



# **Oxfordshire Supporting People Strategy 2011-2016**

**How we will increase and sustain  
positive impact made by  
Oxfordshire's housing related  
support services**

**March 2011**

Foreword

**Insert final version when approved**

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Cherwell District Councillor,  
Chair of Oxfordshire Supporting  
People Commissioning Body



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## **1. Introduction**

### **Key facts**

Oxfordshire Supporting People programme commissions essential preventative services for 11,500 vulnerable people who need support to secure and sustain a stable home and lead independent lives for as long as possible.

It funds more than 100 services and nearly 1,000 direct payments for older people, with a budget of just over £16 million.

It is being overseen by the Commissioning Body, members of which represent six local authorities, local Primary Care Trust and the Thames Valley Probation service and benefits from a strong and mature partnership between these organisations. In 2010-11 it started to formally report on its business to the Oxfordshire Health and Well Being Board.

The programme is administered by a team of 8 officers, employed by the county council as the administering authority, who among other duties lead on service user involvement, buy services on behalf of the partnership and manage 40 contracts with 30 provider organisations.

At the point of writing, the programme is about to enter its ninth year of existence which gives us a great opportunity to look back, reflect on key achievements to date and, most of all, plan for the future.

### **Role of housing related support**

In 2008 the Oxfordshire Partnership published a Sustainable Community Strategy which contained a set of pledges which the Oxfordshire Partnership made to deliver the things the people of Oxfordshire wanted.

The Supporting People partnership's work relates to the pledge "Improve support and opportunities for independent living"<sup>1</sup>.

The focus of the Supporting People partnership remains on delivering housing related support services, which help people to live independently either by helping them to sustain their independence if it is under threat or to recover it if they have lost their home for one of many reasons.

Housing related support is a distinct set of activities, different from health care and social care, different too from routine housing management carried out by social landlords for their tenants.

But housing related support is important in many ways: it helps to meet health, housing, social care and community safety goals.

For this very reason the work of the Supporting People partnership overlaps with other partnerships such as the Oxfordshire Housing Partnership and the Oxfordshire Health and Wellbeing Partnership.

More specifically, Oxfordshire Supporting People programme contributes to the successful delivery of strategic priorities set out in the Oxfordshire 2030:

- breaking the cycle of deprivation and reducing inequalities

- improving physical and mental health outcomes
- improving social mobility and economic outcomes

Access to a stable home and support to sustain it has been proven to enable vulnerable people to:

- reduce homelessness
- achieve better educational outcomes
- reduce rates of teenage pregnancy
- improve mental health
- reduce rates of offending behaviour

These services are preventative at their heart and assist people to regain their independence and become active contributors to society. In doing so, they avoid significant costs to statutory health and social care services, associated with greater dependency.

### **Key achievements since 2008**

The record of the Oxfordshire Supporting People partnership to date has been a good one.

- The partnership has re-commissioned all of its original services, apart from a small group of services for people with physical disabilities, in what has proved to be an ambitious and demanding programme of work for everyone involved.
- We have done so in close consultation with service users, carers, service providers and a wider range of stakeholders, ensuring that their voice has been heard and informed the shape of future services.
- We have made sure that service users have been involved at all stages of each procurement project we have carried out over the last four years.
- The partnership has worked remarkably well to cope with big cuts in central government funding for housing related support services in Oxfordshire and has found savings while in most cases keeping and even improving services.
- We have commissioned new innovative services in key areas of the programme and in doing so put Oxfordshire on the national map, in terms of being recognised for our innovation, joint working and ability to manage our resources well.

### **Financial context**

The financial and governance arrangements for commissioning Oxfordshire's housing related support services have changed significantly during the last three years, as was expected when we produced the 2008-11 strategy.

The money which Oxfordshire received from central government to pay for local housing related support services has transferred from central government to the Public Services Board, which could be described as the Executive of the Oxfordshire Partnership, and then most recently to Oxfordshire County Council as part of its general funding.

This funding also moved from being ring fenced for a specific named programme (i.e. Supporting People) to being first un-ring fenced and then ultimately not linked to a specific programme.

Comprehensive spending review announced that national allocation for the programme would be relatively protected for the next four years (2011-15). This is good news for the programme, the people and communities it supports, and the provider sector.

At local level the change in funding allocation described above means that some local authorities are getting more funding, whilst others are getting less.

The latter is the case in Oxfordshire, with central government formula giving the county a budget of £9 million, which represents a 44% cut from £16 million.

Under the previous government we have been planning for a reduction of 5% per year, which is a 20% cut over four years. New government's settlement was £4 million short of this allocation.

Oxfordshire County Council has decided to pick up the shortfall and set the destination budget at £13 million in 2014-15. This keeps the reduction to the planned level and allows the programme to proceed with implementing its commissioning priorities.

It is a testament to the programme's strong status and track record to date that Oxfordshire plans to retain its investment into the programme over the next four years.

### **Key challenges**

The financial context and fast-shifting policy environment present significant challenge for us all. Nationally it is predicted that the economic downturn, planned changes to housing benefit and the homelessness duty would affect socially excluded people the most and may lead to growing local demand for housing related support<sup>2</sup>.

Key challenges for the programme locally are:

- We need to meet priority need in the context of increasing demand and less money
- We need to continue to commission housing related support together with other and often new partners, while not losing focus on its key purpose
- We need to deliver effective early intervention and prevention measures that make most impact
- We need to bring services closer to service users and local communities they live in
- We need to shift focus to delivering sustainable outcomes which would help vulnerable people to become more independent and self-resilient

**What is this document about?**

In the last strategy we set out our plans for the programme for 2008-11: what we planned to do, when we planned to do it and how we would show we were delivering our plans.

In this document we report back on how well we have done against these objectives.

We are also discussing key issues and challenges facing the programme in 2011-12 onwards and how we plan to address these challenges to make sure that the programme's contribution is sustained in the future.

**2. How well have we done? – Report on delivering strategies for specific groups of vulnerable people in 2008-11**

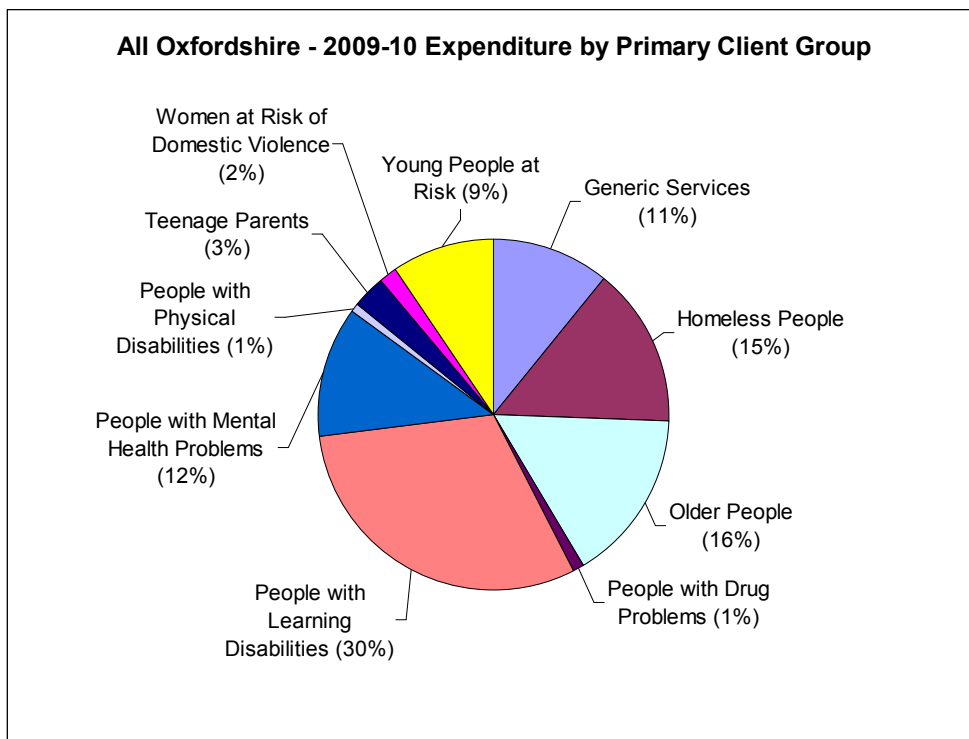
**2.1. Introduction**

In this section we present key facts and figures about our achievements and performance firstly across the programme as a whole and secondly across strategies for specific groups of vulnerable people. Most of supporting evidence used in this section is drawn from the “Oxfordshire Supporting People Annual Report 2009-10”. This report contains a wealth of extra information and acts as a key reference document for this strategy.

**Oxfordshire context – Key facts and figures**

**How we spend Supporting People funding**

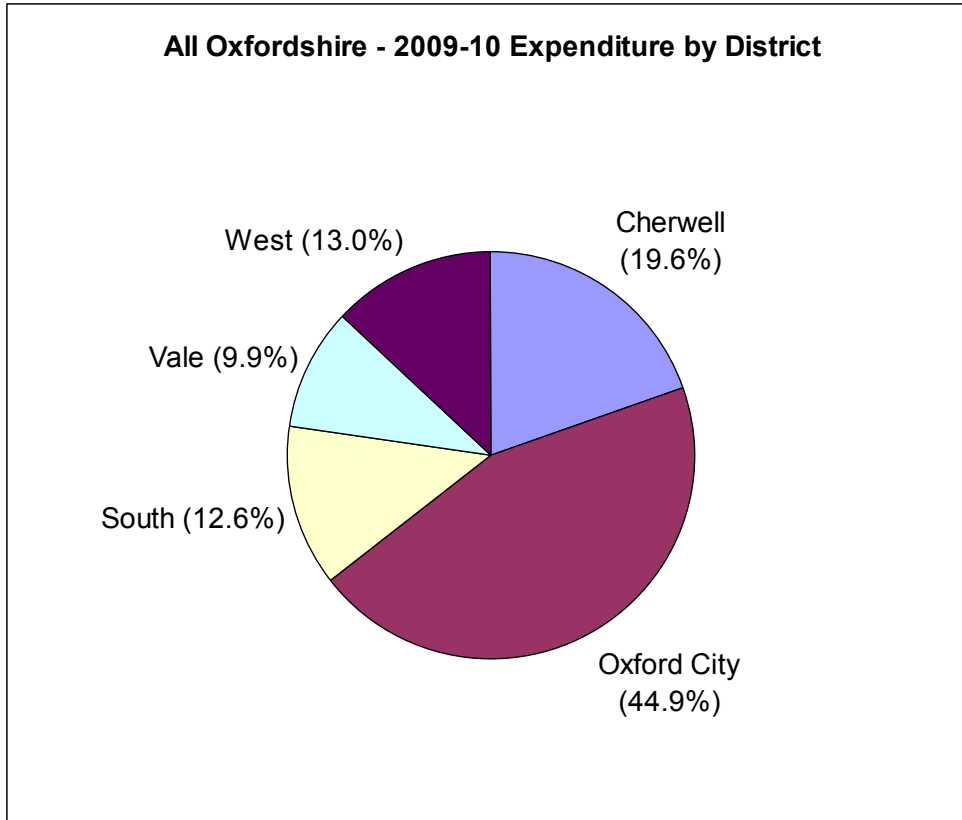
- In 2009-10 the programme’s expenditure reached £17.6 million.
- The programme supported over 11,400 people; with the majority of service users being older people.
- The biggest proportion of expenditure is on people with learning disabilities followed by older people and homeless people.
- Compared to similar areas Oxfordshire has a higher proportion of spend on people with learning disabilities and teenage parents. Oxfordshire has a lower proportion of spend on older people and women at risk of domestic violence.



- By geographical area, Oxford City continues to have the largest proportion of Supporting People spend followed by Cherwell, West Oxfordshire, South Oxfordshire and Vale of White Horse district.



- Compared to other districts:
  - Cherwell has a higher proportion of spend on teenage parents, women at risk of domestic violence and people with physical disabilities
  - Oxford has a higher proportion of spend on homeless people, people with mental health problems and people with drug problems
  - South has a higher proportion of spend on people with learning disabilities
  - Vale has a higher proportion spent on older people.



**Achievements in key performance areas**

**Performance in 2009-10**

Performance of Supporting People funded services is measured against the following two key national targets:

National Indicator 141 which measures the number of people moving on in a planned way from short term services. In 2009-10 our Local Area Agreement target was to reach 60%. We have surpassed this target by achieving 66.5%.

To achieve this target we worked together with service users, providers and partners to improve the number of planned moves from Oxford based services for single homeless people, who make up the largest group of people considered under this indicator. We are pleased with this joint achievement.

We also remain confident that local services have great potential to improve their performance even further in this area, especially if we are to join other better performing areas of the country.

National Indicator 142 which measures the number of service users who are supported to establish and maintain independent living. This indicator measures

performance of long term and floating support services. In 2009-10 our target was to reach 98.9%, which we have done. There is little variation in performance in this area nationally, which raises questions about whether this is the most robust performance measure to use in the future.

### **Outcomes for service users in 2007-10**

We collect data about individuals who are supported by the programme at the point they enter support services (i.e. client records data) and when they leave these services (i.e. outcomes data). This data is now available over the last three years.

