

The Hampshire Supporting People Strategy

2005 - 2010



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EXECUTIVE SUMMARY

This first Five Year Strategy has been developed in consultation with Supporting People (SP) partners; Hampshire County Council Social Services, Health, Probation, Housing, Providers, Service Users and other stakeholders. The Strategy will be reviewed and updated annually. An accessible version of this Strategy will be made available.

The aims of the Strategy are:

- To assess the current status of the programme
- To guide the development of the programme from 2005 – 2010
- To ensure service provision meets evidenced needs
- To guide those involved in the provision of housing related support when devising their own strategies.

The ODPM have produced the following definition of the SP Programme:

The Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable environment which enables greater independence

It will deliver high quality and strategically planned housing-related services which are cost effective and reliable, and complement existing care services. The planning and development of services will be needs led. Supporting People is a working partnership of local government, Service Users and support agencies

Hampshire SP Policy and Prevention

Hampshire's Commissioning Body has adopted a 'Policy Framework' following extensive consultation with partners, stakeholders and Service Users which clearly sets out the nature and strategic direction of the programme within the County.

In addition to the Policy Framework, 'Prevention Statements' have been agreed. These apply the principles of the 'Policy Framework' to different Service User Groups within the programme. The Service User Groups are Homeless and At Risk of Homelessness, Adults, and Older People.

Based upon these statements, strategic reviews of services within each Service User Group will be undertaken and Action Plans agreed for the remodelling of the sector to ensure that all Service User Groups have the widest range of housing and support options that can be provided within the SP budget.

What is a Prevention Statement?

Each Prevention Statement defines an agreed set of expectations on behalf of all partner agencies for SP funding, emphasising the potential benefits that the programme can have for each agency and their Service Users.

SP expects all services to demonstrate that their work will contribute to the Prevention Statement. In this way SP will ensure that Service Users and Partner Agencies are best served by the efficient and effective use of resources.

Objectives for the Five Year Strategy

Tasks for the immediate and long term future are set out in detail within Section Eight of the Strategy. In brief, the following objectives have been identified for the next five years:

Objective	Detail
1	Implement the revised service and Strategic Review process including working with service providers to ensure the successful management of change
2	Improve awareness of and access to SP services
3	Implement Communications and Partnership Strategy
4	Undertake research into the needs of BME groups within Strategic Reviews
5	Link in with capital funding sources : <ul style="list-style-type: none"> • Regional Housing Board • Housing Corporation • Registered Social Landlords
6	In partnership with Portsmouth, Southampton and Isle of Wight adopt a cross authority approach to services of mutual concern
7	Complete implementation of IT
8	Complete first round review timetable
9	Incorporate assessment of rural needs within Strategic Reviews
10	Continue to work with Providers to improve service quality

Section ONE: INTRODUCTION

Summary of Section ONE

In this section we:

- Introduce the Strategy and describe its structure
- Detail the consultation process undertaken in the development of the Strategy.

1.1 Introduction

This is the second Supporting People (SP) Strategy; the first, the “Shadow Strategy”, having been agreed two years ago. The County Core Group, (the Commissioning Body) want this Strategy to make a real difference to the direction of the programme and the network of services available to Service Users.

Supporting People funds housing related support. It is our intention that the programme will help as many people in Hampshire as possible through the provision of targeted, cost effective services.

Hampshire SP are now required by the Office of the Deputy Prime Minister (ODPM) to produce this Five Year Strategy. Each of the eleven districts within Hampshire has been actively involved in its development. They have demonstrated the ability to work together strategically within local structures and have come together at County level to agree a positive and effective approach which will take the SP programme forward for the next five years.

The first year of Supporting People has been fraught with budgetary difficulties, particularly in Hampshire. Uncertainty regarding future budget levels remains, but the introduction of the Strategic Review process can be applied whatever level of funding is available, to ensure that the exciting potential of the programme can be realised.

1.2 Consultation on the Five Year Strategy

This Strategy contains different sections which have been developed through various consultation processes and timetables. All have been discussed at District Core Groups, District Inclusive Forums and the County Inclusive Forum.

The Strategy as a whole has been the subject of consultation between December 2004 and mid February 2005. Consultation questions were posed in relation to each section of the Strategy. The final document has been agreed by the Core Group.

1.3 Structure of the Five Year Strategy

The Five Year Strategy begins with an Executive Summary briefly outlining Supporting People policy, the emphasis on preventative services and the principal overall objectives for the next five years.

Section TWO describes the progress since Hampshire agreed the Supporting People Shadow Strategy for 2003-4.

Section THREE describes in some detail the Supporting People decision making process which can be particularly complex in two tier local authority areas such as Hampshire. The different groups and agencies and their roles are defined. This section refers to all of the strategies that Supporting People must link with at the National, Regional, County, District and Primary Care Trust levels.

Section FOUR moves on to the policy and strategic direction that will drive the Supporting People programme over the next five years. This section contains the Hampshire Supporting People Policy Framework and introduces the Strategic Review process.

Section FIVE concentrates on data analysis, looking at :

- The supply of services
- The annual spend by Service User Group
- Service capacity by Service User Group
- The provision of accommodation and non-accommodation based services.
- The distribution of Supporting People spending by District Council
- A profile of service provider types
- Prevention Services Grids
- The results of Pathways Needs Analysis

Section SIX includes a description of how potential new services will be prioritised in the first year. It contains Prevention Statements, Service User Group needs statements, and details of the existing unfunded priorities previously identified in the Shadow Strategy.

Section SEVEN contains an analysis of the service monitoring review process and progress to date. The section also sets out the way in which Hampshire Supporting People tackles issues arising from reviews, the setting of objectives, timescales and ongoing monitoring.

Section EIGHT deals with Hampshire's plans for the future. Headline objectives for the next five years are set and more detailed plans and shorter term objectives for the next 12 to 18 months are specified. The section sets out the financial methodology adopted, the way in which SP aims to control the budget and the approach to risk and contingency planning. **Section EIGHT** also contains the [Cross Authority Statement](#) and an assessment of the issues faced by the Cross Authority Group.

Section TWO: PROGRESS TO DATE

Summary of Section TWO

In this section we:

- Detail areas where progress has been made since the agreement of the SP Strategy for 2003-4
- Discuss the allocation of funding for pipeline services before the implementation of Supporting People
- Describe the development of the Strategy for the delivery of Home Improvement Agencies at a County level reflecting the commissioning of a new agency for three districts in Hampshire, thereby ensuring county wide provision

2.1 New Developments

Following the implementation period, the SP programme went live on 1 April 2003. Core tasks since implementation include:

- Successful implementation of a three year programme of service reviews by April 2006
- Management of a cash limited budget
- Delivery of a monthly payment schedule for over 800 services / 19,000 Service Users
- Performance and quality monitoring of all SP contracted services
- Maintenance and development of the consultative and decision making processes at District and County level
- Development of an hours based contract allowing Providers a greater flexibility of delivery
- In partnership with the Consumer Advice Bureau (CAB), SP ensures that no eligible Service Users are excluded from SP funding

Changes in the SP workload since going live have required a more centralised working pattern than was previously in place. The challenge has been to retain valued district relationships and facilitate a consistent approach to reviews. This has been successfully achieved by retaining the role of the District Coordinator and the appointment of a centrally based Review Support Team consisting of a Review Coordinator and three Project Officers. Regular progress meetings are held and clearly defined targets set. To support Providers with the administrative burden of SP, training events have been held around the County. The positive contribution of local Providers is recognised and appreciated.

The review programme commenced in April 2003 following a timetable prepared upon a risk basis and all scheduled Year One service reviews have been carried out. A revised hours-based contract has been introduced following extensive consultation.

2.2 New Services

Hampshire was successful in securing the country's largest allocation of pipeline funding from ODPM (£1,402,451.00). This additional resource provided funding for 23 new services, all of which fell within the categories identified in the National and County Steers. New services include those for women fleeing domestic violence, single homeless people with support needs, people with mental health problems and older mentally infirm people, in all providing support to an additional 200 individuals.

For details of these services see [Appendix A](#)

2.3 Development of County Home Improvement Agencies

Significant progress has been made since 1991/ 92 when Hampshire began funding Home Improvement Agencies (HIAs). HIAs have an important part to play in contributing to the prevention agendas of strategic partners.

In line with the ODPM drive to ensure that full geographical coverage of HIA agencies is achieved by 2006, Hampshire SP submitted a bid for funding to provide additional HIA services in Winchester and Test Valley: areas not previously covered. The bid was successful and the additional funding provided the opportunity for SP, SSD and the districts to work in partnership to issue a tender for the proposed new service. A consortium of local Providers was successful in tendering and a joint contract has been awarded to provide an HIA service covering Winchester, Test Valley and East Hants. All strategic partners (SP, District Councils and Social Services) are signatories to the new contract.

Between now and the expiry of the contracts all parties will take part in a Strategic Review to look at how best to provide HIA services in the future. See [Section EIGHT](#)

For progress against the Shadow Strategy Objectives see [Appendix B](#).

2.4 Hampshire SP Policies

The following policies have been drawn up by SP and agreed by the County Core Group :

Policy	Date Finalised
Appeals Procedure	October 2003
Conflict Resolution	March 2004
Complaints	March 2004
Whistle Blowing	March 2004

Tender Process	June 2004
Night Cover	October 2004

The County Core Group (CCG) has also been successful in addressing the difficult financial decisions that have had to be made to ensure that the SP budget is balanced. One consequence is that Hampshire SP is now financially stable for 2005/6 and 2006/7 even though significant budget reductions are being made by ODPM.

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Section THREE : PARTNERSHIPS AND COMMUNICATIONS

Summary of Section THREE

In this section we:

- Describe the legal basis for partnership working between the Commissioning Body and the Administering Authority, in particular, the 'Memorandum of Understanding'.
- Describe the Supporting People decision-making process at the County and District levels with the aid of a flow chart
- Provide a definition of the groups involved in the decision-making process.
- Outline the policy on ensuring effective communications between the various groups and agencies.
- Introduce the Service User Reference Group, (SURG)
- Detail the links that need to be made with relevant strategies at National and Local levels.
- Provide additional information on linking with capital funding and the Hampshire Community Strategy.

3.1 Decision Making

The introduction of the SP programme represented a major change in the funding of housing related support services. Statutory bodies, Providers and Service Users assisted with the implementation and now work in partnership to ensure the delivery of an effective programme of support services.

Memorandum of Understanding

Partnership working lies at the heart of the programme. Decisions on funding are made by the inter agency County Core Group (CCG), the Commissioning Body, with Hampshire County Council as the Administering Authority (AA).

Administering Authorities (AA's) are required by Direction 4 of the Supporting People Directions and Grant Conditions to approve a 'Memorandum of Understanding' (MoU) which defines the relationship between the AA and CCG. This document must be formally accepted by the CCG.

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As an 'Excellent Authority', Hampshire is not required to abide by ODPM Grant Conditions, however a MoU has been adopted within the County under the terms of which it has been agreed that:

- The CCG and AA will comply with the Directions and Grant Conditions as above, except where any variation is agreed by the CB and AA and is permissible under Central Government Regulations.
- The AA will comply with Grant Conditions issued by the Government when administering the Supporting People Grant.

3.2 The Decision Making Process

In Hampshire the SP programme is overseen by the CCG and County Inclusive Forum. All decisions must be agreed by the four statutory partners:

- District and Borough Councils
- Hampshire County Council
- Probation
- Health

A “bottom up” decision making process through District Core Groups and Inclusive Forums has been adopted. See [Appendix C](#)

3.3 Decision Making Groups

There are a number of decision making and discussion groups at the County and District levels. Some are chaired by ROCC. ROCC is a charitable organisation which supports Providers and other interested agencies in implementing Supporting People and represents their interests.

District Inclusive Forum (DIF)

Meeting a minimum of twice yearly, this group brings together representatives of Providers and the statutory sector and acts as a consultative forum for the development of policy, proposals and priorities. Sub-groups may be commissioned on a task and finish basis.

District Core Group (DCG)

Meeting a minimum of four times a year, this group forms the local commissioning body, bringing together representatives from the statutory sectors of Housing, Social Services, Health and Probation. In some districts the provider sector is represented by ROCC ensuring a wide breadth of experience is brought to bear in discussion and planning.

This group, with the support of the Local SP Coordinator, oversees the development and delivery of SP on a local basis, receives review reports and identifies local priorities. District Core Groups have been meeting regularly since 2001 and have

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taken the lead in driving the Supporting People process, setting out work priorities, evaluating processes and overseeing the work of the Inclusive Forum and associated sub-groups.

The DCG will be integrally involved in the development of the Strategic Reviews (See [Section EIGHT](#))

County Inclusive Forum (CIF)

Chaired by ROCC, the CIF comprises representatives from each local Inclusive Forum in Hampshire and is charged with ensuring that the needs of all Service User Groups are met on a Hampshire-wide basis, especially where demand may be insufficient within one authorities' area.

Meeting quarterly, the group provides a forum where Providers may raise issues of concern and are consulted on the development of Hampshire-wide policies and proposals including matters referred to the CCG. Additional meetings may be held as required to discuss particular concerns.

County Core Group (CCG)

Meeting quarterly this group comprises representatives from each District or Borough Council, The County Council, Health and Probation and has ultimate responsibility for agreeing the Hampshire-wide SP policy, strategy and implementation.

Core Strategy Group

A Core Strategy Group, comprising representatives of SP partners and stakeholders meets on a task and finish basis.

Cross Authority Group (CAG)

Chaired by ROCC, the Cross Authority Group consists of Hampshire, Portsmouth, Southampton and the Isle Of Wight. A primary concern of the CAG is to address issues of common concern. For more information please refer to [Section EIGHT](#).

Service User Reference Group: For more information please see below; [3.6](#)

3.4 Review Of Decision Making Structures

These constitutional arrangements have now been in place for some three years and have guided the 'live' programme since April 2003. It is appropriate now to reassess their effectiveness in tackling the issues which have arisen in administering the programme to date.

The County Council Legal Services Department is currently reviewing the effectiveness and constitution of these structures. It is anticipated that a report will be submitted to the County Core Group in 2005.

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3.5 Communications

Following completion of the Year One activities and reviews, an updated co-ordinated Communication Strategy was required to ensure efficient information sharing with all partner agencies and interest groups. An updated structure has been developed incorporating three levels of communication which are outlined below. [See Appendix D](#)

Level One sets out the communications structure proposed with strategic partners; Health, Housing, Probation and Social Services.

Level Two sets out the communications structure proposed for Stakeholders including ROCC, the Provider Reference Group and the Service User Reference Group which together represent a variety of interested parties.

- **ROCC** (see above). Under Level Two of the Communications Strategy ROCC will be made aware of issues within the programme as they emerge.
- **The Provider Reference Group** meets quarterly to discuss topical operational issues, particularly relating to the review process and contracting. Current membership consists of a representative cross section of SP Providers but all are welcome to attend.
- **Service User Reference Group (SURG):** Chaired by ROCC, this body meets on a bi-monthly basis and focuses on consulting and developing Supporting People policy issues. SURG is the key strategic body for overseeing Service User involvement processes in Hampshire. Membership is limited to 10 users of SP contracted services at any one time with every effort made to ensure that it is representative of all districts and SP Service User Groups. A member of SURG reports to the quarterly County Core Group meetings giving Service Users an opportunity to express an opinion, in particular giving advice on policy development, consultation methods, and the quality of SP services.

3.6 Involving Service Users

A key role for SURG members is to learn about important SP issues, such as the review process and the commissioning of new services. Members then consult with their peers feeding back the results to the next meeting and agreeing a policy or process proposal.

The consultation may be with a tenant group, or those in a shared home. Direct consultation can take place with street homeless, with an established User, or via a wider survey. The key to SURG working effectively is in maintaining a consistent membership throughout a year. This ensures members develop a good understanding of SP and the current key issues.

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Meetings are split into 2 half day sessions; morning sessions normally include a presentation on a key policy issue (e.g. involving Service Users in the Review process) from a member of the Hampshire SP team. SURG members will then debate the issues and draw up a response which is then taken back to their agreed consultation network and brought back to the following meeting for final drafting. The final document submitted to the CCG carries the 'SURG Approved' logo.

Training is provided during the second half of the day aimed at developing participation skills such as constructing and giving presentations, minute taking or chairing meetings.

Consultation

With a diverse range of Service User Groups within the Supporting People Programme, meaningful involvement of Service Users presents a considerable challenge. A 'one size fits all' approach cannot be adopted if a broad and robust user involvement programme is to be developed.

The SP approach is to develop a policy on consultation at all levels through the Service User Reference Group (SURG) as set out above. All consultation is being undertaken across three key levels: strategic, service and personal. For a detailed description, record of achievements and Action Plan please see [Appendix E](#)

3.7 Links with the Wider Agenda

Supporting People stands alongside and links with government initiatives in the fields of crime reduction, homelessness, social care and health care. In meeting these objectives SP recognises a wide range of linked agendas and strategies. These are listed in [Appendix F](#)

Further details on how SP links with each are contained in [Section SIX](#) (Prevention and Service User Group Statements).

3.8 Capital Funding

Hampshire is to undertake Service User Group focused Strategic Reviews with effect from April 2005. These may result in a decision to remodel the sector or require additional capital resources to fund the commissioning of new accommodation-based services. It is therefore important to retain a link with capital funding.

The principal sources of capital finance are:

- Regional Housing Board and Housing Corporation
- Registered Social Landlords

Hampshire retains links with the sources of capital funding through the South East Regional Implementation Group (SERIG), The Hampshire and Isle of Wight Local Authorities Group (HIOWA,) Local District Councils and the Senior Housing Officers Group (SHOG).

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The following objectives currently identified by The Regional Housing Board are relevant to SP :

- To reduce homelessness and rough sleeping
- To support crime reduction through housing provision
- To meet the needs of those who require supported housing
- To meet the needs of black and minority ethnic people and asylum seekers

3.9 SP Links To The Hampshire Community Strategy

The Local Government Act 2000 placed a duty on the County to produce a Community Strategy to promote 'social, economic and environmental well-being' of the area. Guidance requires that the strategy be prepared and delivered by a Local Strategic Partnership (LSP) involving representatives from the community, public, private and voluntary sector. Hampshire and Isle of Wight Local Authorities (HIOWA) elected members adopted a framework for developing strategies across the County to include strategies for Districts and a County Strategy.

The Hampshire Strategic Partnership is a multi-sector/multi-organisation partnership established in 2002 as the LSP for the County. With a steering group consisting of over 30 members, it oversees the development and implementation of the County Community Strategy.

HCC has been actively involved in the setting up of eleven LSPs across the Districts and will be a signatory to all Community Strategies. LSPs have been established locally, based upon District boundaries. District level strategies have been produced and links will be established by SP Coordinators with the LSPs where possible.

Key priorities identified within the Hampshire Community Plan relevant to SP are: tackling deprivation, reducing inequalities and improving accessibility. Please see [Appendix G](#)

Consultation has been undertaken with the LSP on the SP Policy Framework via the lead officers for the relevant key priorities. SP is working closely with the Community Strategy at a County level and will demonstrate where SP funding is helping to meet County objectives.

Section FOUR: POLICY AND PREVENTION

Summary of Section FOUR

In this section we:

- Present the agreed Policy Framework for Supporting People in Hampshire for 2005-2010.
- Describe the role of the Prevention Statements which translate the Policy Framework into Service User Group based Action Plans.
- Present an outline of the Strategic Review process

4.1 Introduction

SP interfaces with many agencies, strategies and interests. It is a programme based upon housing related support which contributes to the prevention agendas of Health, Housing, Probation and Social Services.

In order to clearly describe the nature and strategic direction of the programme, Hampshire has adopted the 'Hampshire Supporting People Policy Framework'. This will provide a clear direction for the review and commissioning of all services.

The Policy Framework, Prevention Statements, Strategic Reviews and Service Reviews are all part of Hampshire's strategic approach to the commissioning of all SP services. The chart below illustrates the structure of the process to be adopted:



4.2 Hampshire Supporting People Policy Framework

This statement has been developed in consultation with Strategic Partners, Service Providers, Service Users and Elected Members.

Policy Framework

Preventative Housing Related Support – A definition

Housing related support services provide short term early intervention that focuses on preventing homelessness and long term support, that will enable vulnerable individuals to live independently in their own homes.

Housing related support services are provided to develop, promote and sustain individuals to live independently or to gain access to appropriate accommodation.

The Supporting People Vision

Supporting People aims to implement policies and strategies that will make a real difference to peoples lives, to ensure that all people with support needs can choose from the widest range of housing and support opportunities that can be provided.

Supporting People will give individuals choice to live in their own homes; it will be the responsibility of Commissioners and Providers to deliver the required support. In order to achieve this Supporting People will work with Strategic Partners in Health, Housing, Probation, Social Services, Service Providers, Carers and Users.

Proposals for the expansion of existing services and the establishment of new ones will be developed within the following strategic framework:

- a. **Service Model** - Supporting People will move to become less dependant on accommodation based responses to people's support needs, particularly in long term services, by developing services that work flexibly wherever people choose to live.
- b. **Tenure** - Services will be funded independently of the person's housing so that support can be provided to Service Users irrespective of whether they are tenants or owner-occupiers.
- c. **Quality** – By monitoring performance and quality Supporting People will improve housing related support services across the county.
- d. **Flexibility** - Support will be more flexible and able to move with the individual when and where they move.
- e. **Equality of Access to services** – Supporting People will seek to provide a comprehensive range of services for all Service User Groups wherever they are located within Hampshire.

In order to achieve the above, Hampshire contracts will, wherever possible, move from being accommodation-based to being non-accommodation based and will measure capacity in hours of support rather than eligible Service Users. By these two means Service Providers will be able to use resources to the greatest effect and service users will have a greater degree of choice.

Supporting People's Preventative Agenda

Supporting People works in partnership with other agencies to deliver part of a broad based preventative agenda. This aims to prevent adverse outcomes for individuals who are passing through points of crisis, change in their lives or require a lower level of support to avoid any crisis that may put their accommodation at risk.

Long and Short Term Services

Supporting People funds two distinct but complementary types of service:

Short Term Services

A short term service provides responsive housing related support that is outcome focused and measurable, for a period of up to two years. The intensity of support is provided at various levels and based on the assessed needs of Service Users.

Short term support is designed to assist individuals who are experiencing difficulties within their housing situation; are in transition from one living situation to another; or are homeless. When a person moves into a new service the intensity of support required is greater than when they have been in a service for two years or more and are generally more settled.

Short term services are designed to stabilise situations of crisis by providing appropriate levels of support. Such crises may occur more than once in a person's life and in that circumstance support can be made available again.

Short term services assist Service Users in developing the skills needed for independent living and will also aim to meet their broader needs by enabling access to other relevant services.

Long Term Services

A long term service provides housing related support for Service Users over a longer term which is delivered in a planned way. They can complement other services that enable individuals with support, care or other needs to live independently in their own homes.

Long term services provide support to Service Users whose needs are likely to increase over time or have ongoing and enduring health or learning difficulties. The range of support provided in long term services is essentially the same as that for short term services but with the focus on the successful maintenance of the individual's housing.

4.3 Prevention Statements

Based on the principles set out in the above Policy Framework, statements defining what the programme aims to prevent have been developed. Each of these statements defines an agreed set of expectations on behalf of all partner agencies for SP funding, emphasising the potential benefits that the programme can have for each partner agency and their Service Users. They set out clearly the way in which Hampshire services will contribute to the prevention agendas of those partners.

SP expects all services to demonstrate that their work contributes to the Prevention Agenda, ensuring that Service Users and partner agencies are best served by the efficient and effective use of resources. The statements (contained in [Section SIX](#)) cover:

- Who is SP funding for
- How does SP help meet the priorities of partner Agencies
- What will SP fund
- Resources
- Delivering SP services

Based upon these statements SP will aim to deliver high quality and strategically planned housing-related services as defined by the CCG. SP funded services will be cost effective and reliable and complement existing care services. All user groups will be reviewed over the period of the Five Year Strategy.

4.4 Strategic Reviews

Strategic Reviews will examine the following:

- What are the preferred forms of service type
- What specific objectives do Stakeholders wish to see met
- What distribution/spread of services do Stakeholders wish to see
- How does the current service provision match this vision
- How does current supply match demand and need
- Are services fully accessible to BME users
- Priorities for change/development
- What services are affordable and which are not

The Strategic Review will enable a District and County-wide view to be taken of the existing provision of services on a Service User Group basis, and from this to plan how these might be reshaped for the future, and to inform and direct commissioning decisions.

The process itself will be based at a District level, with the findings aggregated and prioritised at a County level. The process will be based on:

- Identifying the key requirements of statutory Stakeholders
- Refining and improving knowledge of needs
- Consideration of Best Value Performance Indicators

- Obtaining the views of Service Providers
- Obtaining the views of Service Users and their representatives

Each report will be signed off by the local District Inclusive Forum and Core Group.

The proposed timetable for these Strategic Reviews is:

October 2005 / July 2006	Homelessness Services
July 2006 / January 2007	Adult Services
January 2007/ January 2008	Older Persons Services

The success of these reviews will be measured by the extent to which all funded services in 2010 more closely fit the requirements of Stakeholders and available resources.

It is important to ensure that the Strategic Review process is not so rigidly applied that opportunities for service development will be lost merely because they do not fit into the timetable. The programme of reviews must be seen as flexible to take advantage of sources of capital funding and other factors.

