

Supporting People Housing Related Support Strategy: consultation response



INTRODUCTION

CRISPP (Committee Representing Independent Supporting People Providers) is the strategic group for representatives of providers funded by Supporting People. The group seeks to represent the sector and lobby politicians and Supporting People on their behalf. It is comprised of representatives from the Voluntary sector, Housing Associations and Private organisations. The group is jointly chaired by Council for the Homeless NI and NI Federation of Housing Associations, and membership is representative of the sector.

CRISPP welcome this opportunity to respond to the consultation on **The Housing Related Support Strategy 2012-2015**.

Housing Related Support funding sustains a wide range of services to many vulnerable groups of people to enable them to live as independently as possible in the community.

The programme to date has been responsible for significant investment, both capital and revenue, improved quality of governance and service delivery and ensured more widespread geographical access to housing support throughout Northern Ireland.

The external housing environment is changing rapidly in response to economic and ideological factors. It is hoped that this Strategy, with a focus on outcomes, quality and value for money will help ensure continued investment in these vital services for vulnerable people.

1.4 Administrative Structures for the Programme

1. The clarification of what are eligible and ineligible housing support services as detailed in the Northern Ireland Supporting People Guidance 2012.

CRISPP welcomes the detail and clarity provided by the Northern Ireland Supporting People Guidance document (2012). The document provides a clearer indication and definition of Housing Related Support and detailed examples of eligible and ineligible Housing Support Services. The provision of information regarding the accreditation process and the passporting of housing associations to Supporting People funding are also welcomed to ensure there is clarity and transparency within the process.

2. The consideration of the feasibility for transferring Supporting People funding to Department of Health, Social Services and Public Safety (DHSSPS).

CRISPP strongly opposes this proposal as we believe that the important housing support service role will diminish if the emphasis is placed more on care. The transfer of funding and the provision of these important services by the DHSSPS will not take account of the importance or uniqueness of the provision of housing support. The transfer to of this funding and the associated services to DHSSPS without its strict ring-fencing would shift the focus of those services away from independent living, which is at the very heart and foundation of the Supporting People programme.

The implementation of this proposal is also considered to mean that the provision of these vital housing support services will be moved into a secondary position in favour of care provision. We are also concerned that the transfer of this funding to DHSSPS, could mean that if there is pressure on budgets, the funding of vital services may be re-prioritised and used for purposes other than the housing support that it was originally intended for.

CRISPP therefore fears that a medical type of service provision would emerge, with a strong emphasis to risk minimisation for service users rather than allowing them the maximum degree of personal choice and informed risk-taking. We further believe that services to vulnerable people should be delivered responsively and those that are funded by both housing and care should be provided seamlessly to a high quality standard. This means that increasing service user dependency will be avoided and independent living will be encouraged through clearly defined housing support.

CRISPP recommends that the funding and administration of Supporting People should remain with the Department for Social Development's, (DSD) and the Northern Ireland Housing Executive (NIHE), where knowledge and expertise, specifically related to housing support, remains available. There should also be more effective joint working with DHSSPS to ensure that there is better alignment of budgets.

3. The removal and phasing out of Special Needs Management Allowance (SNMA) within the Comprehensive Spending Review (CSR) period.

CRISPP strongly opposes this proposal as we believe SNMA assists our members to provide essential services to the most vulnerable people in our society. The withdrawal of SNMA funding will deny almost 700 vulnerable people the dignity of living as independently as they possibly can and may cause many housing with care schemes to close. CRISPP is particularly concerned that a number of those smaller schemes are located in rural areas, where access to any services including those receiving SNMA can at times be problematic.

The (DSD) advocated policy of de-registration of some of these schemes is neither a viable means of sustaining these vital services nor in the best interests of the people living in the schemes and as such it remains CRISPP's view that SNMA should be retained in its present form until there is clear evidence that the original policy intent is not continuing to be delivered.

CRISPP recommends that SNMA should be retained in its present form until an independent review of the services provided is carried out to determine whether the original policy intent is being delivered.