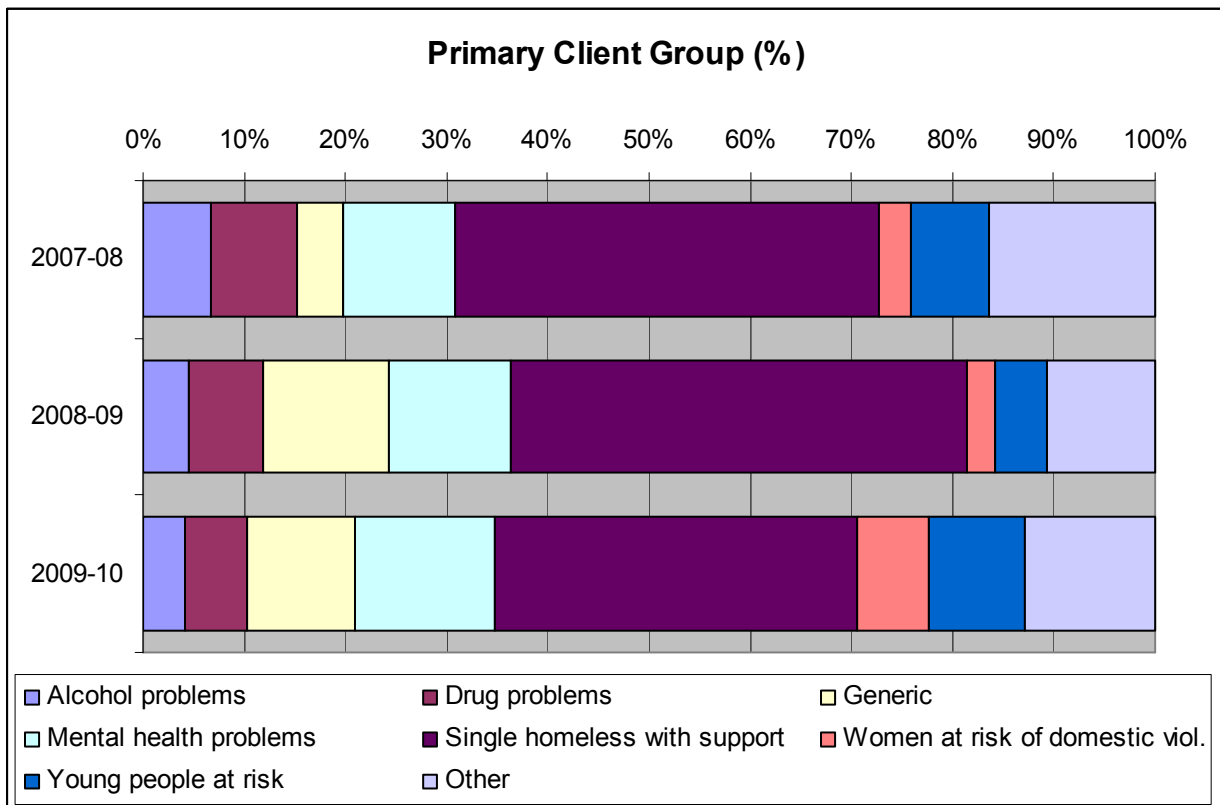
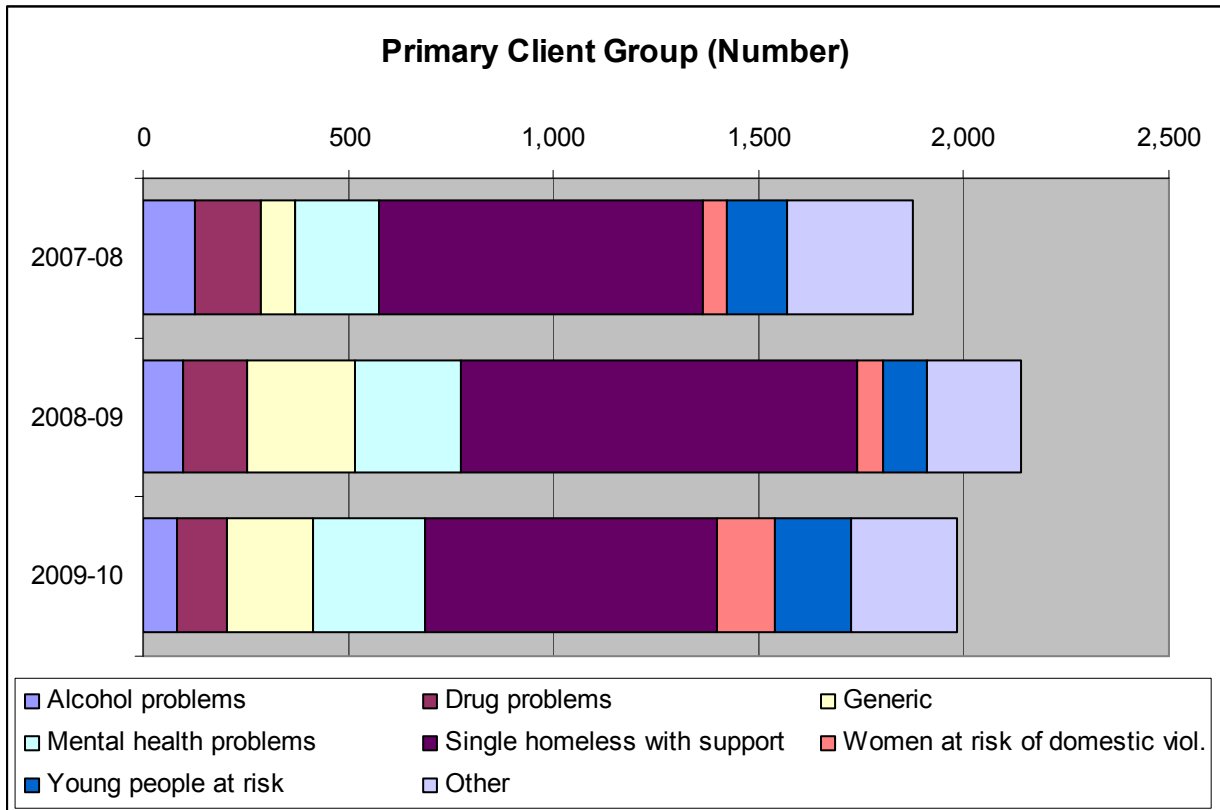
Client record data shows that support services work with a high proportion of males, although the proportion of females has increased over the last three years, a high proportion of single homeless people and a high proportion of people from Oxford City district. This data is presented in the tables below:

**Table 1: The proportion of females / males using Supporting People services in 2007-10**

<b>Gender %</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
Female	33.1%	33.9%	41.8%
Male	66.9%	66.1%	58.2%
Total	100.0%	100.0%	100.0%

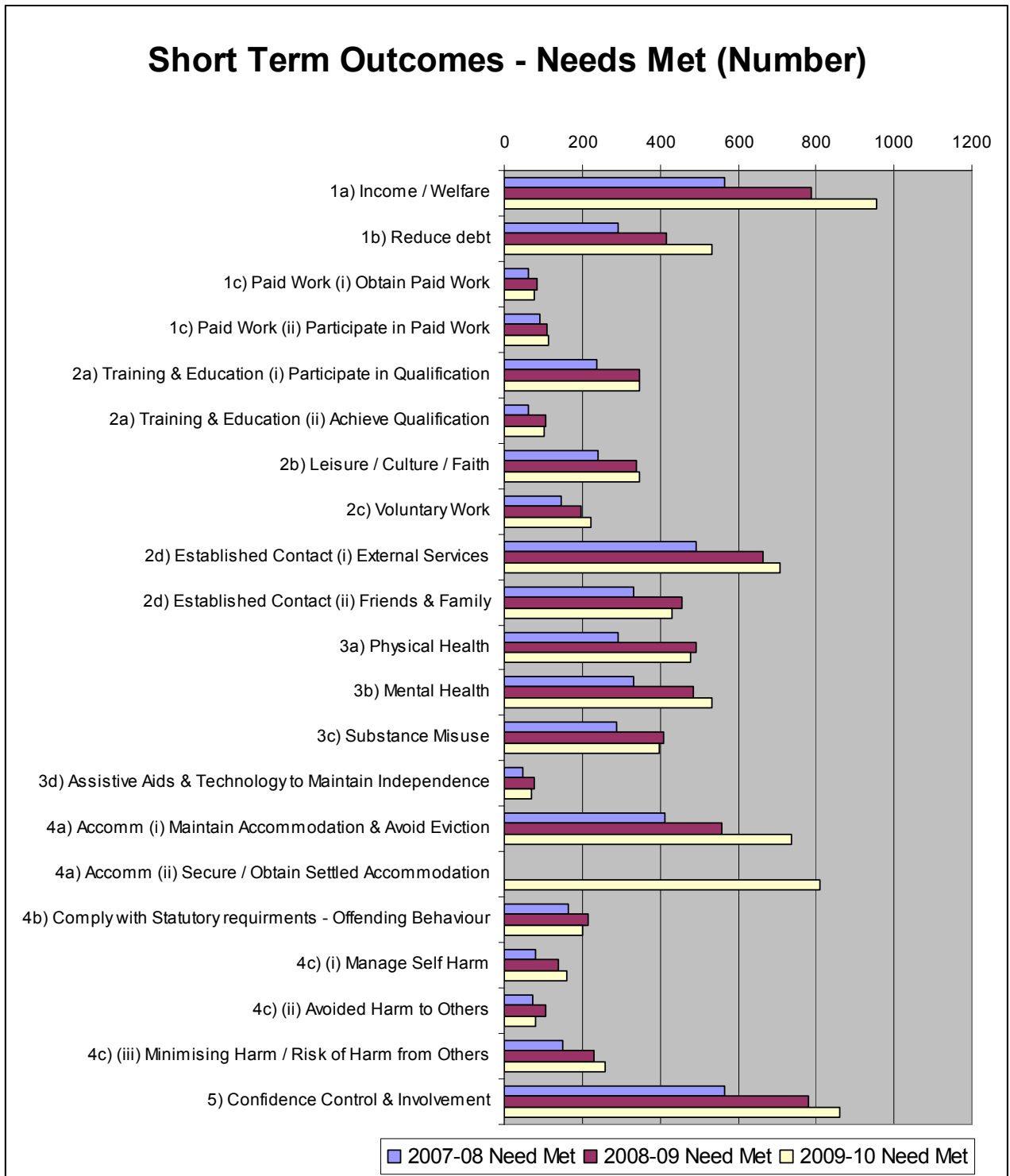
The main client groups are single homeless, mental health and generic. Oxfordshire trends in this area of the programme are similar to those reported nationally.<sup>3</sup> The number of people within the mental health and women at risk of domestic violence primary client groups have increased over the last 3 years.

**Tables 2 and 3: The number of people using Supporting People services by primary client group (number and proportion)**

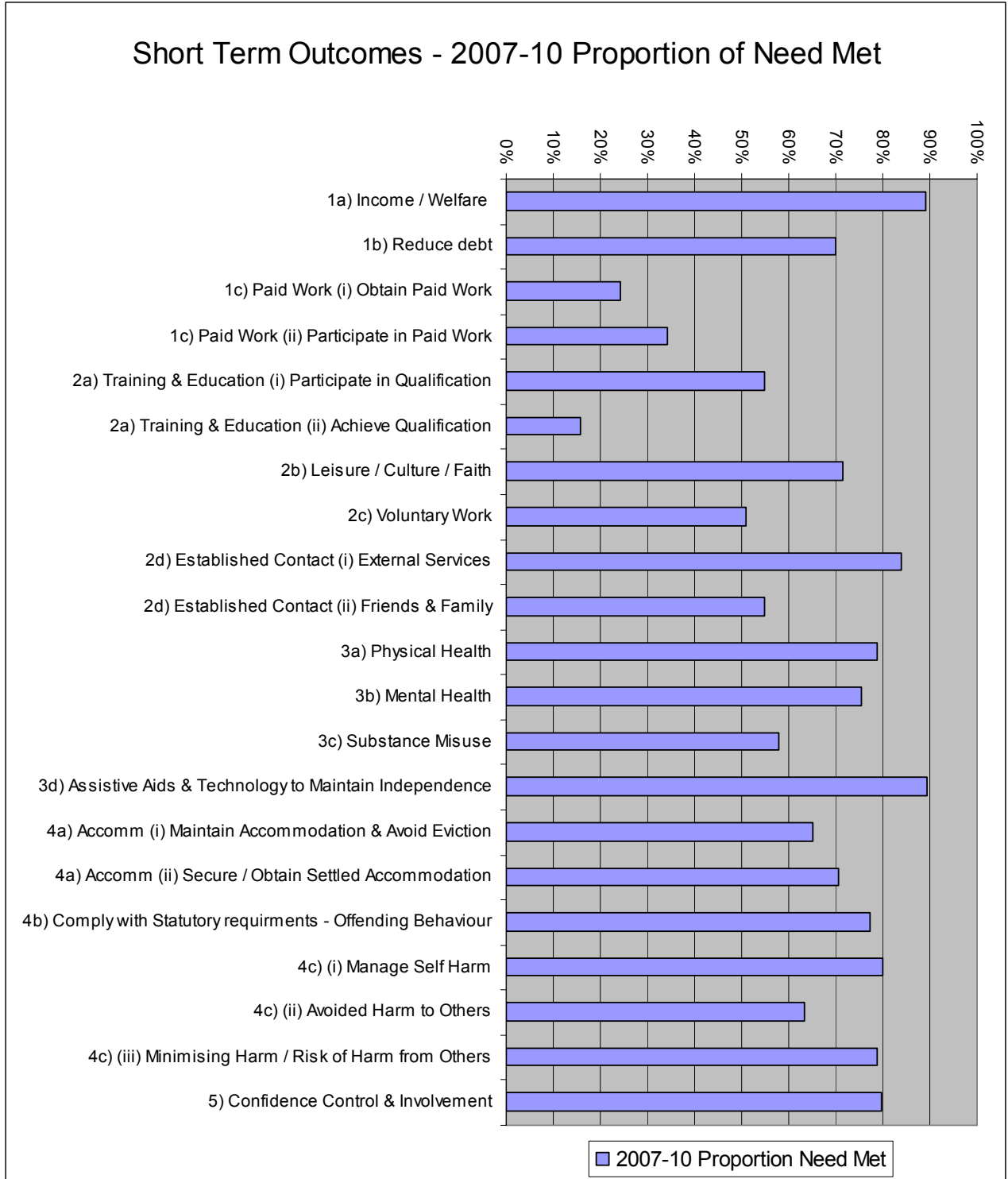


Outcomes data shows that for people using support services provided on a short term basis (i.e. for less than two years) across all areas in which outcomes are measured the need was met in two out of every three cases.