Section FIVE : DATA ANALYSIS

Summary of Section FIVE

In this section we:

- Present an analysis of supply data that is now available to the SP team.
- Detail the annual spend according to Service User Group .
- Detail the capacity of services according to Service User Group
- Provide a profile of SP service models.
- Show the distribution of SP funding according to District Council area.
- Address Cross Authority issues.
- Profile Service Providers and contracts.
- Summarise the conclusions of needs analysis.
- Describe the role and function of Prevention Service Grids

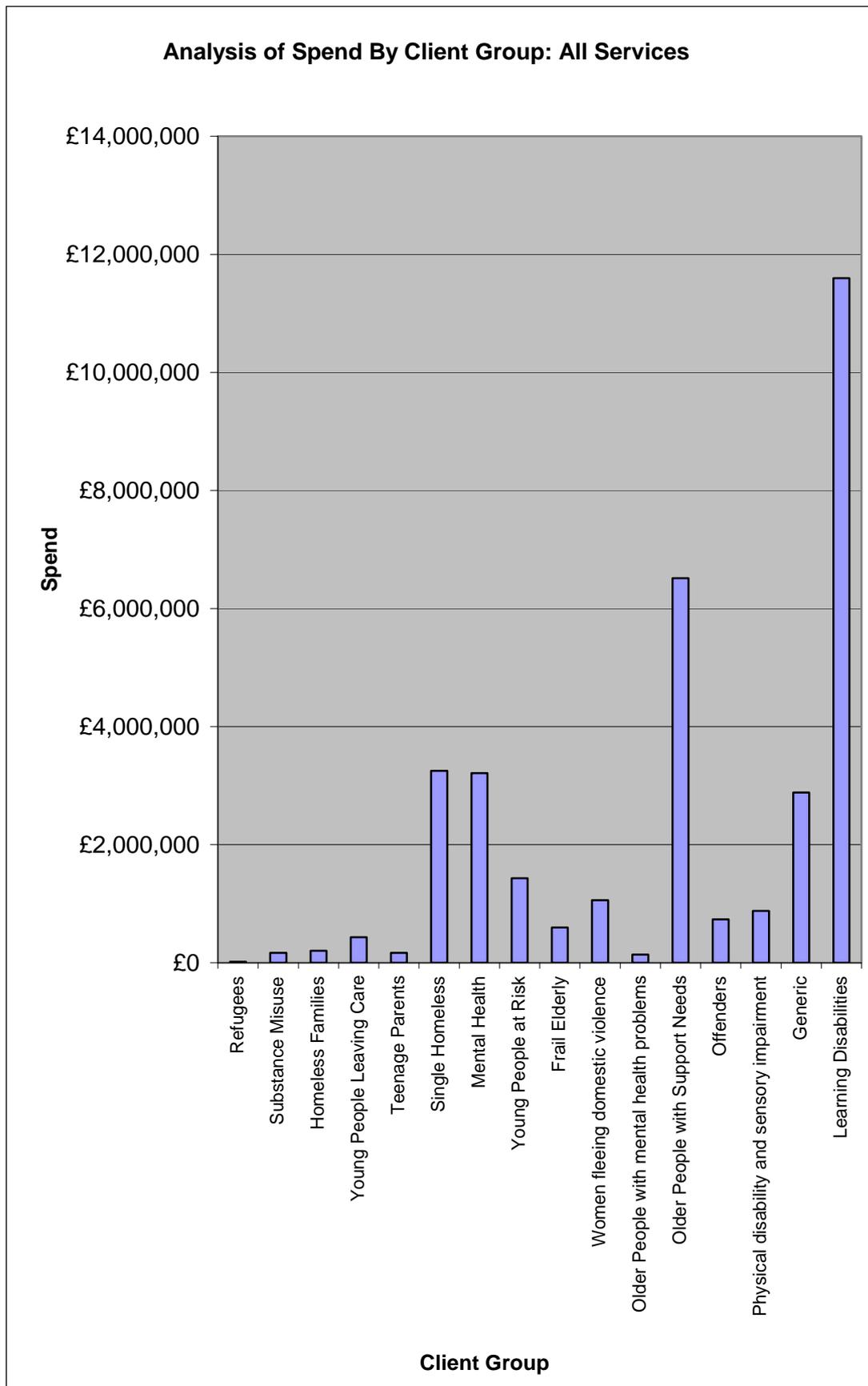
5.1 Analysis of Supply of Services

A detailed analysis of the supply and spend relating to accommodation-based and non-accommodation based services has been undertaken. A full range of tables is to be found at [Appendix H](#). The figures shown relate to actual spend for 2003/4.

Total spend for the period was £33.28m accounting for services provided to over 19,000 Service Users.

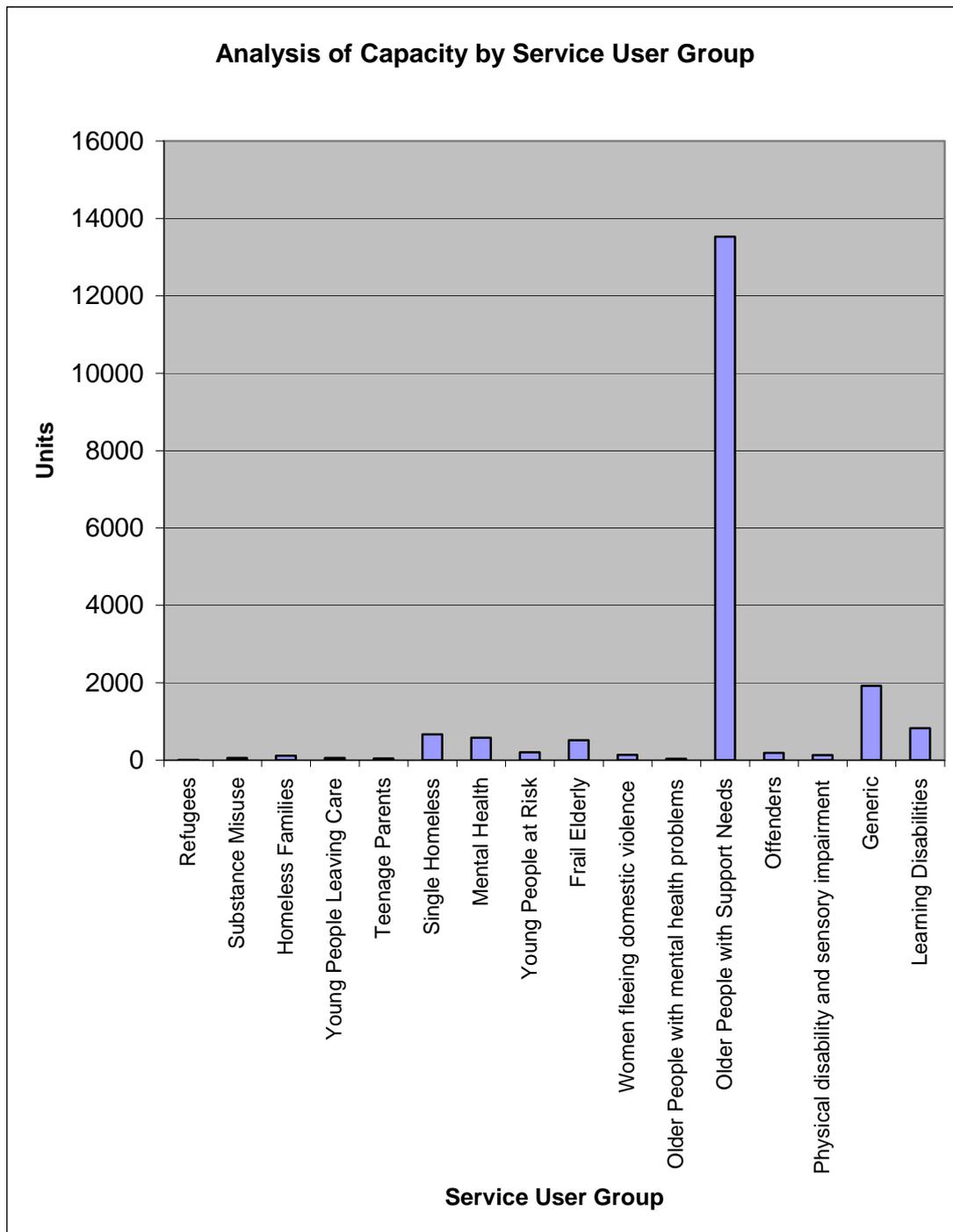
Spend By Service User Group

The diagram overleaf indicates the distribution of spending in the period 2003/4 by Primary Service User Group as defined by ODPM:



Capacity by Service User Group

The diagram below indicates the capacity in the period 2003/4 by Primary Service User Group as defined by ODPM:

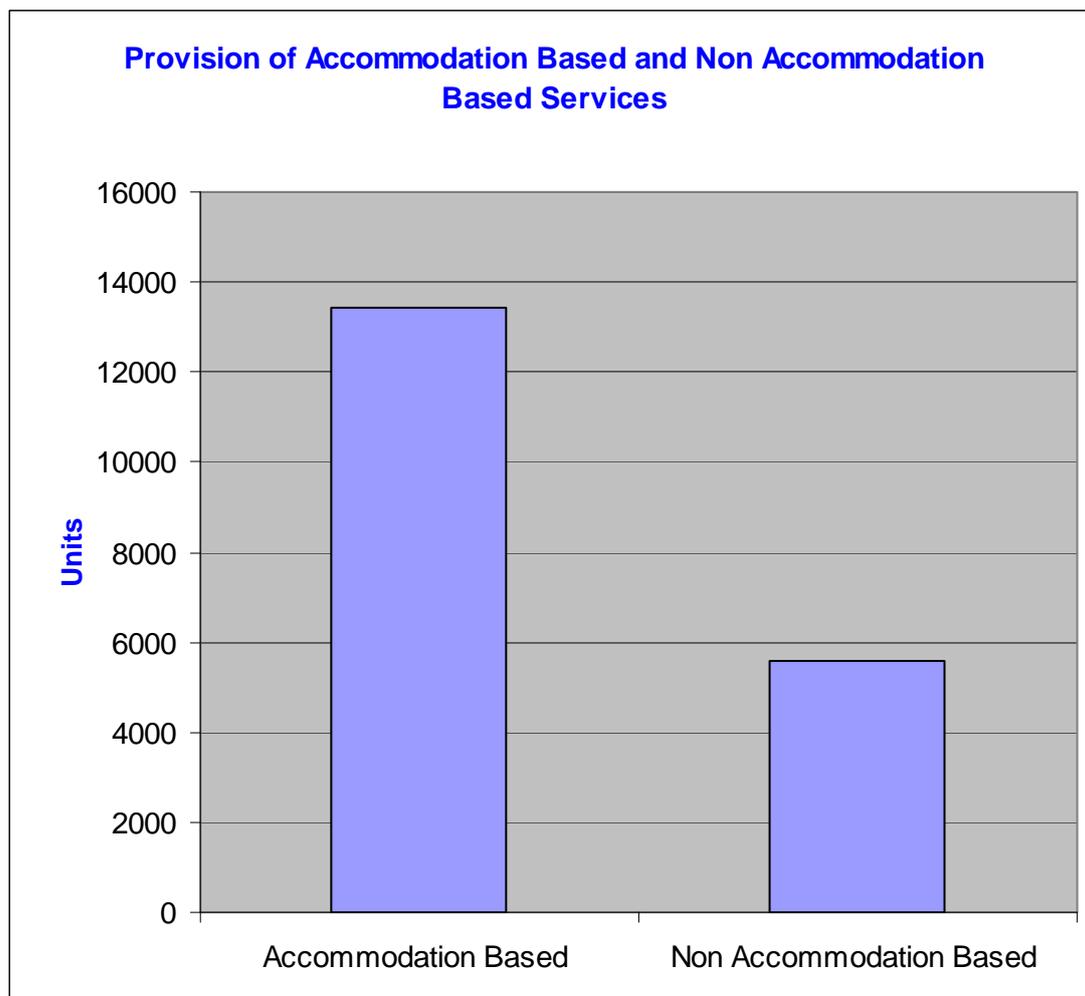


The graph clearly indicates that the majority of provision is for older people with support needs followed by generic services. A second graph has been prepared excluding services for older persons and generic services in order to illustrate the lower capacities relating to other Service User Groups. (See [Appendix I](#): Capacity under 1000 Units)

Service Model Profile

Accommodation-based services represented 79.4 percent (£26.42m) of total County SP spend and 70.6 (13422) percent of total Service Users.

Non-accommodation based services represented 20.6 percent (£6.8m) of total county SP spend and 29.4 (5591) percent of Service Users.

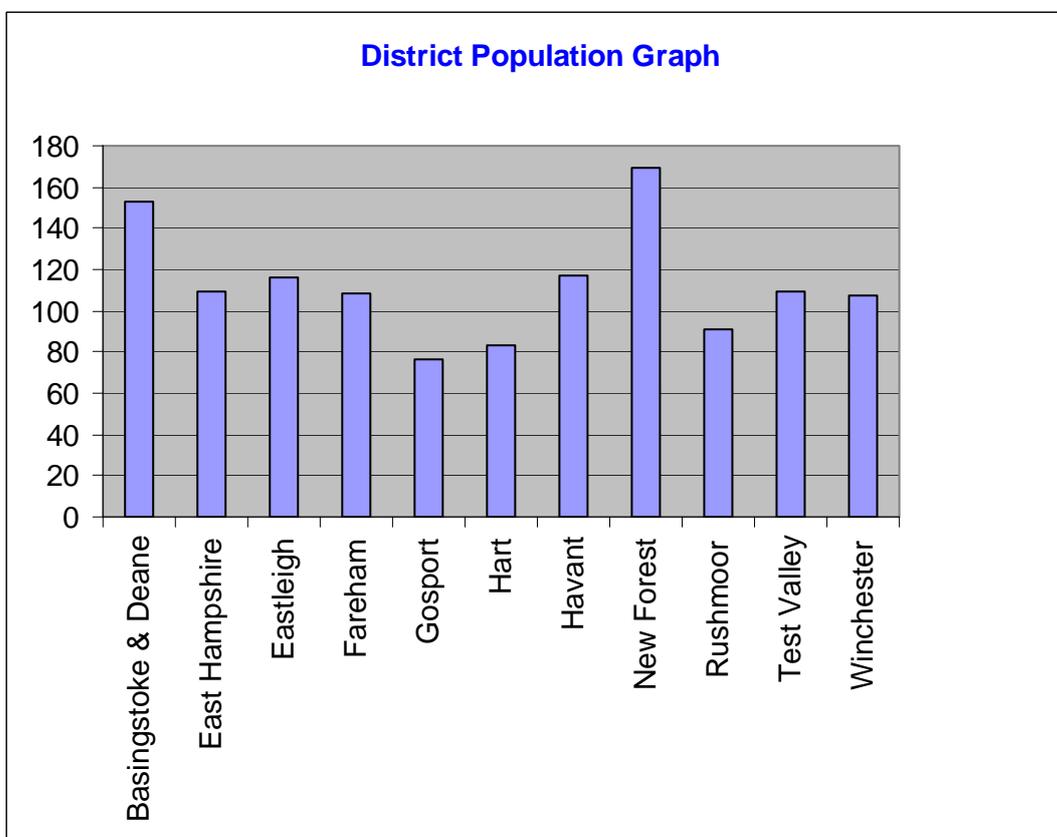
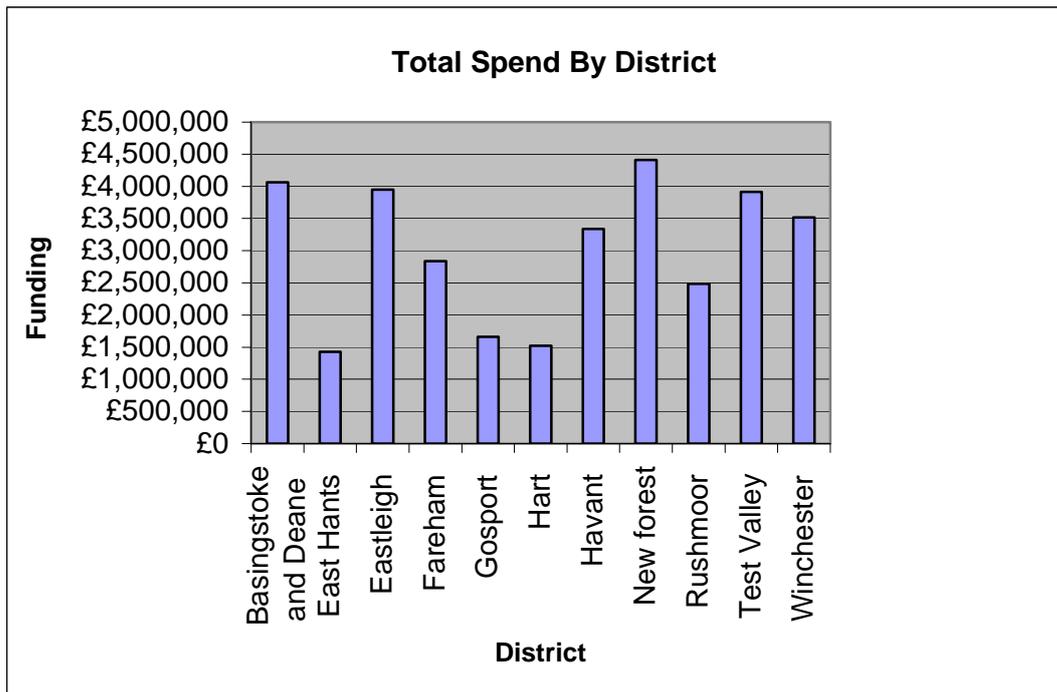


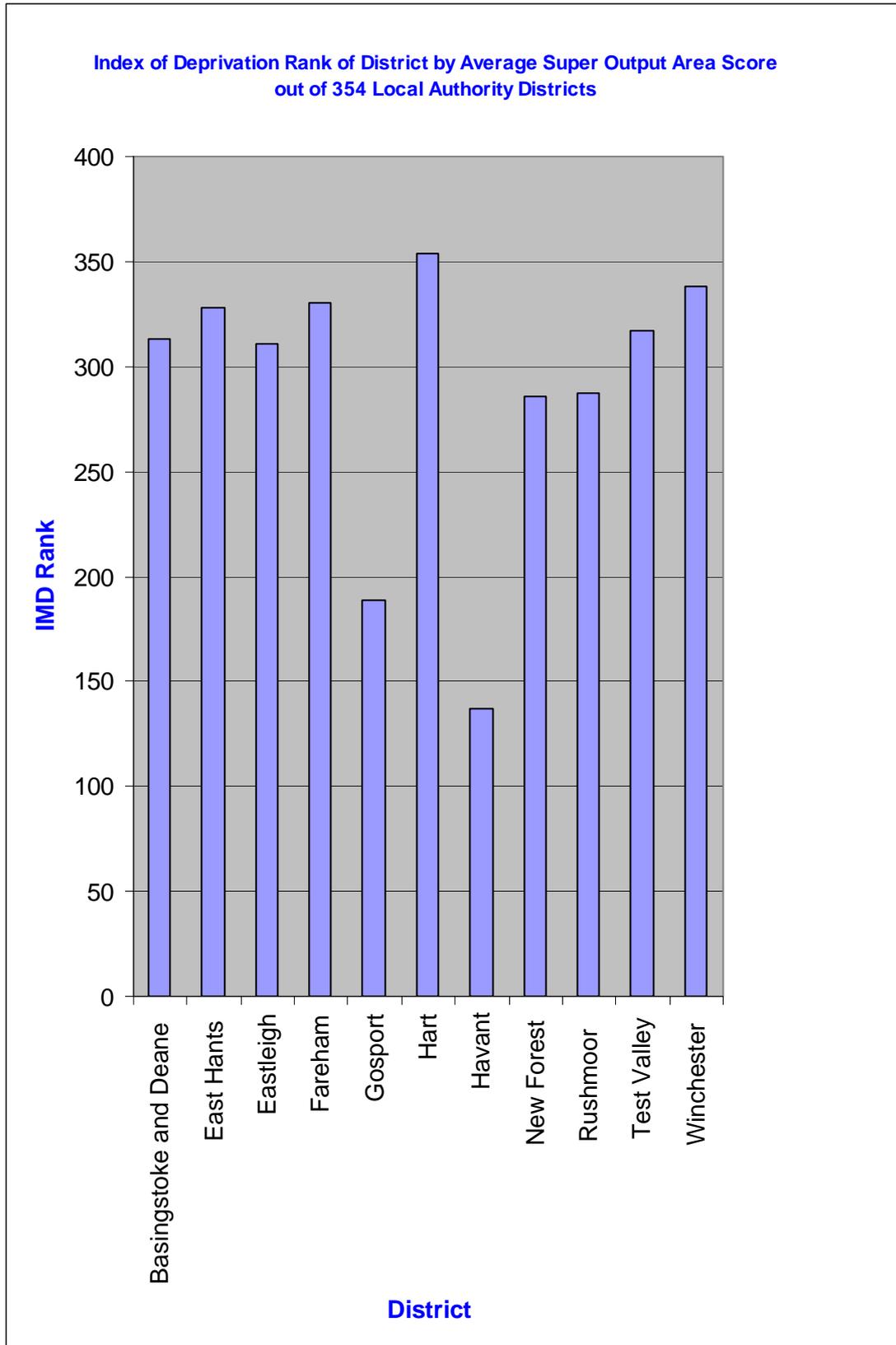
The largest proportion of spend was accounted for by accommodation-based services for People with Learning Disabilities at 31.76 percent (£10.5m) of spend with a Service User base of 3.83 percent (729) of the total number of Service Users.

The category with the largest number of Service Users was accommodation-based services for Older People with Support Needs at 54.44 percent (10350), representing 15.95 percent (£5.3m) of the County SP spend.

Services for Refugees represented both the lowest SP spend and Service User Group numbers. Accommodation-based services for this Service User Group accounted for 0.04 percent (8) of total Service Users and 0.05 percent (£16k) of total County SP spend.

5.2 Distribution of Hampshire Spending by District





For a full analysis see : [Appendix H](#)

5.3 Cross Authority Provision

Designated Cross Authority Services include all services for Women Fleeing Domestic Violence and one Offenders service provided by the Langley House Trust.

For more detail on the agreed Cross Authority Statement and an evaluation of the current issues regarding homeless services refer to [Section EIGHT](#).

5.4 Provider Profile

Hampshire currently contracts with a total of 142 Providers. The majority of Providers (77.6 %) work with only one Service User Group, 9% work with 2 Service User Groups, 7% with 3 and 6 % with a wider range.

The tables below provide an overview:

Provider Types	Totals
Private sector	47
Statutory sector	11
RSL / voluntary sector	84

Spend by Provider Type	Spend
Private sector	£2,183,520.32
Statutory sector	£4,613,632.33
RSL / Voluntary sector	£26,315,091.16

Contract Values Range	Number of contracts in range (Total value of all contracts with Provider)
Under £10,000	26
£10,000 - £20,000	13
£20,000 - £50,000	30
£50,000 - £100,000	19
£100,000 - £250,000	17
£250,000 - £500,000	21
£500,000 - £1,000,000	11
£1,000,000 +	7

Small Providers

Hampshire SP wish to ensure that the administrative and monitoring processes imposed on Small Providers take into account the size of the Provider whilst ensuring adequate protection for Service Users and the Administering Authority. A light touch has been adopted in relation to performance monitoring returns, quality assessment forms and service reviews.

A definition has been developed to identify Providers who can be classed as 'small'. On the basis of the above it is estimated that 47 Providers of 51 separate services would fall into this category.

See [Appendix K](#)

5.5 Changing Pattern of Provision

The picture of provision is largely stable. Minor changes include the withdrawal from SP of three Providers whose service was not strategically relevant, one Provider who failed to meet quality standards and two who withdrew for personal reasons. Further planned changes in the pattern of provision will be implemented through the Strategic Reviews.

5.6 Service User Profile

An analysis has been carried out of the of the Client Record Report produced by St Andrews University for the period 1 April 2003 – 31 March 2004.

The report and dataset is based upon the Client Record forms returned by providers for new clients accessing SP services during that period. Details of this analysis are to be found at [Appendix J](#).

Further details can be obtained from the website at www.spclientrecord.org.uk

5.7 Needs Analysis

Independent needs analysis research was commissioned by Hampshire SP in January 2004.

Stage One of the project, consisted of a 'desktop' review involving collection and review of existing data relating to the housing and support needs of the Service User Groups defined by ODPM, supplemented by telephone discussion with the key informants. In April 2004 an interim paper reported on Stage One findings.

Additional, more detailed work was subsequently commissioned into four areas of prime concern:

- Homeless families and single homeless people with support needs
- People with complex or multiple needs, including mental health problems, substance misuse and offenders
- Teenage Parents aged 16 and 17
- Young offenders

These areas were selected on the following basis :

- The results of the interim research report
- Service User Groups represented fell within the National and County Steer

- Groups identified were not the subject of statutory responsibility of any other department
- Hampshire supply profile
- The lack of information on the selected Service User Groups
- All Service User Groups selected were recognised as priority needs by the Districts.

Stage Two involved primary research; collecting new data and in-house information held by Providers, specialist teams and statutory authorities.

The conclusions reached provided indications relating to the wider picture and were thematic rather than Service User Group oriented. The report established a lack of linkage between the data sets held by various authorities and agencies, a lack of aggregated information on housing circumstances and sources of support which together made quantification of needs impossible.

The approach adopted therefore:

- Identified the types of needs not currently being met
- Highlighted the barriers to delivering effective services
- Suggested practical ways forward

Conclusions of Independent Research	
1	There is a need for still further research on gaps in services
2	Despite a recent increase in the provision of generic floating support there is a continued demand for further expansion across several Service User Groups
3	There is a need for additional housing related support for Young Offenders and Young People at Risk
4	Lack of housing remains an issue, leading to silt-up
5	There is currently a gap in short term specialist housing support offering 24 hour cover, especially for people with multiple needs or chaotic lifestyles.
6	Providers are concerned that referrals are made with insufficient information relating to the needs of the prospective service user leading in some cases to difficulties in the placement
7	There is no aggregated data on people with learning disabilities currently living in residential care who wish to live more independently

These conclusions will be further explored and addressed appropriately within the Strategic Reviews. For the full report see:

<http://www.hants.gov.uk/housingsupport/PathwaysReportStage1.html>

<http://www.hants.gov.uk/housingsupport/PathwaysReport2.html>

5.8 Prevention Services Grids' (PSGs)

In examining the supply of SP services throughout the county, 'Prevention Services Grids' (PSGs) have been developed to clearly identify the gaps in existing provision. Grids have been completed for each District and have been aggregated to present a County-wide picture. In completing each grid the question being answered is: "Do people in this area have access to the types of service indicated?"