4. Development of a regulatory framework for Housing Related Support Services. Discussions are underway with DSD and the Regulation and Quality Improvement Authority (RQIA).

CRISPP agrees that there should be a regulatory framework that is proportionate, fair and is based on the needs of the service users. We also believe that regulation should take account of the type of service delivered and the risks and costs associated with its provision. Services that are funded by the Supporting People programme are subject to rigorous quality monitoring through the Quality Assessment Framework and their costs are monitored through the contract management process undertaken by the Northern Ireland Housing Executive (NIHE) Supporting People team, they

therefore do not require any other form of regulation for the housing element of the services provided.

Those schemes which have an element of both and funding from the Health and Social Care Trusts (HSCT) are regulated through RQIA. This means that there is often duplication of regulation and an inconsistent approach which is inefficient and may mean that resources are diverted from the delivery of frontline services.

CRISPP recommends the introduction of a regulatory system that is fair and proportionate and has the needs of the service users at its very heart. We welcome simplified systems for the delivery of supported housing and as a consequence of these simplified systems an independent regulatory framework that is focussed on the outcomes for service users.

5. Implementation of new Commissioning Body structures as per the Agencia Review of the Commissioning Body.

CRISPP welcomes the changes to the Commissioning Body structures and we suggests that a more collaborative and consistent commissioning approach is needed for supported housing and that this should include guaranteed revenue funding to support the day to day running of schemes. We also welcome that a strategic action plan is being developed which will align the DSD and DHSSPS budgets and ensure expenditure is in line with and supports the overarching priorities of housing with care.

CRISPP would further welcome the development of information which clearly outlines the commissioning process and provides an assurance of transparency to all stakeholders.

6. We recommend that the Commissioning Bodies' roles and responsibilities are clearly defined and that there is participation in the commissioning process by service providers or their representative groups, as outlined later in this response.

1.5 Funding for the Housing Related Support Programme

CRISPP welcomes that the Supporting People budget for 2013/14 is £71.5m and that additional funding of £94m has been made to provide a supported housing development programme of 800 – 850 units over the next 3 years. This will enable housing associations to support the delivery of the objectives contained within Transforming Your Care and the Bamford vision of resettling people from long stay hospitals into communities.

However CRISPP has significant concerns that the revenue funding for existing services has not been increased since 2008. This represents a cut in real terms to the funding of these vital services. Service providers have indicated that this is causing them a number of problems as the costs of providing services are ever increasing but their funding is reducing. This will eventually have an impact on their financial viability and their ability to provide these necessary services.

There are however, a number of factors that housing associations have to take account of when developing or acquiring supported living accommodation which are over and above those encountered for general needs housing. These include the availability of suitable existing satisfactory housing stock to purchase i.e. the challenge of finding the right property in the right place at the right time. Housing associations have also had to address community opposition to supported accommodation being provided within their area.

CRISPP have identified a number of difficulties brought about by the requirement to consult with communities where the sale of properties to housing associations for use as supported housing have been prevented by those communities. Our members want to work well with other stakeholders to support the delivery of the Bamford principles and the Transforming Your Care targets but difficulties around community consultation, the alignment of capital and revenue budgets and meeting key development or procurement activities can make these challenging to meet.

CRISPP recommends that priority is given to ensuring that there is a favourable operational environment for the development and procurement of supported housing. Which will support people being re-settled into the community from

institutionalised long term care and that greater partnership working is required between DHSSPS and DSD to ensure that capital and revenue funding is aligned to meet the needs of the accommodation and the services provided.

1.7 Planning Assumptions for the Housing Related Support Programme

CRISPP agrees that NIHE should continue to administer the programme on behalf of DSD and we are in favour of the programme moving to the Regional Housing Authority on completion of NIHE's fundamental review. We also agree that an appropriate level of funding should be provided which will enable the delivery of the strategy over this Comprehensive Spending Review (CSR) period.