**Table 4** data shows that over three years the five highest needs met are income welfare (2,307), confidence (2,208), contact with external services (1,864), maintain accommodation (1,704) and mental health (1,352). Oxfordshire trends on the top two types of need are similar to those reported nationally.<sup>4</sup>

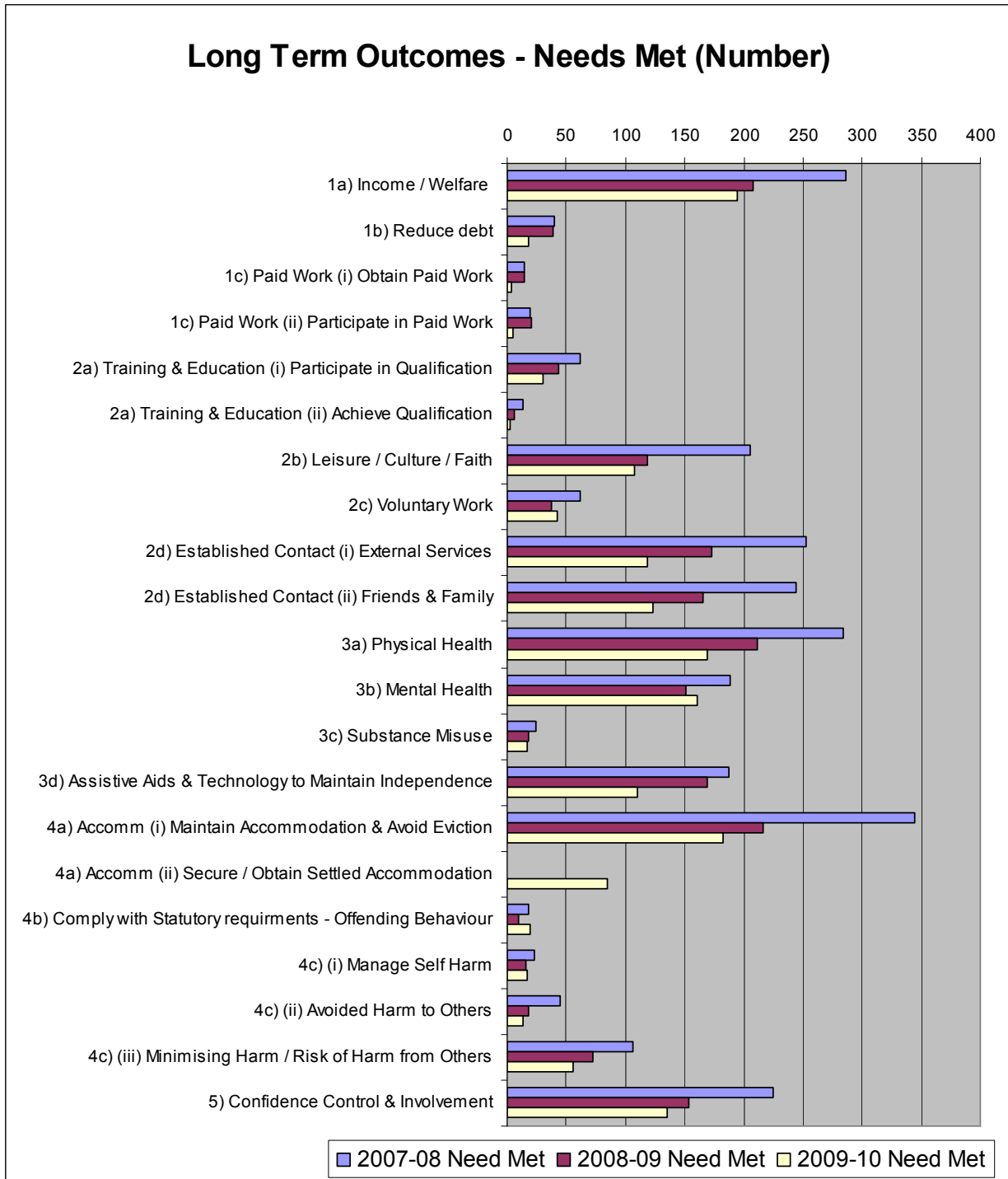


**Table 5** data shows that the three areas with the highest proportion of short term needs met are assistive aids (89.3%), income welfare (89.1%) and contact with external services (83.9%).

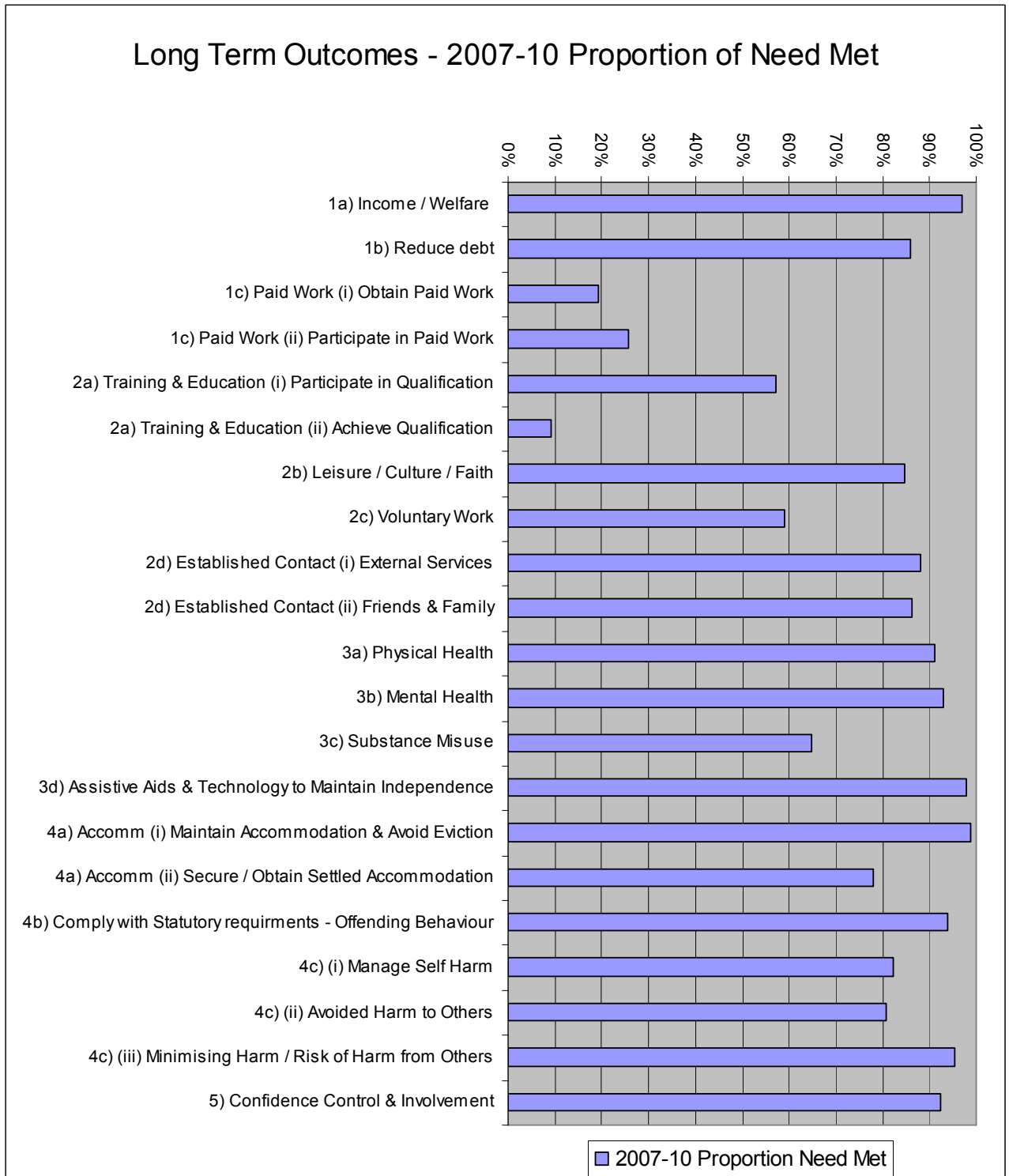


For people using long term support (i.e. for more than two years) across all areas in which outcomes are measured the need was met in six out of every seven cases.

**Table 6** data shows that over three years the five highest needs met are maintain accommodation (743), income welfare (689), physical health (665), contact with external services (544) and contact with friends and family (532).



**Table 7** data shows that the three areas with the highest proportion of long term needs met for 2007-10 are maintain accommodation (98.7%), assistive aids (97.9%) and income welfare (97.0%).



## **Progress with delivering strategic objectives**

In delivering our vision, values and strategic objectives we have fully met most of the following main objectives of the Supporting People programme in Oxfordshire in 2008-11.

### **Joint commissioning and value for money**

We have commissioned new services across all areas of the programme, apart from a small set of services for people with physical disabilities<sup>5</sup>. We have done so well and on time in most cases.

We have created and used exciting new opportunities to commission services together with other partners in order to deliver joint objectives and maximise use of limited resources. In doing so we are leading the sector in bringing together housing and support with health and social care objectives.

Overall seventy percent of Supporting People funding in Oxfordshire is spent on services we have commissioned jointly and in an integrated way with other agencies<sup>6</sup>. Benchmarking information for the sector indicates that this represents a significantly larger proportion of spend than in other areas of the country<sup>7</sup>.

Our strategic approach to joint commissioning not only brought more resources to the table but also provided better opportunities to increase our collective buying power and secure better value for money through procurement. This approach has been fundamental to our ability to manage the reducing budget without having to reduce front line services on a large scale. We were also able to attract innovative and forward looking bids from a range of local and national organisations services and commissioned better quality services for local people.

We have also improved value for money by working with providers to improve the performance of local services and by encouraging them to continuously look at new ways of delivering better outcomes for service users. This is shown by a number of key services achieving higher, level A and B ratings under the Quality Assessment Framework (i.e. floating support services) or achieving significant improvements in their performance against priority targets (i.e. services for homeless people).

Our work on joint commissioning to date is shown further in section 2.2. Learning disability, 2.3 Older people, section 2.6 Mental health, and section 2.7 Young people and teenage parents.

### **Meeting priority need and delivering positive outcomes**

We have strengthened our focus on commissioning services based on clearly evidenced support need for all vulnerable people living in Oxfordshire's diverse communities. We have done so by involving service users, carers and a wide range of partners in bringing together their knowledge and expertise in identifying unmet and priority need before deciding which services to commission.

For example, in 2008-09 together with local housing authorities we have identified the need to increase our investment in outreach support for men and women at risk of domestic abuse in Cherwell and West Oxfordshire and have done so by commissioning a new service aimed at this population group<sup>8</sup>.



Oxfordshire new housing and support pathway for young people and teenage parents is another example of our improved ability to commission services for people with the highest need.

We have also worked on improving the targeting of all support services to ensure funded services are delivered to people who have identified needs for those services. For example, we have identified the need for older people living across all types of tenure to have access to telecare equipment to enable them to remain independent in the community. We designed and commissioned a new preventative service that combined telecare with low level support and last resort personal care in an emergency, which is now being equally taken up by older people living in a variety of accommodation, such as privately owned or rented dwellings, and a caravan park.

Overall we have taken further steps to refocus existing accommodation based services to either cater for those with high support needs who require long term support to live independently, as in the case of supported living schemes for people with learning disability. Or to provide short term rehabilitative support to enable people to move into accommodation in the normal housing stock, as in the case of young people, single homeless people or those being supported by floating support.

When new services are in place, we monitor how accessible they are to people they have been designed for by analysing profile of people using these services. This work is further illustrated in client group sections and the annual report that accompanies this strategy.

Over the last two years we have started to shift our focus on measuring outcomes delivered for service users. We have identified outcomes most relevant to users of each service and have analysed this information for the last three years to see how well local services were performing.

This information is considered in more detail in sections 2.2-2.12.

## **Choice**

We have enabled a larger number of vulnerable people to access suitable support services that focus on enabling them to achieve their individual goals.

For example, before designing the new preventative service for older people we have extensively consulted with current and future users of the service. We have listened to their views, which indicated that some people would prefer to remain with their existing provider of support and not transfer to the new service. We have also discussed these issues with providers to make sure that they were able to meet this request.

As the result, during 2010-11 we have set up direct payments for more than 800 older people that have chosen to remain with their provider of choice and have supported them throughout the implementation of these changes. For comparison prior to 2010 we operated direct payments for less than 100 people, mainly to older people receiving a community alarm service or living in leasehold accommodation.

In doing so we have enabled people to have choice about the way their housing related support needs are met and to receive and use Supporting People funding for themselves to meet their assessed needs.

### Easy access and diversity

We have taken specific steps to enable a larger number of service users and agencies who refer them to say that support services are easy to access. We have done so by continuing to publish at regular intervals up to date information about the services we provide and by linking this information to other sources of information and advice used by local people<sup>9</sup>.

We have prioritised this work despite of reducing administrative resources, because we recognise that a programme of re-commissioning implies significant change and it is crucial that people have clear information about services on offer at any point in time.

We have also worked with providers of mental health services in Oxfordshire to establish a common referral form. This made it easier for service users and their carers to contact support services on offer and for providers to offer appropriate support more speedily and without unnecessary bureaucracy.

We believe that housing related support should be available to all who need it, regardless of gender, disability or race, while recognising that the Supporting People programme does not fund services for children under the age of 16.

In order to make sure that local services are accessible to a diverse range of people we worked with providers to promote good practice in making services available and effective for all. We have looked at whether this work made any difference by analysing local and national performance trends across key characteristics of service users such as gender, ethnic origin, religion, disability and economic status.

This information tells us the following about people accessing the Supporting People services:

- The majority are male, but the proportion of females is increasing<sup>10</sup>
- The majority are White British, but the proportion of BME cases (Asian / Black / Mixed / Other) is increasing.<sup>11</sup>
- In those cases where people have told us about their religious beliefs, the majority are Christian followed by Muslim<sup>12</sup>
- In those cases where people have told us about their disability, the most common recorded disabilities are “mental” followed by “mobility” and “learning”<sup>13</sup>
- The majority have described themselves as falling into one of the following three economic groups “long-term sick”, “job seeker” and “not seeking work”. These account for just over two thirds of Supporting People client cases over the last 3 years<sup>14</sup>

We use this information when we review our services and decide what future services may look like. We plan to make further use of this valuable information in our work on the programme in 2011-12.

### **Service user involvement**

We have enabled service users and carers to have more say about what services we commission and how they are delivered from start to finish.

Starting with the first ever Supporting People tender of floating support services we completed in 2007, service users have been involved in each procurement exercise we have done. They have told us about how current services can be improved, helped us to design new services and select new providers. More recently, for example in the mental health project discussed further in section 2.6, we have improved the way we engage with carers and have plans for taking this work further forward.

We have also created and supported a Supporting People service user group, representatives of which take part in decision making about the programme and have begun to help us to assess the quality of services we provide.

Finally, we have been involved in the development of the Up2Us – an innovative project described in more detail in section 2.13 Service user involvement.

Most of these objectives cut across all sections of the programme and our achievements are shown in more detail in sections 2.2-2.13.

## **2.2. People with Learning Disabilities**

### **Key Fact**

Housing related support has a critical role in giving people with learning disabilities independence, choice and control in line with the vision in Valuing People and Transforming Adult Social Care.

### **Key Statistic**

By 2016 the number of adults with learning disabilities in Oxfordshire is expected to increase to 4,263<sup>15</sup> compared with 3,900 at the time of the last census in 2001. This figure is based on those people with mild and severe learning disabilities who are considered to be vulnerable and eligible to receive a support service.

#### **Oxfordshire Context:**

- Oxfordshire LD Pool Budget is £74.2m in 2010-11. It is made up of contributions from Adult Social Care, Health Care and Supporting People.
- The Supporting People contribution is £4.58m. This funds the housing related support element of supported living. Currently over 550 people are in receipt of housing related support at any one time
- Supported living opportunities are available across the county, in both urban and rural areas
- Supported living is tailored to meet people's needs and to help people live independent and valued lives. People often live in shared houses, although there is a range of accommodation from one bed flats to larger houses of 4 or 5 people
- Care and support are available during the day, in the evenings and at night depending on individual's need and circumstances. These are assessed by care managers and a person budget is derived from the level of need
- All block contracts with service providers are open to competition. Service users, family members and carers now have the ability to choose which provider they want. All providers are subject to quality and price control at the competition phase.

