



Response to Consultation

Date: 24 May 2013

Consultation: Housing Related Support Strategy Consultation

Introduction

The Northern Ireland Federation of Housing Associations (NIFHA) represents registered and non-registered housing associations in Northern Ireland. Collectively, our members provide around 39,000 good quality, affordable homes for renting or equity sharing.

Northern Ireland's housing associations and their charitable partners are major providers of housing related support services funded through Supporting People. These services, and indeed the whole programme, have been a great success, helping many vulnerable people to live as independently as possible. The contribution made by our members also multiplies the effect of government investment. The housing association movement is proud of our successful partnership with NIHE, DSD, and managing providers in delivering Supporting People.

The Strategy

NIFHA recognises that the Strategy builds on the evaluation of the impact of the Supporting People Policy and Administration (2009) and the Northern Ireland Supporting People Guidance 2012. We strongly endorse the Strategy's strategic vision that, collectively, we must ensure "there are sufficient and suitable housing related support services for vulnerable people so that they can live as independently as possible in their own communities."

Furthermore, our members and their partners are already delivering services underpinned by the Strategy's principles of independence, involvement, accessibility, flexibility and transparency. We hope that as it is implemented, the Strategy will help enable these principles to be further embedded in the services provided. The objectives of the Strategy are laudable, and we hope particular attention will be paid to ensuring that 'services are planned and delivered in partnership', especially at the commissioning stage, where there is still much progress to be made in involving providers to help improve outcomes.

Key points

NIFHA believes that the following are vital to ensure that housing related support services are effectively provided in future:

- **Housing related support is a housing service** and must therefore continue to be administered as such;
- **Adequate revenue funding**, with annual index-linked uplifts, is essential to avoid deterioration of services, following the six year funding freeze;

- **Improved joint commissioning is vital** if new projects and services are to be effective, sustainable and achieve the widest impact;
- **Needs assessment, budgets and registration requirements must be agreed** by all parties before the commitment of resources;
- **Regulation must be appropriate, proportionate**, and consistent with the Strategy's principles, and where possible make use of 'passporting' opportunities;
- **A supported housing strategy is needed** to align the objectives of Transforming Your Care with the new housing strategy *Facing the Future*;
- Learning lessons from GB, **considerations of quality as well as cost should be central in any new procurement or selection processes**;
- **Supporting People funding should be accessible to residents of 'all' tenures**, including older people living in housing-with-care projects;
- **Home Improvement Agencies (HIAs), Electronic Assistive Technologies (EATs) and floating support services must be prioritised** to enable more people to live in their own homes for longer; and
- **Greater clarity and a more joined-up approach is therefore needed in the provision of EAT**, including through revision of the DSD Adaptations Guide.

Main issues

Maintaining housing related support as an essential housing service (1.4)

Supporting People is a housing-led programme. Housing related support is, by definition, a housing service to help people live as independently as possible and sustain their tenancies.

We look forward to the forthcoming consultations from DSD and DHSSPS on definitions of 'own home', 'care' and 'housing support'. To plan future services, it is essential that there is clarity in terminology and that definitions maximise understanding across departments, and for commissioners, providers and users.

There is clearly scope for more effective joining-up of health, care and housing support. However NIFHA strongly objects to the proposal to transfer Supporting People funding to Health for jointly funded Health/SP services for the following reasons:

- ***Potential for loss of funding*** We believe that the transfer of the SP would inevitably result in it being lost to other, more acute services.

- ***Threat to publicly funded housing assets*** If SP is transferred to health, it is likely that RQIA will require the registration of accommodation that has been built with DSD grant and housing associations' private borrowing. A large number of these homes would not be suitable for registration as residential care homes, and either could not be converted or only at prohibitive cost to Health and housing associations. There is therefore potential for many housing assets to fall in to disuse, wasting huge sums of public and private investment.

Adequate funding (1.5)

In tough times, the Strategy's focus on efficiency and value for money is entirely appropriate.

Although overall the Supporting People programme is well-funded for the current spending period, there appears to be an imbalance between capital and revenue funding. The full amount of capital funding is unlikely to be needed to deliver the Bamford target of 850 units. We await with interest the results of the current reassessment of Bamford need that NIHE and the Trusts are undertaking.