The completed grid identifies gaps in service provision indicating where new services may be required or commissioned over the next five years. Evidence of demand opportunity, viability, value for money and compliance with policy directives will be required to support any development proposal. The existence of a Planning System has also been assessed.

The information obtained from these grids will be used to inform Strategic Reviews. The categories of service model considered include: floating support, emergency short stay, general needs accommodation, HIA and Supported Lodgings. Completed grids are to be found at [Appendix L](#)

Locally Identified Priorities

Local priorities were identified prior to the completion of the needs analysis and Prevention Services Grids but they nevertheless remain relevant and present a clear picture of perceived need at the local level.

For full details of these priorities please see [Section SIX](#)

Section SIX: THE COMMISSIONING PROCESS

Summary of Section SIX

In this section we:

- Describe the methodology by which we will prioritise existing proposals for new services in 2005-6
- Describe how the prioritisation of proposals for new services will be accomplished through the Strategic Review process also in this section
- Detail a needs statement for each Service User Group within the SP programme based on Preventions Service Grids, needs analysis and existing priorities.

6.1 Prioritising New Services

New Services 2005-6

The Shadow Strategy 2003-4 identified a number of priorities that had been discussed and agreed by District Inclusive Forums and the County Inclusive Forum. Although formally agreed at a local level, these priorities are now being subjected to scrutiny according to five criteria. These are:

- Evidence – is there an established evidenced need for this service that cannot be met by the alternatives available?
- Opportunity – is there an opportunity to develop the scheme or service in the area it is required at this time ‘Opportunity’ in this sense is defined as, for instance, the availability of capital, land and required revenue. Remodelling, or change of Service User Group may also be considered as ‘opportunity’
- Viability – will the service be financially viable throughout its intended duration, or will it need other funding sources which have not yet been identified?
- Value – does the intended service achieve wanted outcomes for people at a cost effective and affordable price?
- Policy – is the proposed new service in-line with the local Strategy and Policy Framework as outlined in section four of this Five Year Strategy?

The result of this work will be presented to the County Core Group for a County level prioritisation in Summer 2005 in preparation for any additional funding that may be available thereafter. The potential services given priority are listed below:

Locally Identified Priorities	
District	Type of Service
Basingstoke	<ol style="list-style-type: none"> 1 Floating support / Domestic Violence 2 Floating support / Young People (including teenage parents) 3 Floating support / Older persons with support needs 4 Accommodation based / Learning Disabilities & PD /sensory disabilities.
Eastleigh	<ol style="list-style-type: none"> 1. Accommodation based or Floating Support / Teenage parents 2. Disability Accommodation and Advice worker 3. Floating support / Learning Disabilities 4. Accommodation based (24 hour Support) Mental Health Problems
East Hants	<ol style="list-style-type: none"> 1. Floating support /Young Persons at risk 2. Floating support / Ex Offenders 3. Floating support / Women fleeing Domestic Violence 4. Accommodation based /Single Homeless, ex-offenders, substance misuse
Havant	<ol style="list-style-type: none"> 1. Floating support / Young Persons at risk 2. Floating support / Generic 3. Floating support / DV 4. Accommodation based service / Homeless / ex offenders / Substance misuse
Fareham & Gosport	<ol style="list-style-type: none"> 1. Accommodation based / Young Persons (Emergency and Advice Scheme) / 1a : (Gosport Only) Extra care sheltered accommodation 2. Accommodation based / Dual Diagnosis Service 3. Enhancement of the Domestic Violence Support Service 4. Floating support /Substance Misuse
Hart & Rushmoor	<ol style="list-style-type: none"> 1. Floating support / ex-offenders and young people at risk of offending 2. Floating support /non-diagnosed mental health problems 3. Floating support / older people with support needs 4. Extra care sheltered accommodation
New Forest	<ol style="list-style-type: none"> 1. Accommodation based service / Mental Health 2. Floating support / Substance Misuse
Test Valley	<ol style="list-style-type: none"> 1. Accommodation based service/ ex-offenders 2. Extra care sheltered accommodation
Winchester	<ol style="list-style-type: none"> 1. Accommodation based service / dual diagnosis and substance misuse

New Services 2006-7 and Beyond

In subsequent years, priorities for investment will be developed in accordance with the Prevention Statements and Strategic Review process outlined in [Section FOUR](#)

6.2 Prevention Statements and Service User Group Statements

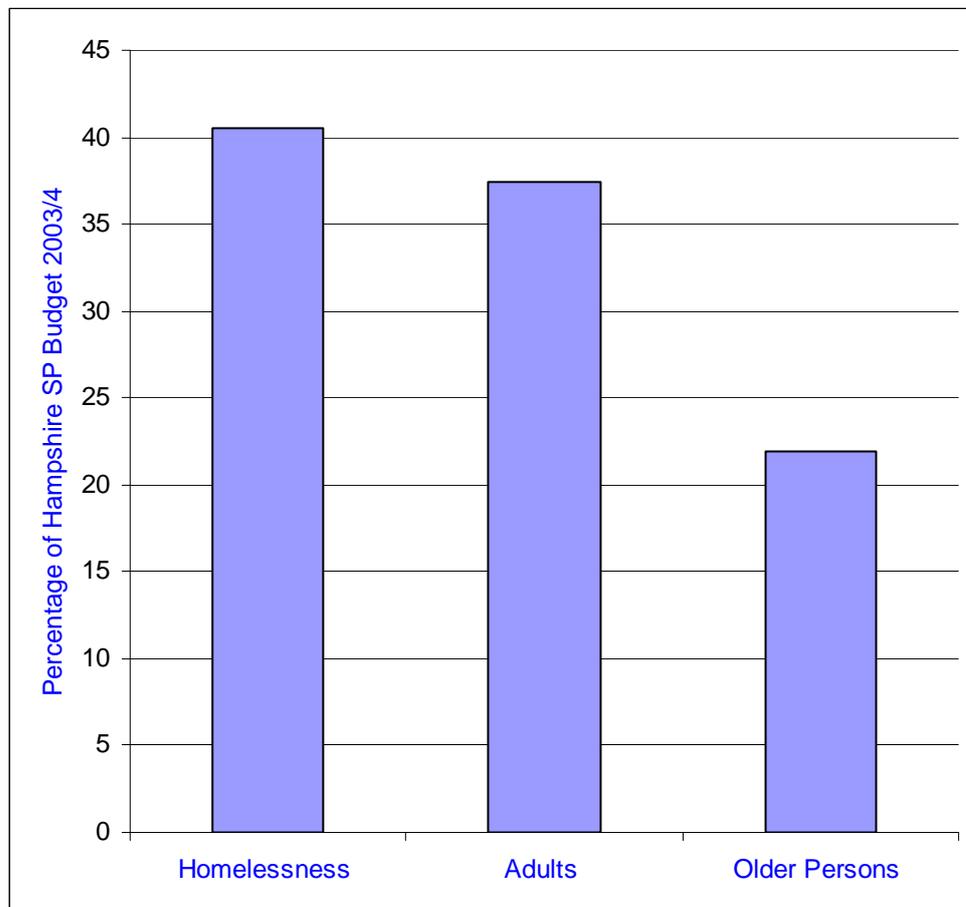
Prevention Statements

As described in [Section FOUR](#), each Prevention Statement defines an agreed set of expectations on behalf of all partner agencies for SP funding, emphasising the potential benefits that the programme can have for each partner agency and their Service Users. These apply the principles of the 'Policy Framework' to different Service User Groups within the programme. The Prevention Statements are followed by specific Service User Group statements.

As part of the Financial Methodology, ([Section EIGHT](#)) Service User Groups are "clustered" to ensure flexibility during the Strategic Review process. The "clusters" are:

- Homeless and At Risk of Homelessness
- Adults
- Older People

The chart below indicates the percentage of the Hampshire SP budget spent on each of the above cluster groups, based on 2003/4 figures.



Prevention Statement

Homelessness and at Risk of Becoming Homeless

Aims

SP will aim to deliver high quality and strategically planned housing-related services as defined by the CCG. SP funded services will aim to be cost effective and reliable. SP funded services complement existing care services'

Who is SP Funding for?

The Service User Groups including within this cluster group are:

- Single and Family Homeless
- Mental Health
- Young People
- Offenders
- Substance Misuse
- Domestic Violence
- Generic Service Users
- Refugees

Homelessness can affect anyone. SP funding is for those people who find themselves at risk of losing their home, or who have already become homeless, and who have a need for housing related support.

What will SP fund?

SP is a preventative programme that funds preventative support in accommodation and non accommodation based services. SP funds a range of short and/or long term housing related support services to meet the particular housing related support needs of service users in varying situations.

Where people pay rent, the rent pays for general housing management. Where people have care needs these can be funded through health and social care as part of Community Care or other government funded programmes.

How does SP Help Meet the Priorities of the Partner Agencies?

SP services are working to prevent adverse outcomes for people, and where there may be consequent demands on Health, Housing, Social Services and Probation.

By assisting in the prevention of homelessness in its broadest sense and assisting substance misusers with their housing and support needs SP services will enable Local Health Authorities and services to ensure that the health inequalities that homeless

people suffer are addressed. Additionally the provision of SP funded services to homeless people can reduce the need for crisis intervention and the pressure on a range of health services.

SP services assist the Strategic Housing Authority to meet its responsibilities to provide appropriate housing options for homeless people. The Homelessness Act 2002 highlights SP as a principal partner in the development and delivery of locally based preventative housing related support services. SP can develop and deliver a range of services that complement other preventative approaches to homelessness as part of the statutory responsibilities of housing authorities.

Increased homelessness directly leads to a greater burden being placed on Social Services through, for example, increased relationship breakdowns, child neglect, and deteriorating mental health. SP can assist Social Services Departments in reducing incidents of homelessness amongst their clients. The provision of housing related support services will allow further complementary care services to be delivered.

The provision of stable accommodation has been demonstrated to reduce re-offending rates by 20% (Social Exclusion Unit report "Reducing re-offending by ex-prisoners", July 2002).

A third of prisoners lose their accommodation whilst in prison and in many cases are considered "intentionally homeless" by the housing authority.

Reducing incidents of re-offending is the key strategic target of the Probation service and Youth Offending Teams at local and national levels. SP services help deliver this.

Drug Action Team (DAT) partnerships should ensure that where housing needs are identified as key barriers to effective treatment, that they can work with Local Authority Housing and Homelessness and Supporting People Teams to develop local strategies and systems to address this need.

The provision of a variety of housing and support options for women escaping domestic violence, including outreach and floating support services, is vital if local authorities are to effectively respond to domestic violence strategies.

Expected outcomes of the SP partnership with regard to Homelessness and those at risk of becoming homeless are:

- Reducing the incidence of housing breakdown and /or losing their own home
- Where prevention has failed, provide emergency accommodation
- Promote programmes of resettlement including move on accommodation

Outcomes of the above will include:

- Reduction of the use of temporary bed and breakfast accommodation
- Reduction in reliance on more intensive care and support services by homeless individuals, young people and families

- Planned packages of support for homeless ex-offenders, assisting in the reduction of re-offending
- Reduced rough sleeping
- Better health care

Delivering Supporting People Services

Supporting People expects all services to demonstrate that their work contributes to the three outcomes outlined in this statement. All SP services are expected to have clearly identified objectives and means of measuring outcomes. In this way we can ensure that Service Users and Partner Agencies are being best served by the efficient and effective use of resources. Services that don't conform to the three outcomes will not be accepted as strategically relevant to the SP programme

Resources

This Prevention Statement is not intended to introduce eligibility criteria or a way of either increasing or decreasing the amount of money spent on any Service User Group.

In addition to services that focus on the needs of specific Service User Groups, SP also funds generic services that may or may not be addressing homelessness as their primary purpose, but contribute to homelessness prevention.

	Action Plan	Timetable	Lead Officer
1	Undertake Strategic Review of homelessness services as defined in the Prevention Statement	2005/6	SP Team
2	Implement the outcomes of the Strategic Review through subsequent individual service reviews	2006/7	SP Team
3	Ensure all homeless hostels and shelters are designated as cross authority.	October 2005	SP Team/CAG
4	Ensure people have access to appropriate services	2006/7	SP Team
5	Complete reformatting of HAAS	July 2005	Review Coordinator
6	Ensure ex-offenders have access to SP services	December 2005	Local Coordinators
7	Continue to liaise with colleagues in Local Authorities, Health and Social Services to inform and be informed regarding housing and support needs for women fleeing domestic violence	Ongoing	Lead Coordinator
9	Meet with Providers and other stakeholders to review the policy of excluding 16/17 year olds from some accommodation based services	March 2006	Lead Co-ordinator
10	Research the effectiveness of generic floating support in meeting the needs of teenage parents	July 2005	SP Project Group

Service User Group Statements (Homelessness Cluster)**A Homelessness****Prevalence – The National Picture**

- Nationally there were 93, 930 homeless acceptances in 2003
- The Crisis report “How Many, How Much” gives low end and high end estimates for the number of single homeless adults at any one time as between a range of 310,000 and 380,000
- Repeat homelessness : Nationally the figure for 2001/ 2 was 118,360 or 5.6 per 1000 households.
- Research indicates that 70%- 80 % of homeless families may have support needs of medium or high level
- 40 – 50 % of single homeless people have multiple needs
- Statistics show a steady increase in homelessness over the past five years. Nationally the third quarter of 2003 is 8% higher than same period of 2002
- These statistics reflect only those who are accepted as having priority need. Nationally and at SE Regional level fewer than 50% of those who apply as homeless are accepted as eligible and in priority need

Prevalence – Hampshire

- In Hampshire 1,681 households were accepted as homeless in 2003 (Gosport 253, East Hants 206, Havant 192), the majority of whom were homeless families with dependant children
- 323 acceptances were placed in temporary accommodation during the last quarter of 2003
- Repeat Homelessness statistics for Hampshire : 14,380 or 4.3 per 1000

Related Strategies – How SP links in

- Homelessness Act (2002)
- Regional Housing Strategy (2004/5 to 2005/6)
- District and Borough Homelessness Strategies
- District and Borough Housing Strategies

The Homelessness Act (2002) identifies SP as a key partner in developing preventative services for people who may become homeless and supported housing for those who have, The Regional Housing Strategy and local Homelessness and Housing Strategies reflect this. Homelessness Strategies identify SP services as delivering a significant part of provision.

Gaps in Supply

Three local authority areas do not have emergency short stay accommodation for Single Homeless people and four have no provision for Homeless Families. Whilst there are generic floating support services in all areas there is insufficient information

to determine the extent to which they address the strategic priorities outlined in LA Homelessness Strategies.

B Mental Health

Prevalence - National picture

- Around 300 people out of 1000 will experience mental health problems every year of whom 230 will visit a GP
- 102 will be diagnosed with a mental health problem
- 24 will be referred to a specialist psychiatric service and 6 will become patients in psychiatric hospitals

Prevalence - Hampshire

- A regional breakdown shows that the South East Region has the highest proportion of people recorded as priority homeless due to mental illness (12% of all those accepted as homeless) in England & Wales
- The prevalence figure of 2.4% for people referred each year through their GPs to specialist psychiatric services suggests that there are 19,178 people aged 18-64 in Hampshire referred in this way
- PAF Indicator 31 shows the number of "Adults with Mental Health problems helped to live at home" is 1,971 out of a total of 760,449 adults under the age of 65 years, living in Hampshire (i.e. 2.59%)
- 57 % of referrals to the Winchester Supported Housing Panel are for people with mental health problems

Related Strategies - How SP links in

- The National Service Framework (NSF) for Mental Health 1999
- HCC SSD Commissioning Plan, 1999-2004
- The HCC Best Value Improvement Plan 2003 for MH Services
- Report by ROCC on Housing Needs and Mental Health 1998

The NSF does not address housing and support for MH Service Users, except to say that 24 hour supported accommodation should be available in each locality.

The County Commissioning Plan states: 'the main areas of development of social care will continue to be in employment and housing as well as a focus on recognising the needs of carers.'

The Best Value Improvement Plan proposed 'the development of a range of residential care and housing with support in each locality informed by the needs analysis in the ROCC report and improving housing practice in mental health services through joint training'.

What Supporting People Can Do

Through many mechanisms, including the DIFs, DCGs and CCG, SP links in with the housing and support related objectives in the above documents. A Local Coordinator in the SP Team is a member of the HCC County Mental Health Housing Strategy Group looking at how proposals contained in the Best Value Improvement Plan will be delivered. Local coordinators attend the various Locality Implementation Team meetings.

Gaps in Supply

Intelligence from stakeholders indicates that the issue of concern is that there is an insufficient quantity of services.

C Offenders

Prevalence – National picture

According to Home Office information:

- Up to a quarter of offenders do not have stable accommodation
- 32% of prisoners are homeless at the time of being taken into custody
- Nationally, up to 55% of prisoners have no stable home to return to
- A homeless prisoner is twice as likely to re-offend as one with a stable home
- Offenders supervised in the community are significantly more likely to complete their programme of supervision if they have stable accommodation
- Rough Sleepers Unit Study (2001) identified that being discharged from prison was a primary route into homelessness, many prisoners who had accommodation will lose it during their sentence
- Substance Misuse is prevalent among offenders
- December 2004 OASys data indicates that nationally offenders who experienced accommodation problems were more likely to be convicted

The National Strategy for the Probation Service refers to two groups specifically in the context of housing: Potentially dangerous offenders and persistent young offenders: Targets relating to accommodation have been set in for each group.

High Risk Offenders require ‘more effective development of move on and supported housing for high risk offenders’.

The national Youth Offending target requires “all those in contact with Youth Offending Teams (100%) should end their YOT intervention in suitable accommodation”. YOT Statistics for 2003/4 show that Hampshire is failing to meet this target, with just 70% of young people ending their YOT intervention in suitable accommodation

Related Strategies – how SP links in:

- Prolific and Other Priority Offenders Strategy 2004
- Supporting People, Guidance for the National Offender Management Service
- Tackling Drugs: Changing Lives
- Violence Against Women Initiative
- Reducing Re-offending (Home Office National Action Plan)
- HARP: The Housing and Returning Prisoner's Protocol
- Every Child Matters (YJB)

What Supporting People can do

Supporting People can intervene in preventing homelessness by offering housing related support to ex-offenders either in their current or new accommodation.

Gaps in Supply

Based on 2003/4 spend, offenders in Hampshire currently have only 0.98% of specialist supported housing and 2.21% of the total Supporting People funding. There is a significant demand for housing related support for ex-offenders.

D Substance Misuse**Prevalence – National picture**

- Home Office data indicates that between 0.4 and 1.4% of the population are problem drug users
- 8% of the population are alcohol dependant
- The economic and social cost of each problem drinker is £2,854
- 30% of single homeless people have drug problems
- 33% of single homeless people have alcohol problems; this figure rises to 50% for rough sleepers

Prevalence – Hampshire

- The total number of problematic users is estimated to be 7009. 0.5% of general population of Hampshire is estimated to be problem drug users
- Hampshire DAAT's target was to achieve 1635 individuals in drug misuse treatment for the year 2004/5. The National Treatment Agency has calculated that in the period April to December 2004 the actual number achieved was 2020.
- A report on accommodation and support for continuing drinkers produced for Winchester Supporting People Forum in 2002 suggested that between 8 and 31 individuals with alcohol related problems were not being supported by existing services.

- The Hampshire DAAT has set a target to increase the number of people with drug problems who have floating support or are placed in supported housing by 10% per year. DAAT clients are less likely to achieve successful outcomes where they do not have access to stable housing with floating support the preferred model of service.

Related Strategies – how SP links in

- National Drugs Strategy
- Hampshire DAAT Strategic Statement 2004 – 2007
- Community Safety Partnership Strategies and action plans

What Supporting People can do

Through the provision of supported accommodation and housing related floating support services, SP can compliment the work of more specialist treatment and rehabilitative services. In doing so it can assist in reducing dependency and enable more settled patterns of living

Gaps in Supply

Whilst most areas in Hampshire indicate that there are services for people who misuse substances these are primarily homelessness services that individuals may access through other routes.

E Women Fleeing Domestic Violence**Prevalence – National Picture**

- Domestic violence is a factor in around 16% of homelessness acceptances every year
- 38% of families using Shelter's Homeless to Home projects had lost their home through domestic violence;
- Women who experience domestic violence may be forced to move repeatedly to get away from the abuser
- Data from Supporting People supply analysis indicates there are now approximately 3,772 household spaces in refuges in England (and) the overall trend is upward.

Prevalence – Hampshire

The Hampshire and Isle of Wight DV forum survey in 2003 indicated that around 600 families, with 1,600 children, had made use of refuges during the previous twelve months. While the County is relatively well-resourced in refuge places, the 125 places for individuals or families are constantly over-subscribed.

As an example of demand for a local service, Basingstoke women's refuge had 317 referrals in 2002 - 2003 and 68 (21%) were accepted and accommodated.

Related Strategies – how SP links in :

- Safety and Justice: The Government’s Proposal on Domestic Violence (Home Office 2003)
- Local Authority Community Safety Strategies
- Local Authority Homelessness Strategies
- The SP Guide to Accommodation and Support Options for Households Experiencing Domestic Violence. (ODPM 2002).

What Supporting People Can Do

SP links in with the housing and support related objectives contained in the above documents. The SP Team are members of local Domestic Violence Forums.

Gaps in Supply

Specialist floating support for women experiencing domestic violence is notably absent from two of the districts/boroughs (Hart and Rushmoor) and in some districts the specialist floating support/outreach services are not funded by SP but through the Local Authority (e.g. Basingstoke), or through alliances with several organisations. Some districts have very little outreach - e.g. in East Hants there is only five hours a week of this type of support.

Best Value indicator 176 will be considered within the context of the Strategic Review.

F Young People**Prevalence – Hampshire**

A study for SP revealed that there are 311 young people who require accommodation in Hampshire. In May 2004 there were 20 young people living in bed and breakfast accommodation. The 2003 Homelessness Review for Basingstoke indicated 48 people in Social Services care will require accommodation. There are 8 unaccompanied young asylum seekers in Hampshire

A study by Two Saints Housing Association revealed that 50% of referrals to their nightshelter were aged under 25. This included many 16-17 year olds. The largest number of referrals to the Accommodation Resource Centre were aged 16-18.

Related strategies - how Supporting People links in

SP can make a positive contribution in the following strategies:

- Youth Justice Strategy/YOTS strategy
- Quality Protects
- Homelessness Act 2002
- The Children Leaving Care Act 2000
- Teenage Pregnancy Strategy.

What Supporting People can do?

SP can have a positive impact by providing floating support and tenancy support services to prevent incidents of homelessness for young people.

The Quality Protects(QP) Programme is a key part of the Government's strategy for tackling social exclusion, working with disadvantaged and vulnerable children. SP contributes to the QP programme by ensuring that young people can access Supported and permanent housing.

The Homelessness Act 2002 places a duty on local authorities to accept homeless 16 and 17 year olds as being in priority need without demonstrating vulnerability. SP provides support for 16/17 year olds. Floating support services to people at risk of homelessness prevent tenancy failure and contribute to local authorities strategies reducing the numbers of people in temporary accommodation.

SP currently funds accommodation based services for Vulnerable Young People. These services can be accessed by all young people who require these services although Social Services retain the financial responsibility for funding the placement of young people to whom they have a statutory responsibility.

Floating support services can provide support to teenage parents to ensure they are able to maintain their accommodation. Supporting People also funds accommodation based services for teenage parents. The national Teenage Pregnancy Strategy included the target that supervised, semi-independent housing with support be available, by the end of 2003, for all 16 and 17 year old mothers who cannot live with parents or partner – not a tenancy on their own.

Gaps in Supply

There is a lack of emergency short term accommodation for young people around the County. Many districts do not have 24 hour staffed accommodation based services specifically for Young People. Young people (16/17 year olds) are currently excluded from many accommodation based services around the County.

Prevention Statement

Adults

Aims

SP will aim to deliver high quality and strategically planned low level housing-related services as defined by the CCG. SP funded services will aim to be cost effective and reliable. SP funded services complement existing care services.

Who is SP Funding for?

The client groups included within this cluster group are:

- People with learning disabilities
- People with physical disabilities and / or sensory impairment

It is recognised that the majority of the above Service Users may require both long-term and short-term services.

What will SP fund?

SP funds preventative support in accommodation and non accommodation based services, providing a range of support services to meet the particular housing related support needs of service users. Services are targeted at helping people avoid having to move into more intensively supported accommodation.

Where people pay rent, the rent pays for general housing management. Where people have care needs these can be funded through health and social care as part of Community Care or other government funded programmes.

Housing related support services commissioned through SP are targeted towards vulnerable people in general, and this includes those with learning or physical disabilities, and sensory impairment. SP funding provides services for people who need support to maintain their housing situation. People may have a number of other needs such as transport or day services, and there may be a number of activities that would be useful to them, such as numeracy or literacy classes, but these are not housing related support and therefore not within the funding criteria of SP.

The vast majority of people receiving SP services live in social rented housing, with a minority living in private rented housing or own their own homes. All are potential SP service users.

It is not the intention of the programme to fund services for people living with able carers in family situations: SP can and will only fund housing related support services for people who have direct housing responsibilities.

SP funding is available to people who have care needs but only to fund the housing

related support that they receive to maintain their homes.

How does SP help meet the priorities of the Partner Agencies ?

SP services are working to prevent adverse outcomes for vulnerable people and in doing so will contribute to the achievement of some of the priorities of our Partner Agencies: Health, Housing, Social Services and Probation.