#### **How did we get here?**

- We have transferred the funding for Supporting People services to people with learning disabilities into the Learning Disability Pooled Budget
- In doing so we have created one commissioning framework covering people's health, social care and housing related support needs
- We have achieved a reduction in the amount paid to the LD Pooled Budget from £5.14m in 2008-09 to £4.58m in 2010-11
- At the same time we have increased the number of adults with learning disabilities supported to live at home, including those who have taken a Direct Payment or Personal Budget

## SP5

- We have increased the availability and use of assistive technology to help keep people safe and to allow them to live at home more independently
- We have reduced administrative burden on service providers by making sure they have just one contract if they meet all the needs of service users, rather than separate contracts for different funding sources.

### **Impact**

- We have made it easier for clients, carers and providers to access supported living services by pooling funding and managing services under one contract
- People are able to choose whether to use services commissioned for them by professionals or whether to buy services themselves using direct payments, self-directed support and similar arrangements.
- Referral routes into learning disability services are clear, well communicated, and give priority to those with the greatest need.
- Service users are fully and meaningfully involved in decisions. Consultation will be organised around people and their carers, not fragmented according to funding boundaries.

### **Key Measures of Success or Failure**

- We have achieved very high performance with increasing number of people with learning disabilities supported to maintain independent living and wish to maintain this success – The NI 142 scores from 2007-08 onwards have all been above 99.5%<sup>16</sup>
- We have maintained a high level of performance with increasing number of people with learning disabilities in settled accommodation and are significantly ahead with regards to regional and national achievement. The Oxfordshire scores are 92.3% and 80.8%, the England scores are 64.5% and 61.0%<sup>17</sup>
- Although numbers of people with learning disabilities in employment has dipped slightly, our performance has been in line with regional performance indicators. The Oxfordshire scores are 10.8% and 9.6%, the England scores 6.8% and 6.4% (2008-09 to 2009-10)<sup>18</sup>

### **Key Issues**<sup>19</sup>

- There is a significant pressure on the availability of suitable supported living available to those who need it
- Service users should be offered more control and be more involved in choosing how and by whom their support is provided
- There are an increasing number of older carers with adult children with a learning disability living at home
- There are an increasing number of older people with learning disabilities who have dementia and other health problems

### **Key Actions**

Between April 2011 and March 2016 we will

- Make Supporting People funding for housing related support available to all people with learning disabilities in supported living.
- Continue to increase the number of people with learning disabilities helped by the programme to over 600, whilst managing a reducing budget

- Move more people onto Personal Budgets and continue to facilitate the choosing and purchasing of support services by the service users themselves
- Monitor the quality of services in order to provide the best quality possible within the budget available and to keep people safe

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**Case Study 1**

JB has long standing mental health needs and institutional behaviours as well as having learning disabilities.

He has significant experience of living in in-patient (hospital) services.

By choosing a support provider with the suitable skills and expertise a service was designed to meet JB's specific support needs.

The support provider chosen was Real Life Options who were new to working for Oxfordshire County Council.

The support to JB has now enabled him to live independently in settled accommodation for nearly three years without relapse and the need for specialist residential in-patient care.

Not only has this allowed JB to live a more fulfilled and valued life, it has also saved the Learning Disability Pooled Budget around £3000 per week or over £400k to date

We have also built up local expertise in providing this type of service which has allowed us to expand this service for up to 12 people. This has likewise brought about significant savings.

**Case Study 2**

RN was finding it difficult to find suitable accommodation that met his needs and that would allow him to live independently on his own.

Working with his support provider, The Ridgeway Partnership, we were able to identify a suitable area attached to a current service. This involved converting a space previously used as an office into an independent flat.

Working closely with the landlord and specialist architects, the support team helped to design an apartment which contained a range of assistive technology.

The technology installed can monitor and alert the support team. They can respond to alerts triggered by, for example extreme heat, smoke, epileptic seizure etc. They can also monitor and respond to unusual activity around the front door. RN is also able to summon support when needed.

This remote and un-intrusive support allows RN to live independently and enjoy time alone in his flat. The staff team have confidence that all is well and that they can intervene if required rather than have to continually visit to assess RN's wellbeing.

It is unlikely that RN would have tolerated sharing a property with another tenant or intense staff support in his flat. The Assistive Technology gives the balance of safety and independence.

### 2.3. Older People

#### Key Fact

Low level preventative support combined with good quality housing conditions enables older people to sustain independence and continue to live at home.

#### Key Statistic

The Joint Strategic Needs Assessment predicts that there will be a large increase in the older population over the next few years particularly in the over 85's age group and especially in rural districts. It is estimated that in 2010 there will be nearly 15000 people aged over 85 and over 24000 by 2028<sup>20</sup>.

#### Oxfordshire Context:

- In 2010-11 we spent £2.5 million on services for older people
- This funding is used to provide three types of service:
  - The Alert service that offers social alarm, telecare, planned support and 24/7 emergency response
  - Home Improvement Agency services that provide minor and major adaptations to people's homes, handy person services, and offer advice on health and safety and benefits
  - Direct Payments to older people living in sheltered housing schemes to assist them with paying for social alarm and low level support provided by their landlord
- These preventative services are commissioned together by Adult Social Care, Supporting People and local housing authorities and are key to our commitment to enabling older people to sustain independence and live at home for as long as possible
- The number of people supported at any one time is 9000
- The first two of these services are available to people living in all types of tenure; support to tenants of sheltered housing is linked to accommodation they are occupying
- All of these services are now available across all parts of the county

#### How Did We Get Here?

Between April 2008 and March 2011 we have

- Properly consulted older people about the way services are being delivered
- Designed, advertised and implemented new round-the-clock housing related support services for older people throughout Oxfordshire starting in April 2010
- Offered and administered direct payments to 800 people to enable them to continue to receive support services from their preferred provider
- Supported the delivery of the Oxfordshire Extra Care Housing Strategy, increasing the number of extra care sheltered housing services we fund from the previous level of just one to two
- Reviewed all Home Improvement Agency services and agreed to extend current arrangements for another two years

### **Impact**

- Housing related support and telecare services are now available to older people who require support to live independently - regardless of the accommodation they are occupying.
- Timely and effective support is now available at any time of day or night when it is needed. This includes regular planned contact with support staff and quick response in emergencies.
- Referral routes into services are now better integrated with existing housing, social care and health referral routes and minimise the requirement for further assessments.
- Combined these services offer innovative and flexible solutions to meeting priority need such as ensuring safe and timely discharge from hospital and ongoing support for carers.

### **Key Measures of Success or Failure**

- The proportion of older people supported to maintain independent living continues to be high - the scores from 2007-08 onwards have all been above 99.2%<sup>21</sup>
- There has been a decrease in the number of black and ethnic minority older people receiving financial help from Supporting People with their support charges from August 2008 to September 2009<sup>22</sup>
- We are not yet able to assess in a systematic way whether these services contribute to reduced numbers of non-emergency calls to ambulance service about older people. We are planning to consider this issue in 2011-12.

### **Key Issues**

- Demand for low level support and telecare services is increasing across the county. We therefore need to find ways to meet priority need within available resources.
- Existing direct payment arrangements need to be reviewed to ensure that they are aligned to best practice frameworks.
- We need to seek solutions to funding the element of housing related support in extra care housing without having to take money away from existing services.

### **Key Actions**

Between April 2011 and March 2012 we will

- Evaluate the performance of new services to ensure they deliver the expected outcomes for older people
- Support the delivery of prevention and early intervention services by continuing to fund direct payments and extra-care housing services
- Agree our medium to longer term contribution to older people services



**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**How the alarm and support have changed people’s lives**

Mr P was discharged from hospital with a terminal illness. Due to his domestic home arrangements he was living in a converted garage. It was not possible to fit a BT landline. In order for the discharge Mr P’s alarm was set up using mobile technology and he used the service successfully until his death.

Mrs C aged 92 lived in a small village with good family support. She wanted to remain independent. She had an alarm, falls detector, and door exit sensor fitted to which she is happy for her family to respond.

Mrs A lived a distance from her family although they visit regularly. She moved from a lower level of the service to a more intensive level and now receives planned support visits. This has enabled her to remain independent, have her health and well being monitored on a regular basis and provide relief to her family. She was also sign posted on for a benefit check.

“At the age of 90 I don’t exactly have ‘goals’ except to keep as well as possible – and to remain reasonably sociable. The support I have helps me with hospital visits etc and I am really grateful for it – particularly as I have no living relatives.”

**Impact made by Home Improvement Agency services**

“I am very grateful to have the lift as I am no longer “marooned” upstairs for a good part of the day!”

**A** is an 85 year old with a long term chronic health condition and a history of non-engagement with services and of personal neglect. She was referred by her case manager to the Home Improvement Agency in West Oxfordshire as she was living in squalid conditions which meant that support staff were unable to assist her with such tasks as cooking and cleaning. The agency installed a new kitchen and following this support staff were able to provide the help which **A** required. Without this intervention the view of the case manager is that **A** would almost certainly have had to enter permanent residential care.



## 2.4. Homeless People

### Key Fact

Homeless Link states<sup>23</sup> that a bed alone will not solve homelessness, but access to stimulating activity can give the most chronically excluded service user a reason to get out of bed. Structured programmes of activity help service users to develop confidence, raise their expectations, and gain skills for life and work.

### Key Statistic

The average rough sleeping street count figure in Oxford from 2008-11 is 11 however figures vary during the period from a low of 5 to the highest count of 22<sup>24</sup>.

### Oxfordshire Context:

- In 2010-11 we spent £2.5 million on services for homeless people
- The number of people supported at any one time is under 350
- Services provide support linked to specific accommodation and are based mainly in Oxford
- Vale of White Horse and West Oxfordshire have one service each, while Cherwell and South Oxfordshire have no services of this type
- In Oxford we are commissioning a pathway for homeless people, together with Oxford City Council
- The pathway provides a structured range of services from direct access night shelter and day service to a choice of hostels depending on support needs followed by second stage accommodation with support to move onto independent living
- In other parts of the county we build support for homeless people around different types of accommodation they are living in. This often takes the form of floating support that can be delivered in service users' homes or on a drop-in basis, for example at a local community centre

### How Did We Get Here?

- We have completed a tender exercise for new accommodation based services for homeless people in Oxford City using the pathway for homeless services established with stakeholders. The services started in 2009-10.
- In late 2010 we made use of a new build property in Littlemore, Oxford, for part of a second stage move on service with affordable rent for homeless people who are ready to start work.
- We have designed, advertised and implemented a new hybrid service in West Oxfordshire for single homeless people and young people. This service started in October 2010.
- We have regularly monitored and audited the performance of the new services and there has been a large improvement in the number of homeless people achieving independent living.

### **Impact**

- The pathway has enabled more service users to move through services in a planned way, building skills which lead to living independently
- Access to services has been improved with a system of assessment and prioritisation
- The addition of a new build property with affordable rent to a second stage service is an extra incentive to service users completing their pathway and gaining employment whilst still engaging with support

### **Key Measures of Success or Failure**

- The major success over the last 3 years has been the vast improvement in the proportion of homeless people achieving independent living, below 50% for 2007-08 and above 60% for 2009-10 and 2010-11<sup>25</sup>
- There has been an increased number of homeless people helped to manage their physical health over the last 3 years from 58 to 139 to 154 (2007-08 to 2009-10 data)<sup>26</sup>
- The number of people assessed as ready to move on is monitored through number of successful departures via audit work. The number here over the last 3 years has moved upwards from 454 (2007-08) to 484 (2009-10)<sup>27</sup>

### **Key Issues**

- Despite increasing opportunities, many homeless people are not accessing employment, training or education<sup>28</sup>
- Oxfordshire still experiences rough sleeping and the government focus is to end this by 2012<sup>29</sup>.
- 2010-11 has seen a sharp increase in the number of people sleeping rough from the A10 countries who do not have recourse to public funds and therefore cannot be supported by the programme<sup>30</sup>
- A national driver around mental health and the needs of homeless people is the need to meet the psychological and emotional needs of homeless people, particularly where this derives from complex trauma in childhood<sup>31</sup>.

### **Key Actions**

Between April 2011 and March 2012 we will:

- Continue to work with providers to improve outcomes for service users particularly around tackling worklessness and increasing participation in positive activities such as education and training.
- Sustain the current level or continue to increase the number of homeless people achieving independent living.
- Work together with districts to help eliminate rough sleeping across Oxfordshire
- Continue to work with providers and service users to encourage client involvement in the wider community
- Build on close links with the new mental health services around complex trauma to provide advice and expertise

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**Comments from service users from O’Hanlon House and Julian Housing:**

“To tell you what Julian Housing has done for me I would need much more space than this. So, to put it as simply as possible, I feel that Julian Housing have given me my life back and a chance to maybe be happy again.”

“I have never been to school in my life, and I thought I would never get a job, but I have at the post office and that’s because the staff here helped me. But I still think they get us up too early, especially at weekends!”

“I gradually came to believe I could get back into work and started to apply to employers with new-found confidence. I got a job as a bricklayer and am about to leave O’Hanlon House. I never could have achieved it without the help I received from the resettlement team.”

**Case Study from Street Services Team**

JMF is a 40 year old male with a history of homelessness and rough sleeping dating back over 25 years. JMF has a history of drug and alcohol abuse and has not settled anywhere for longer than a few months over the last 2 years. JMF is 19 months clean. In 2009 JMF was diagnosed with dystonia, a physical disability affecting the brain and the way it communicates messages to your muscles. This disability can be brought on by stress or drug use.

JMF came to the attention of homeless services in 2010 when seen sleeping rough by the Street Services Team. JMF engaged with the team and was able to access day services at O’Hanlon House. JMF was supported into O’Hanlon House by the SST and progressed very quickly through to the resettlement floor. JMF remained at O’Hanlon House for 6 weeks before being referred on to Simon House.

JMF has been at Simon House for 6 months and has progressed through the first stage accommodation in to their move-on flat. This flat is self catered and offers an insight into independent accommodation. Whilst working with the Street Services Team, JMF became involved in our service user forum and has helped the team during 2 rounds of recruitment to interview candidates. JMF has been instrumental in the selection of staff for the team.

JMF is part of the Simon House resident management committee and provides a voice to the residents when going to regular management meetings. JMF credits his progress and development to his key-workers from both O’Hanlon House and Simon House. JMF has long terms plans to work within the homeless field and is in the process of applying to become a volunteer at O’Hanlon House. In addition to this, JMF has applied for a college course relating to work with drug and alcohol users.

JMF has been supported by Simon House to apply for the Oxford City general housing register and hopes to move in to his own independent accommodation within the next 12 months.

## 2.5. Generic Services

### Key Fact

Floating support services are flexible and can respond rapidly to crises and prevent tenancy breakdown<sup>32</sup>

### Key Statistic

Outcomes data collected by providers shows that over 75% of identified needs are being met and that 90% of people with a need for greater confidence, control and involvement have been supported to achieve this<sup>33</sup>.