However there has been a prolonged squeeze on revenue funding, and this is beginning to cause real difficulties for providers and their ability to sustain high-quality services. The funding freeze for the last six years is a real-terms funding cut of 13%. Providers and their partners have achieved significant efficiencies in response, but continued real terms cuts in funding are not sustainable. For example providers are now struggling to keep high-quality staff that can go elsewhere when they have not been given a pay increase for several years. This would include the care sector where Trusts have provided some, albeit modest, inflationary uplifts.

We therefore recommend urgent action to ensure the Supporting People programme is sustained through adequate funding, perhaps through transferring some of the capital funding to revenue. In the first instance, NIHE, providers and DSD should prepare a bid over the summer for an appropriate increase to be considered through the October monitoring round.

The need for effective and joint commissioning (3.2)

We welcome the focus on advancing the Review of the Supporting People Commissioning Body Action Plan, including developing a new Memorandum of Understanding, aligning DSD and DHSSPS budgets, developing a strategic commissioning / decommissioning policy and restructuring the body to ensure it is representative. Given the services delivered by our members and their partners, and their resulting expertise, NIFHA and housing associations could make a valuable contribution here.

A more structured and joined-up commissioning process for SP funded projects is needed. For the projects they are funding, the SP commissioning team needs to ensure that there will be ongoing sustainable demand for the services or housing projects. This

will maximise the impact of the investment, and prevent a drain on providers' other resources through under-utilisation.

Health partners should be required to commit to an agreed revenue budget in advance of projects proceeding. (We are encouraged that a strategic action plan is being developed to help align DSD and DHSSPS budgets). There should also be budget provision for increased flexibility in design of the asset or service. Where possible, person specific and bespoke approaches should be avoided.

Providers should be part of the commissioning team at a much earlier stage than is currently the case. With their direct knowledge of clients' needs, their input and experience will help achieve better outcomes for both clients and taxpayers. **Providers should also have proper representation on any reformed strategic commissioning body. The body's roles and responsibilities should also be clearly defined.**

We welcome greater emphasis on client involvement in the commissioning process. From our members' experience, this helps maximise the sustainability of projects and their impact on people's lives. We also feel it is important to draw up a means of assessing the impact of the service or project. This should be done at the commissioning or conceptual stage where it can most influence the design process.

Appropriate and proportionate regulation (3.9)

NIFHA supports the effective regulation of Supporting People services. In the context of supported housing, our members' schemes can be subject to regulation by the DSD, RQIA and the Housing Executive's Supporting People Quality Assessment Framework (QAF). These regulatory inspections are in addition to other internal and quality audits carried out by providers such as ISO, TSA, CSE, EQFM and CHS. In recent years, regulators have expanded their remit, to the point that they can overlap and in some cases conflict with one another. Also regulatory requirements have been increasing whilst funding is cut, threatening the viability of services.

We are aware of the interagency working group comprising representatives of DSD, DHSSPS and the RQIA has been convened to consider these matters. We welcome this work towards a more co-ordinated approach (although we would have hoped that housing associations and other providers would have already been engaged by this group and ask that this happens before any proposals are brought forward). Whilst members value its regulation of the health and care services they provide, there are concerns that RQIA is already in effect regulating some housing support services, without a legal basis or mandate for doing so.

As Supporting People funds housing support services, the Department for Social Development should be responsible for any specific regulation and inspection of housing support services. With the Housing Executive already being responsible for the Quality Assessment Framework (QAF) for Supporting People, DSD might appropriately ask NIHE to administer any new system of regulation and inspection.

As with all effective regulation, any new system should reflect the Better Regulation Task Force principles and be proportionate, accountable, consistent, transparent and targeted. **The scale and scope of regulation should be in keeping with the scale, complexity and risk of the project being regulated.** Any new regulation should therefore take account of the type of SP service that is being delivered and the risks and costs associated with its provision.