GENERAL COMMENTS

2.0 Principles, Strategic Vision and Objectives

CRISPP support the principles underpinning the Strategy. However we have a number of caveats regarding the definitions appended to these, as follows:

2.1 Principles for the Strategy

Independence

Members felt that the promotion of independence must and does go further than merely rights and responsibilities in regard to housing. Service users are supported to make decisions and take managed risks in all areas of their lives. It was also felt that the 'discharge of responsibilities' must be balanced against the vulnerability and capacity of the service user and the providers duty of care towards them.

Involvement

While service user involvement is desirable, this must come from a genuine desire for full participation on the part of the service provider, not just a token gesture in order to meet the requirements of the QAF. It must be recognised that levels of participation will differ dependent on the time individuals make use of the service and mechanisms whereby they can participate after they have left it.

Accessibility

CRISPP believe that the descriptor should include geographical location.

Flexibility

Members felt that they are flexible in regard to services and models and traditionally respond well to changes in the external environment. However they would like this flexibility to extend to their Statutory Partners, particularly in the areas of timeliness, monitoring, scheme approvals, person centred outcome reporting etc.

Transparency

This issue will be dealt with more fully in the body of the report.

2.2 /2.3 Strategic Vision and Key Objectives

CRISPP support the vision and key objectives of the Strategy.

3.0 Cross Cutting Themes

3.1 Strategic Planning, commissioning and development of services

CRISPP support the continued commitment to deliver resettlement opportunities for those currently living in long-stay hospitals. We believe that where possible people should be enabled to live in a home environment and the joint commissioning of health, care and housing support is to be welcomed.

We approve of the intention to monitor services to shape existing and future provision and that quality is equally weighed against value for money. However, in order for this to happen effectively and to ensure uniformity of access, there must be a means whereby providers are active partners in any process which identifies changing need, helps identify the requirement for remodelling and agrees commissioning priorities in line with local requirements.

It was felt that while Housing Related Support enables the actioning of a number of Departmental Strategies, there is little acknowledgment of the links between these strategies and how they work together to provide a holistic person centred approach.

Members expressed deep dissatisfaction at the commissioning process so far. They felt it lacked transparency, impartiality and that decisions were being made by individuals who knew little of the mechanics of supported housing, or indeed housing at all.

There was widespread support for a thematic Homelessness commissioning model, where local regional groups (with inclusive stakeholder involvement across sectors) agree an Area Homeless Action Plan. This plan would, on the basis of robust local data, identify the current continuum of services, any gaps in provision or need for service re-modelling.

Using all the Area Plans, a Homelessness Commissioning Group, made up of relevant statutory and voluntary agencies but led by Housing, would identify NI wide commissioning priorities. The over arching HRS Commissioning Body would then agree which services were to be commissioned, which re-modelled and if finance was required from another Departmental budget, in order to provide a comprehensive wrap-around service for the user.

This model could be equally applied to other thematic groups such as Bamford or Older People.

CRISPP believe that irrespective of the commissioning model, there must in future be:

- openness in regard to exactly *how* services are commissioned,
- publicly available information regarding the identity and qualification of those who are making the decisions,
- a feedback, complaints or appeal mechanism should organisations wish to challenge commissioning decisions
- Representation from the provider sector at all levels of the commissioning process
- A drive towards the joint commissioning of services which recognises the validity and uniqueness of housing related support and where Health Trusts take ownership of their statutory responsibilities to pay for any care elements which

are delivered in supported housing premises. This will ensure holistic and person centred services.

3.2 Drive for efficiency and value for money.

CRISPP strongly believe that quality must be of equal importance to cost. Lessons must be learnt from GB where value for money procurement led to significant reductions in actual service delivery. Excellent services were replaced by cheap, ineffectual alternatives, whose inevitable failure ultimately led to more public expenditure.

Procurement of services, if introduced, must be on the basis of equality of opportunity, ensuring small providers can apply with ease, openness in regard to decision making including how the process links to commissioning.