### Oxfordshire Context:

- In 2010-11 we spent just over £2 million on floating support services
- The two services have a combined capacity of 277 units of support
- Services are delivered on a county-wide basis and providers have bases in most of the districts which enables each provider to reflect the local priorities in each District/City area
- Service provision in Oxfordshire is characterised by innovation, imaginative use of resources and quality evidenced by both providers achieving Level B in the Quality and Assessment Framework
- In addition to contractual requirements providers have introduced drop in services and a specialist mental health service, both of which represent “added value”.

### How Did We Get Here?

- Following a strategic review of existing floating support services in Oxfordshire services were procured under a new service specification that sought to create widely accessible flexible multiple needs floating support services. As a result two generic floating support services were commissioned from Connection and Stonham in 2008
- Both providers have worked constructively and engaged with partners and stakeholders to address issues and challenges with service provision.
- In 2010 the Supporting People team undertook a strategic review of floating support services. The headline findings of this review were that the services are still strategically relevant, providing a client focused personalised and responsive service which is good value for money.

### Impact

- The service has made a significant contribution to the reduction in homelessness in Oxfordshire and is regarded as an essential aspect of homelessness prevention work
- The service enables vulnerable people to draw on other forms of support and access other services and opportunities in the community
- The service has had a considerable impact on establishing stable and cohesive communities through reducing the risk of harm; supporting chaotic clients to become more stable, and support with employment, training, leisure and voluntary work activities.

**Key Measures of Success or Failure**

- The percentage of clients enabled to maintain independent living has exceeded both the South East and the National average for generic services<sup>34</sup>.
- Outcomes data for 2009-10 show that 70% of service users needed support to maximise their income and this was achieved in over 90% of these cases<sup>35</sup>
- Evidence from service users demonstrates that they have been supported to get into employment and training and develop and maintain supportive relationships with others<sup>36</sup>.

**Key Issues**

- There is a need for a more assertive outreach model<sup>37</sup>
- Young people can be reluctant to engage with floating support<sup>38</sup>.
- There is a need for a more targeted service for substance misusers and offenders<sup>39</sup>.

**Key Actions**

Between April 2011 and March 2012 we will:

- Ensure that there continues to be a similar level of service whilst also achieving efficiencies
- Continue to work with providers to develop a more targeted, assertive approach to engage young people, offenders and people with substance misuse issues.

**What service users, carers, agencies and stakeholders have told us about the services we fund:****Case Study**

One woman who went to a Connection service user event described how the service had transformed her life and in fact saved her life. She described how for many years she had suffered with agoraphobia making it impossible for her to work, socialize or engage in many normal activities. She had experienced the threat of homelessness and the stress of having debt and benefit problems but was unable to address these due to her condition. Until being referred to Connection she received almost no support and was unable even to go to GP appointments despite being unwell.

Since Connection has been working with her she says her life has been transformed. She has sorted her housing, her income and is addressing her agoraphobia. She now regularly goes to support groups, is beginning to have a social life and has been successfully treated for a cancer that had gone undiagnosed until her support worker had supported her to receive the medical care that she required for diagnosis and treatment. She reports being given a new life and regards the support she received as a life saver.

**Case study**

“In Oct 2008 my husband Ron died and I didn’t know which way to turn as he did all the money matters. Then I was put on to Stonham, they have helped me so much with my rent and other money matters. They have also helped me get some confidence back in myself. Anyone who gets help from this group is very lucky.”<sup>40</sup>

## 2.6. People with mental health problems

### Key Fact

Recovery based support services achieve improved outcomes for people with mental health issues.

### Key Statistic

Mental health problems affect one in four of us at some time in our lives.

- They are a major cause of distress for individuals and their families.
- They cost society an estimated £105 billion every year through lost productivity and avoidable costs for the criminal justice system as well as the costs of care and support.<sup>41</sup>

### Oxfordshire Context:

- We have a countywide approach and commitment to achieving recovery signed up to by a range of organisations and stakeholders.
- We have a pathway of services in place that are focussed on helping people achieve independence and sustain ordinary lives in the community with the right support. These services began on 7<sup>th</sup> March 2011.
- We are providing £1.85 million a year funding to mental health housing and support services.

### How Did We Get Here?

- We developed a 3 year mental health housing and support strategy-*From Supported to Independent Living*. Developed in partnership with Oxfordshire County Council Adult Social Care and Oxfordshire Primary Care Trust and has involved service users, carers, providers and the mental health Trust.
- We developed a framework agreement setting out the principles, aims and objectives our approach to housing and support for people with mental health problems, with a clear emphasis on recovery. This approach has been endorsed by:
  - The District, City and County councils of Oxfordshire
  - Oxfordshire Primary Care Trust
  - Oxfordshire and Buckinghamshire Mental Health Foundation Trust
  - Agencies funded by these organisations to provide mental health services
- We bought a range of new mental health housing and support services replacing the services delivered within Oxfordshire. These have been bought jointly with Oxfordshire Primary Care Trust and Oxfordshire Adult Social Care. These services will work as a pathway, helping people to progressively achieve greater independence and autonomy through recovery.

### Key Measures of Success or Failure

- We bought more places of support than were previously available (increase of 10%) at a lower cost (20% saving).

## SP5

- We increased our commitment to floating support ensuring that individuals are able to be supported regardless of tenure, and that resources are used in the most cost effective way.
- Our integrated commissioning team (including the Primary Care Trust) have won an award from the Strategic Health Authority for innovation for the way in which these services were commissioned.
- This work is recognised and was published nationally.<sup>42</sup>
- The numbers of people with mental health problems supported to gain independent living has increased rapidly over the last 3 years from 43 to 69 to 106 (2007-08 to 2009-10)<sup>43</sup>
- There have been an increased number of people supported to manage their mental health better (mental health client group for short term services). This number in 2007-08 was 126, in 2008-09 it increased to 176 and in 2009-10 it was 168<sup>44</sup>
- The data for adults in contact with secondary mental health services who are in employment is only available for one year. The data shows Oxfordshire with a score of 10.8% for 2009-10 compared to the England score of 6.7%<sup>45</sup>

### **Key Issues**

- Access needs to be improved via a single referral pathway for all new mental health housing and support services.
- New services will need to work more creatively with individuals with complex needs and with those with personality disorder diagnoses.
- Support needs to be flexible, personalised and targeted to those who need it, when they need it.

### **Key Actions**

Between April 2011 and March 2012 we will:

- Ensure new services work effectively with each other as a pathway to independence.
- Work closely with Community Mental Health Teams, District Councils and Housing providers to ensure availability of move on options for people with mental health issues.
- Work with service users and carers to ensure that they continue to be involved in shaping and personalising services to best meet their needs.



**What service users, carers, agencies and stakeholders have told us about the services we fund:**

“I am really glad I had the opportunity to take part in the process as it gave me a great sense of achievement in being able to help by using my own past experiences and being able to have help shape things for the better in the future of the mental health services here in Oxfordshire”.

**Response** and **Oxfordshire Mind** Housing Pathway Project, funded by NHS South Central Innovation Fund, is a new project that will work with people with mental health conditions in Oxfordshire. It aims to support 50 users to make applications to Choice Based Lettings (CBL) and Rent Deposit Schemes throughout the county. They will do this by providing choice for clients and challenging mental health workers to consider more independent housing options. This project includes partners from local authorities (SP and Housing) and health. It aims to provide sustainable change by introducing new housing pathways, a Pathway Information Pack and on-going peer group support.<sup>46</sup>

## 2.7. Young people and teenage parents

### Key Fact

Research shows that the transition from youth to adulthood can be a difficult and uncertain time for many young people. Housing related support is important to assist these young people through this transition, enable them to achieve their potential and enter training and paid employment. In addition, if teenage parents receive the right support at the right time most are able to live independently in the community.

### Key Statistic

At the end of February 2008 thirty young people aged 16 to 18 were in unsuitable temporary accommodation in Oxford City. At the end of January 2011 three young people aged 16 to 18 were in unsuitable accommodation in Oxford City<sup>47</sup>.

### Oxfordshire Context:

- We commissioned together with our colleagues in the Children Education and Families Directorate and the District Councils a pathway of services for young people and teenage parents across the county
- The services are focused on prevention and early intervention as well as supporting young people to independence
- In 2010-11 we spent £1.7 million on these services.

### How Did We Get Here?

- We have jointly commissioned housing and support services. As a result our work has received recognition nationally from Communities and Local Government (CLG).
- In addition, the Pathway of Services is cited by the Commissioning Support Programme as an example of good practice  
<http://www.commissioningsupport.org.uk/resource-bank/children-and-families/looked-after-children-best-pr.aspx>
- We commissioned these services on time and within budget, achieving savings of 24% for Supporting People commissioned services.
- We changed all accommodation based services to make sure they support people with high level of need.
- We created partnership arrangements with Children's Services and the District Councils to ensure that we accommodate only those young people with the highest level of need and wherever possible young people remain in the family home.

### Impact

- Across Oxfordshire we are housing a higher percentage of the most vulnerable young people aged 16 and 17. In June 2010 in our Supporting people funded accommodation we were accommodating 28 16 and 17 year olds, by November 2010 this number had risen to 45.
- The first two quarters of the newly commissioned services has seen a dramatic increase in the number of young people and young families achieving

independent living. Young people planned departures increased from 68.9% in 2009-10 to 78.2% in 2010-11 (first two quarters)<sup>48</sup>

- At the end of February 2008 30 young people aged 16 to 18 were in unsuitable temporary accommodation in Oxford City. At the end of January 2011 3 young people aged 16 to 18 were in unsuitable accommodation in Oxford City.

### **Key Measures of Success or Failure**

- The number of young people achieving independent living has increased from 2007-08 (105) to 2010-11 (105 for the first three quarters). The number of teenage parents achieving independent living has decreased from 2007-08 (40) to 2010-11 (23 for the first three quarters). A high proportion of teenage parents achieve independent living, over 90% for each year<sup>49</sup>
- The proportion of young people participating in positive activities has decreased from 71.2% in 2008-09 to 61.7% in 2009-10<sup>50</sup>
- The proportion of young people misusing substances has not reduced, From 2008-09 to 2009-10 the proportion increased from 8.8% to 10%<sup>51</sup>
- The proportion of 16 to 18 year olds who are in education, training or employment has decreased from 95.8% in 2007 to 93.5% in 2009<sup>52</sup>
- There has been an increase in the proportion of care leavers in suitable accommodation from 85.7% in 2007-08 to 91.8% in 2008-09<sup>53</sup>
- There has been an increase in the proportion of care leavers in employment, education or training from 65.1% in 2007-08 to 77.6% in 2008-09<sup>54</sup>
- The number of teenage parents supported to manage their physical health better has fluctuated over the last 3 years from 3 to 5 to 2 (2007-08 to 2009-10 data)<sup>55</sup>
- Fewer children of teenage parents who have received this service subject to child protection measures<sup>56</sup>

### **Key Issues**

- Greater focus on keeping young people at home wherever possible.
- The use of unsuitable temporary accommodation is eradicated
- An ever increasing percentage of young people in supported accommodation are in education employment or training (EET).
- Care leavers are better integrated into all supported accommodation.
- Services are able to meet the needs of the whole family, including accommodating couples.
- Services are geared towards meeting those young people with high support needs improving their parenting skills and reducing the numbers subject to child protection measures.
- Support is available across the County.

### **Key Actions**

Between April 2011 and March 2014 we will:

- Monitor the performance of services to ensure they deliver the expected outcomes for young people. This will be done using monitoring visits on a quarterly basis to all services and to appraise each service comprehensively by June 2012 using the QAF (quality assessment framework).
- Through the Joint Housing Team we will continue to develop both operational and strategic partnerships with Children's services and our District Council partners.

## SP5

- We will continue to work more closely with the County Council's Children, Young People and Families services to ensure better outcomes for Looked After Children and Care Leavers including those who are young parents.
- In addition we will continue to forge closer links with other Pathways to improve outcomes.

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

### **Case Study**

*The foyer and vTalentYear took a chance on me. They've made me determined to prove that I'm more than a criminal record."*

L, now 22, was brought up in London until he was 15. He has experienced various difficulties in his life, and has been in prison three times.

*'My mum was being beaten up by my sister's dad, and she took us to Oxfordshire, where she came from. She didn't tell me we were moving for good. Now I see she had to get away, but I was really angry then, I'd lost everything I knew.'*

L was out of school for several months, and then went into year 10, made friends and gained seven GCSEs, including two Cs in science:

*"I enjoyed science and got on well with the teacher, but I struggled with the written work. It was only when I went to prison that I found out I was dyslexic. Before that I just thought I was thick."*

After school, L worked as a labourer and decided he wanted to become a bricklayer. He completed an E2E course and then did an apprenticeship in bricklaying. But things were going wrong in other ways. 'I was mixing with the wrong crowd and drinking and taking drugs. When I drank I'd get into fights, and I ended up in prison.'

He had nearly completed his apprenticeship when he went to prison for the third time.

*"It was my fault but it was for something really pathetic. But I'd breached my tag, so I went back to prison, and spent my 21st birthday there. I realised I could spend the rest of my life in and out of prison."*

By this time L's mother had died and he was homeless. He knew he needed to change and gained a place at Abingdon Foyer.

*"Abingdon Foyer took a risk and offered me a place on a final warning – if I messed up I'd be out. It had rules about friends, so this helped me break away from my old friends. I made new friends, people who wanted to do something with their lives. The foyer feels like a family."*

Once living at the foyer, L took part in a range of activities, based on the action plan

he developed with his support worker.

*“They help me work out what I want and what I need to do. They make me want to learn and change. I've had courses to help me manage my anger and my drinking, and I can now have a drink without getting into fights.”*

His support worker encouraged him to go to an open day for the vTalentYear programme, and he is now working as a full-time volunteer at Abingdon Youth Centre.

*“It was awkward at first, because I used to come here and make trouble so I had a reputation. But the staff have accepted me, and I feel like one of the team. Andy [the youth worker] realised that I wanted to change.”*

*“I do different activities with young people, but can also use my experiences to help them. When I talk about prison I'll stress how boring it is, not that it's scary, so they don't think they'll get kudos for being hard. I'm not here as a mate, but as a worker. I'll challenge them if I have to. I'm mixed heritage and you get racism here, it's ignorance, so I'll help them think about things like language. I had to split up a fight and was proud of how I did it. Being given responsibility builds up my confidence step by step.”*

L has already gained various qualifications through the foyer and E2E programme, and will gain a level 2 qualification in community volunteering through vTalent. When he completes the programme, he aims to get a job as a youth support worker:

*“I'm well known in Abingdon, but now I'm known for the right things. If I can help someone not go down the same path, then my experiences haven't been wasted.”*

L is now employed as a sessional support worker at the Foyer having successfully moved into his own social housing.