Effective co-ordination of the various regulatory regimes our members are subject to is vital to avoid any new system being disruptive for service users and burdensome for providers. **Opportunities for simultaneous inspection and ‘passporting’ should be maximised.**

Currently developing housing associations face considerable risks due to the fact that registration of supported schemes, and the first formal involvement of RQIA, occurs after completion of projects. **To avoid unforeseen costs and delays in commissioning new services, we ask that the RQIA are obliged to approve proposals at the conceptual stage.**

Potential procurement or selection processes (3.2)

We support the Strategy’s commitment to pursue and demonstrate value for money. Opportunities to enhance efficiency must be taken. **However in commissioning, considerations of quality as well as cost must be central. Lessons must be learnt from Great Britain, where ‘value for money’ procurement has often back-fired.** Services recognised as excellent were too often replaced by cheap, ineffectual alternatives, whose inevitable failure would ultimately necessitate greater public expenditure.

Obviously in the case of SP funded housing projects, the construction and design elements are already tendered and therefore meet the value for money test. Our member housing associations have delivered savings in building and consultancy costs of up to 15% and 50% respectively in the last 2 yrs. Therefore additional competition in such projects should focus on the quality and innovation of design and its ability to best meet the needs of the client group and their carers. Likewise for managing partners we should avoid the temptation to secure the provider of lowest cost. Rather this process should focus on quality, creativity and assurance as well as demonstrating good value.

We also believe that the extension of public procurement to housing associations’ development activities has caused significant additional costs and burdens. These could not be sustained by many charitable managing partners in receipt of Supporting People funding. Procurement in development has also led to pressure for increasing and sometimes inappropriate aggregation which may have harmed the local supply chain. We must ensure that any new processes intended to achieve value for money are informed by this experience and that they help sustain the diverse and strong network of independent providers upon which we will increasingly depend.

Potential new procurement or selection processes may have implications for the status of Supporting People funding. Currently housing support services are funded through grants

to service providers. The legislation underpinning our housing support services – The Housing Support Services (Northern Ireland) Order 2002) – indicates that payments for the provision of housing support services are made in the form of grant. Would a shift towards procurement mean that a contract is now being entered in to instead of a grant? Would legislative change be required to enable this?

Other issues

Phasing out of Special Needs Management Allowance (SNMA) (1.4)

NIFHA strongly opposes this proposal as the withdrawal of SNMA funding could deny almost 700 vulnerable people the dignity of living as independently as possible. Withdrawal may also cause many housing with care schemes to close. NIFHA is particularly concerned for users of the smaller SNMA funded schemes in rural areas.

The proposed de-registration of many of these schemes is neither a viable means of sustaining these vital services, nor in the best interests of the people living in them. It therefore remains NIFHA's view that SNMA should be retained in its present form until there is clear evidence from an independent review, which our members would be willing to part-fund, that the original policy intent is not still being delivered. We also believe that the withdrawal of SNMA will require legislative change.

Principles for the strategy (2.1)

NIFHA support the principles underpinning the Strategy. However we would add some caveats relating to how these principles are defined, as follows:

- **Independence** - The promotion of independence must go further than ensuring people have rights and responsibilities with respect to their housing options. Service users should be supported to make decisions and take managed risks in all areas of their lives. We further suggest that the 'discharge of responsibilities' must be balanced against the vulnerability and capacity of service users and providers' duty of care towards them.
- **Involvement** – NIFHA agrees that service user involvement is desirable, and that service providers' facilitating of user participation on the part of the service provider is broader than meeting the requirements of the Quality Assessment Framework (QAF). Levels of participation will differ depending on the needs and capacity of the service user and the whether or not there are options to re-access the service once they have left it.

Delivering the Bamford agenda - resettling people from long stay hospitals (3.1)

NIFHA supports the Bamford agenda and calls for the effective joint commissioning of health, care and housing support to facilitate this. A more collaborative and consistent commissioning approach is needed for supported housing that commits all partners to provide and maintain housing in the community for people with complex needs. This includes guaranteed revenue funding. We also need to address what some consider to be potentially discriminatory provisions in the DSD Development Guide, whereby housing

associations feel compelled to undertake community consultation on every potential Bamford Existing Satisfactory Purchase (ESP) scheme. This is leading to the abandonment of many good schemes and is compromising our ability to deliver a key Programme for Government target. It could also result in legal challenge on equalities grounds.