Expected outcomes of the SP partnership, with regard to services for people experiencing learning disabilities and people with physical disabilities and / or sensory impairment, are :

- Reducing the incidence of housing breakdown
- Where prevention has failed, provide emergency accommodation
- Promote programmes of resettlement, enabling people to live independently, including move on accommodation

Outcomes of the above will include :

- Reducing the number of crisis admissions to hospital & incidence of delayed discharge
- Reducing the inappropriate use of residential care and other more intensive forms of support and care
- Protecting the most vulnerable in society from the consequences of homelessness
- Enabling transition of younger adults with disabilities to independent living, building on the relevant skills developed during their education
- Responding to users' housing related support needs as identified through Person Centred Planning
- Informing local housing allocation processes of the housing need in each locality in respect of people from this client group cluster
- Promote move-on into more independent living that may also ease pressure on carers

Delivering Supporting People Services

Supporting People expects all services to demonstrate that their work is outcome-focused and contributes to meeting the priorities outlined in this statement. All SP services are expected to have clearly identified objectives and means of measuring outcomes. In this way we can ensure that service users and partner agencies are being best served by the efficient and effective use of resources. Services that don't conform to the three outcomes will not be accepted as strategically relevant to the SP programme

Resources

The allocation of SP resources is decided on a strategic basis, this Prevention Statement is not intended to introduce eligibility criteria or a way of either increasing or decreasing the amount of money spent on any client group.

In addition to services focussed on the needs of specific client groups, SP also funds a range of services that are generic and therefore may or may not be addressing the needs of people with mental health Service Users, or those with disabilities, as their primary purpose but contribute to wider preventative agenda.

	Action Plan	Timetable	Lead Officer
1	Undertake Strategic Review of Adult services	July 2006 / January 2007	Local Co-ordinators
2	Implement the outcomes of the Strategic Review	January 2008	Local Co-ordinators & Service Providers
3	Establish systematic Service User representation through the Hants SP SURG process.	2006	Local Co-ordinators
4	Ensure People with Learning Disabilities and Physical and Sensory impairment have access to housing support wherever they live	January 2008	Local Co-ordinators
5	Encourage all Providers to implement Reach Standards within SP Funded services.	Ongoing	Hants SP Team & Service Providers
6	Ongoing involvement in LIG planning structures and those associated with the Hampshire Learning Disability Partnership Board	Ongoing	Local Co-ordinators and SP LD Lead Officer SSD
7	Ensure that people with disabilities and sensory loss have access to information on supported housing or housing related support services.	By April 2010	Lead Coordinator
8	Continue to liaise with colleagues in Health, SSD and Housing to inform and be informed regarding housing and support needs for these Service User Groups	Ongoing	Lead Coordinator

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Service User Group Statements (Adults Cluster)

A Learning Disabilities

National prevalence:

- 160,000 – 210,000 people with a severe or profound learning disability
- 1.2 million with some form of mild / moderate learning disability or perhaps as many as 2.5% of the population.

Prevalence – Hampshire

- The number of Adults aged 16 – 64 ‘helped to live at home’ is half that of UK average in 2001 -2002
- There are 2628 people with LD in Hampshire, 39% of whom are 16 – 29 and 9% are over 65
- 130 people live with family carers over 65

Related Strategies - How SP links in

- Valuing People: A New Strategy for Learning Disability for the 21st Century (DoH 2001)

A key emphasis within this White Paper is on the development of a wider range of housing and support options and a more strategic approach to service planning and commissioning. These aspirations are wholly consistent with the SP programme.

What Supporting People can do

Through its active partnership involvement in the county’s Locality Implementation Groups and joint working with the Hampshire Learning Disability Partnership Board, SP can make a large contribution, particularly in the following areas: transition of younger adults; re-settlement opportunities for people to enable them to live independently; and responding to those experiencing crisis.

There remains the need to recognise the multiple funded nature of independent living service provision for this Service User Group, and the budgetary constraints that exist in respect of both the programme and its partner agencies to ensure that opportunities for people can be developed in a sustainable manner.

Gaps in Supply

The desired model of housing related service provision is increasingly being made clear. People with learning disabilities want to be able to live in their own homes, often of smaller unit size, including self-contained supported accommodation, with support. This generates a key need for increased floating / visiting support capacity within the programme to enable the delivery of these kinds of living environments. Throughout the County there is additionally limited provision to respond to the needs of people with learning disability who require emergency accommodation.

B Physical Disabilities and Sensory Loss**Prevalence – National Picture**

- The 2001 Census showed that 13% of people of working age in England had a limiting long term illness.

Prevalence – Hampshire

- Social Services have registered 3,668 people with disabilities
- In East Hampshire, a needs survey identified 7,222 households (16%) containing someone with a disability, of which around one third were aged under 60. Around 30% of those reporting care or support needs said that they did not have sufficient care or support.
- For details of the distribution of people with disabilities, see [Appendix P](#)

Related Strategies – How SP links in

The NSF for Long Term Conditions highlights relevant issues emerging from the NSF development process. A key emphasis within the Hampshire SSD Plan for Physical Disabilities and Sensory Services is promoting independence including adapted and adaptable housing.

What Supporting People can do

People with physical disabilities and sensory impairments should have choice in accessing housing and support services to meet their individual needs throughout their lifetime, through all tenures and usual routes into housing, within their own communities. SP can support this aim. SP is committed to ensuring that people with disabilities have access to good quality comprehensive information about housing opportunities and housing related support services. A pilot scheme is underway in Basingstoke, Eastleigh and Test Valley to compile a register of adapted properties to ensure that these are reallocated to people with disabilities on the housing register, enabling a better use of resources.

Gaps in Supply

Based upon 2003/4 spend, this user group has only 0.7% of specialist supported housing and 2.64% of the total SP funding. SP can prevent homelessness or a move to institutional accommodation by offering support to people in their homes. There is at least one floating support service in all 11 areas that can be accessed that focuses on four key areas:

- Advice, assistance and advocacy with welfare benefits
- Practical assistance with moving into new accommodation or improving their current accommodation
- Referrals to specialist agencies such as Health or Social Services
- Advice and guidance on budgeting and life skills

Prevention Statement**Older People****Aims**

SP will aim to deliver high quality and strategically planned housing-related services as defined by the CCG. SP funded services will aim to be cost effective and reliable. SP funded services complement existing care services.

Who is SP funding for?

It is expected that 120,871 people (28.4% of the population) in Hampshire will be over the age of 65 by 2011, with over 35,000 of them being over 85 years of age. Not all these older people will need housing related support services to maintain independence but the likelihood is that older people will continue to be the largest Service User Group that SP funds. SP can assist older people to have a wider choice as to where and how they wish to live.

What will SP fund?

SP is a preventative programme that funds preventative support in accommodation and non accommodation based services.

SP funds a range of short and/or long term housing related support services to meet the particular housing related support needs of Service Users in varying situations.

Where people pay rent, the rent pays for general housing management. Where people have care needs these are funded through health and social care as part of Community Care or other government funded programmes if these needs are assessed as being eligible for this funding.

How does SP help meet the priorities of the Partner Agencies ?

SP services are working to prevent adverse outcomes for vulnerable people and in doing so will contribute to the achievement of some of the priorities of our Partner Agencies: Health, Housing, Social Services and Probation.

Central Government has set the following target;

'To improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:

- Increasing the proportion of older people being supported to live in their own home annually in 2007 and 2008

- Increasing, by 2008, the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care'

Expected outcomes of the SP partnership with regard to Older People are:

- Reducing the incidence of tenancy breakdown
- Maintaining owner occupiers in their homes
- Promoting programmes of resettlement

As a result of these measures SP will facilitate:

- Reducing the number of crisis admissions to hospital
- Reducing the incidence of delayed discharge
- Reducing the unnecessary use of residential care
- Protecting the most vulnerable in society from the consequences of homelessness
- Reducing the demand for more intensive support and care

Delivering Supporting People Services

Supporting People expects all services to demonstrate that their work is outcome-focused and contributes to meeting the priorities outlined in this statement. All SP services are expected to have clearly identified objectives and means of measuring outcomes. If services do not conform to the above three outcomes they will be seen as not strategically relevant to SP. In this way we can ensure that Service Users and partner agencies are being best served by the efficient and effective use of resources.

Resources

The allocation of SP resources is decided on a strategic basis, this Prevention Statement is not intended to introduce eligibility criteria or a way of either increasing or decreasing the amount of money spent on any Service User Group.

In addition to services focussed on the needs of specific Service User Groups, SP also funds a range of services that are generic and therefore may or may not be addressing the needs of older persons Service Users as their primary purpose but contribute to wider preventative agenda.

	Action Plan	Timetable	Lead Officer
1	Undertake Strategic Review	2007/8	Local Coordinator
2	In consultation with Providers and Local Authorities establish and agree minimum standards for all sheltered housing	November 2005	County Manager
3	Review all sheltered housing against criteria developed in accordance with point 2, above	By April 2010	SP Team

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4	Identify sheltered housing schemes with the potential to provide extra care services.	By April 2006	SP Team
5	By undertaking point 4 above and ensuring the continued provision of HIA services, SP will support SSD in meeting delayed discharge targets	Ongoing	SP Team

Service User Group Statements (Older Persons Cluster)

A Older Persons Prevalence – Hampshire

- In line with the national profile Hampshire faces an increase in the number of older persons aged over 65 - growth of almost 40 per cent is expected in the over-85 age group in the period up to 2011
- 16.2% of the Hampshire population is 65 or over with the highest percentage of older people resident in the New Forest
- PAF Indicator C32 shows that 15000 older people are helped to live at home

Related Strategies – how SP fits in

- Quality and Choice, A Strategic Framework for Older People's Housing
- The National Service Framework (NSF) for Older Persons
- HCC Commissioning Strategy Action Plan for Older People 2003 -2006

Current research has consistently shown that older people have a strong wish to continue to live in their own homes. This view is reflected in both the National Service Framework for Older People standards and in government targets.

Research has also shown that older homeless people can be successfully resettled and that such interventions can have cost-benefits, meet Best Value Principles and save public money. This is in line with the SP programme. In developing the Five Year Strategy, SP and Strategic Partners can influence and manage the local market, encouraging existing and new Providers to provide for the needs of older people.

What Supporting People can do

Home Improvement Agencies (HIAs), play a key role in enabling older people remain in their own homes by assisting them to get the repairs and adaptations needed. All areas of Hampshire now have active joint funded HIAs. See [Section TWO](#)

It is recognised that although living in a safe, adapted property enables older people to continue to live in their own homes, some individuals may also need some form of housing related support. Community alarms provide many individuals with a cost effective and unobtrusive way of receiving a support service.

For those who need additional support, particularly at times of crisis or transition, there is at least one floating support service in all areas of the County.

Gaps in Supply

It is often said that there is an overprovision of sheltered housing, evidenced by the difficulty that many Providers face in filling vacancies. SP is of the opinion that where sheltered housing is modern, well located, and accessible it is popular. Where it is old fashioned, with shared toilets, bathrooms and kitchens, badly located and inaccessible, services are not popular.

Around the County, through service reviews, SP may find that there are many sheltered housing services which are unpopular for some or all of the reasons outlined above. SP also accepts the professional and ethical argument that SP funding should not continue to fund services that Service Users find unacceptable.

SP propose to develop a set of minimum standards for all sheltered housing that is to remain within the SP programme and establish a five year time frame during which all services will aim to come within the standard. Contracts for services outside of acceptability will not be renewed after April 2010.

A major issue for partner agencies, and many Service Users, is the lack of appropriate accommodation for older people leaving hospital. Sheltered housing can make a considerable contribution through provision of extra care. Supporting People will contribute to the Health and Social Care agenda by ensuring that the capacity of fully accessible sheltered housing is used to help meet the extra care provision needed in the county.

**Section SEVEN: PERFORMANCE MONITORING &
SERVICE REVIEWS****Summary of Section SEVEN****In this section we:**

- Explain how ongoing performance and quality is monitored
- Outline the review methodology
- Report on progress to date and outcomes
- Set out the way in which Hampshire SP tackles issues arising from reviews through setting of objectives, timescales and ongoing monitoring.

7.1 Quality and Monitoring**Quality**

A key aspect of the introduction of the SP programme is the aim of improving the quality of services through the annual completion of the Quality Assessment Framework (QAF) for each service. Action plans are requested from services where their own, or the SP team's assessment does not meet the minimum level required, and the implementation of these plans is monitored.

Performance

The performance of all contracted services is monitored on a quarterly basis through the submission and analysis of performance returns (PI's). These measure service availability, utilisation, and staffing as a percentage of the respective contracted levels. All services are expected to meet the following targets:

- Availability 100%,
- Utilisation 90%,
- Staffing 95%.

Where performance falls below these standards, Providers are given an opportunity to improve. Failing that, a contract default notice is served. In a small number of cases where improvements have not been forthcoming, reductions have been negotiated to the contract. From May 2005, targeted audit visits will be made to services to check and improve the accuracy of PI returns.

7.2 Service Review Methodology

In line with ODPM requirements Hampshire SP have developed a review timetable to enable all funded services to be reviewed by 31 March 2006. To assist service providers in adapting their processes to the new SP regime, the timetable for the first round of service reviews was 'provider based'. With the exception of one large provider with whom the process was piloted in the first quarter of 2003, other Service Providers included in the first year's programme were selected on a risk basis.

Following guidance issued by the ODPM, a detailed review methodology has been developed which examines the following:

1. Strategic Relevance - this determines whether the service fits the objectives of the SP programme
2. Current & Future Demand - aims to identify those services where there is evidence either of low demand at the present time, or due to foreseeable changes this is likely to occur in the near future.
3. Quality – self assessed by the Provider using the Quality Assessment Framework backed up by targeted validation visits undertaken by the SP Team. Services failing to meet a number of minimum standards are identified.
4. Performance - monitored on an ongoing basis in respect of ; service availability, utilisation, and staffing., Acceptable standards are set for each. This information is used to calculate hourly rates, demand and contract compliance.
5. Cost Effectiveness - assessed by two methods; by cost per hour of support delivered, (a maximum of £20 is considered reasonable) and on a Service User Group and service type basis by reference to the upper quartile cost of all similar services in the SE Region. ([Appendix M](#)) Overriding these two conditions, consideration is given to allowing discretion in exceptional circumstances on a case by case basis.

7.3 Service Review Process

To ensure that Service Providers understood the process, a series of day long workshops was run in six locations around the county. Notification of the forthcoming reviews and a summary of the process is sent out six weeks before the commencement of the review. Detailed guidance is issued four weeks before the review.

Once each aspect of the service has been examined concerns identified will be addressed by the introduction of individual action plans, mainly relating to issues of quality and performance. The plans set objectives and timescales. Monitoring is

ongoing. Reports are issued in respect of each service, summarising the outcome of each part of the review and identifying any action required.

7.4 Progress to Date

During the course of the first year of the programme 241 services provided by 44 separate Providers were included in the review programme. Of these 51% (124) provided services for people with learning disabilities, 15% (37) for people with mental health problems, and 6% (14) for young people at risk. The remaining services 66 services reviewed were spread across all other Service User Groups, with all of these being less than 5% of the total.

As a result of these reviews, contracts were terminated in respect of one service, a further two services opted not to re-contract on the basis that they were not strategically relevant to the SP programme.

SP Funding was also withdrawn from 22 Registered Care Homes formerly in receipt of Supported Housing Management Grant. This was done on the basis that the services were not strategically relevant to the programme.

Of the remaining 219 services SP have offered new contracts at a reduced level of funding in respect of 106 services. In addition to changes in contract values a number of services are to be re-configured.

Outcomes of service reviews include:

1. Reducing High Cost services by reducing the high hourly costs and high level intensities (in terms of hours delivered per service user).
2. Moving to break the link between accommodation based services and support.
3. Increasing service capacities by the introduction of hours-based contracts.

7.5 Achieving Measurable Outcomes

The provision of more focused PI returns since April 2004 enables all services post service review to be given service specific action plans. Following Strategic Review, services will have service specific objectives and targets to ensure the delivery of clear measurable outcomes.

7.6 The Future

This process will continue to apply to all services in this initial three year round of reviews. In April 2006 a different approach will be adopted, with service reviews being undertaken according to risk. Extensive performance and quality monitoring will continue to be undertaken by the SP team through the analysis of quarterly PI returns and the annual submission of the completed Quality Assessment Framework.

Where required, either through this process, from stakeholder feedback, or other means, SP Co-ordinators will work with providers to address issues that arise.

	Action Plan
1	All initial service reviews to be completed by 31 March 2006
2	All reviewed services to meet the minimum quality standards by 31 March 2006 (subject to agreed Action Plan)
3	All services to have service specific objectives and targets following Strategic Review
4	Develop methodology and implement process for ensuring high quality and performance after the first round of service reviews in March 2006.

Section EIGHT: FIVE YEAR DEVELOPMENT PLAN**Summary of Section EIGHT****In this section we:**

- List the eight objectives for the SP programme for the next five years
- Present the Annual Development Plan for 2005-6 which includes key objectives and relates them to the Five Year Plan
- Describe the methodology being used for financial planning
- Describe Hampshire's policy on charging for SP services
- Show the relevance of the principles of Best Value to the SP programme
- Present the Hampshire approach to risk and contingency planning

8.1 Objectives 2005 - 2010

This section sets out the objectives for the period of the Five Year Plan, followed by the annual objectives for 2005/6.

Each year, the annual objectives will be reset and the five year objectives reviewed in terms of progress and necessity as the programme evolves.

Five Year Development Plan				
Objective	Detail	Officer Responsible	Measure of success	Target Date
1	Implement the revised service and Strategic Review process including working with Service Providers to ensure the successful management of change	SP Team	Strategic reviews completed Budget targets have been met Action Plans have been agreed at District and County level and are successfully implemented SP services match identified need and deliver appropriate models of support in the correct locations	Strategic Review Process to commence October 2005 Outcomes of all reviews to be implemented by April 2010
2	Improve awareness of and access to SP services	SP Team	Completed Directory of SP Services. Available on website and in accessible format on request	April 2006
3	Implement Communications and Partnership Strategy	County Manager	Quarterly meetings taking place in line with Communications Strategy proposals	With immediate effect
4	Undertake research into needs of BME groups within Strategic Reviews	Local Coordinators Project Officers	Reports published as part of Strategic Reviews, and Action Plans in place	2005-2008

5	Link in with capital funding: <ul style="list-style-type: none"> Regional Housing Board Housing Corporation <ul style="list-style-type: none"> RSL 	County Manager	County Manager to attend SHOG and HIOWA SP priorities, where accommodation-based to be linked to capital investment	On going
6	In partnership with Portsmouth, Isle of Wight and Southampton adopt a Cross Authority approach to services of mutual concern	SP Team	Agreement/Protocol in place regarding access to direct access services and other Cross Authority Services and remodelling	October 2005
7	Complete implementation of IT systems	IT Coordinator	IT system capable of all required functions including making accurate and timely payments; efficient financial monitoring and reporting; production of extracts to ODPM (including HUB data)	October 2005
8	Complete current review timetable	Review Coordinator Local Coordinators	All first round service reviews completed and review reports issued	April 2006
9	Incorporate assessment of rural needs within Strategic Reviews	Local Coordinators Project Officers	Strategic Review Action Plans incorporate assessment of rural needs Services are configured so that people are not excluded from accessing support .	2005 - 2010
10	Continue to work with Providers to improve service quality	Review Coordinator Local Coordinators	All services to meet minimum acceptable scores Year on year improvement as assessed by the Quality Assessment Framework	April 2006 2005 - 2010

Objective 1: Implement revised service and Strategic Review process

Objective One of the Five Year Development Plan introduces a strategic approach to commissioning, monitoring and reviewing SP services through the Policy Framework, Prevention Statements and Strategic Reviews.

As a result of the Strategic Review, District Action Plans will be aggregated at a County level to form a County Action Plan. SP will work in partnership to implement changes and improvements in provision.

Objective 2: Improve awareness of and access to SP services

SP recognises the need to improve awareness of and access routes into SP services.

Supported Housing Panels (SHPs) exist in some, but not all districts (See PSGs), providing an effective means of monitoring and managing initial access to SP services and resettlement, ensuring they are accessed efficiently and appropriately. Additionally, panels provide a means of gathering important needs information.

It is proposed to encourage the development of SHPs in all districts. SP will consult with relevant District Authorities, Stakeholders and Providers with a view to the expansion of this approach.

The ODPM approach to the HUB services system will be investigated and it is further intended to develop a Directory of Services.

A Directory of Services in Fareham and Gosport has existed for some time and work is on going to develop similar directories in Basingstoke and Eastleigh. It is proposed that further work will be undertaken to produce similar directories for the remaining Districts of the County

Objective Three: Implement communications and partnership strategy

SP has developed a revised Communications and Partnership strategy. (See [Section Three](#) and [Appendix D](#)). SP recognises the need to maintain excellent communications with Partners, Stakeholders and Providers at all levels in order to undertake Strategic Reviews, manage change and achieve positive outcomes which contribute to the preventative agenda.

Meetings will be held as detailed in [Section Three](#) and [Appendix D](#).

Objective Four: Undertake research into the needs of BME groups

Analysis of client record data and additional research will be undertaken into the needs of BME groups as part of each Strategic Review. The results will be included in the final reports and will be used to inform the resulting Action Plan.

Objective Five: Link in with capital funding sources

As a member of the South East Regional implementation group, HIOWA, SHOG and through the medium of the DCG, SP has established effective links to sources of capital funding. SP will look to build on these links, to plan effectively and flexibly to take advantage of all opportunities which may arise.

Objective Six: Cross Authority Issues

See below.

Objective Seven: Complete implementation of IT systems

SP will continue with the final implementation of the Supporting People Local System (SPLS). The system will be required to make accurate, timely payments, provide an efficient financial and data monitoring and reporting and produce extracts for submission to ODPM (including HUB data).

Objective Eight: : Complete current review timetable

Year Three service reviews under the initial timetable will be completed as originally scheduled.

Objective Nine : Incorporate assessment of rural needs within Strategic Review

SP will examine the differing needs of those living in rural communities within the context of each Strategic Review and the conclusions will be incorporated within the resulting District and County Action Plans.

Objective Ten: Continue to work with Providers to improve service quality

SP will continue to work with Providers to improve the quality of all SP services both within the current service review structure and post 2006

Monitoring

Progress against these objectives and those in the Annual Plan below will be undertaken through annual updates to this strategy and quarterly reporting to the CCG.