## 2.8. Women and men at risk of domestic abuse

### Key Fact

Oxfordshire has a nationally recognised integrated multi agency domestic abuse strategy<sup>57</sup> incorporating prevention, early intervention, risk management and ongoing support and encompassing adult victims, children and perpetrators. Housing related support plays a key role in the strategy and in reducing the risk of domestic abuse.

### Key Statistic

The Home Office estimates that 12,500 women will have experienced domestic abuse in Oxfordshire last year<sup>58</sup>. This figure excludes men and people aged over 60 and under 16.

### Oxfordshire Context:

- In 2010-11 we spent just under £400k on services for women and men at risk of domestic abuse
- Following commissioning, all the Supporting People funded services are provided by one provider.
- The number of people (or families) who are being supported at any one time is 29 in refuge accommodation and 42 through outreach
- The services for domestic abuse are spread through the county.
- Cherwell district has a refuge service, an access and resettlement service and shares the Outreach service of 24 places with West Oxfordshire
- Oxford city has a refuge service and an access and resettlement service
- South Oxfordshire and Vale of White Horse share a refuge service and an access and resettlement service

### How Did We Get Here?

- We have commissioned new services in Cherwell and Oxford City. Some of these services are supporting women and children in a refuge setting, with others being delivered by outreach staff in all types of accommodation. These services started throughout 2008.
- Oxfordshire has a helpline service and the number is promoted by all agencies as the point of contact for victims seeking advice and help. The helpline acts as a signpost to all services including the Independent Domestic Violence Advisors (IDVA) service for high risk victims as well as Supporting People services. It averages around 300 calls a month.
- In 2009, we have commissioned a new outreach service in Cherwell and West Oxfordshire. This service started on 1 January 2010. It provides support to both men and women.
- In summer 2010 a new build refuge able to support 4 families was opened in South Oxfordshire.

### **Impact**

- The services have enabled people at risk to have control over their lives
- Women accessing the refuge services have been assisted to feel safe and supported
- The services have enabled more women to be able to secure and sustain their independence

### **Key Measures of Success or Failure**

- There is a significant number of women from different Black and Minority Ethnic groups accessing these services. 76 which is 30% of the users from 2007-10 are BME cases<sup>59</sup>
- There has been fluctuation in the number of women at risk of domestic abuse achieving independent living over the 3 years from 50 to 18 to 75 (from 2007-08 to 2009-10)<sup>60</sup>
- There has been an increased number of women at risk of domestic abuse supported to minimise harm / risk of harm from others over the last 3 years from 26 to 50 to 82 (2007-08 to 2009-10 data)<sup>61</sup>
- There has not been an increase in the number of women at risk of domestic abuse supported to access legal advice from 77 (2008-09) to 44 (2009-10)<sup>62</sup>

### **Key Issues**

- Oxfordshire does not have a 24 hour domestic abuse helpline available 7 days a week. The current helpline is only available during office hours and not at the weekend<sup>63</sup>.
- Despite the outreach service being available for men in two areas of the county, there has been little if any uptake of this new service<sup>64</sup>.

### **Key Actions**

Between April 2011 and March 2012 we will:

- Monitor the performance of services and work with the provider to ensure the services deliver the expected outcomes for men and women at risk of domestic abuse
- Work with other local agencies to make our services easier to access
- Work more closely with the Oxfordshire Domestic Abuse Strategy Group with a view to assessing best value use of resources in the context of service planning and commissioning for the strategy as a whole
- Explore opportunities for increasing the availability of the domestic abuse helpline to 24 hours a day, 7 days a week.



**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**Case Study**

A client referred herself to the service following advice from her CPN. Although she had been divorced for 10 years, her ex husband was still being very controlling and abusive. The client was very scared of him and unsure of how to deal with the situation.

Initial work was all around gaining the client's trust so that she could feel confident to disclose information and be believed. This took some months to achieve. Once the client was more relaxed we started to look at the dynamics and tactics that were being used, with a lot of reference to the Freedom Programme models. This helped the client to understand that she was not responsible for the abuse and to be able to make sense of her experiences.

As her confidence increased she engaged a solicitor to write to her ex husband to put child contact arrangements on a more formal basis. Previously he just turned up unannounced and the contact would take place in her home rather than his. Although he did not respond to letters from her solicitor he did stop coming to the house and the children now have regular contact with him in his home. The client now feels that her house is her home as she is not constantly being criticised and undermined by her ex husband.

The client successfully finished her first year in college and she started at university in September 2010.

## 2.9. People with substance misuse problems

### Key Fact

Around 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year. If these individuals are supported to recover and contribute to society, the change could be huge<sup>65</sup>.

### Key Statistic

Oxfordshire has an estimated problematic drug using population of 3,182<sup>66</sup>.

#### Oxfordshire Context:

- In 2010-11 we spent £220k on services for people with substance misuse problems
- The number of people supported at any one time is 20
- Services provide support linked to specific accommodation and there are two services based in Oxford city and one in Cherwell district
- Vale of White Horse, West Oxfordshire and South Oxfordshire have no services of this type
- We are working closely with Oxfordshire Drug and Alcohol Action Team to commission services which complement the treatment services funded by the DAAT
- The services are for people who are experiencing problems with drugs and/or alcohol
- In other parts of the county we build support for people with substance misuse issues around different types of accommodation they are living in. This often takes the form of floating support that can be delivered in service users' homes or on a drop-in basis, for example at a local community centre.

#### How Did We Get Here?

- We have reviewed all substance misuse services and decided what services we wish to provide in the future.
- Together with the Oxfordshire Drug and Alcohol Action Team we have commissioned new accommodation based services in Oxford City and Cherwell. These services started in April 2009.
- We have also jointly commissioned the new, larger residential drug and alcohol detoxification project in Oxford City. This project started in November 2010. This project is already assisting substance misusers to achieve abstinence and positive move on to lead productive substance free lives.
- We have regularly monitored and audited the performance of the new services to ensure an increase in people with substance misuse issues achieving independent living and an improvement in the delivery of expected outcomes for this client group.
- We have facilitated closer working at ground level and have invited substance misuse providers to take part.

### **Impact**

- There has been a year on year increase in the number of problematic drug users receiving effective treatment in Oxfordshire<sup>67</sup>.
- Substance misuse provider participation in countywide road shows has promoted their services and made them more accessible.
- Close working with Oxfordshire DAAT and drug treatment services has ensured that appropriate referrals are made to the services.
- The services have enabled service users to maintain the gains they have made through treatment for substance misuse.

### **Key Measures of Success or Failure**

- There has been fluctuation in the number of people with substance misuse problems achieving independent living over the past 3 years from 12 to 5 to 17 (2007-08 to 2009-10 data)<sup>68</sup>.
- There has been an increase in the proportion of service users supported to manage their substance misuse issues better from 50% in 2008-09 to 65% in 2009-10. There has not been an increase in the number of these cases, the numbers are from 146 to 141 to 112 (2007-08 to 2009-10 data)<sup>69</sup>.
- There has been an increase in the proportion of service users supported to manage their mental health better from 64% in 2008-09 to 76% in 2009-10. There has been fluctuation in the number of these cases over the past 3 years from 67 to 73 to 60 (2007-08 to 2009-10 data)<sup>70</sup>.
- The proportion of service users who achieve training / qualification has increased over the last 3 years from 9% to 13% to 19% (from 2007-08 to 2009-10). There has been fluctuation in the number of service users supported to take part in training and / or education over the past 3 years (from 60 to 67 to 42) and achieve training / qualification (from 11 to 21 to 19)<sup>71</sup>.
- There has been a slight decrease in the number of service users supported to get paid work from 10 to 8 to 7 (2007-08 to 2009-10 data)<sup>72</sup>.
- Of the estimated problematic drug using population of 3,182 in Oxfordshire, over 2,000 are in structured treatment each year. This is one of the highest penetration levels in the country against the University of Manchester prevalence of problematic drug users<sup>73</sup>.

### **Key Issues**

- Despite increasing opportunities, many people with substance misuse issues are not participating in positive activities such as employment, training or education<sup>74</sup>.
- Outcomes for service users need to be improved further. Despite the current comprehensive system not enough people are leaving treatment successfully and living drug free, productive lives<sup>75</sup>.
- Close links need to be built on with the new mental health services around dual diagnosis and complex needs to provide advice and expertise.

### **Key Actions**

Between April 2011 and March 2012 we will:

- Continue to work closely with Oxfordshire Drug and Alcohol Action team to jointly commission services to increase recovery opportunities for substance misuse users.

- Sustain the current level or continue to increase the number of people with substance misuse issues achieving suitable move on from services into further treatment and/or independent living.
- Work with our substance misuse partners to ensure that supported housing and floating support staff are trained to enable them to effectively support this client group, thus reducing failed tenancies and eviction and improving outcomes and successful exit from the treatment system.
- Continue to work with providers to ensure that more people are enabled to take part in positive activities such as education and training, and take up paid work.
- Continue to promote joint working between substance misuse services and housing providers to increase opportunities for recovery and positive move on.

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**Case Study**

I was using Class A drugs for 20 years until 15 months ago. From the age 15 I spent 20 years in borstal, young offenders and prison. I had a moment of clarity 15 months ago when I realised I was either going to die or do a very long prison sentence. I had just broken up with my partner who was pregnant with my son and I was determined to be a part of his life.

When my son was born I had already been clean of class A drugs for 4 months – I was sofa surfing and spending time in the Night Shelter. My son was on an interim care order as soon as he was born and then fostered with the view of him being adopted in the future.

Fortunately, I moved into Osney Court 2 days after my son was born. I needed to be in a clean environment to help me remain abstinent from Class A's and to get my son out of care.

I have my own flat in Osney Court, I went through 10 months of 'assessment' from Social Services and I was eventually (after a long process) able to start having him stay overnight. The flat is brilliant, it was the ideal environment for me – I had never had my own place before and at 45 I had somewhere I could call my own home. I felt safe and secure for the first time in years.

The best thing about Osney Court is the privacy you get from having your own flat with your own front door but still knowing the support is there. I have key work sessions weekly and pop to the office regularly for a chat and a cup of coffee!

I have learnt some valuable lessons in Osney Court, I have learnt to pay bills, budget properly and (most importantly) have started to understand when and how to ask for help.

I now have full custody of my son, am looking to move into my own flat in the next month and have been clean of Class A drugs for 15 months. I truly believe I wouldn't have been able to achieve all these things if I hadn't moved into Osney Court.



## 2.10. Offenders

### Key Fact

Homelessness increases the risk of re-offending and having been in prison  
Increases the risk of homelessness<sup>76</sup>

### Key Statistic

At any one time there are likely to be over 200 offenders under statutory supervision in Oxfordshire with an accommodation need. Within this group approximately 50 (25%) are likely to be priority need offenders (Prolific and other priority offenders (PPO's), those subject to Multi Agency Public Protection Arrangements (MAPPA) and substance misusers) who are in unsuitable accommodation and in need of support<sup>77</sup>.

#### Oxfordshire Context:

- There are no Supporting People funded services in Oxfordshire where offenders are the primary client group
- There is a clear pathway within Supporting People funded services for offenders leaving prison and who are in the target group of those subject to MAPPA, PPO's and those whose offending is linked to substance misuse.
- There is a wide range of Supporting People funded accommodation-based services for the single homeless which are accessible to offenders and specialist accommodation based substance misuse services
- There are floating support services which are accessible to offenders
- There is access to the private sector for offenders in all districts ( apart from Oxford City) via Rent Deposit schemes

#### How did we get here?

- In 2008 the decision was made to decommission services for offenders as these services were not deemed to be strategically relevant
- A review of Supporting People services has been carried out to determine what services are available to offenders, whether these are being accessed by offenders and the outcomes for offenders
- We have consulted widely with key strategic and operational partners in order to establish the level of need for housing related support among offenders
- We have mapped a pathway through services for the priority group of offenders and now are clearer about which offenders access which services We have identified ways forward which are cost-free to improve the response to offenders in housing need.
- We have identified the need for both a deposit scheme targeted on offenders and a targeted floating support service.

**Impact**

An analysis<sup>78</sup> of high level outcomes (2009-10) for service users with an offending history reveals the following:

- 79% of those with a need to keep to a statutory order had this need met
- 51% of those with a need to maintain their accommodation had this need met
- 1 in 2 offenders move on in a planned way from accommodation based services for the single homeless
- 76% with a need to establish contact with external services or friends and family had this need met

**Key Measures of Success or Failure**

- The number of offenders supported to achieve independent living has increased from 1 person in 2007-08 to 9 people in 2008-09<sup>79</sup>
- There has been a reduction in the rate of re-offending in Oxfordshire for adult offenders<sup>80</sup>
- There has also been a reduction in the rate of re-offending in Oxfordshire for prolific and other priority offenders<sup>81</sup>
- The proportion offenders who are in employment at the end of their order have increased from 56.3% in 2007-08 to 57.6% in 2008-09. Both these scores are above the England scores of 48.7% and 46.5%<sup>82</sup>
- An increased number of people with improved compliance with drug treatment orders<sup>83</sup>
- The proportion offenders who are in settled and suitable accommodation at the end of their order have decreased slightly from 80.6% in 2007-08 to 80.4% in 2008-09. Both these scores are above the England scores of 77.4% and 78.6%<sup>84</sup>

**Key Issues**

- There is limited access to the full range of housing options for offenders<sup>85</sup>
- The transition from prison and out of approved premises remains a key area where meeting housing and support needs is crucial in preventing reoffending<sup>86</sup>
- There is a lack of dedicated housing advice and advocacy to challenge decisions, broker accommodation and support, and take responsibility for the housing and support needs of offenders<sup>87</sup>

**Key Actions**

Between April 2011 and March 2012 we will:

- Take forward actions to address gaps and pressures identified in the Report on Offenders with strategic partners and stakeholders
- We would seek opportunities to make best use of available resources to improve access to the full range of housing options and maximise benefits from existing services.

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**A** had a long history of substance misuse and offending and had spent long periods in custody on different sentences.

He was on a methadone script and drinking 5 to 7 litres of cheap white cider daily, and had been diagnosed with schizophrenia and epilepsy.

At the time of his referral to floating support services he was sleeping in a car and had been arrested for driving without insurance.

His support worker arranged a homeless person's interview and temporary accommodation was provided for **A**.

This accommodation and the support provided gave **A** the degree of stability and security he required to address his addictions which were strongly linked to his offending.

His support worker referred **A** for assessment for Rehab and funding was given so that he could start a 12 step recovery based treatment programme.



## **2.11. People with physical disabilities, sensory impairment or acquired brain injury**

### **Key Fact**

One of Oxfordshire County Council's strategic objectives for adult social care is to assist those with a disability to live independently in the community<sup>88</sup>.