The drive towards the lowest common denominator must be avoided at all costs and while larger organisations can produce economies of scale, they do not necessarily provide the best value for money in terms of quality of service and outcomes.

CRISPP support peer led benchmarking as a way to drive down costs and improve cost-centre standardisation.

The sector are always willing to work with NIHE to explore the best use of existing resources and indeed believe this to be the most effective way of working.

3.3 Client Involvement

CRISPP support the theme of client involvement and believe this to be a necessary component of delivering effective services and strategic planning. In order for client participation to be authentic, resources are needed to empower and skill service users to articulate their opinions and suggestions for improvement. Continued involvement can be promoted through Floating Support services and mechanisms put in place to ensure users can feed into the commissioning process, either personally or through an advocate. Most organisations do not presently have the capacity to deliver service user involvement at this level. NIHE should consider how this commitment will be funded in future.

3.4 Performance, quality and outcomes

Providers strongly support regulation and inspection. External scrutiny maintains and improves quality and validates their work. However all our members feel the burden of inspection to be onerous, in part due to the duplication of information and evidence required across a number of inspection processes and that it appears to focus on process not outcomes. This is time consuming and detracts from actual service delivery. They believe there should be a single regulatory body, which is consistent in its approach and decision making, and has standards which reflect the purpose of the provision.

These standards should be discussed and agreed in consultation with providers and service users, similar to the process which resulted in the 'hybrid' model for young people's services in partnership with RQIA. This will avoid medical residential home standards being set for supported housing projects and is of particular importance in Independent Living scenarios where provision is a person's permanent home.

Key performance indicators must be tied into outcomes which realistically take into account both the capacity of the service user and the external environment. For example, if a KPI is to move someone into their own tenancy but there is no affordable appropriate accommodation available due to the constraints imposed by Housing Benefit Reform, then this should be acknowledged by the inspection team.

A number of members felt that unannounced inspection should be considered.

A universally approved outcomes tool would be of value, but would need to reflect soft outcomes and partially achieved results. We suggest this is developed in partnership with the provider sector, perhaps through consultation with CRISPP.

3.5 Tenancy sustainment, early intervention and prevention.

CRISPP agree with the principle that support should be provided irrespective of tenure type and that prevention is beneficial to both the individual and the public purse.

We believe that Floating Support services need to be more widely publicised, used and streamlined to ensure continuity of provision, geographically and in terms of the type of support that can be accessed (general or specialist). A first step would be to map provision, current referral processes and identify gaps and duplication. Already homelessness providers are seeing significant increases in presenters, who prior to losing their homes, had no other housing or social needs bar affordability. These individuals and families will need housing related support to assist them in acquiring suitable permanent accommodation, referrals to debt counselling and by the time they access temporary accommodation are often suffering from stress related illness and family breakdown. If support had been available prior to their eviction, perhaps preventative action could have taken place.

There is not enough emphasis on how the Strategy will work with other agencies to sustain accommodation in the face of continuing recession and Welfare Reform. It will be much more difficult in future to sustain tenancies where affordability is the main issue.

3.6 Access/referral and exit/move-on services

CRISPP members support the development of a common assessment tool, led and managed by NIHE and linked to a housing options model. A universally used system may increase chance of successful and appropriate referral and move-on. Joint working between NIHE Homelessness strategy, DSD Homeless Partnership and the HRS Strategy should be openly promoted in this theme, and consideration given in the Strategy to developing and piloting such a tool.

We would re-iterate that there is not enough emphasis on the impact of Welfare Reform on accessing permanent move-on accommodation and what steps will be taken to mitigate this either through the HRS programme or work with other programmes and agencies.

3.7 Electronic Assistive Technology

It is recognised that Electronic Assistive Technology (EAT) can be beneficial in supporting disabled people to undertake a range of everyday living activities within their own homes. CRISPP would welcome greater clarity and a more joined up approach to the provision of EAT as new technologies are evolving which will assist people needing some assistance to remain independent within their own homes.