8.2 Annual Development Plan 2005-2006

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
1	Promote the establishment of Supported Housing Panels (SHPs) throughout the County	Consult with District Councils and Providers in those areas where SHPs do not currently exist in order to rationalising access routes and provide a common approach	Improved access to and awareness of SP services.	SHPs established throughout the county	Local Coordinators	31 March 2006	2
2	Improve awareness of and access to SP services	Develop SP policy on access and awareness issues Investigate ODPM approach to HUB Commence work of developing a Directory of Services	Improved access to and awareness of SP services	Access Policy agreed and published Directory completed and available to all (including on line and hard copy)	SP Team	Ongoing (2005-2008)	2,3
3	Ensure SP is represented in all relevant partnerships	Co-ordinators to undertake partnership responsibilities Responsibilities to be allocated where not yet in place Reports to be circulated by officer responsible to ensure efficient sharing of relevant information	Improved partnership working and integration of support services in line with the Prevention Statements	Responsibilities allocated and sound links established	County Manager Named Lead Coordinator	31 March 2005	1,2, 3, 5

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
4	Introduce Strategic Reviews by Service User Group	Commence Strategic Reviews of Homelessness and Adult services	SP services to match identified need and deliver appropriate models of support in the correct locations Strategic Review Action Plan	Action Plans agreed and in course of implementation by 2007	County Manager SP Coordinators	2005/6	1, 4, 6, 9
5	Work towards the achievement of a balanced budget	Maintain accurate financial modelling Adopt appropriate financial methodology	Ensure balanced budget is achieved, to include allowance for discretion and contingency	Balanced budget (subject to parameters agreed by CB / AA)	County Manager	Ongoing	1
6	Move to hours based contracts	New hours based contract to be introduced post review	Fixed expenditure Maximised flexibility (Provider to work within agreed parameters re service capacity)	New hours based contract issued to all re commissioned services. Sheltered housing version to be implemented	Contract Manager Review Coordinator	Immediately Introduction to be completed by 31 March 2006	1

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
7	Review partnership structures	Report awaited. To be submitted to CCG for consideration	Improved partnership working Confirm relationship between AA and CCG	Report to CCG Agreed changes implemented	Commissioning Body County Manager	December 2005	3
8	Benchmarking to be undertaken	All services to be included Exercise to be conducted concurrent with Strategic Reviews	Improved value for money	Improved value for money	Review Coordinator	31 March 2006	1
9	Complete Year Three reviews according to initial review timetable	Current review cycle of service reviews to be completed	ODPM objective requiring all services to be reviewed within three years to be met	Completion of all Service reviews according to timetable	Review Coordinator Local Coordinators	31 March 2006	9
10	SPLS to be fully operational	Installation of latest version of SPLS Data verification	Successful implementation of IT system which completes all required functions	Effective accurate monitoring and reporting System capable of producing extracts to ODPM (including HUB data) in timely manner	IT Coordinator	31 March 2006	7

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
11	SP will support the wider role of the HIAs	Work with HIAs, Health, SSD, the LA to contribute to the objectives of Older Persons Strategies and Community Safety plans.	Improved contribution to the objectives of strategic partners by reducing the numbers of falls and hospital admissions	Adoption of single contract by all partners Increased throughput	Local Coordinators	31 March 2006	2
12	Produce simpler version of the strategy in easily accessible format	Abbreviated version of Five Year Strategy to be produced containing only core elements	Improved access to and awareness of SP	Accessible versions available	Strategy Project Officer	30 June 2005	2
13	Quarterly monitoring of progress against objectives	Submission of quarterly monitoring reports to the CCG on progress against objectives contained in this strategy	Ensure delivery of Objectives Risk management Ensure CCG fully informed	Reports submitted as timetabled	Strategy Project Officer Local Coordinators	April 2005 – April 2006	
14	Annual update to strategy	Produce updated version of strategy taking into account all developments and achievements throughout 2005 / 2006	Ensure delivery of Annual Objectives, progress monitoring on going planning and	Annual Update agreed by CCG	County Manager Strategy Project Officer	31 March 2006	2
15	Review legal framework for decision making processes between the AA and CCG	HCC legal Services and CCG	New legal framework in place underpinning decision making process			31 March 2006	

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
16	Ensure efficient use of SP resources	Undertake process mapping	Improved output Reviewed use of resources Clearly defined roles and responsibilities Improved knowledge base within SP team and making best use of staff resources	Report and action plan	Project Team	31 March 2006	1,2,3
17	User involvement and empowerment	Develop enhanced user involvement and empowerment Apply policy on including Service Users views gathered prior to review Develop Process to include Service Users in Strategic Reviews See Appendix E	Increased meaningful involvement with service users	Comprehensive approach to user involvement adopted	Lead SU Coordinator Local Coordinators	31 March 2006	2
18	Ensure all homeless hostels and shelters are designated as Cross Authority Services	To be discussed with fellow CAG members	Improved access to services	Free access to all direct access hostels	County Manager	October 2005	

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
19	Complete reformatting of the HAAS service for Offenders	Complete negotiations with CAG members and Provider	Improved service provision	New format service commissioned	Review Coordinator	July 2005	2
20	Ensure Offenders have access to SP services	Raise situation of offenders through SHOG and CIF	Improved access to services	Improved access and improved results re Probation targets	County Manager Local Coordinators	December 2005	2
21	Meet with Providers and Stakeholders to review the policy of excluding 16 and 17 year olds from some accommodation based services	Meet with Providers and Stakeholders to widen eligibility criteria to include 16 and 17 year olds	Increase access to services for 16 and 17 year olds	Extended eligibility criteria adopted by Services which currently exclude 16 and 17 year olds	County Manager Local Coordinators	31 March 2006	2
22	Research into housing related support for teenage parents	Complete research as agreed with Hampshire Teenage Pregnancy Partnership and ROCC	Evaluation of effectiveness of different models of service Informs Strategic Review of Homelessness services	Report to be completed and submitted to HTPP	SP Steering Group	June 2005	1,2
23	Establish minimum standards for sheltered housing	In partnership with Providers and Local Authorities agree standards and timescale for implementation	Improved quality accommodation based services	Agreed standards developed and issued	County Manager Local Coordinators	November 2005	1

	Annual Objective	Task	Intended Outcome	How do we measure the successful completion of objective	Officer Responsible	Target Date	Related 5 Year Objective
24	Identify sheltered housing with potential to provide extra care	Work with SSD and Providers to identify appropriate accommodation as part of the service review process Consult Elderly Advice Council records for information	Extra care opportunities identified	Appropriate services identified where extra care could be provided with minimal capital investment requirements	Local Coordinators	31 March 2006	I
25	Develop methodology and implement process to ensure high quality and performance after the first round of service reviews	Review current methodology and future requirements	Continued improved quality and performance of all services	Effective methodology agreed and implemented	Review Coordinator	31 March 2006	9, 11

8.3 Financial Planning

In 2003/4 the SP programme budget for Hampshire was £33.634,572 reducing to £33.466,366 in 2004/5. The budget for 2005/6 is £31.5m. No confirmed figures are yet available for the remaining years of this Strategy.

In order to address the budget shortfall resulting from the reduction grant for 2004/5 the Commissioning Body adopted the following measures to be applied post-review in the calculation of the renewed contract values:

- Application of a £20 an hour funding cap
- Application of the relevant South East Regional Quartiles
- Housing related support is limited to a maximum of 17.5 hours per week

In addition the CB agreed that:

- Where there is a low demand for services there should be a reduction in funding or if appropriate the service should not be re-commissioned
- To Impose scheme by scheme “efficiency savings” following service reviews
- To remove SHMG from residential care services within a managed process

Discretion

In developing this methodology it was recognised that discretion may be required in setting the new contract value. Provision has been made for this with the financial forecast. Cases are dealt with on an individual basis in discussion with Providers and the views of Stakeholders are taken into account.

The table below demonstrates the overall funding reductions by Service User Group including details of the discretion exercised. Through the application of this positive and consistent approach savings were successfully achieved without loss of capacity and stability maintained.

The same financial methodology will be applied to all services reviewed in 2004 / 2005 and 2005 / 2006; savings are anticipated to be lower as the remaining service reviews are classified as lower risk in financial terms.

Overall Funding reductions by Service User Group Following First Year Reviews

Service User Group	Total contract value of services reviewed	Hourly cap saving	Quartile saving	Total saving	Savings as a % of contract value	Discretion allowed	New contract values	% reduction in contract values	% of discretion applied by Service User Group
Generic services	£1,163,874.62	£73,605.47	£250,300.20	£323,905.67	27.83	£68,718.00	£912,228.20	-21.62	5.63%
People with a learning disabilities	£8,603,372.15	£939,358.07	£1,263,083.98	£2,202,442.05	25.60	£205,536.18	£6,912,581.62	-19.65	16.83%
People with mental health problems	£1,890,526.09	£443,456.34	£94,201.16	£537,657.50	28.44	£140,826.62	£1,730,656.70	-8.46	11.53%
Single homeless	£1,813,668.98	£406,876.21	£348,394.35	£755,270.56	41.64	£445,853.00	£1,626,152.70	-10.34	36.52%
Older people	£48,333.04	£0.00	£5,863.02	£5,863.02	12.13	£5,863.00	£48,333.04	0.00	0.48%
Offenders	£424,703.27	£41,174.87	£0.00	£41,174.87	9.69	£0.00	£383,528.40	-9.69	0.00%
Women at risk of domestic violence	£674,796.05	£84,292.22	£0.00	£84,292.22	12.49	£59,239.30	£646,542.69	-4.19	4.85%
Substance misuse	£88691.92	£0.00	£17,191.33	£17,191.33	19.38	£17,191.00	£88691.92	0.00	1.41%
Teenage parents	£214,499.73	£2,245.26	£8,550.28	£10,795.54	5.03	-£71.00	£162,448.14	-24.27	-0.01%
People with physical or sensory disabilities	£619,003.22	£6,628.78	£262,296.45	£268,925.23	43.44	£108,867.00	£458,944.98	-25.86	8.92%
Young people at risk	£1,063,563.44	£175,644.21	£32,493.21	£208,137.42	19.57	£168,425.00	£1,023,851.02	-3.73	13.79%
Community alarms	£483.12	£483.12	£0.00	£483.12	100.00	£483.12	£483.12	0.00	0.04%
HIAs	£237,329.00	N/A	N/A	N/A	N/A	N/A	£237,329.00	0.00	N/A
	£16,842,844.63	£2,173,764.55	£2,282,373.98	£4,456,138.53	26.46%	£1,220,931.22	£14,272,956.63	-15.26	100.00%

Financial Strategy Post March 2005/6

Post March 2005 Strategic Reviews will be conducted using “clusters” of user groups as described in [Section FOUR](#); using the Policy Framework and Prevention Statements

Financial targets will be set for the Strategic Reviews by the Administering Authority to ensure budget requirements are met. An additional percentage may be adopted to enable reinvestment in County priorities. The figure set will be equally applied across the ‘clusters’ of user groups.

This option will:

- Concentrate the focus of the strategic reviews on what is strategically relevant and needed in each area
- Ensure that the services emerging from the strategic review are sustainable and adequately financed while minimising the impact of budget reductions on the capacity or quality of services
- Require stakeholders to work together to agree the best possible format of SP services for the local area to meet local needs. Where reductions are made the DCG will accept collective responsibility for minimising the impact on service users
- Encourage a common agenda to ensure there is no unnecessary reduction in the capacity or quality of services. Where services can be delivered more effectively in a different configuration it will be in the interests of all agencies to develop a better way. The setting of a financial target will ensure that all agencies understand what must be achieved

Steady State Contract

In order to provide financial stability for both the Administering Authority and Providers, SP has adopted a new model of contract, the Steady State Contract, to be issued post review. SP will contract with Providers for a fixed number of hours of support at a fixed price. The service capacity is agreed in post review discussions with each Provider.

For details of the reasons for moving to the new contract please see [Appendix N](#)

The revised contract has been prepared in consultation with the County Legal Services Department and widely consulted upon via the County Inclusive Forum and Providers Reference Group.

Charging Policy

Hampshire does not charge Service Users directly for SP services but instead pays only for those who are eligible. Those who are ineligible for SP funding continue to pay Providers as was the case prior to the introduction of the programme in 2003.

To ensure no-one was worse off following the introduction of Supporting People, the AA has commissioned the Citizens Advice Bureau to carry out financial assessments in borderline cases to establish an individuals eligibility for SP funding.

Principles of Best Value - Managing SP Resources

Best value principles have been adopted to ensure SP provides the support services required at a suitable price. Hampshire SP (the AA), has a duty placed upon it by ODPM to review all contracted services and set challenging targets for improving them. Best Value Principles adopted within the review process provide the opportunity to identify these improvements by:

- **Challenging** why we provide the service and whether it can be done in a better way
- **Comparing** our methods, practices and costs with partners, south east regional quartiles, other AA's (SP teams), and the business and voluntary sectors
- **Consulting** colleagues, Service Users, partners and Stakeholders on what they think about the service and their ideas for improvement
- **Competing** with other organisations on price and quality through selective tender process

The SP team will continue to promote prudent financial management and to improve cost effectiveness with a view to increasing value for money. This will involve ensuring that procurement practice supports the cost efficient delivery of quality services and best practice in relationships with Providers, stakeholders and partners.

8.4 Risk And Contingency Planning

In order to manage risks to the programme, risk management principals have been applied and a Risk Register and report prepared covering all aspects of the programme. The Risk Register is used as a practical tool on an ongoing basis to ensure risks are identified and appropriate actions or systems put in place to reduce or eliminate risk. A 'Risk Report' is produced on a periodic basis to manage identified risks and appropriate action taken in consultation with CCG and strategic partners.

A copy of the risk register is attached at [Appendix O](#)

8.5 Cross Authority Working

Cross Authority Groups are intended to be a mechanism for monitoring cross-authority service usage and for wider cooperation and collaboration around the commissioning, management and delivery of services on a joint / Cross Authority basis.

Hampshire, along with Portsmouth, Southampton, and the Isle of Wight is a member of the South Central Cross Authority Group (CAG). Matters of concern involving these four authorities are dealt with by the CAG.

Robust, meaningful cross-authority targets have not been set by ODPM but there is an expectation that opportunities for cross-authority working and solutions should be identified and pursued where that is the most appropriate means of providing effective and efficient services and meeting local needs. The CAG provides this opportunity for effective joint working across authority boundaries and a structured way for members to manage a range of issues including but not exclusively, cross authority access to services.

The view of the ODPM is that where a vulnerable group is mobile by nature (such as people fleeing domestic violence or people who are homeless) there is a benefit to planning and managing service provision across a broader area. It is important to ensure the correct level and mix of provision – particularly where linked to hostel or refuge provision – across the region as a whole, rather than for the individual authorities to have identical provision within their own boundaries.

A joint, shared strategic approach will provide benefits both to Authorities – by allowing them to jointly fund and manage a more effective range of services – and to Service Users – for whom there would be a better service range.

For this reason the CAG intends to agree a local list of designated services to include provision for women fleeing domestic violence, direct access hostels and move on provision.

Where there is evidence of need (including specialist support) in a particular authority area which is uneconomic to deliver except when aggregated across the group of authorities this may be addressed through the CAG by a jointly commissioned and funded service. This ensures the efficient use of available funds and maximises the level of service provision.

Cross-authority working undertaken to date includes the remodelling of HAAS (Hampshire Accommodation and Advice Service for Offenders) across the region. The final contract will be held jointly by CAG members.

Further Opportunities to improve value for money through aggregation of Supporting People contracts across the local region may be explored within the context of the Strategic Reviews, e.g. in the case of HIAs.

The Wider Picture

Where matters of cross authority concern arise involving SP funded provision in neighbouring counties and districts, not part of the cross Authority Group (Dorset, Surrey, East Sussex, Wiltshire) they will be dealt with bi-laterally on a case by case basis. Issues which may arise between Hampshire and these authorities are likely to concern direct access provision.

Links are also maintained with SP teams in other two tier authorities who have common needs and issues.

Referrals to Hampshire SP funded services

Overall 85.0 % (3761) of referrals were within county; the remaining 15% (664) came from out of area. Locally the picture is as follows:

Number of Service Users referred into Hampshire SP funded services	Referring Authority
10	Isle of Wight
11	Salisbury
11	Chichester
12	Bournemouth
19	Reading
75	Portsmouth
86	Southampton
77	unknown origin

Cross Boundary Clients

Overall a total of 629 Service Users gained access to services funded by 65 other SP Administering Authorities.

Of these 123 accessed supported housing, 20 residential care, 79 domestic violence refuges, 129 direct access, 209 floating support and 45 resettlement services

Where Service Users have moved to another neighbouring Administering Authority the data shows the following pattern:

SP Authority	Number of Service Users previously living in Hampshire	Partial breakdown of services accessed (i.e. in significant Numbers)
Portsmouth	289	21 Domestic Violence Refuge 32 Resettlement services 42 Direct Access 189 Floating Support
Southampton	93	12 Domestic Violence Refuges 15 Residential Care 20 Direct Access 23 Supported Housing
Isle of Wight	Nil	
Bournemouth	26	5 Domestic Violence Refuges 7 Supported Housing 13 Direct Access
Wiltshire	30	8 Foyer 9 Domestic Violence Refuges 11 Supported Housing

Cross Authority Statement

The following Cross Authority Statement has been agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Cross-Authority Group:

Hampshire, Isle of Wight, Portsmouth and Southampton Supporting People Cross-Authority Group Statement

The Cross Authority Group comprises:

- Hampshire County Council,
- Isle of Wight Council,
- Portsmouth City Council
- Southampton City Council.

Joint Working

The combined Supporting People budgets across the four areas total around £60 million (2004/05). The four authorities cover an area with a population of nearly 1.7 million people. Of these, over 35,000 vulnerable people are supported to maintain their accommodation and to maximise their independence within their local communities. The Cross Authority Group (CAG) aims to maximise the value of this resource and provide the best possible services.

Each of the partner authorities recognises the differences in approach which have arisen because of the diverse nature of the authorities and the different demographic profiles which exist.

Joint working is required where:

- People move across local authority boundaries to access services
- Services are provided across boundaries
- Service Providers work across those boundaries
- The opportunities to secure additional resources come from joint commissioning and consortium working
- Economies of scale can be achieved

Terms of Reference for the Cross Authority Group

Terms of reference have been agreed which set parameters for:

- How the CAG will work together
- Identifying key areas for joint working

- Identifying opportunities for joint commissioning
- Respecting differences
- Sharing a voice on national issues, where appropriate.

This agreement is subject to annual review and the development of an annual plan for managing joint working practice.

The following objectives have been identified:

We will aim to :

1. Influence the legislative, national and regional policy and funding framework that impacts upon Supporting People services.
2. Develop an annual work plan for the group.
3. Where a service is funded by more than one authority then a joint approach will be agreed through CAG to commission, monitor and review that service.
4. Where those services are reviewed the results will be made available to CAG.
5. Where the host authority is planning a significant change to a service which is listed by the CAG, the CAG will be consulted and its agreement sought.
6. CAG will consider together any proposals for the commissioning of new services intended for user groups that cross authority boundaries, such as Direct Access Hostels and Women's Refuges.
7. Maximise inward investment and ensure the effective use of resources through joint working and joint provision.
8. Develop an effective communication and collaborative network with common Stakeholders.

Member authorities have previously undertaken joint training, information gathering and have consulted on contracting issues, and it is expected to build on these over time.

Quarterly meetings will be chaired by ROCC, an independent charity providing training, consultancy and support, operating across the authority areas.

Cross-authority Services

A number of services have been officially designated as 'cross-authority' services:

- Services which meet the needs of women fleeing domestic violence
- One service for ex offenders

Changes to these services will only be enacted with the agreement of the Office of the Deputy Prime Minister (ODPM).

The CAG will agree a list of services that are of concern to all or more than one member of the CAG. Where those services are reviewed the results will be made available to CAG. In the event that the host authority plans to change the model of service, the funding of the service, or access to the service, the CAG will be consulted and its agreement sought. In addition CAG will consider together any proposals for the commissioning of new services intended for user groups that cross authority boundaries, such as Direct Access hostels and women's refuges.

In this way CAG will ensure services are maintained that are strategically relevant to the local areas, meet local needs and relate to the wider authority areas.

Limitations of Joint Working

It is recognised that each CAG member will develop its own strategic priorities which may not coincide with joint initiatives. The role of joint working is to complement local priorities, to achieve the best possible services and outcomes for Service Users, and to achieve economies of scale where possible.

Regional working

The four authorities are members of the South East Regional Implementation Group (SERIG). All CAG members may wish to attend SERIG meetings, where only one representative from the four authorities is present, that authority will report back to the local group.

National issues

Where appropriate, the four authorities may also wish to tackle wider, national issues together, where it is in the interests of the CAG and more can be achieved by joint working to present arguments rather than acting as separate authorities.

Locally Designated Cross Authority Services

The following criteria were used by ODPM to determine whether a Supporting People service should be designated as 'cross authority':

- All accommodation based services which provide for women at risk of domestic violence as their Primary Service User Group
- Services which provide for high risk offenders, e.g. services provided by the Langley House Trust

- Services which cater for a very specialist combination of needs - e.g., a service for Chinese elders with mental health problems
- Services which offer national coverage – e.g. specialist brain injuries services, of which there are only one or two in England.

In addition to the two Hampshire services officially designated under these criteria as Cross Authority (Langley House Trust and Fareham and Gosport Family Aid) the following services have been identified locally:

District	Service	Capacity
Basingstoke	Domestic Violence Refuge	17 Units
	Direct Access Provision	20 Units
Eastleigh	Domestic Violence Refuge	9 Units
East Hampshire	Domestic Violence Refuge	7 Units
Fareham and Gosport	Direct Access & Move on Provision	26 Units
	Domestic Violence Refuges	12 Units
Havant	Domestic Violence Refuge	6 Units
Hart & Rushmoor	Direct Access & Move On Provision	26 Units
	Semi Independent Accommodation	7 Units
	Hampshire Supported Lodgings	11 Units
	Floating Support (Substance Misuse)	40 (FS)
	Domestic Violence Refuge	6 Units
New Forest	Domestic Violence Refuge	10 Units
Test Valley	Direct Access Provision	12 Units
	Domestic violence Refuge	22 Units
Winchester	Direct Access Provision	24 Units
Note : The HAAS Offenders service operating across several Hampshire districts (100 Units) will also be designated		

A full list of all services considered to have cross authority significance within the South Central Region will be agreed in the course of 2005.

Appendices

Appendix A: Pipeline Services

Appendix B: Progress against Objectives

Appendix C: Decision Making Structure

Appendix D: Communications Structure

Appendix E : Involving Service Users

Appendix F : Table of Links

Appendix G: Hampshire Community Strategy

Appendix H: Supply Analysis

Appendix I: Chart-Capacity under 1000

Appendix J : Service User Analysis

Appendix K: Small Providers

Appendix L: Prevention Services Grids

Appendix M: South East Regional Quartiles

Appendix N: Steady State Contracts

Appendix O: Risk Register

Appendix P: Demographics

Appendix Q: Consultation Programme

Glossary

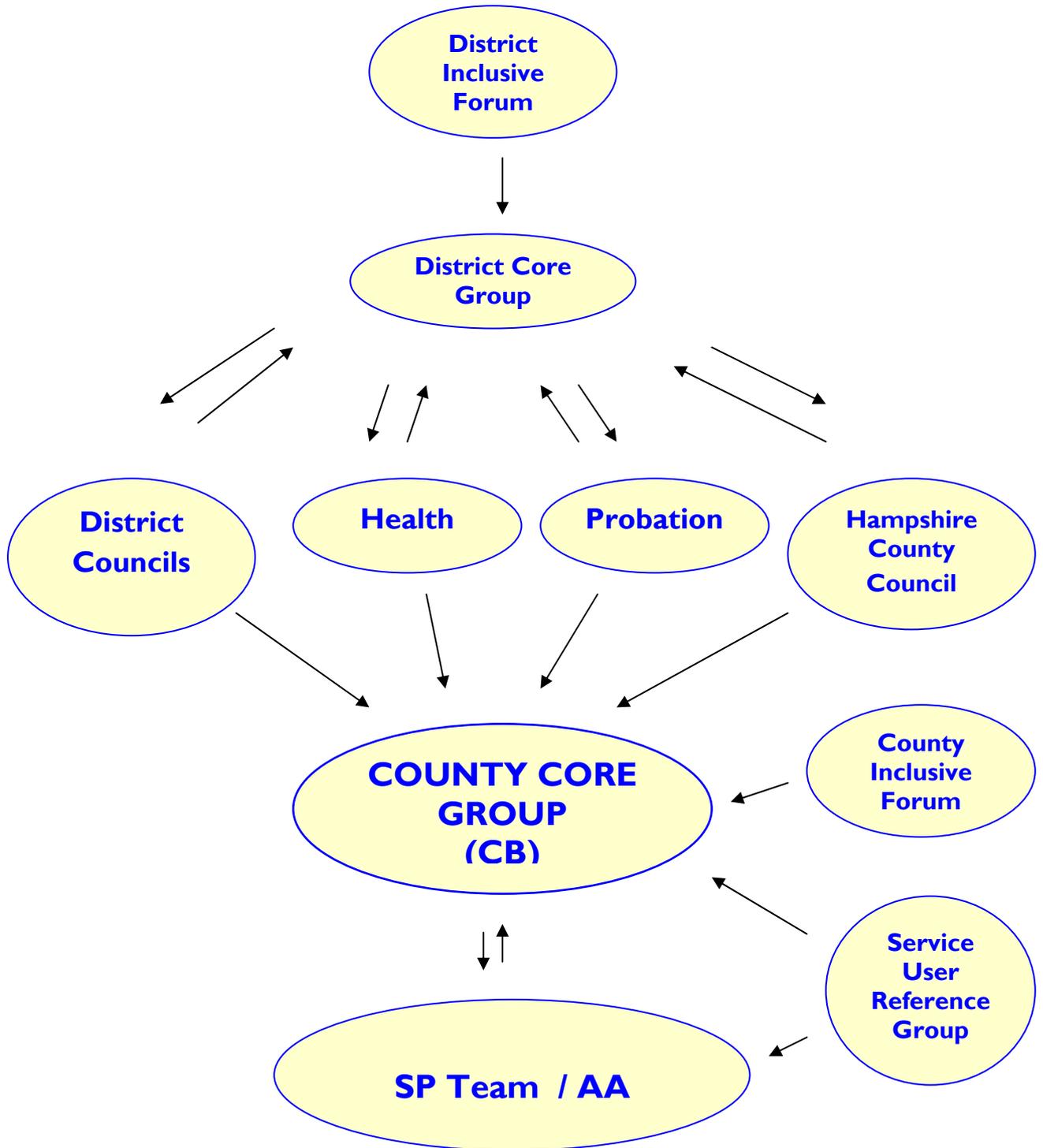
Appendix A: Pipeline Services

Provider	Scheme Name	Service User Group	Additional Capacity	Date Opened
Fernhill	Fernhill EMI Unit	Older people with mental health problems	21	April 2003
Stonham	East Hants Women's Refuge	Women fleeing Domestic Violence	2	August 2003
Stonham	NF Young People West (Vincent/Compton Rd)	Young people at risk	6	August 2003
Ashley Homes	Drug & Alcohol	Substance Misuse / dual diagnosis	8	May 2004
SFT	Penn House & Flats	Substance Misuse / dual diagnosis	11	December 2003
Stonham	NF Young People East (Rumbridge St)	Young people at risk	12	To open shortly
Carr Gomm	Penn House Replacement	Mental Health	7	Feb 2004
Pavillion	Place Court	Frail Elderly	52	April 2003
Signature	New Lane	Mental health and generic	12 (6 +6)	November 2003
Stonham	Eastleigh Women's Refuge	Women fleeing Domestic Violence	9	August 2003
Sarsen	Test Valley Foyer – Move On	Young people at risk	6	March 2004
Atlantic	Lawn Road	Homeless families with support needs	2	March 2003
HVHS	Oakley Lodge	Homeless families with Support needs	8	August 2004
Emmaus	Emmaus Replacement	Single homeless with support needs	7	May 2004
SFT	Young Parents Project	Teenage parents	6	November 2003
Stonham	New Forest Women's Refuge West	Women fleeing Domestic violence	5	April 2004
Atlantic	Derby Road (Desborough Road Flats)	Homeless families with support needs	15	November 2003
Atlantic	Twyford Road	Homeless families with support needs	6	July 2004
Drum	Tenancy Support Service	Single homeless with support needs	12	November 2003
Andover Crisis Support	Andover Crisis & Support & Centre	Women fleeing domestic violence	13	May 2004
Stonham	Mary Rose Court Extension	Single homeless with support needs	4	August 2004