### **Key Statistic**

PANSI (Projecting Adults Needs & Service Information System) estimates there will be 40537 people with a serious and moderate physical disability between 18-64 in Oxfordshire by 2015.

Of these 31530 (78%) will have a moderate physical disability, while 9007 (22%) will have a serious physical disability. This figure is endorsed by the 10060 people between 18-64 who receive a Disability Living Allowance in Oxfordshire<sup>89</sup>.

### **Oxfordshire Context:**

- In 2010-11 we spent £150,000 on specialist services for people with physical disabilities
- This funding is used to support about 50 people at any one time, including:
  - Supported housing with specialist support - 12 units of accommodation with support in Cherwell
  - Specialist floating support – 25 units of support across Cherwell, West and Oxford
- In addition, large number of people with physical disabilities is successfully accessing support offered by other services funded by the programme, including:
  - Home Improvement Agency services that support older people and those with a disability by providing adaptations to properties<sup>90</sup>
  - Generic floating support that offers advice and interventions to sustain tenancy across all types of vulnerability<sup>91</sup>
  - The Alert service, which provides support and telecare solutions enabling people to remain safe at home.

### **How Did We Get Here?**

Between April 2008 and March 2011 we have

- We have started to review all specialist services for people with physical disabilities which are funded by Supporting People
- We reviewed all Home Improvement Agency services and considered how well they assist people with physical disability to live independently
- We contributed to the production of the Oxfordshire County Council's strategy for people with physical disabilities and to the Joint Housing Plan referenced earlier in this section

**Impact**

- Low level support combined with home adaptations and telecare services has enabled people with a physical disability to sustain independence and remain living in the community<sup>92</sup>
- We have started working closer together across social care, health, housing and support agendas to consider and address key issues for people with physical disabilities

**Key Measures of Success or Failure**

- In 2007-10 number of people supported to maintain their independence decreased gradually to below 91%. During the same period supported living services saw lower rates of throughput<sup>93</sup>
- There have been an increased number of physical disability service users having more choice and/or involvement and/or control in their own lives over the past 3 years. The number per year are 18 to 25 to 25 (2007-08 to 2009-10 data)<sup>94</sup>

**Key Issues**

- Specialist services are not currently available countywide and there continues to be a need for a small amount of accommodation with support for some people. This may serve as the first stage for people towards independent living or provide longer term housing for those with complex needs.
- Further work is required on understanding the level of support and description of these units.
- The provision of supported accommodation will need revenue funding for the support service provided and this will need to be found through existing budgets from re-provision of services or other sources at planning stage.

**Key Actions**

Between April 2011 and March 2012 we will

- Complete the review of all specialist services for people with physical disabilities we fund
- Consider the need for countywide access to services
- Consider the impact of the personalisation agenda and the use of personal budgets for this client group

**What service users, carers, agencies and stakeholders have told us about the services we fund:**

**Insert case study**

## **2.12. Gypsies and Travellers**

### **Key Fact**

Gypsies and travellers are at greater risk of homelessness than the general population, and less likely to be well linked into available services.

### **Key Statistic**

The prevalence of homelessness amongst gypsies and travellers is 18% compared to just 1% for the general population.

### **Oxfordshire Context:**

- At present we do not fund specialist housing related support for gypsies and travellers.
- We do, however, look at all services we fund to see to what extent they are able to support people from a diverse range of backgrounds and with a variety of needs

### **How Did We Get Here?**

Between April 2008 and March 2011

- We have recognised that there was widespread lack of understanding of gypsies and travellers' need for housing related support.
- To begin to address this issue we have, when an opportunity presented itself, arranged for housing related support needs of gypsies and travellers to be included in a Thames Valley survey of their housing needs.

### **Impact**

- Based on information available to us it is not possible to say to what extent gypsies and travellers find it easy to access information about housing related support and local services on offer.

### **Key Measures of Success or Failure**

- We have seen a small increase in the number of gypsies and travellers accessing housing related support services, from only two people in the five years 2003-08 to 7 people in 2008-10<sup>95</sup>

### **Key Issues**

- Information about gypsies and travellers who received housing related support indicates that they have a range of needs associated with homelessness, history of domestic abuse and mental health illness. They access both accommodation based services and floating support.
- It is suspected that gypsies and travellers chose not to describe themselves under this category when they use services and therefore current data under-represents their numbers. This makes it difficult to adequately assess met and unmet need among this population.

**Key Actions**

Between April 2011 and March 2012 we will

- Work with other agencies to find another approach to making sure that gypsies and travellers access housing related support services
- Assess what changes to existing services or new specialist services may be required

## **2.13. Service User Involvement**

### **Young People/Teenage Parents**

Service users were an integral part of the commissioning process for Young People's and Young Families services. Their input at presentation meetings and project visits was central to the decisions reached about award of contracts.

Since the new contracts started in April 2010 we have built on this work. We have worked with providers to advertise and recruit for young inspectors. We have held a training session for our young inspector's programme which 18 young people from across the County came to.

In addition at the quarterly monitoring meetings with providers time is made to meet with residents.

Work is ongoing to establish how we can make best use of the young inspectors to help with service development. Issues constraining the development of this work are primarily financial.

### **Up2Us**

The Oxfordshire Up2Us project began in September 2009 as one of six user led, collective purchasing projects. All of the six projects were part funded for two years with a grant from Communities and Local Government given to Housing Associations Charitable Trust (HACT) for this purpose. Further funding and admin support was given by two project sponsors, Stonham Home Group and Advance, and further funding for service user involvement was given by Response.

A Local Reference Group (LRG) comprising service users, local providers and commissioners of adult services and a HACT associate was then set up. Oxfordshire County Council was represented on the group by Supporting People. The LRG met to develop the scope and direction of the project and then agree a project plan. The ongoing role of the LRG was to support the project manager to fulfil tasks as identified in the project plan using their combined skills, expertise and resources to shape the pilot.

The Project began with a broad perspective and extensive consultation took place with people who use services, their carers and support workers. The feedback demonstrated a gap in the market. The consensus was that there is a need for a community networking site in Oxfordshire. A web based forum was identified as a possible solution.

The LRG agreed this as the best way to deliver the objectives of the pilot and the project manager then set about identifying providers and options for delivering a web based solution. A number of options were looked at but a web design company, CDSM, was selected to provide a solution. CDSM had an existing interactive website format they had developed and they were commissioned to tailor this to meet the needs of the Oxfordshire pilot.

The new website was launched in December 2010 and an open day was held to promote the new “facebook” style website to potential users and providers of local services. The Up2Us website is an online portal which can be joined by people living in Oxfordshire and local groups and services wanting to advertise activities, events and share information.

The portal is aimed at everyone living in Oxfordshire who wants to be part of a safe, interactive and inclusive online community to:

- Meet friends with similar interests
- Find out about local activities and events
- Share costs or transport to make your money go further
- Share information, ideas and views on what is (or should be) going on in your area
- Find out about services, groups, support networks and other opportunities

The project is now in its final stages and the focus is on encouraging use of the website and promoting the website more broadly. The success of the project and future sustainability will depend on sufficient use by both individuals and providers of services or groups.

### **Supporting People User Group (SPUG)**

The Supporting People User Group (SPUG) was started in March 2009 for a maximum of 10 service users or former services users. SPUG members have written a vision statement which describes the aims of the group:

‘SPUG works towards the inclusion of service users, good practice, support and education within the Oxfordshire Supporting People funded services’.

### **Key Objectives**

Over 20010-11, SPUG has been pursuing the following key objectives:

- Improve access by giving information and raising awareness
- Work with service users to improve quality
- Enable service users to take part in strategic decision making
- improve communication with all service users, providers and stakeholders
- increase development of the Supporting People User Group to become more independent

### **Functions of SPUG**

SPUG pursues these objectives through the following functions:

1. To promote service user involvement in Supporting People services
2. To raise awareness of Supporting People services
3. To improve diversity, equality and quality in service provision
4. To take part in strategic decision making by being a member of the Supporting People Core Strategy Group
5. To propose annual plans to the Core Strategy Group
6. To brief Core Strategy Group members on matters that require their decision

## **Where we are now**

### **Business Cards**

SPUG members have designed their own business cards for visits to services and events.

### **Terms of Reference**

SPUG has developed its own Terms of Reference describing the commitment which is required and the role of members.

### **Core Strategy Group Members**

SPUG has been going to Core Strategy Group meetings for over a year and the group now feels like it can properly contribute to the discussions and decisions being made.

### **Newsletters**

SPUG has managed to maintain the objective of quarterly SPUG newsletters

### **Service User Survey**

The October 2010 version of SPUG News featured a Survey for service users to tell us how they are doing, if they think they are working successfully towards goals and what they thought of their services. The results summary is in the March edition of SPUG News.

### **South East Supported Housing Month Cook Off Event**

SPUG organised a 'cook off' event in support of the 2010 South East Supported Housing Month. The event took place in the main training kitchen of the Oxford Cherwell Valley College (OCVC) on the 10<sup>th</sup> December 2010. The five finalists entering the event comprised of four groups: teenage parents, single homeless, physical disability and mental health.

The criterion for the 'cook off' entrants was to develop and cook a healthy meal for two, for fewer than three pounds, which ties in with service user outcomes. Preparation, cooking and cleaning was to be achieved before presentation of their dishes in less than one hour. The contestants were supported and supervised by one of their support workers along with two trainee chefs from the college.



### **Involvement in From Supported to Independent Living (SIL) and the tenders**

The supported to independent living mental health reference group (SIL) started in early 2010 to help to get the best possible new mental health services for

Oxfordshire. SPUG members Andy Gardiner and Ed Hiorns were selected to join the group.

The group met regularly to discuss the issues and what the new services would provide, getting the views of former and present service users and carers. SPUG members also helped with the interview stage of selection by visiting the organisations applying to run the new services and taking part in the interviews. SPUG members were able to ask questions about service user involvement and about the services the providers intended to run if they got the contract and their plans for the future given the changing financial situation and the impact on service users. The SPUG members feel that they really helped shape things for the future of the mental health services in Oxfordshire and were grateful for the experience.

### **Starter Packs for new members**

We have put together a folder with all the recent SPUG minutes, newsletters and event information and our annual plan for any new members and we think that this will make them feel more welcome and up to speed.

### **Peer Reviewing**

Since the completion of the in-house interviewing skills and role play sessions, SPUG has received training from the Oxford User Team. SPUG has now selected and structured the questionnaires from the Quality Assessment Framework (QAF) for service users in preparation for the peer reviewing. SPUG has also had the opportunity to further the shadowing section of its peer reviewing programme.

As all the current members of the group have received and performed a large amount of training, SPUG now feels ready to advance forward to the next stage of the peer reviewing programme when the opportunity arises



### **Other Training**

SPUG conducted its own in-house 'Chairing of meetings' and 'Minute Taking' training sessions. This is continually monitored and analysis is done at the end of every meeting.



### **New meeting venues**

Understandably, Oxford City Council has no longer been able to provide meeting rooms in the town hall free of charge for SPUG meetings. SPUG approached the homeless hostels in Oxford who have assisted the group with meeting venues on a rota basis between them. SPUG would like to thank Simon House, Lucy Faithfull House, O'Hanlon House and of course Oxford City Council for their help and resources.

### **The Future**

#### **Up2Us**

Up2Us is a community web portal open to the people of Oxfordshire in partnership with local organisations and people who use services. By becoming a member of the portal, SPUG hopes to reach a wider audience.

#### **Recruitment visits**

SPUG now has a planned approach for recruitment visits to supported housing services to talk to service users about SPUG to encourage membership. Despite efforts from group members, there are currently four SPUG members out of a possible ten but we hope that this will increase with wider publicity in 2011-12.

#### **Publicity**

SPUG is reliant on providers to help publicise newsletters and events to service users. We recognise that there is an expense attached to printing and photocopying but even one copy on a notice board is appreciated as long as service user's attention is drawn to it. However the group has experienced disappointment in terms of the response to the survey, the Cook Off event and in asking providers to assist in arranging recruitment visits to services. The group feels that ultimately this lets service users down as they may not be getting the information that could help them move forward. In future we would welcome more effort from providers in getting the message to those service users that are interested.

### **Personal statements from some of the members of SPUG:**

#### **Tony**

I decided to join SPUG as I wanted to help make a difference to people's lives and who pass through Oxfordshire service user projects.

Last year we had a Cook Off for service users and this helped people to develop confidence in themselves. Developing activities like this can help service users to talk about their experiences and problems they may face and understanding these issues can help SPUG to contribute to the review of the Supporting People Strategy in Oxfordshire.

Having the opportunity to attend Peer Reviewing has given me a better understanding of the difficulties faced by service user project staff when trying to help clients and what service users feel about the quality and provision of support they receive.

**Andy**

Since joining SPUG in 2009 I have personally achieved more confidence and I have been involved in a road show event, have done some training in Peer Review and since the beginning of 2010, through SPUG I have been involved with the SIL (Supported into Independent Living) Reference Group and I have been invited onto other user groups by Oxford Homeless Pathways, Two Saints and Activate and I personally feel that I have achieved a lot as a person using services and have had a lot of personal development.

**Dave**

Since joining SPUG (on the recommendation of Connection Floating Support) in March 2009, I took inspiration from the group and the events and procedures in which SPUG is involved to study Sociology, Politics and Economics (SPE) at Ruskin College, Oxford. Both the SPE at Ruskin College and SPUG have helped me with my overall confidence, organisation and preparation in every day life skills and problem solving.

The decision to move off short course learning and on to a degree course was made by observing society through other perspectives in my involvement with SPUG. It has helped me to address the issues and resolve problems that accounted for the causes of my problems. Joining a progressive group as SPUG has allowed me to focus and maintain my outlook on life.

### 3. Taking the programme forward in 2011-16

#### 3.1. Vision and values

The vision statement for the Supporting People programme in Oxfordshire is:

“Working together to enable people of Oxfordshire to:

- access and sustain a stable home of their choice
- live independent and healthy lives
- make an active contribution to society”.

The following values underpin the Supporting People programme in Oxfordshire:

- **Prevention:** We will commission services that have prevention at their heart and enable an individual’s capacity to live independently in the community and sustain his/her capacity to do so. By intervening early services will aim to enable people not to become in need of statutory provision for as long as is possible in their circumstances.
- **Personalised outcomes:** We will commission services that have strong focus on delivering positive outcomes for people who receive them. We will find out which aspects of their lives are important to people, what goals and aspirations they have and support them in reaching these personal goals.
- **Service Users’ participation:** We will put service users at the centre of the programme by creating opportunities for their meaningful involvement in deciding what support services they receive now and in the future and how they are delivered. We will listen to service user’s views and make their opinions matter by considering their suggestions, addressing concerns and communicating to them the actions we take.
- **Diversity:** We will enhance diversity and social inclusion in local communities and support community wellbeing by commissioning services which address the needs of socially excluded groups whose needs are not met, or not adequately met, by current support provision and which apply principles of equal opportunities.
- **Best value:** We will work together with service users, carers, communities and other local agencies to make best use of resources available to us all for the benefit of people we aim to support.