3.8 Meeting Rural Needs

Homelessness provision is still patchy in rural areas. Thematic commissioning with a 'bottom-up/top-down' approach may help ensure equality of provision throughout. CRISPP acknowledges that the provision of housing support in rural areas may be more complex and therefore require more innovative service delivery solutions. Supported housing should be developed in rural areas when there is an agreed identified need and this should be supplemented with revenue funding from HSCT. People living in rural areas should have the same access to housing support services as those in urban areas although we recognise that there may be a number of difficulties including cost factors in the providing these services. CRISPP therefore supports the gathering of information to record and analyse service delivery outcomes on an urban / rural basis and appreciate that this should inform how services are provided in the future.

3.9 Regulation and Inspection

CRISPP believes in a Regulatory Framework that is proportionate, fair and based on the needs of the service users. We also believe that regulation should take account of the type of service delivered and the risks and costs associated with its provision. Services that are funded by the Supporting People programme are subject to rigorous quality monitoring through the Quality Assessment Framework and their costs are monitored through the contract management process undertaken by the Northern Ireland Housing Executive (NIHE) Supporting People team, they therefore do not require any other form of regulation for the housing element of the services provided.

Those schemes which have an element of both housing and care and are funded from the Health and Social Care Trusts (HSCT) have their care element regulated through RQIA. This can mean that there may be duplication of regulation and an inconsistent approach which is inefficient and may mean that resources are diverted from the delivery of frontline services. CRISPP is therefore seeking an overall independent regulatory framework which has been consulted and agreed upon by all stakeholders.

3.10 Personalisation

There are a number of issues in regard to personalisation and homelessness. While agreeing that in theory everyone should have control over the money paid on their behalf to purchase a support service, practically this would not be transferable to temporary hostel accommodation. CRISPP believes that the introduction of personalisation will have implications for the provision and commissioning of housing related support services. Care will be needed to ensure that appropriate services are chosen and that they are delivered effectively to a high quality standard.

SPECIFIC COMMENTS

4.0 Client group Specific Housing Related Support

4.1 Homelessness

CRISPP agree with the strategic drivers outlined in the strategy but again assert that not enough attention has been paid to the restrictions in achieving the objectives around prevention, move-on and sustainability which will result from Welfare Reform.

We feel that the Strategy needs to overtly acknowledge that traditional models of service do work well for many people and that with probable increases in homelessness arising with the implementation of Universal Credit, hostel bed-spaces need to be retained in order to cope with people who become FDA homeless presenters on grounds of arrears and eviction. There will few emergency

accommodation options for this group and the alternative is increased use of Bed and Breakfast establishments. There has already been a nationwide 44% increase in B+B use in England through the impact of the Shared Accommodation Rate and the lowering of Local Housing Allowance and where the loss of ring-fenced Supporting People funding has resulted in a 37% reduction in hostel provision. This has cost £1.88 billion to date.

The Strategy must consider how those with low support needs can access temporary accommodation without negatively affecting homeless people with complex needs. Joint commissioning of specialist services, housing first and multi-agency case working should be a priority.

The reduction in length of stay is an admirable objective but failure to move residents into permanent housing solutions should not adversely affect service providers' accreditation where issues of affordability can be illustrated.

Throughout the HRS Strategy and the Homelessness Strategy there is a great dependency on use of the Private Rented Sector. CRISPP acknowledges that this is a practical necessity and often reflects service user choice. However there is no evidence of dialogue with representatives from this sector, who in discussions with CRISPP, expressed fears over housing management costs, insurance and acceptable rental levels. There appears to be general ignorance of the kind of support available to tenants to help them meet their responsibilities and a stereotyped understanding of who becomes homeless.

The Strategy could promote information sharing, dialogue and inclusive working with private Landlords.

4.2 Older People Services

CRISPP acknowledges that there are strategic drivers for this specific group that will determine the service provision over the lifetime of the strategy. We agree that the priorities are mainly, changing demographics and an aging population, an increasing number of people with dementia, maintaining independence, the role of sheltered housing and the Home Improvement Agency and the emergence of new

assistive technology. We also suggest that the service models should be developed around the service user to enable people to live as independently as they possibly can.

