behaviour, complaints, staff disciplinary offences, checks on staff credentials, a whistle-blowing policy, training and development requirements, as well as robust procedures for dealing with environmental disasters such as fire, flood and explosions.
- A diverse market and up-to-date market intelligence to make sure the borough isn't dependent on one single provider for specific services.
- An internal crisis management procedure within the Supporting People Team with links to the borough's wider management strategies e.g. Multi-Agency Public Protection Panels, Child Protection strategy, and those of Community Mental Health Teams