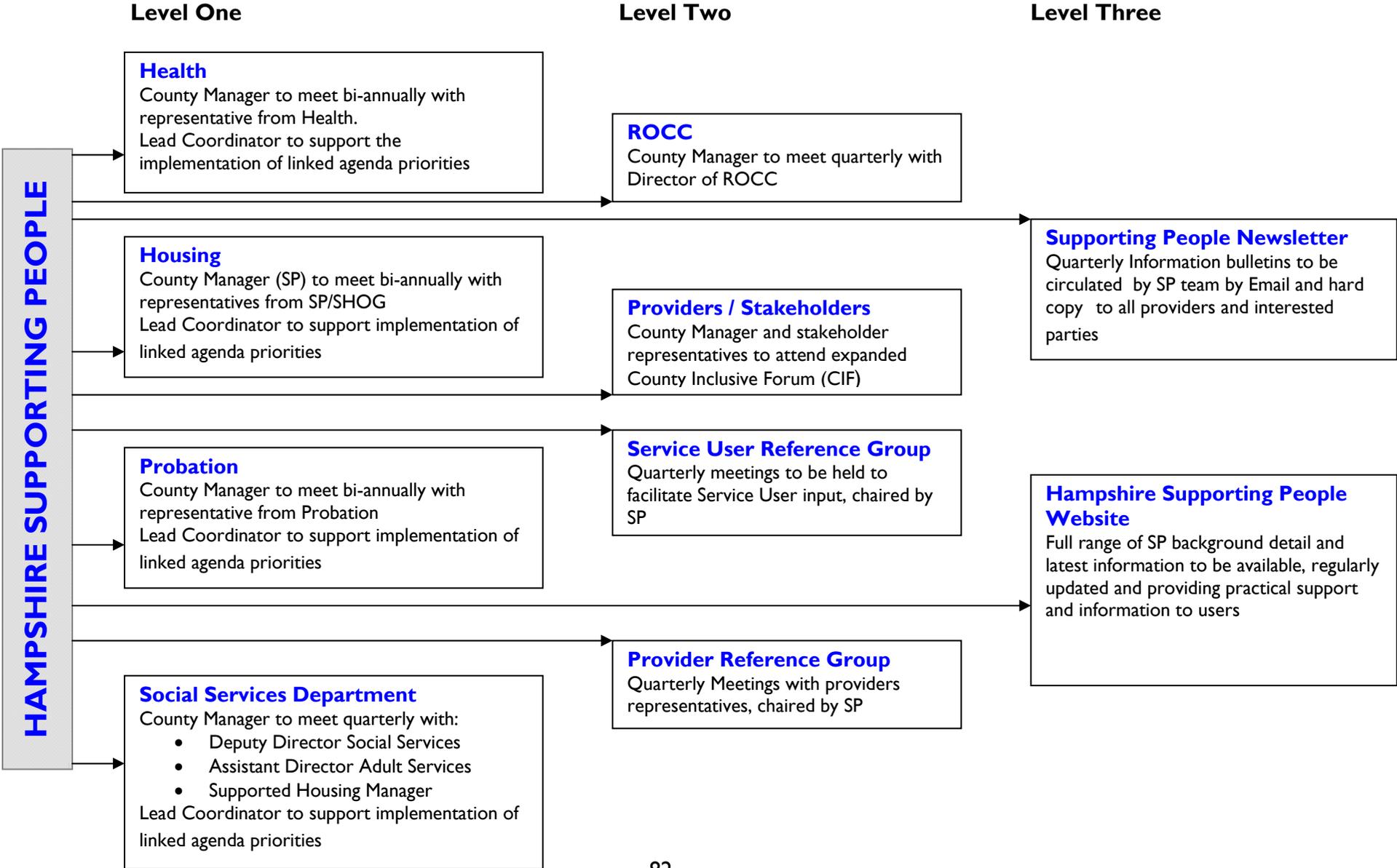
Appendix B: Progress against Objectives Since 2003

	Objective	Progress to date	Comments
1	Ensure the effective implementation of the Supporting People programme	Objective met	Legacy data translated effectively into payment schedules and efficient payment system in place by 31 March 2003 All contracted support services were in payment of Supporting People grant from April 2003 Comprehensive picture of supply has now been established Procedural and complaints policies in place to deal with disagreements.
2	Implement and complete to schedule an effective timetable of reviews, all services to be reviewed by 31 March 2006	Objective met	All reviews have commenced on schedule. Year One reviews successfully completed and new contract values agreed by May 2004 Year Two reviews are proceeding on schedule
3	Undertake a comprehensive analysis of need	Ongoing research	Independent needs analysis was commissioned and completed by September 2004. The conclusions will be further explored within the strategic reviews scheduled to be undertaken
4	Develop rural policy	Ongoing research	Enquiries undertaken confirm Floating Support to be the most effective model of service within rural areas. This objective will be carried forward to the five year plan and consideration of rural issues will be included within the strategic reviews.
5	Establish needs of BME groups	Ongoing research	Needs of BME Groups will be examined within the strategic review process Client record data to be analysed
6	Develop user involvement	Objective met	User Involvement group ; SURG established in April 2004, chaired by SP this group meets quarterly. Terms of Reference include consultation and research roles
7	Review SP decision making processes	Ongoing	SP is working with County Legal Services to ensure decision making processes adequately involve all stakeholders and deliver clear outcomes in accordance with the strategic direction of programme

Appendix C: Decision Making Structure



Appendix D: County Level Communications and Partnership Structure



Appendix E: Service User Involvement, Choice and Empowerment

Approaches to Consultation

SP wishes to encourage a broad methodology for obtaining a wide range of views. To achieve this the use of *primary methods* of consultation will be encouraged – standard methods of information seeking such as one to one interviews, focus groups and questionnaires and *secondary methods* where individual or group views are sought through more abstract approaches such as drama projects, art and design, theme days and special events.

As stated above, SURG are currently developing a broad policy on consultation in the review process. A draft document will be submitted to the CCG in 2005 setting out a consultation process that will include processes such as:

- SURG presentations to users at services due for review in a following quarter
- Questionnaires covering all aspects of a service review
- A phone line for users to discuss issues relating to Supporting People

Work will commence on developing a policy on involving Service Users in the commissioning process.

Hard to Reach User Groups

The Hampshire SP team have been working closely with ROCC to develop a methodology for involving “hard to reach” people in the strategic decision making of SP. As well as providing an overall strategic response to engaging hard to reach groups this project has also produced good practice models for engaging views from hard to reach groups including rough sleepers, night shelter users and young people in temporary accommodation.

The Hampshire SP Team have adopted the ‘Guidance for Commissioners on Consulting with Hard to Reach Users’ and use it as a background document for all work through SURG on developing policy in this area.

The Three Levels of Communication

Strategic Level

Sets out how views are sought to better inform the planning and commissioning of services and how service user consultation can be used to better identify need and gaps analysis for new and existing services.

Service Level

Supporting People Teams have a requirement to involve at least 10% of Service Users in the review process. Qualitative discussions are being held with Service

Users as part of the service review process. Service Users are able to tell the Supporting People Team at validation visits and shortly via stakeholder pre review information, what they like or dislike about their service and what works and what does not. Providers are required to provide evidence of their user involvement strategies and set out how their Service Users are involved at the service level.

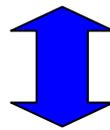
Personal Level

Service Users must have the opportunity to express their views through a wide range of mechanisms, confidential and non confidential, directly to the Supporting People Team. Such mechanisms include confidential phone lines, mail boxes, email facility, minority language formats, pictorial formats, day centre facilities etc. Service Users Support Plans should also evidence a high degree of one to one consultation on the delivery of their support service. The Hampshire SP Whistle Blowing Policy is open to all users of contracted services.

LEVEL 1

STRATEGIC LEVEL

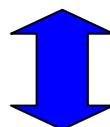
SURG/POLICY AND CONSULTATION
SP TEAM STRATEGIC & SERVICE REVIEWS



LEVEL 2

SERVICE LEVEL

SURG PRESENTATIONS AND CONSULTATION
SP TEAM VALIDATION VISITS



LEVEL 3

PERSONAL LEVEL

SURG CONSULTATION AND PHONE LINE
SERVICE SUPPORT PLANING
SP PHONE LINE

SURG Achievements 2004

Policy Area	Approach	Policy Developed
SP access to Service User files	Consultation and discussion on access and confidentiality of support files.	Protocol developed for SP Teams to Access Service User Files
Hampshire SP Policy Framework	Consultation with peers and discussion on implications of Policy Framework	SURG views received on format of Policy Framework
Consulting with Service Users in advance of service reviews	Develop a broad range of approaches to obtain Service Users' views on strategic relevance, quality, performance and value for money of services	Continued development of Service Users consultation policy, to be implemented from April 2005

Annual Plan: Service User Involvement, Choice and Empowerment

	Action	Method	Target Date	Resources
1	Work to increase choice in the model and delivery of services available	Make services more flexible through Strategic Reviews	March 2008	SP Team Service Providers Service Users Stakeholders
2	Continue to develop SURG	Agree funding for 2005/6	April 2005	County Manager
3	Apply Policy on including Service Users views gathered prior to review	SURG drafting policy document for CCG agreement	April 2005	SURG, SP Lead Coordinator.
4	Develop Process to include Service Users in Strategic Reviews	SURG to develop policy when Strategic review process is published.	June 2005	SURG, SP Lead Coordinator
5	Review effectiveness of SURG	Meeting between SP, ROCC and SURG	January 2006	County Manger, SP Coordinator, ROCC, SURG

Appendix F: Links with the Wider Agenda

Department of Health Strategies and Legislation	
National Level	
<p>National Strategies for Mental Health - NSF Joint Investment Plans Drug and Alcohol Strategy National Strategy for Carers Valuing People Teenage Pregnancy Domestic Violence Strategy Initiatives on:</p> <ul style="list-style-type: none"> ▪ Building Capacity and Partnership in Care ▪ Quality and Choice, A Strategic Framework for Older People's Housing ▪ National Service Framework for Older Persons ▪ National Service Framework for Long Term Conditions ▪ National Strategy for Sexual Health <p>Three Year Plan : National Targets 1. Public Health Promotion 2. Long Term Managed Care 3. Access to services Maintaining Independence –Engaging with People at Home Disabilities Discrimination Act 1995</p>	
PCT Level	
<p>Primary Care Local Strategy Locally Based Hospital Unit Strategy Three Year Plan: Local Targets Teenage Pregnancy Local Strategy for Mental Health</p>	
County Level	
<p>Local Strategy for Mental Health Teenage Pregnancy – Hampshire County Action Plan 2004 – 6 Supported Housing Commissioning Plan Service User Group Strategies</p>	

District Level

Service User Group Strategies

Home Office Strategies and Legislation

National Level

Probation Strategy
 Domestic Violence Strategy
 Youth Justice Strategy
 National Drugs Strategy -Tackling Drugs to build a better Britain
 1998-2002
 Reducing Re-Offending
 Prolific and Other Priority Offenders Strategy 2004

County Level

Wessex Youth Offending Team Strategy 2004-2009
 Drug and Alcohol Strategy
 Domestic Violence Strategy
 Youth Justice Strategy

District Level

Crime Reduction Strategy

ODPM Strategies and Legislation

National Level

Homelessness Act 2002
 The Homelessness (Priority Need for Accommodation) (England)
 Order 2002
 Rough Sleepers Initiative
 National Housing Statement
 Housing Corporation National Investment Strategy
 ODPM Business Plan 2004 /05

Regional Level
<p>Regional Housing Strategy 2004/5 to 2005/6 Housing Corporation Regional Investment Strategy</p>
County Level
<p>Hampshire Community Strategy Safer Communities Strategy Hampshire Corporate Strategy</p>
District Level
<p>Community Strategy Community Safety Strategy Housing Strategies Learning Disability Housing Strategy Homelessness Strategies Neighbourhood Renewal Hampshire Drug Action Team Strategic Statement Youth Strategy Local SP Strategies</p>

Appendix G: Hampshire Community Strategy (Extract)

Priorities Relevant to SP

The key priorities identified within the Hampshire Community Plan relevant to SP are:

1. Tackling deprivation

- Develop an accurate picture of where the areas of need are by mapping health, education, employment, transport and other issues that affect the quality of life
- Focus efforts and align strategies, programmes and resources to address these areas
- Lobby regional and contract government for support to LSPs in addressing local priorities

2. Improve accessibility

- Improve access in its broadest sense (i.e. transport; IT solutions; access to services; geography; equality of access) and agree a common approach
- Promote and disseminate information to the public to improve awareness of existing services.

3. Reducing Inequalities

- Develop a partnership approach to addressing equality and diversity issues
- Help raise the self esteem of young people through promotion of, for example, connexions, the youth service and family learning
- Focus on prevention rather than cure through promoting healthy lifestyles and focus on public health issues such as obesity, smoking, drug and alcohol abuse

Appendix H: Supply Analysis

County Level Data

Analysis of Capacity by Service User Group : All Service Types

	Accommodation Based	Non Accommodation Based	Totals	Total as % of County Provision
Refugees	8	0	8	0.04
Substance misuse	5	55	60	0.32
Homeless families	84	35	119	0.63
Young people leaving care*	56	0	56	0.29
Teenage parents	16	25	41	0.22
Single homeless	402	265	667	3.51
Mental health	403	175	578	3.04
Young people at risk	101	100	201	1.06
Frail elderly	440	72	512	2.69
Women fleeing domestic violence	93	45	138	0.73
Older people with mental health problems	22	15	37	0.19
Older people with support needs	10350	3175	13525	71.14
Offenders	56	131	187	0.98
Physical disability and sensory impairment	89	44	133	0.70
Generic	568	1353	1921	10.10
Learning disabilities	729	101	830	4.37
TOTALS	13422	5591	19013	100

Table 22

Analysis of Spend by Service User Group : All Service Types

Service User Group	Total County Spend Non Accommodation Based	Total County Spend Accommodation Based	Total Spend	Total as % of County Spend
Refugees	£0.00	£16,916	£16,916	0.05
Substance misuse	£97,110.00	£71,272	£168,382	0.51
Homeless families	£79,986.00	£121,780	£201,766	0.61
Young people leaving care	£0.00	£431,076	£431,076	1.30
Teenage parents	£51,111.00	£117,228	£168,339	0.51
Single homeless	£782,107.00	£2,469,732	£3,251,839	9.77
Mental health	£384,432.00	£2,826,298	£3,210,730	9.65
Young people at risk	£411,244.00	£1,019,758	£1,431,002	4.30
Frail elderly	£34,849.00	£560,506	£595,355	1.79
Women fleeing domestic violence	£84,310.00	£977,768	£1,062,078	3.19
Older people with mental health problems	£63,747.00	£74,532	£138,279	0.42
Older people with support needs	£1,209,060.00	£5,307,838	£6,516,898	19.58
Offenders	£288,180.00	£447,078	£735,258	2.21
Physical disability and sensory impairment	£225,056.00	£652,353	£877,409	2.64
Generic	£2,125,206.00	£758,132	£2,883,338	8.66
Learning disabilities	£1,025,347.00	£10,572,147	£11,597,494	34.84
TOTALS	£6,861,745	£26,424,414	£33,286,159	100

Table 21

* Support costs of Young People Leaving Care continue to be the financial responsibility of Social Services Departments. Under the terms of a Service Level Agreement SSD reimburse SP expenditure.

Comparison of South East Regional Funding and Hampshire Funding

Service User Group	% of Total SE Regional SPF funding for this SU Group	% of Total Hants SP Funding for this SU Group	Variance	Hants Funding as % of Regional Funding Levels
Refugees	1	0.05	-0.95	5.00
Substance misuse	2	0.51	-1.49	25.50
Homeless families	2	0.61	-1.39	30.50
Young people leaving care	3	1.31	-1.69	43.67
Teenage parents	1	0.51	-0.49	51.00
Single homeless	15	9.85	-5.15	65.67
Mental health	14	9.72	-4.28	69.43
Young people at risk	5	4.33	-0.67	86.60
Frail elderly	2	1.80	-0.20	90.00
Women fleeing domestic violence	3	2.72	-0.28	90.67
Older people with mental health problems	0	0.42	0.42	100.00
Older people with support needs	18	19.74	1.74	109.67
Offenders	2	2.23	0.23	111.50
Physical disability and sensory impairment	2	2.45	0.45	122.50
Generic	7	8.73	1.73	124.71
Learning disabilities	26	35.02	9.02	134.69

Table 19

Note: All figures quoted are based on first year SP contract payments for services. Additionally, service user numbers, funding within each district and overall Service User Group totals include non-accommodation based services and varying types of accommodation based services.

Total Spend and Number of Service Users by District

District	Number of Service Users	Spend	Average Weekly Unit Cost 2003/4
Basingstoke and Deane	2352	£4,064,305	£33.14
East Hants	1444	£1,428,866	£18.98
Eastleigh	1861	£3,946,737	£40.67
Fareham	1365	£2,835,813	£39.85
Gosport	1037	£1,661,353	£30.73
Hart	921	£1,520,551	£31.66
Havant	1940	£3,339,596	£33.02
New Forest	1640	£4,408,167	£51.55
Rushmoor	2186	£2,485,309	£21.81
Test Valley	2469	£3,913,110	£30.40
Winchester	1803	£3,517,887	£37.42

Table 18

SUMMARY TABLE	Number of Service Users	Spend
Accommodation based services	13,422	£26,424,414
Non accommodation based services	5,591	£6,861,745
Overall number of service users	19,013	£33,286,159

Accommodation Based Services

Analysis of Spend : Accommodation Based Services

Service User Group	Total County Spend on Accommodation Based Services	Total Number of Service Users (SUs)
Learning disabilities	£10,572,147	729
Older people with support needs	£5,307,838	10350
Mental health	£2,826,298	403
Single homeless	£2,469,732	402
Young people at risk	£1,019,758	101
Women fleeing domestic violence	£977,768	93
Generic	£758,132	568
Physical disability and sensory impairment	£652,353	89
Refugees	£560,506	8
Frail elderly	£560,506	440
Offenders	£447,078	56
Young people leaving care	£431,076	56
Homeless families	£121,780	84
Teenage parents	£117,228	8
Older people with mental health problems	£74,532	22
Substance misuse	£71,272	5
TOTAL	£26,968,004	13414

District Data

Number of Service Users and SP Spend by Service User Group

Learning Disabilities (LD)	Service Users	Spend	% of Total County Acc based LD SUs	% of County Acc based Spend on LD	% of Total SP SUs	% of Total SP spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	86	£989,559	11.80	9.36	0.45	2.97	£220.68
East Hants	84	£608,324	11.52	5.75	0.44	1.83	£138.89
Eastleigh	75	£1,713,149	10.29	16.20	0.39	5.15	£438.09
Fareham	55	£773,037	7.54	7.31	0.29	2.32	£269.57
Gosport	23	£203,989	3.16	1.93	0.12	0.61	£170.10
Hart	45	£438,404	6.17	4.15	0.24	1.32	£186.85
Havant	91	£1,070,851	12.48	10.13	0.48	3.22	£225.69
New Forest	104	£2,236,243	14.27	21.15	0.55	6.72	£412.40
Rushmoor	33	£433,671	4.53	4.10	0.17	1.30	£252.04
Test Valley	73	£1,463,875	10.01	13.85	0.38	4.40	£384.60
Winchester	60	£641,045	8.23	6.06	0.32	1.93	£204.91
TOTAL	729	£10,572,147			3.83	31.76	£278.14

Table I

Mental Health (MH)	Service Users	Spend	% of Total County MH SUs	% of County Spend on MH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	35	£280,448	8.68	9.92	0.18	0.84	£153.68
East Hants	6	£14,579	1.49	0.52	0.03	0.04	£46.60
Eastleigh	32	£90,765	7.94	3.21	0.17	0.27	£54.40
Fareham	8	£61,789	1.99	2.19	0.04	0.19	£148.13
Gosport	48	£253,116	11.91	8.96	0.25	0.76	£101.14
Hart	42	£87,740	10.42	3.10	0.22	0.26	£40.07
Havant	65	£535,395	16.13	18.94	0.34	1.61	£157.98
New Forest	22	£279,391	5.46	9.89	0.12	0.84	£243.57
Rushmoor	61	£587,629	15.14	20.79	0.32	1.77	£184.76
Test Valley	34	£190,283	8.44	6.73	0.18	0.57	£107.34
Winchester	50	£445,163	12.41	15.75	0.26	1.34	£170.76
TOTAL	403	£2,826,298			2.12	8.49	£134.51

Table 2

Homeless Families (HF)	Service Users	Spend	% of Total County HF SUs	% of County Spend on HF	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	28	£26,460	33.33	21.73	0.15	0.08	£18.12
East Hants	2	£3,946	2.38	3.24	0.01	0.01	£37.84
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	15	£26,730	17.86	21.95	0.08	0.08	£34.18
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	39	£64,644	46.43	53.08	0.21	0.19	£31.79
TOTAL	84	£121,780			0.44	0.37	£27.81

Table 3

Offenders (Offs)	Service Users	Spend	% of Total County OFF's SUs	% of County Spend on Off's	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	5	£28,035	8.93	6.27	0.03	0.08	£107.54
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	8	£48,609	14.29	10.87	0.04	0.15	£116.53
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	43	£370,434	76.79	82.86	0.23	1.11	£165.22
TOTAL	56	£447,078			0.29	1.34	£153.12

Table 4

Older People with Support Needs (OPSN)	Service Users	Spend	% of Total County OPSN SUs	% of County Spend on OPSN	% of total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	1076	£404,593	10.40	7.62	5.66	1.22	£7.21
East Hants	904	£218,835	8.73	4.12	4.75	0.66	£4.64
Eastleigh	1341	£690,420	12.96	13.01	7.05	2.07	£9.87
Fareham	816	£478,762	7.88	9.02	4.29	1.44	£11.25
Gosport	664	£616,090	6.42	11.61	3.49	1.85	£17.80
Hart	467	£258,469	4.51	4.87	2.46	0.78	£10.62
Havant	1149	£604,963	11.10	11.40	6.04	1.82	£10.10
New Forest	1134	£674,040	10.96	12.70	5.96	2.02	£11.40
Rushmoor	894	£205,007	8.64	3.86	4.70	0.62	£4.40
Test Valley	511	£584,961	4.94	11.02	2.69	1.76	£21.96
Winchester	1394	£571,698	13.47	10.77	7.33	1.72	£7.87
TOTAL	10350	£5,307,838			54.44	15.95	£9.84

Table 5

Single Homeless (SH)	Service Users	Spend	% of Total County SH SUs	% of County Spend on SH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	131	£656,332	32.59	26.58	0.69	1.97	£96.09
East Hants	22	£52,119	5.47	2.11	0.12	0.16	£45.44
Eastleigh	6	£33,802	1.49	1.37	0.03	0.10	£108.05
Fareham	46	£448,939	11.44	18.18	0.24	1.35	£187.18
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	33	£300,159	8.21	12.15	0.17	0.90	£174.45
Test Valley	34	£493,717	8.46	19.99	0.18	1.48	£278.50
Winchester	130	£484,664	32.34	19.62	0.68	1.46	£71.50
TOTAL	402	£2,469,732			2.11	7.42	£117.83

Table 6

Women at risk of domestic violence (DV)	Service Users	Spend	% of Total County DV SUs	% of County Spend on DV	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	17	£153,673	18.28	15.72	0.09	0.46	£173.37
East Hants	9	£81,926	9.68	8.38	0.05	0.25	£174.59
Eastleigh	7	£100,569	7.53	10.29	0.04	0.30	£275.55
Fareham	6	£54,917	6.45	5.62	0.03	0.16	£175.54
Gosport	3	£17,572	3.23	1.80	0.02	0.05	£112.34
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	6	£62,363	6.45	6.38	0.03	0.19	£199.34
New Forest	10	£113,880	10.75	11.65	0.05	0.34	£218.41
Rushmoor	6	£69,234	6.45	7.08	0.03	0.21	£221.31
Test Valley	22	£210,903	23.66	21.57	0.12	0.63	£183.86
Winchester	7	£112,731	7.53	11.53	0.04	0.34	£308.87
TOTAL	93	£977,768			0.49	2.94	£201.64

Table 7

Young People at Risk (YP @ R)	Service Users	Spend	% of Total County YP@R SUs	% of County Spend on YP @R	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	10	£176,042	9.90	17.26	0.05	0.53	£337.63
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	6	£59,885	5.94	5.87	0.03	0.18	£191.42
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	10	£68,458	9.90	6.71	0.05	0.21	£131.30
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	39	£274,077	38.61	26.88	0.21	0.82	£134.78
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	27	£280,623	26.73	27.52	0.14	0.84	£199.34
Winchester	9	£160,673	8.91	15.76	0.05	0.48	£342.40
TOTAL	101	£1,019,758			0.53	3.06	£193.64

Table 8

Frail Elderly (FE)	Service Users	Spend	% of Total County FE SUs	% of County Spend on FE	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	51	£66,042	11.59	11.78	0.27	0.20	£24.84
East Hants	34	£90,385	7.73	16.13	0.18	0.27	£50.99
Eastleigh	120	£156,678	27.27	27.95	0.63	0.47	£25.04
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	49	£49,898	11.14	8.90	0.26	0.15	£19.53
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	94	£112,524	21.36	20.08	0.49	0.34	£22.96
Rushmoor	92	£84,979	20.91	15.16	0.48	0.26	£17.72
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	440	£560,506			2.31	1.68	£24.43

Table 9

Generic (GEN)	Service Users	Spend	% of Total County Gen SUs	% of County Spend on Gen	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	83	£341,911	14.61	45.10	0.44	1.03	£79.01
East Hants	10	£58,403	1.76	7.70	0.05	0.18	£112.01
Eastleigh	22	£54,792	3.87	7.23	0.12	0.16	£47.77
Fareham	2	£34,184	0.35	4.51	0.01	0.10	£327.81
Gosport	5	£41,042	0.88	5.41	0.03	0.12	£157.43
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	6	£84,926	1.06	11.20	0.03	0.26	£271.47
Rushmoor	440	£142,874	77.46	18.85	2.31	0.43	£6.23
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	568	£758,132			2.99	2.28	£25.60