CRISPP generally agrees with the key actions for older people services but we have serious concerns regarding changes to the role and work undertaken by the Home Improvement Agency as this work will assist and underpin the delivery of the recommendations contained within Transforming Your Care.

4.3 Learning Disability or Mental Health Services

CRISPP welcomes that improving mental health services in Northern Ireland is a key government priority. We want to see greater integration in care planning and housing related support as we believe that this will deliver improved recovery outcomes and assist with achieving the Bamford vision.



5.0 Key Actions

5.11 Services for homeless people

CRISPP approve of the actions outlined in this section. We refer you to 3.6 for our views on access and referral. CRISPP strongly support joint commissioning with Health and Social Care. However, HSC must be prepared to co-resource (or realign) their service provision to ensure a person- centred holistic approach.

5.12 Services for people who are homeless due to domestic violence and abuse.

Much shared accommodation for victims of domestic abuse is old and its physical standards no longer fit for purpose or meeting disability standards. CRISPP would assert that the refuge model still has a place in the continuum of services required and would ask that capital improvement/ refurbishment or relocation to suitable accommodation is mentioned in the Strategy.

5.13 Services for people with alcohol and/or substance dependency.

CRISPP support the development of a menu of services for this client group, particularly those jointly commissioned with health. We agree that there should be a focus on low-threshold harm reduction models, and in light of the possible HB funding problems for Night Shelters, emphasis should be placed on Housing First services which are geographically accessible.

5.14 Services for people leaving the criminal justice system or who are at risk of re-offending.

CRISPP agree with the actions proposed. It is hoped that providers can be encouraged to take an individual's homelessness as their primary need and conduct risk assessments to include rather than exclude presenters who have a history of offending. Joint working with PBNI and NIPS to prevent homelessness on release and offer accommodation with Floating Support should be highlighted in the body of the Strategy.

5.15 Services for young people who are homeless or leaving the care of Social Services

The joint commissioning model for young people is to date working well. There is, of course, room to further improve protocols, processes and practice, through this partnership approach and extend service user involvement to strategic planning.

5.16 Older People Services

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CRISPP generally agrees with the key actions for older people services but we have serious concerns regarding changes to the role and work undertaken by the Home Improvement Agency as this work will assist and underpin the delivery of the recommendations contained within Transforming Your Care.

5.17 Learning Disability or Mental Health Services

CRISPP welcomes that improving mental health services in Northern Ireland is a key government priority. We want to see greater integration in care planning and housing related support as we believe that this will deliver improved recovery outcomes and assist with achieving the Bamford vision.

We agree with the key actions targeted for each identified service area especially those that relate to commissioning housing in the community and providing support services that allow for the resettlement of long stay patients.

CONCLUSION

CRISPP recognise that the Housing Related Support Strategy is aspirational and will have to reflect both the reality of the external environment and available finance as it is implemented.

Homelessness services on a whole are 'pure' housing and related support projects, receiving little investment from health and social care, either in staff resources or direct funding. For this reason, CRISPP believe there should be a greater emphasis on homelessness in the Strategy and the links strengthened between this and the Homelessness strategy required by law

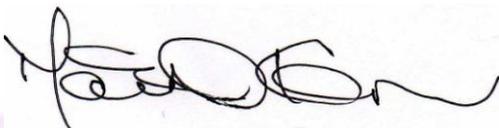
We look forward to actively participating in the development of the subsequent Action Plan and hope that it will ensure, in future years, all those who find themselves in need of housing support to stay, or reintegrate, into their community, can access flexible, individual and timely solutions.

We hope you find these comments useful please do not hesitate to contact either of the undersigned if you require any further information or clarification.

Ricky Rowledge CHNI



Maire Kerr NIFHA



Joint Chairpersons
CRISPP