#### 3.2. Strategic objectives

This section sets out the main strategic objectives of the Supporting People programme in Oxfordshire for the period 2011-2016 in order of priority.

1. Commission services that make best use of resources and funding available across the key partner agencies to deliver better outcomes for service users and carers.

2. Enable service users and carers to have more say about what services we commission and how they are delivered from start to finish.
3. Create and promote opportunities for self directed support.
4. Commission services that offer people a range of different support options and are able to adapt to changes in future requirements.
5. Invite and support innovation and best practice in service delivery.

### **Main task for 2011-12**

As a commissioning programme, we have two main methods of achieving improvement:

- We can create specifications for new and improved services, and select organisations to provide them – usually by competitive tender
- We can use contract monitoring and management processes to ensure that service providers deliver services of the highest possible quality.

Although after eight years of delivering the programme this largely remains the case, we believe the time is right to fundamentally reconsider our approach and redesign the programme to ensure its positive contribution is sustained in the future.

Our main task for 2011-12 is to review all strategic commitments of the programme and agree future pattern of investment and delivery, taking into account fast-shifting policy environment, evidence of unmet priority need and emerging examples of best practice in joint commissioning, self directed support and localism.

We decided to move away from defining commitments by a single type of vulnerability and re-grouped the programme's commitments into two clusters:

- Cluster 1 – This group contains services for people who are more likely to be in contact with statutory health and social care services and have a range of services available to them depending on their level of need. For this group the programme provides support located on the preventative end of the care and support pathway.
- Cluster 2 – This group contains services for people who are usually referred to as 'socially excluded and disadvantaged groups' and who are less likely to be in contact with statutory health and social care services. For this group the programme is often the key, if not sole, provider of support.

This review would focus on three key parameters

- Locality based needs
- Lead commissioning agency role
- Centrally controlled commissioning function

and maximize new opportunities for working together on identifying local solutions and giving service users and commissioners greater control over local funding, while retaining benefits of having central strategic oversight of the programme.

#### **4. Financial Strategy**

**This section will be finalised after the Commissioning Body meeting on 25 March 2011, as it needs to reflect decisions taken at the meeting.**

**Insert summary of the medium term financial plan for the programme**

**Insert final version of the agreed budget for 2011-12**

**Explain proposed approach to delivering required efficiency savings in 2011-12**

#### **5. Making this happen – Work plan: 2011-12**

In this section we list only the biggest tasks facing the programme in 2011-12:

- Conduct strategic review of the programme and agree future pattern of investment and delivery for 2012-16
- Make improvements to generic floating support services and deliver required financial savings
- Ensure smooth transition to new mental health services and deliver improved outcomes across new pathway of services
- Improve focus on personalisation, customer service and service user engagement
- Deliver our financial strategy for 2011-12

Outcomes of the strategic review mentioned above will inform our work plan and financial strategy for 2012-16, which will be produced and published at a future date.

#### **6. Glossary**

**Produce when final version is approved.**

## 7. References

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- <sup>1</sup> Oxfordshire 2030, A partnership plan for improving quality of life in Oxfordshire, June 2008, page 13.
- <sup>2</sup> Supporting People Services 4Facts 4Questions, ADASS 2011
- <sup>3</sup> 'Supporting People Client Records & Outcomes - Annual Report 2009-10', Centre for Housing Research, University of St Andrews, page 7.
- <sup>4</sup> 'Supporting People Client Records & Outcomes - Annual Report 2009-10', Centre for Housing Research, University of St Andrews, page 8.
- <sup>5</sup> This work has started and would be completed in 2011-12.
- <sup>6</sup> Oxfordshire Supporting People programme projected spend for 2011-12.
- <sup>7</sup> SITRA survey of local authorities conducted in 2010.
- <sup>8</sup> Needs analysis exercise undertaken by Supporting People in 2008.
- <sup>9</sup> Oxfordshire Mind on line directory of services
- <sup>10</sup> Supporting People New Client Record Form data available quarterly and annually, 2007-08 to 2009-10 – Gender data, the proportion of females has increased from 33% in 2007-08 to 42% in 2009-10.
- <sup>11</sup> Supporting People Long Term and Short Term Outcomes Form data available quarterly and annually, 2007-08 to 2009-10 – Ethnic data, White British cases account for 85.8% of the cases over 3 years. The proportion of BME cases has increased from 9.5% to 9.7% to 10.2%. The largest BME groups over the 3 years are Black/Black British: Caribbean (1.9%), Mixed: White & Black Caribbean (1.7%), Asian/Asian British: Indian (0.7%) and Asian/Asian British: Pakistani (0.7%).
- <sup>12</sup> Supporting People Long Term and Short Term Outcomes Form data available quarterly and annually, 2007-08 to 2009-10 – Religion data, there is a known religion for 30.4% of the outcome returns cases. The majority of known religion is Christian (89.3%) followed by Muslim (6.6%)
- <sup>13</sup> Supporting People New Client Record Form data available quarterly and annually, 2008-09 to 2009-10 – Disability data, Over the 2 years “mental” has 315 cases, “mobility” has 122 cases and “learning” has 70 cases. Others are “visual” with 29 cases and “hearing” with 20 cases.
- <sup>14</sup> Supporting People New Client Record Form data available quarterly and annually, 2008-09 to 2009-10 – Economic status data, The “long term sick” (28.6%), “job seeker” (27.1%) and “not seeking work” (21.1%) account for over two thirds of proportion of client record cases. Note – client record data mainly covers short term cases.
- <sup>15</sup> Page 11, LD Commissioning Strategy 2009-11 plus Poppi & Pansi data sets (2011) to extend current population projections to 2016
- <sup>16</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to December 2010, Oxfordshire submissions to CLG

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- <sup>17</sup> National Indicator 145, Communities and Local Government HUB data as at October 2010, 2008-09 to 2009-10
- <sup>18</sup> National Indicator 145, Communities and Local Government HUB data as at October 2010, 2008-09 to 2009-10
- <sup>19</sup> Oxfordshire County Council, Commissioning Strategy 2008-11 Learning Disability Services in Oxfordshire – Section 1, Analysis of needs and guidance, pages 7-18, and Housing, pages 20 - 21
- <sup>20</sup> 'Ageing successfully: forward from 50' Oxfordshire's strategy for ageing 2010-2015, NHS Oxfordshire and Oxfordshire County Council
- <sup>21</sup> Supporting People National Indicator 142 measured quarterly service by service, April 2007 to December 2010, Oxfordshire submissions to CLG
- <sup>22</sup> Supporting People payments data for August 2008 and September 2009 - In August 2008, we had records of the ethnic origin of 3,265 people receiving Supporting People payments to help with the cost of services for older people. Of these, 2,964 (90.8%) were White British. In September 2009 the White British score was 3,278 out of 3,506 (96.5%)
- <sup>23</sup> 'You put both hands in' article on Homeless Link website as featured in the winter 2009/10 issue of Connect magazine
- <sup>24</sup> Oxford City Council – 'Review of Strategic Priorities for Rough Sleeping and Single Homelessness 2011-2012'
- <sup>25</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to December 2010, Oxfordshire submissions to CLG
- <sup>26</sup> Supporting People Short Term Outcomes Monitoring Data 3a available quarterly and annually, May 2007 to March 2010
- <sup>27</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to March 2010, Oxfordshire submissions to CLG
- <sup>28</sup> Supporting People Short Term Outcomes Monitoring Data 1c and 2a available quarterly and annually, May 2007 to March 2010
- <sup>29</sup> Communities and Local Government national rough sleeping strategy and action plan 'No One Left Out – Communities ending rough sleeping'
- <sup>30</sup> Oxford City Council – 'Review of Strategic Priorities for Rough Sleeping and Single Homelessness 2011-2012'
- <sup>31</sup> National Mental Health Development Unit and Department for Communities and Local Government good practice guide 'Meeting the psychological and emotional needs of people who are homeless', May 2010
- <sup>32</sup> DCLG Research into the effectiveness of floating support services for the Supporting People programme Final Report 2008
- <sup>33</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>34</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>35</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>36</sup> Supporting People Strategic Review of Floating Support Services 2010

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- <sup>37</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>38</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>39</sup> Supporting People Strategic Review of Floating Support Services 2010
- <sup>40</sup> Client's story taken from the first edition of Stonham Oxfordshire Floating Support Client Involvement Newsletter
- <sup>41</sup> No Health Without Mental Health: A Call to Action; Department of Health 2010
- <sup>42</sup> Housing, Care and Support 10, Volume 13 Issue 4, December 2010.
- <sup>43</sup> Supporting People National Indicator 142 measured quarterly service by service, April 2007 to March 2010, Oxfordshire submissions to CLG
- <sup>44</sup> Supporting People Short Term Outcomes Monitoring Data 3b available quarterly and annually, May 2007 to March 2010
- <sup>45</sup> National Indicator 150, Communities and Local Government HUB data as at October 2010, 2009-10
- <sup>46</sup> Cited in Strategic Health Authorities, Mental Health and Housing, NMHDU, 2010
- <sup>47</sup> **Data source?**
- <sup>48</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2009 to September 2010, Oxfordshire submissions to CLG
- <sup>49</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to December 2010, Oxfordshire submissions to CLG
- <sup>50</sup> National Indicator 110, Communities and Local Government HUB data as at October 2010, 2008-09 to 2009-10
- <sup>51</sup> National Indicator 115, Communities and Local Government HUB data as at October 2010, 2008-09 to 2009-10
- <sup>52</sup> National Indicator 117, Communities and Local Government HUB data as at October 2010, 2007 to 2009
- <sup>53</sup> National Indicator 147, Communities and Local Government HUB data as at October 2010, 2007-08 to 2008-09
- <sup>54</sup> National Indicator 148, Communities and Local Government HUB data as at October 2010, 2007-08 to 2008-09
- <sup>55</sup> Supporting People Short Term Outcomes Monitoring Data 3a available quarterly and annually, May 2007 to March 2010
- <sup>56</sup>
- <sup>57</sup> Oxfordshire Domestic Abuse Strategy 2009-2012
- <sup>58</sup> Home Office 'Violence against women and girls reckoner' – calculation tool 2010 based on regional data from British crime survey
- <sup>59</sup> Supporting People New Client Record Form data available quarterly and annually, April 2007 to March 2010
- <sup>60</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to March 2010, Oxfordshire submissions to CLG



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- <sup>61</sup> Supporting People Short Term Outcomes Monitoring Data 4c (iii) available quarterly and annually, May 2007 to March 2010
- <sup>62</sup> Further information supplied by providers on Supporting People Performance Indicator returns measured quarterly service by service, April 2008 to March 2010
- <sup>63</sup> The helpline is not funded by Supporting People but currently sits with the provider commissioned to provide all domestic abuse services funded by Supporting People in Oxfordshire
- <sup>64</sup> Supporting People New Client Record Form data available quarterly and annually for Service 1215, April 2009 to September 2010
- <sup>65</sup> Home Office 2010 drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' released on 8 December 2010
- <sup>66</sup> Oxfordshire DAAT: Adult Drug Treatment Plan 2010-2011
- <sup>67</sup> Oxfordshire DAAT: Adult Drug Treatment Plan 2010-2011
- <sup>68</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to March 2010, Oxfordshire submissions to CLG
- <sup>69</sup> Supporting People Short Term Outcomes Monitoring Data 3c available quarterly and annually, May 2007 to March 2010
- <sup>70</sup> Supporting People Short Term Outcomes Monitoring Data 3b available quarterly and annually, May 2007 to March 2010
- <sup>71</sup> Supporting People Short Term Outcomes Monitoring Data 2a available quarterly and annually, May 2007 to March 2010
- <sup>72</sup> Supporting People Short Term Outcomes Monitoring Data 1c (i) available quarterly and annually, May 2007 to March 2010
- <sup>73</sup> Oxfordshire DAAT: Adult Drug Treatment Plan 2010-2011
- <sup>74</sup> Supporting People Short Term Outcomes Monitoring Data 1c and 2a available quarterly and annually, May 2007 to March 2010
- <sup>75</sup> Oxfordshire DAAT: Adult Drug Treatment Plan 2010-2011
- <sup>76</sup> Homeless Link Criminal Justice Policy Briefing April 2009
- <sup>77</sup> Supporting People Report on Offender Project 2010
- <sup>78</sup> Supporting People Report on Offender Project 2010
- <sup>79</sup> Supporting People National Indicator 141 measured quarterly service by service, April 2007 to March 2009, Oxfordshire submissions to CLG
- <sup>80</sup> Ministry of Justice, Local Adult Re-offending 1 October to 30 September 2010, England and Wales, Page 22 - Published 22 February 2011. Oxfordshire cohort size for 2009-10 is 4,331. Actual rate of re-offending is 9.10%, predicted rate of re-offending is 10.09%, % difference from 2007-08 baseline is -9.83%
- <sup>81</sup> Home Office, Prolific and Other Priority Offenders: results from the 2008 cohort for England and Wales, Page 17 – Published March 2010. Oxfordshire cohort size is 97. Actual volume of offending for 2008-09 is 265, predicted volume is 277. Baseline volume of offending 2007-08 is 329. Actual % change against baseline is -19%

<sup>82</sup> National Indicator 144, Communities and Local Government HUB data as at October 2010, 2007-08 to 2008-09

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<sup>84</sup> National Indicator 143, Communities and Local Government HUB data as at October 2010, 2007-08 to 2008-09

<sup>85</sup> Supporting People Report on Offender Project 2010

<sup>86</sup> Supporting People Report on Offender Project 2010

<sup>87</sup> Supporting People Report on Offender Project 2010

<sup>88</sup> Oxfordshire County Council Social and Community Services 'Promoting Independence' A commissioning strategy for people with a physical disability 2010-2015

<sup>89</sup> Joint Housing Plan for People with Physical Disabilities 2010-2015 (draft), March 2011

<sup>90</sup> Data from Home Improvement Agencies shows that in 2009-10 people with a physical/sensory disability made up the following proportion of clients: West – 14%, Oxford – 13%, South and Vale – 9%, Cherwell – 3%

<sup>91</sup> Supporting People client record data for 2007-10 shows that 265 people with a physical or sensory disability received support from the programme.

<sup>92</sup> Supporting People client record data for 2007-10 shows that the disability type with the highest proportion is mobility and that most referrals (39%) are made by social care staff

<sup>93</sup> National Indicator 142 measured quarterly, service by service

<sup>94</sup> Supporting People Short Term Outcomes Monitoring Data 5 available quarterly and annually, May 2007 to March 2010

<sup>95</sup> From New Client Record Form data, available quarterly and annually, 2003-04 to 2009-10