Table 10

Young People Leaving Care (YPLC)	Service Users	Spend	% of Total County YPLC SUs	% of County Spend on YPLC	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	5	£33,875	8.93	7.86	0.03	0.10	£129.94
Eastleigh	1	£13,518	1.79	3.14	0.01	0.04	£259.26
Fareham	9	£147,201	16.07	34.15	0.05	0.44	£313.69
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	13	£8,954	23.21	2.08	0.07	0.03	£13.21
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	28	£227,528	50.00	52.78	0.15	0.68	£155.85
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	56	£431,076			0.29	1.30	£147.64

Table 11

Older People with mental health problems (OPMH)	Service Users	Spend	% of Total County OPMH SUs	% of County Spend on OPMH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	21	£52,995	95.45	71.10	0.11	0.16	£48.40
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	1	£21,537	4.55	28.90	0.01	0.06	£413.06
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	22	£74,532			0.12	0.22	£64.98

Table 12

Physical disability and sensory impairment (PD)	Service Users	Spend	% of Total County PD SUs	% of County Spend on PD	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	8	£725	8.99	0.11	0.04	0.00	£1.74
Eastleigh	27	£324,776	30.34	49.79	0.14	0.98	£230.70
Fareham	1	£13,985	1.12	2.14	0.01	0.04	£268.22
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	3	£53,818	3.37	8.25	0.02	0.16	£344.06
Havant	2	£30,719	2.25	4.71	0.01	0.09	£294.58
New Forest	7	£108,410	7.87	16.62	0.04	0.33	£297.03
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	41	£119,920	46.07	18.38	0.22	0.36	£56.10
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	89	£652,353			0.47	1.96	£140.58

Table 13

Substance Misuse (SM)	Service Users	Spend	% of Total County SM SUs	% of County Spend on SM	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	5	£71,272	100.00	100.00	0.03	0.21	£273.39
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	5	£71,272			0.03	0.21	£273.39

Table 14

Refugees (Ref's)	Service Users	Spend	% of total County Ref's SUs	% of County Spend on Ref's	% of Total SP SUs	% of Total SP spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	8	£16,916	100.00	100.00	0.04	0.05	£40.55
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	8	£16,916			0.04	0.05	£40.55

Table 15

Teenage Parents (TP)	Service Users	Spend	% of Total County TP SUs	% of County Spend on TP	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	4	£42,886	25.00	36.58	0.02	0.13	£205.63
Havant	6	£28,764	37.50	24.54	0.03	0.09	£91.94
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	6	£45,578	37.50	38.88	0.03	0.14	£145.69
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	16	£117,228			0.08	0.35	£140.52

Table 16

Non-Accommodation Based Services

Analysis of Spend : Non-Accommodation Based Services

Service User Group	Total County Spend	Total Number of Service Users (SUs)
Refugees	£0.00	0
Substance misuse	£97,110.00	55
Homeless families	£79,986.00	35
Young people leaving care	£0.00	0
Teenage parents	£51,111.00	25
Single homeless	£782,107.00	265
Mental health	£384,432.00	175
Young people at risk	£411,244.00	100
Frail elderly	£34,849.00	72
Women fleeing domestic violence	£84,310.00	45
Older people with mental health problems	£63,747.00	15
Older people with support needs	£1,209,060.00	3175
Offenders	£288,180.00	131
Physical disability and sensory impairment	£225,056.00	44
Generic	£2,125,206.00	1353
Learning disabilities	1,025,347	101
TOTAL	£6,861,745	5591

Table 20

District Data

Number of Service Users and SP Spend by Service User Group

Learning Disabilities (LD)	Service Users	Spend	% of Total County Floating LD SUs	% of County Floating Spend on LD	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	4	£26,656	3.96	2.60	0.02	0.08	£127.81
East Hants	16	£32,117	15.84	3.13	0.08	0.10	£38.50
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	11	£124,221	10.89	12.12	0.06	0.37	£216.59
Hart	31	£250,490	30.69	24.43	0.16	0.75	£154.97
Havant	1	£3,395	0.99	0.33	0.01	0.01	£65.11
New Forest	6	£145,733	5.94	14.21	0.03	0.44	£465.84
Rushmoor	22	£270,282	21.78	26.36	0.12	0.81	£235.63
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	10	£172,453	9.90	16.82	0.05	0.52	£330.75
TOTAL	101	£1,025,347			0.53	3.08	£194.71

Table 1a

Mental Health (MH)	Service Users	Spend	% of total County MH SUs	% of County Spend on MH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	60	£84,380	34.29	21.95	0.32	0.25	£26.97
East Hants	25	£56,193	14.29	14.62	0.13	0.17	£43.11
Eastleigh	4	£40,871	2.29	10.63	0.02	0.12	£195.97
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	3	£16,662	1.71	4.33	0.02	0.05	£106.52
Havant	14	£42,988	8.00	11.18	0.07	0.13	£58.89
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	6	£24,464	3.43	6.36	0.03	0.07	£78.20
Test Valley	40	£11,558	22.86	3.01	0.21	0.03	£5.54
Winchester	23	£107,316	13.14	27.92	0.12	0.32	£89.49
TOTAL	175	£384,432			0.92	1.15	£42.13

Table 2a

Homeless Families (HF)	Service Users	Spend	% of Total County HF SUs	% of County Spend on HF	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	35	£79,986	100.00	100.00	0.18	0.24	£43.83
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	35	£79,986			0.18	0.24	£43.83

Table 3a

Offenders (Off's)	Service Users	Spend	% of Total County OFFs SUs	% of County Spend on Off's	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	25	£36,948	19.08	12.82	0.13	0.11	£28.35
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	13	£57,755	9.92	20.04	0.07	0.17	£85.21
Fareham	11	£19,835	8.40	6.88	0.06	0.06	£34.58
Gosport	10	£50,337	7.63	17.47	0.05	0.15	£96.54
Hart	25	£36,948	19.08	12.82	0.13	0.11	29.35
Havant	11	£19,835	8.40	6.88	0.06	0.06	£34.58
New Forest	11	£29,574	8.40	10.26	0.06	0.09	£51.56
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	25	£36,948	19.08	12.82	0.13	0.11	28.35
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	131	£288,180			0.69	0.87	£42.19

Table 4a

Older People with Support Needs	Service Users	Spend	% of Total County OPSN SUs	% of County Spend on OPSN	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	430	£72,085	13.54	5.96	2.26	0.22	£3.22
East Hants	158	£67,214	4.98	5.56	0.83	0.20	£8.16
Eastleigh	50	£40,500	1.57	3.35	0.26	0.12	£15.54
Fareham	126	£29,337	3.97	2.43	0.66	0.09	£4.47
Gosport	100	£17,000	3.15	1.41	0.53	0.05	£3.26
Hart	129	£49,595	4.06	4.10	0.68	0.15	£7.37
Havant	541	£540,459	17.04	44.70	2.85	1.62	£19.16
New Forest	90	£30,000	2.83	2.48	0.47	0.09	£6.39
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	1551	£362,870	48.85	30.01	8.16	1.09	£4.49
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	3175	£1,209,060			16.70	3.63	£7.30

Table 5a

Single Homeless (SH)	Service Users	Spend	% of Total County SH SUs	% of County Spend on SH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	56	£280,085	21.13	35.81	0.29	0.84	£95.92
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	170	£264,582	64.15	33.83	0.89	0.79	£29.85
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	5	£80,258	1.89	10.26	0.03	0.24	£307.86
New Forest	18	£90,235	6.79	11.54	0.09	0.27	£96.15
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	16	£66,947	6.04	8.56	0.08	0.20	£80.25
TOTAL	265	£782,107			1.39	2.35	£56.60

Table 6a

Women at risk of domestic violence (DV)	Service Users	Spend	% of Total County DV SUs	% of County Spend on DV	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	20	£24,411	44.44	28.95	0.11	0.07	£23.41
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	20	£29,149	44.44	34.57	0.11	0.09	£27.95
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	5	£30,750	11.11	36.47	0.03	0.09	£117.95
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	45	£84,310			0.24	0.25	£35.93

Table 7a

Young People at Risk (YP@R)	Service Users	Spend	% of Total County YP@R SUs	% of County Spend on YP @ R	% of Total SP USs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	100	£411,244	100.00	100.00	0.53	1.24	£78.87
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	100	£411,244			0.53	1.24	£78.87

Table 8a

Frail Elderly (FE)	Service Users	Spend	% of Total County FE SUs	% of County Spend on FE	% of Total SP USs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	72	£34,849	100.00	100.00	0.38	0.10	£9.28
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	72	£34,849			0.38	0.10	£9.28

Table 9a

Generic (Gen)	Service Users	Spend	% of Total County Gen SUs	% of County Spend on Gen	% of Total SP USs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	260	£399,421	19.22	18.79	1.37	1.20	£29.46
East Hants	141	£86,813	10.42	4.08	0.74	0.26	£11.81
Eastleigh	131	£488,136	9.68	22.97	0.69	1.47	£71.47
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	128	£173,862	9.46	8.18	0.67	0.52	£26.05
Hart	85	£175,577	6.28	8.26	0.45	0.53	£39.62
Havant	10	£45,530	0.74	2.14	0.05	0.14	£87.32
New Forest	75	£190,494	5.54	8.96	0.39	0.57	£48.71
Rushmoor	476	£205,438	35.18	9.67	2.50	0.62	£8.28
Test Valley	25	£39,820	1.85	1.87	0.13	0.12	£30.55
Winchester	22	£320,115	1.63	15.06	0.12	0.96	£279.07
TOTAL	1353	£2,125,206			7.12	6.38	£30.13

Table 10a

Young People Leaving Care	Service Users	Spend	% of Total County YPLC SUs	% of County Spend on YPLC	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	0	£0			0.00	0.00	

Table 11a

Older People with mental health problems (OPMH)	Service Users	Spend	% of Total County OPMH SUs	% of County Spend on OPMH	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	15	£63,747	100.00	100.00	0.08	0.19	£81.51
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	15	£63,747			0.08	0.19	£81.51

Table 12a

Physical disability and sensory impairment (PD)	Service Users	Spend	% of Total County PD SUs	% of County Spend on PD	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	9	£69,670	20.45	30.96	0.05	0.21	148.47
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	2	£17,908	4.55	7.96	0.01	0.05	£171.73
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	33	£137,478	75.00	61.09	0.17	0.41	£79.90
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	44	£225,056			0.23	0.68	£98.10

Table 13a

Substance Misuse (SM)	Service Users	Spend	% of Total County S M SUs	% of County Spend on S M	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	0	£0	0.00	0.00	0.00	0.00	-
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	45	£81,144	81.82	83.56	0.24	0.24	£34.58
Test Valley	10	£15,966	18.18	16.44	0.05	0.05	£30.62
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	55	£97,110			0.29	0.29	£33.86

Table 14a

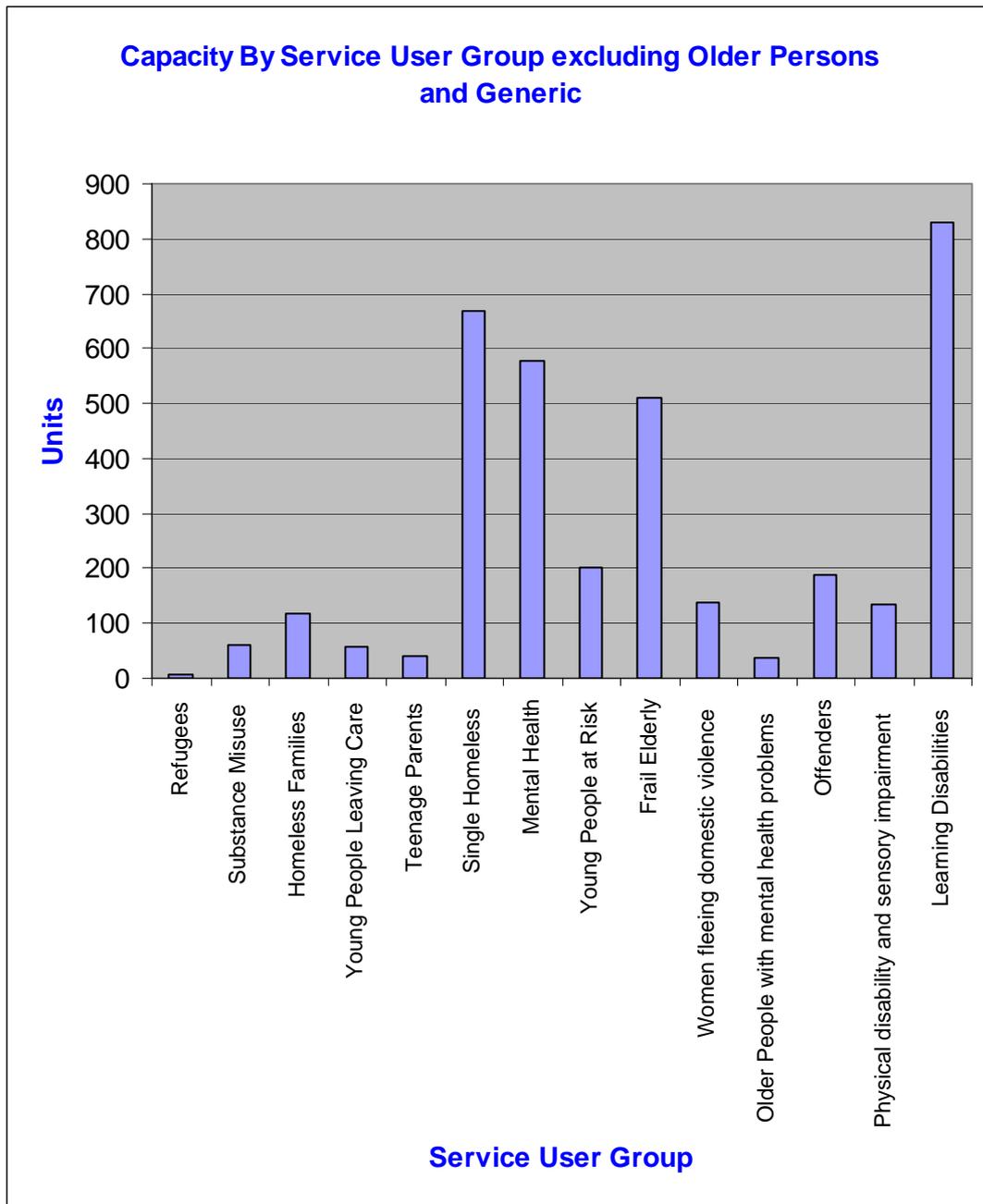
Refugees	Service Users	Spend	% of Total County Ref's SUs	% of County Spend on Ref's	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0.00	0.00	0.00	0.00	0.00	0.00	-
East Hants	0.00	0.00	0.00	0.00	0.00	0.00	-
Eastleigh	0.00	0.00	0.00	0.00	0.00	0.00	-
Fareham	0.00	0.00	0.00	0.00	0.00	0.00	-
Gosport	0.00	0.00	0.00	0.00	0.00	0.00	-
Hart	0.00	0.00	0.00	0.00	0.00	0.00	-
Havant	0.00	0.00	0.00	0.00	0.00	0.00	-
New Forest	0.00	0.00	0.00	0.00	0.00	0.00	-
Rushmoor	0.00	0.00	0.00	0.00	0.00	0.00	-
Test Valley	0.00	0.00	0.00	0.00	0.00	0.00	-
Winchester	0.00	0.00	0.00	0.00	0.00	0.00	-
TOTAL	0.00	0.00			0.00	0.00	-

Table 15a

Teenage Parents	Service Users	Spend	% of Total County TP SUs	% of County Spend on TP	% of Total SP SUs	% of Total SP Spend	Av Weekly Unit Cost 2003/4
Basingstoke and Deane	0	£0	0.00	0.00	0.00	0.00	-
East Hants	0	£0	0.00	0.00	0.00	0.00	-
Eastleigh	0	£0	0.00	0.00	0.00	0.00	-
Fareham	0	£0	0.00	0.00	0.00	0.00	-
Gosport	0	£0	0.00	0.00	0.00	0.00	-
Hart	25	£51,111	100.00	100.00	0.13	0.15	£39.21
Havant	0	£0	0.00	0.00	0.00	0.00	-
New Forest	0	£0	0.00	0.00	0.00	0.00	-
Rushmoor	0	£0	0.00	0.00	0.00	0.00	-
Test Valley	0	£0	0.00	0.00	0.00	0.00	-
Winchester	0	£0	0.00	0.00	0.00	0.00	-
TOTAL	25	£51,111			0.13	0.15	£39.21

Table 16a

Appendix I: Capacity By Service User Group where Capacity is under 1000 Units



Appendix J: Service User Analysis

The Client Record Report produced by St Andrews University for the period 1 April 2003 – 31 March 2004 has been analysed. The report and dataset is based upon the Client Record forms returned by Providers for new clients accessing SP services during that period.

Further details can be obtained from the website at www.spclientrecord.org.uk

The data has been analysed to provide information by Service User Groups

(Note: Data is recorded as missing from data tables: Provider Type by Service Type by Sex for Hampshire County Council and Primary Client Group by Ethnic Origin)

- **Domestic Violence**

Of 447 new Service Users, 56.6% accessed Domestic Violence Refuges, 27.3 % accessed Floating Support 10.7% accessed support via Outreach Services

69.8% of referrals were made by the host authority and 30.2 % were from outside Hampshire

Referrals to Domestic Violence Refuges came from all sources in approximately the same percentages with a larger proportion (17.2%) through the Police

5.6% of new Service Users refused to provide details of their ethnic origin. Of those who did provide data, 91.5 % (408) are reported as white British and 30 (6.8%) are from BME groups

- **Generic**

83.2% of support was provided through floating support. Referrals came through the Local Housing Authority and self referral.

- **Homeless families**

Of 306 new Service Users, 74.8% accessed floating support and 22.9 % accessed supported housing

97.4 % of referrals were made by the host authority (58.2% referrals and 24.8% as nominations from the Local Housing Authority).

Of 287 recorded new Service Users only 1 refused to provide details of their ethnic origin. Of those who did provide data, 95% are reported as white British and 14 (4.8%) are from BME groups.

- **Learning Disabilities**

Of 133 new Service Users, 50.4% accessed floating support, and 37.6 % accessed supported housing

94% of referrals were made by the host authority; 16.5 % nominations and 16.5% referrals by the local housing authorities, 39.1% from Social Services

- **Mental Health**

Of 503 new Service Users, 54.3 % accessed floating support, 19.1 % accessed direct access services, and 20.7 % supported housing

88.5% of referrals were made by the host authority but only 20.7% of those were by the Community Mental Health Team. 25.8% were by Local Housing Authority (either by nomination or referral).

Of 484 new Service Users, 34 people (7%) refused to provide details of their ethnic origin. Of those who did provide data, 90.1 % are reported as white British and 3% are from BME groups.

- **Offenders**

21.6 % of referrals were by non-host authority and 87.5 % of referrals of mentally disordered offenders were made by non host authorities

90.4% of referrals were made by the Probation Service.

- **Older Persons**

95.4% of older people accessed floating support services, only 2.8% of Service Users accessed supported housing.

97.2% of the referrals were made by the host authority. Of these 26.7% were 'self referrals' or direct applications and 9.7% were from Social Services. 43.8% are recorded as 'Other'. Small percentages (below 7%) are recorded across other referring agencies.

100% of older people with mental health problems accessed floating support, all referrals were made by the host authority and came from a variety of referring agencies.

- **Physical Disability**

Of 120 recorded new Service Users 81.7 % accessed floating support and 15 % accessed supported housing

92.1 % of people accessing SP services are recorded as white British

97.5 % of referrals were made by the host authority with the largest percentages being referred by Social Services or through direct application

- **Single homeless**

49.3% of new Service Users accessed Floating Support, 26.7 accessed Direct Access and 22.2 accessed Supported Housing

90.9 % of referrals were made by the host authority, 47.4% by the Local Housing Authority through nomination or referral, 15.4% by voluntary agency and 19.8% were self referrals.

Of 824 new Service Users, 11 refused to provide details of ethnic origin. Of those who did provide data, 765 (92.8 %) are reported as white British and 48 (6.3 %) are from BME groups.

- **Substance Misuse**

75.5 % of referrals to drug services and 62.4 % of referrals to alcohol services were made by the host authority. The remainder were made by non-host authorities Referrals in the main were made by Probation or self referral in the case of drugs, or through self referral and voluntary agencies in the case of alcohol problems.

- **Teenage Parents**

Of 48 new recorded Service Users, 18.8 % accessed supported housing, 16.7 % accessed specialist TP accommodation-based services and 64.6 % accessed floating support

93.8 % of referrals were made by the host authority, 50% of these came through Local Housing Authority, 10.4% through Social Services

- **Young People**

37.9% accessed supported housing , 17.2 supported Lodgings 17.2 % accessed direct access and 27.6 accessed floating support

95.5 % of Young people at risk and 86.2% of young people leaving care were referred by the host authority

Analysis of Client Record Data: Primary Client Group by Ethnic Origin

The data demonstrates the following :

Analysis of Client Record Data : April 2003 – March 2004	Statistics
The total of new clients accessing SP services	4302
Number of white British Service Users	3880
Number of Service Users who refused to give ethnic origin	209
Number of Service Users confirmed as from BME groups	213
Overall percentage of BME service users in Hants SP services	5.2%

Appendix K: Definition of a Small Provider

Hampshire Supporting People wish to ensure that the processes that they impose on Providers in terms of information requests take into account the size of the Provider whilst at the same time ensuring adequate protection for Service Users and the Administering Authority.

To take account of these conflicting demands, Hampshire has developed a set of criteria to identify Providers who can be classed as 'small'. Qualifying Providers will be subject to a light touch in terms information requirements such as the Performance Information Returns and Quality Assessment Forms and service review.

To be classed as a Small Provider, all of the following criteria must be satisfied:

1. The Provider does not have a Supporting People contract with any other Authority.
2. The Provider is contracted by Hampshire SP to provide no more than two separate services.
3. The total number of Service Users in the contracted service does not exceed 12
4. The total value of the Hampshire SP contract does not exceed £40,000 pa
5. The total number of staff in a contracted service delivering housing related support is less than 2 FTE.

Appendix L: Preventative Services Grid - County Overview

KEY B: Basingstoke / Deane E: Eastleigh HE: East Hants F&G: Fareham / Gosport H: Havant H&R: Hart / Rushmoor NF: New Forest TV: Test Valley W: Winchester	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings or Adult Placement	Home Improvement Agency	Supported Housing Panel
Frail elderly	B E EH F+G H H&R NF TV W	H&R	B E EH F+G H H&R - TV W	B E EH F+G H H&R NF TV (I) W		B E EH F&G H H&R NF TV Jan05 W	B H&R
Offenders	B E EH F+G H H&R NF TV W	B F+G W	B F+G TV W	B E EH - H H&R NF TV W			B H TV W

	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings or Adult Placement	Home Improvement Agency	Supported Housing Panel
Older persons with mental health problems	B E EH F+G H NF TV W	F&G	B E F&G TV W	B EH H TV W		B E EH F&G H H&R NF TV Jan05 W Jan 05	B
Older persons with support needs	B E EH F&G H H&R NF TV W	F&G H&R	B E F&G H&R TV W	B EH F&G H NF TV W	H	B E EH F&G H H&R NF TV W	B H&R W
People with physical disabilities	B E EH F&G H NF TV W	F&G TV	B E TV	E EH H H&R NF		B E EH F&G H NF	B H TV W

	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings/Adult Placement	Home Improvement Agency	Supported Housing Panel
People with substance misuse problems	B E EH F&G H NF TV W	B F&G TV	B F&G TV W	B EH H TV W			B H TV W
People with learning disabilities	B E EH F&G H H&F NF TV W	 F&G H&R TV W	B E EH F&G H H&F NF TV W	B E EH F&G H H&F NF TV W	B F&G H H&R NF	B EH H	B H TV W
People with mental health problems	B E EH F&G H H&F NF TV W	B F&G TV	B F&G H H&R	B E EH F&G H H&F NF TV W	 H NF TV	B EH H	B F&G H TV W

	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings or Adult Placement	Home Improvement Agency	Supported Housing Panel
Refugees	B EH F&G H TV W	B EH F&G H TV W	B F&G TV W	B EH F&G H NF TV W			B H TV W
Single homeless	B E EH F&G H H&R NF TV W	B EH F&G H&R TV W	B F&G H&R TV W	B E EH F&G H H&R TV W	B		B H H&R TV W
Homeless families with support needs	B E EH F&G H H&R NF TV W	EH F&G H&R TV W	H&R	B E EH F&G H H&R TV W			B H H&R

	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings or Adult Placement	Home Improvement Agency	Supported Housing Panel
Teenage parents	B E EH F&G H H&R NF TV W	H&R TV	F&G H&R TV	B EH H H&R TV			B F&G H H&R TV W
Women fleeing domestic violence	B/3 E EH F&G H H&R NF TV W	B E EH F&G H&R TV W	B E EH F&G H H&R TV W	B EH F&G H NF TV			B H&R TV W
Young people at risk	B E EH F&G H H&R NF TV W	H&R TV	B F&G H&R W	B E EH F&G H H&R NF TV	B EH F&G H		B EH F&G H H&R NF TV W

	Floating Support	Emergency Short Stay	24 Hour Supported Accommodation	Low Support / Accommodation based	Supported Lodgings or Adult Placement	Home Improvement Agency	Supported Housing Panel
Young people leaving care	B E EH F&G H H&R NF TV W	F&G H&R	B F&G H&R W	B E EH F&G H H&R NF TV	B EH F&G H		B EH F&G H H&R NF TV W

Appendix M: South East Regional Quartile Range

(by Service User Group & Accommodation Type; Weekly cost per person)

Service User Group	Accommodation Type	Lower Quartile	Upper Quartile
Frail elderly people	Very Sheltered Housing	£27.00	£50.00
	Sheltered Housing	£16.00	£34.00
Generic services	Unregistered Adult Placement	£255.00	£328.00
	Supported Housing	£50.00	£171.00
	Floating Support	£41.00	£92.00
Homeless families with support needs	Supported Housing	£13.00	£93.00
Offenders or people at risk of offending	Supported Housing	£112.00	£268.00
Older people with support needs	Very Sheltered Housing	£13.00	£43.00
	Supported Housing	£4.00	£37.00
	Floating Support	£26.00	£64.00
	Sheltered Housing	£4.00	£15.00
People with a physical or sensory disability	Supported Housing	£11.00	£169.00
	Floating Support	£54.00	£205.00
People with drug problems	Supported Housing	£77.00	£212.00
People with learning disabilities	Unregistered Adult Placement	£175.00	£258.00
	Supported Housing	£130.00	£401.00
	Floating Support	£85.00	£432.00
	Registered Adult Placement	£84.00	£137.00
	Residential Care Home	£25.00	£254.00
People with mental health problems	Supported Housing	£78.00	£207.00
	Floating Support	£42.00	£99.00
	Residential Care Home	£64.00	£248.00
Single homeless people with support needs	Supported Housing	£55.00	£177.00
	Floating Support	£42.00	£70.00
Teenage parents	Supported Housing	£123.00	£208.00
	Supported Housing / Floating Support		
Women at risk of domestic violence	Supported Housing / Refuge	£177.00	£274.00
Young people at risk or leaving care	Supported Housing	£93.00	£249.00
	Floating Support	£39.00	£107.00
Foyer for young people	Foyer for Young People	£80.00	£198.00

Appendix N: Steady State Contracts

SP has adopted a new model of contract, the *Steady State* contract, to be issued post first review. *Steady State* contracts define capacity in terms of the number of hours provided, rather than defining service capacity in terms of units or individuals.

Following service reviews, capacity is agreed with the Provider. If demand exceeds capacity the Provider may be encouraged to bid to increase capacity through District Core Groups. Such bids will be judged against other bids for increasing capacity or new services.

Benefits

- Financial liability is planned and predictable
- Investment can be co-ordinated and strategic
- The programme can be administered without reduced administrative burden

Appendix O: Risk Register

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
1	(Updated 31 March 2005)	Strategy				
1.1	9 June 2004	Failure to deliver agreed strategy due to lack of consensus	<p>Failure to meet ODPM requirements</p> <p>Programme implementation delayed</p> <p>Services threatened</p> <p>Financial instability</p>	<p>High</p> <p>Low</p> <p>Low</p> <p>Medium</p>	<p>Accurate project planning</p> <p>Extensive consultation</p> <p>Appropriate allocation of resources</p> <p>Communication and Partnerships structures</p> <p>Conflict resolution procedure in place</p>	<p>Commissioning Body</p> <p>SP Lead Officer</p>
2		Financial Management				
2.1	9 June 2004	Inaccurate financial forecasting	<p>Budget overspend / underspend</p> <p>Inability to plan financially</p>	<p>High</p> <p>High</p>	<p>Monthly budget monitoring</p> <p>Accurate working practices</p>	SP Finance Officer

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
			Inability to implement 5 year strategy	Medium	Undertake regular reconciliations	
			Incorrect payments to providers	Low	Accurate and timely amendments from Providers Spot checking of provider amendments	
2.2	9 June 2004	Introduction of financial cap (£20 per hour and quartiles)	Providers unable to operate at new rate	High	Use of discretion where possible / appropriate	CB / County Manager
			Services collapse	Medium	Contingency planning and planned closures	
2.3	9 June 2004	Significant reduction in SP grant	Budget overspend	High	Effective financial planning - see above	CB/ AA
			AA required to balance SP budget	High	Planned closures/ reductions in contract capacities	County Manager
			Services Collapse	High	Termination of contracts	Review Coordinator Contracts and Finance Coordinator

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
3		SP Contracts				
3.1	9 June 2004	Fixed capacity contracts unacceptable to Sheltered Housing providers	Contracts not agreed with Sheltered Housing Providers	Low	Specific contract developed	Contract Coordinator
3.2	9 June 2004	Contract compliance - Providers fail to comply with requests for data	Review process delayed Incorrect payments made Services fail to deliver appropriate support per contract	Low Medium Medium	Contract Monitoring Issue of default notices Contract monitoring	Review Coordinator
4		Reviews				
4.1	9 June 2004	Risk of legal challenge to SP decisions / reviews	Financial consequences – new contract value delayed	Medium	Conflict resolution policy Ensure all decisions are soundly based and accurately recorded	CCG SP Lead Officer Review Coordinator Local coordinator

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
			Workload – DCG/ CCG involved in considering the complaint	Low	Clear guidance issued to all parties	
			If successful wider implications for the long term management and delivery of the programme	Medium	Precise criteria set and published	
5		Service Providers				
5.1	9 June 2004	Financial changes to contract values – reductions in value	Provider / service may be non-viable	Medium	Limit impact wherever possible through use of effective planning and communication with strategic partners / identify other funding sources Use of discretion in awarding contract values Management of process timescale – phase in	Review Coordinator / Finance Team
		Threats to stability of sector	Medium			
		Provider redundancies	Medium			
		Services withdrawn –	High			
		Service Users unable to access services	High			

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
5.2	9 June 2004	Underlying financial structure unsound	Financial collapse of provider	Low	Accreditation of providers Contingency planning	County Manager / Finance team Local Coordinator
5.3	9 June 2004	Inability of provider to deliver on review outcomes	Default notice issued New provider to be found to assume responsibility for SUs Contract termination	Low Low Low	Follow up monitoring post review / Repeat Validation visits Contingency planning to identify procedure to locate alternative provider – tendering process in place Clear process to be identified to be adopted including guidance on appropriate grounds	Review Coordinator Review Coordinator Review Coordinator

Ref no.	Date identified	Risk category	Consequence of risk occurring	Score	Actions to manage risk (incl. timescales and deadlines)	Risk owner
5.4	9 June 2004	Failure to comply with action plans	Failure to improve quality Risk to Service Users / staff Default on SP contract	Low Medium Low	Strict monitoring of compliance with required actions Contingency planning Clear tender process identified	Review Coordinator Review Coordinator Review Coordinator

Appendix P: Hampshire's Population

Demographic Information

Hampshire is a two-tier authority comprising 11 Districts or Borough Councils and 251 parishes as shown in Fig 1 below.

Fig 1:



Although not part of the administrative county, Southampton, Portsmouth and the Isle of Wight have a significant impact on transport connections, employment and travel to work, housing, education and economic needs.

Population

The third largest county in England (after Kent and Essex) Hampshire has a population of just over 1.25 million people with an age profile similar to that of the rest of UK. A combination of urban and rural areas (10% urban / 90% rural), the majority (87%) of the population live within urban areas.

Age and Gender Profile

Close examination of the age structures throughout the county reveals that the New Forest has the highest elderly population and is markedly different from the rest of the county. Population growth projections, based on the most recent government guidance on new dwellings requirements are relatively low (3.4% between 2001 and 2011): In line with the national profile, Hampshire faces an increase in the number of older persons aged over 65. This will be countywide but the percentage increase will be highest in those districts with relatively low proportions in the retirement age groups in the base year, for example, Basingstoke, Hart and Rushmoor. New Forest will nevertheless still contain the largest proportion of older persons. Importantly for Supporting People services, growth of almost 40 per cent is expected in the over-85 age group in the period up to 2011.

In the period 1991 to 2001, the County's population increased by 62,000 or 5.3 per cent. The population of Eastleigh increased by 9,700, and there were net gains of over 8,000 in New Forest, Test Valley and Winchester. There were population increases in all other districts except Havant, where the population declined by almost 3,000, and Gosport, where the population size remained static. These changes in population will mean increased demand for support services in the growing areas although predicting the nature of the required support is difficult.

Fig 2 : Population data for Hampshire by age and gender:

Age Range	Total	Males	Females
0 – 4	72,178	37,053	35,125
5 – 9	79,425	40,804	38,621
10 – 14	82,365	42,306	40,059
15 – 19	74,971	39,289	35,682
20 – 24	62,496	32,703	29,793
25 – 29	72,690	36,655	36,035
30 – 34	89,235	43,724	45,511
35 – 39	99,891	48,972	50,919
40 – 44	93,167	46,664	46,503
45 – 49	82,659	40,841	41,818
50 – 54	92,241	45,721	46,520
55 – 59	75,909	37,597	38,312
60 – 64	61,744	30,357	31,387
65 – 69	55,663	26,780	28,883
70 – 74	50,153	23,239	26,914
75 – 79	41,424	17,355	24,069
80 – 84	28,563	10,721	17,842
85 – 89	16,728	5,247	11,481
90 and over	8,601	2,015	6,586
Totals	1,240,103	608,043	632,060

Source: ONS 2001 Census Data

Fig 3: Population data for Hampshire by age and gender:

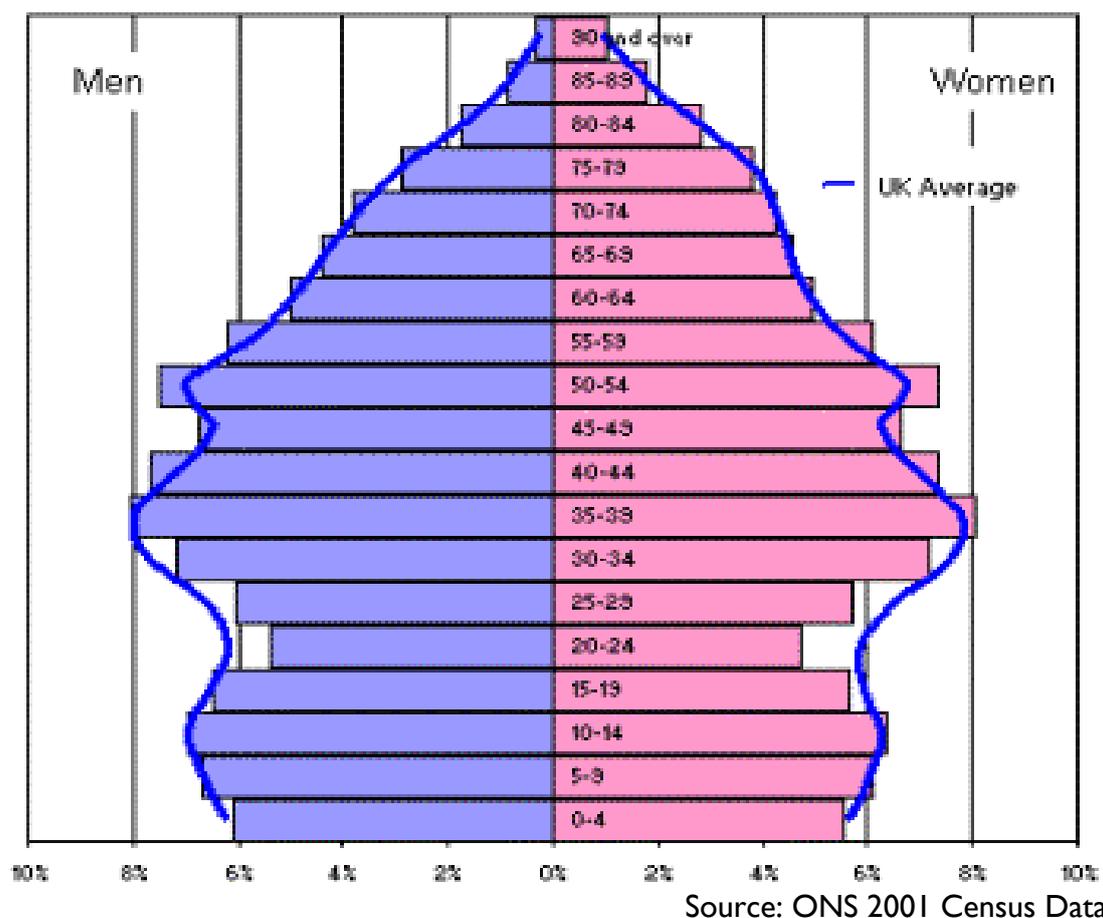


Fig 4: Long Term Population Projections for Hampshire 2001 - 2026

District	2001	2006	2011	2016	2021	2026
Basingstoke & Deane	152,78	157,885	164,979	171,392	177,784	184,943
East Hampshire	109,281	110,157	111,400	112,598	113,977	115,676
Eastleigh	116,173	119,062	120,889	122,419	124,219	126,623
Fareham	107,968	109,544	109,505	109,825	110,185	111,216
Gosport	76,402	77,943	79,856	81,706	83,429	85,369
Hart	83,499	84,980	86,605	88,432	90,546	93,152
Havant	116,845	115,713	114,999	114,554	113,820	113,620
New Forest	169,329	171,416	170,997	170,485	169,866	169,855
Rushmoor	90,974	93,153	94,140	95,410	96,803	98,566
Test Valley	109,802	113,134	115,935	118,762	121,855	125,516
Winchester	107,220	109,883	112,868	115,541	117,746	120,183
Hampshire County Council	1,240,071	1,262,870	1,282,173	1,301,124	1,320,230	1,344,719

Source: ONS 2001 Census Data

The provision of 80,290 additional dwellings is required across the County in the period up to 2011 with an additional 12,000 to be met by the development of new communities. The majority of this development, 16,060 dwellings, will take place in Basingstoke and Deane. It is to be expected that a percentage of the population will have support needs.

Index of Deprivation

Although Hampshire is generally a relatively prosperous county, there are significant areas of deprivation. The 10% most deprived areas in Hampshire fall within the 40% most deprived nationally. 24 of these 82 areas are within the worst 20% nationally. These areas are in the districts of Havant, Gosport, Fareham, Rushmoor and the New Forest

The indices of multiple deprivation encompass seven topics; six of these topics - income, employment, health, education, crime and living environment all produce a similar geographical pattern based upon urban concentrations. The seventh indicator, access to housing and services, tends to produce a pattern of deprivation in rural areas due to difficulties encountered in accessing services. The table below lists the ranking of the districts according to the average in each district.

Fig 5 : Average Super Output Area rank / IMD

District	Indices of Deprivation rank order of district by average super output area score (out of 354 Local Authority Districts)
Basingstoke and Deane	313
East Hants	328
Eastleigh	311
Fareham	330
Gosport	189
Hart	354
Havant	137
New Forest	286
Rushmoor	287
Test Valley	317
Winchester	338

Rural Deprivation

Rural Population of Hampshire: 162,952 (For the year 2001: Calculated using population figures taken from HCC Environment Department's 1999-based Small Area Population Forecasts for 2001).

Areas of rural deprivation do exist within Hampshire but they remain hidden due to the dispersed nature of rural communities and the high numbers of people in rural areas who are not deprived.

In contrast, based upon the Geographical Access to Services Index, most of Hampshire's rural wards are in the top twenty percent of the most deprived wards in England and almost all are in the top fifty percent. Those on low incomes and experiencing other problems find their difficulties are compounded by isolation or social exclusion and lack of services or difficulty in accessing services due to inadequate transport. Furthermore there is an impact upon the delivery of floating support services which face increased costs and reduced capacity due to the distances involved in delivery. Homelessness has been increasing in rural areas.

Urban Deprivation

Of the urban areas in the county, Havant, with sixteen of the 20 most deprived areas in Hampshire, falls within the forty percent most deprived districts in England. Pockets of relative deprivation also exist in more affluent areas such as Winchester, Hart and the New Forest. Not all are recognized using the average score on the indices of deprivation due to the level at which data is produced.

Investigation at ward level shows the twenty most deprived areas are situated within Havant and Gosport. Those four with the highest scores are concentrated within the Leigh Park area of Havant. Warren Park (Havant) is ranked 286 out of 8414 wards in England, in the top 3.5% and 3 other wards are amongst the 10% most deprived in England. The area is ranked top in the IMD table for Hampshire in terms of income, employment, education and housing.

Health of the Population

Health indicators for Hampshire are generally good compared with England as a whole, there is, however, a significant variation reflecting the area's wide socio-economic inequalities.

The table overleaf demonstrates the incidence and distribution throughout the County of those with long term illness and permanently sick or disabled:

Area	Long term Illness (% of Population)	Permanent sick or Disabled (% of Population)
Basingstoke and Deane	13.1	2.8
East Hants	14.2	2.8
Eastleigh	14.4	3.1
Fareham	15.3	2.8
Gosport	16.8	3.8
Hart	11.2	1.7
Havant	18.3	4.7
New Forest	17.8	3.5
Rushmoor	13.2	2.8
Test Valley	14.1	2.8
Winchester	14.2	2.5
England and Wales	18.2	3.1

Mental Health

The incidence of mental health problems is increasing: One in four of the population will have a mental health problem at some time in their life. In Hampshire this means that over 130,000 people aged 18-64 will be receiving help for a mental health problem at any one time.

Teenage Pregnancy

The level of teenage pregnancy, while being under the English national average, is higher than the national rate for any western European country.

Latest Data from Office of National Statistics confirms that the Hampshire incidence fell 16.2% from 35.9 per 1000 young women aged 15-17 years in 1998 to 30.1 in 2002. The target for Hampshire for 2010 is 19.75 per 1000 young women.

Comparative UI8 conception rates (per 1000) for England and Hampshire

Year	England	Hampshire
1998	46.6	35.9
1999	44.8	33.3
2000	43.6	30.8
2001	42.5	32.8
2002	42.6	30.1

HIV

The latest available data from the Survey of Prevalent Diagnosed HIV infection (SOPHID) shows a 17% increase in the number of individuals seen for HIV related

care in England and Wales and Northern Ireland. A total of 35,428 were seen for HIV related care in 2003 compared to 30,281 in 2002. (51.7% of cases occur within the white community and 48.3 % from BME community).

2003 figures for Hampshire show there are now 285 reported cases in the County, an increase of 43% on 2002 figures. Increases are focused in the north of the county; PCT level data reveals a 91% increase in the North Hampshire with the lowest increase Fareham and Gosport (18%) and no change in numbers in Mid Hampshire. The largest increase has occurred within the heterosexual population. True figures are thought to be in the region of 400.

(Generic floating support services are regarded as the most appropriate model of service delivery for HIV positive service users. There are currently no specialist services located within Hampshire.)

Unemployment Statistics

Unemployment in Hampshire is consistently below the national average. The latest figures show the unemployment rate in Hampshire at 0.9 per cent, compared with the national average of 2.3 per cent. There are significant differences within the county, with average earnings higher in the north than in the south. Full-time workers in North Hampshire earn approximately £140 a week more than full-time workers in South East Hampshire. This has an impact upon service costs.

Black and Ethnic Minority Population

At 2.2% of the total population, Hampshire has a much smaller proportion of its population within ethnic groups than England (9.1%) and a lower rate than the South East Region (4.9%).

The proportion of Hampshire's population within ethnic minority groups is uniformly low across the whole county, with only Rushmoor having more than four percent from all other backgrounds. Generally the ethnic minority population of Hampshire is dispersed.

Indian, Pakistani, and Chinese made up the largest non-white ethnic groups in Rushmoor; Indian, Black Caribbean and Chinese were the largest groups in Basingstoke. However, each of these groups amounted to less than one per cent of the district populations. Numerically, the only two groups to exceed one thousand people are the 1,190 people of Indian ethnic origin in Basingstoke, and 1,010 people also of Indian ethnic origin in Eastleigh.

These percentages should be viewed in the context of the national averages. In 2001, 7.77 per cent of the population of England were from the ethnic minorities (excluding those of mixed race), compared with 6.19 per cent in 1991. In 2001 over 2% of the population of England were Indian, 1.44 % were from Pakistan.

Nowhere in Hampshire therefore, approaches the national average proportion of their populations in the ethnic minority groups.

Fig 6: Population by Ethnic Origin 2001 (percentages)

Area	Total Population	White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
Percentage of people in ethnic groups						
Basingstoke & Deane	152,573	96.56	1.03	1.23	0.57	0.61
East Hampshire	109,274	98.35	0.65	0.40	0.19	0.41
Eastleigh	116,169	97.42	0.70	1.18	0.18	0.51
Fareham	107,977	98.26	0.60	0.48	0.15	0.51
Gosport	76,415	98.34	0.61	0.46	0.21	0.36
Hart	83,505	97.69	0.72	0.81	0.26	0.53
Havant	116,849	98.54	0.57	0.40	0.15	0.34
New Forest	169,331	98.86	0.50	0.25	0.12	0.29
Rushmoor	90,987	95.57	1.08	1.75	0.63	0.97
Test Valley	109,801	97.93	0.65	0.74	0.20	0.48
Winchester	107,222	97.84	65	0.69	0.25	0.56
Hampshire (HCC)	1,240,103	97.80	0.70	0.74	0.27	0.50

Source: Office for National Statistics, 2001 Census

Appendix Q: Record of Consultation

Policy Framework Consultation : Group Consulted
Health
Hampshire Probation
Hampshire County Council / SSD
Basingstoke & Deane DIF and DCG
East Hants DIF and DCG
Eastleigh DIF and DCG
Hart & Rushmoor DIF and DCG
Havant DIF and DCG
New Forest DCG
Winchester and Test Valley DIF and DCG
Fareham and Gosport DIF and DCG
Core Strategy Group
Drug Action Team
Service User Reference Group (SURG)
Hampshire Community Strategy Partnership

Strategy Consultation
County Core Group
District Consultation (Local District and Borough Councils)
County Inclusive Forum
Strategic Partners
Service User Reference Group
Providers
Supporting People Conference and via SP website

Glossary of Terms

AA	Administering Authority: This is the Social Services Department of Hampshire County Council.
Accommodation Based service	Housing-related support service, which is specifically linked to identified accommodation, where loss of occupancy means loss of support service.
Accommodation-Based service with Floating support	A housing-related support service, which is linked to specific accommodation & offers a floating support, resettlement outreach service, as part of the overall package. For example, a hostel or supported housing with intensive on-site support, which also offers a move-on or resettlement service.
Accreditation	A process for assessing the viability and competence of an organisation and formally recognising their ability to provide services.
BME	Black and Minority Ethnic Groups.
Best Value	Central government's value and quality policy.
BVPI	Best Value Performance Indicator
CAB	Citizens Advice Bureau
CAG	Cross Authority Group.
CCG	County Core Group
CIF	County Inclusive forum
Service User Group	A classification applied to a person according to their support needs. A person may fall into a number of classifications
DAAT	Drug and Alcohol Action Team
DCG	District Core Group
DoH	Department of Health
DIF	District \inclusive \forum
DV	Services for women fleeing domestic violence

Extra Care	Sheltered housing with additional facilities and support as defined by Hampshire Social Services Department
Floating support	A housing-related support service that is not tied to any specific accommodation.
FE	Services for frail elderly people
Gen	Generic services
HAAS	Housing Accommodation and Advice Service
HC	Housing Corporation
HFSN	Services for homeless families with support needs
HIA	Home Improvement Agency, often also known as ‘Care and Repair’ services. These are floating support services available across different tenures designed to enable people to remain in their own homes for as long as they wish and to promote independent living. HIA services are usually focused around practical support related to the accommodation – such as maintenance and adaptations – but often also provide a wider range of services such as advice, advocacy and signposting to other support services.
HIOWA	Hampshire and Isle of Wight Authorities Association
Hampshire OT Direct	Hampshire Occupational Therapy Direct
Interim Contract	SP contract issued with effect from 31 March 2003 – First review
LD	Services for people with learning disabilities
Lifeline	Alarm Service
MH	Services for people with mental health problems
MoU	Memorandum of Understanding
NHS	National Health Service
ODPM	Office of the Deputy Prime Minister
OFFs	Services for Offenders or people at risk of offending
OP	Older Persons or services for older persons

OPMH	Services for older persons with mental health problems
PCT	Primary Care Trust
PI	Performance Indicator
Pipeline service	A service that was planned to come online after 1st April 2003, but which had a firm funding commitment before then.
PD	Services for people with physical disabilities
PSG	Prevention Services Grid
Provider	Organisation providing a Supporting People service.
PRG	Provider Reference Group, See Section THREE
QAF	The Quality Assessment Framework for Supporting People - QAF defines service objectives (core and supplementary) against which Providers can carry out self-assessments.
Refs	Services for refugees
Registered Care	Care services registered under the auspices of CSCI
RHB	Regional Housing Board
ROCC	Umbrella group for voluntary sector Providers
RSL	A Registered Social Landlord registered with the Housing Corporation as a housing association. Most, but not all, RSLs are housing associations and not all housing associations are RSLs.
SERIG	South East Regional Implementation Group
Service Review	A review of the strategic relevance, quality, performance and cost-effectiveness of a Supporting People service prior to the expiry of its contract.
Service users	The term “Service Users” is used throughout to refer also to carers and advocates where applicable. It is important that, in consulting and involving Service Users, Providers also seek the views of carers and advocates where Service Users may not be able to participate fully.
Service User Group	Classification applied to a person according to their support needs. A person may fall into a number of classifications

SH	Services for single homeless people with support needs
SHA	Strategic Health Authority
SHOG	Supported Housing Officers Group
SHMG	Supported Housing Management Grant
SM/ Sub mis	Services for people with substance misuse problems
Sole traders	Sole traders are individual support Providers who are not working for a charity, housing association, limited company or other type of organisation but are working for themselves, often in their own home, and not employing any housing-related support staff. Examples of sole traders are supported lodgings or adult placements.
SP	Supporting People
SSD	Social Services Department
Steady State	Post first review period
Stakeholder	Individual, organization or body which has an interest in SP
Supporting People	ODPM programme to deliver housing-related support services to vulnerable people through a single funding stream, administered by local authorities according to the needs of people in their area.
Supporting People Grant	Grant provided to local authorities to pay for the costs of support services from April 2003
SURG	Service User Reference Group
TP	Services for teenage parents
Transitional Housing Benefit	Transitional system for the payment of support costs through the housing benefit system. This system ended on the introduction of Supporting People in April 2003
YPLC	Young people leaving care
YP @ R	Young people at risk