Performance, quality and outcomes (3.4)

NIFHA supports mechanisms to ensure services are delivered to a high standard. We recognise that some external scrutiny maintains and improves quality and validates the way services are provided. However all our members feel that the burden of inspection is onerous, and this is due to the duplication of information and evidence required across a number of inspection regimes. This duplication is time consuming and detracts from actual service delivery.

Please see section *Appropriate and proportionate regulation (3.9)* above

Tenancy sustainment, early intervention and prevention (3.5)

NIFHA agrees with the principle that the provision of housing related support should be driven by the need for the service and that the service should be provided irrespective of tenure type. However, within the strategy there is not enough emphasis on joined-up working and integrated services to assist people to sustain their tenancies, especially when they are dealing with the continuing downturn and imminent welfare reforms. People need to be supported to sustain their tenancies, especially where affordability is the main issue and this could result in homelessness.

Access / referral and exit / move-on services (3.6)

NIFHA supports the development of a common assessment tool for homelessness which is led and managed by NIHE and is linked to a housing options model. A universal, consistent system may increase successful outcomes for service users and support more appropriate referrals and move-on choices. Joint working between NIHE Homelessness strategy and DSD Homeless Partnership should support the development of this common assessment tool.

Electronic Assistive Technology (3.7)

EAT offers tremendous opportunities for supporting people in their homes, alongside floating and scheme-based support.

For example our member Fold supports over 27,000 homes through its EAT-telecare service. Fold is part of the TF3 Consortium which recently secured a six year vital signs monitoring contract providing support packages for people with dementia, diabetes, COPD and other illnesses under Fold's Telehealth service. Around 1,500 patients are living independently at home, at any one time under the service. The Health Trusts have in place a supply framework for EAT and this might well be extendable to SP clients following an OT assessment.

Whilst most recognise the benefits of EAT, there are problems with their funding. The DSD Adaptations Guide states that EAT technologies are mainly considered to be non-structural items and are therefore deemed to be the responsibility of the Trusts and therefore not eligible for funding from the NIHE Development Programme Group. Housing associations have therefore been refused funding for wireless portable aids and equipment as these are not considered to be structural items.

Greater clarity and a more joined-up approach is therefore needed in the provision of EAT. Appropriate revisions to the DSD Adaptations Guide could greatly help.

Personalisation (3.10)

There are a number of challenging issues relating to personalisation and homelessness services. Whilst we agree with the trend towards service users having greater control over the support services they receive and the associated budgets, a high degree of personalisation may be impractical and unrealistic in a number of areas such as the provision of temporary hostel accommodation. In all moves towards personalisation, the rights of service users must be balanced with the practicalities and costs for providers.

Client Group Specific Housing Related Support Services (4.0)

NIFHA agrees with the key actions for each of the specific client groups.

Homelessness Services (4.1)

It is encouraging that the Strategy focuses on tenancy sustainment, early intervention and prevention of homelessness, and supporting people to move on from the services through the development of effective pathways. We also believe the Strategy is targeting the appropriate groups of homeless people. However there is also a need to give greater support to young homeless people in the 18-25 age groups.

We agree with the strategic drivers outlined in the Strategy. However there is not enough detail on overcoming barriers to key objectives that will result from the welfare reforms, such as on the prevention of homelessness, the provision of move-on accommodation and the sustainability of services.

Older people services (4.2)

We generally agree with the key actions for older people services. However we are concerned that services underpinning the Transforming Your Care and the new housing strategy agendas, including home improvement agencies, are having their budgets cut.

These cuts are coinciding with ministerial announcements around keeping more people living in their own homes. We understand that every £1 spent on adaptation services saves £7 of NHS's budget. An adaptation saves on average £10,000 in the HSCT system. Furthermore, 32% of older people are at risk of hospital admission, due to a fall where there is no adaptation. The figure reduces to 10% after an adaptation. Despite overwhelming evidence highlighting the effectiveness of the HIA service in helping grant

applicants to access grant aid, we are concerned that increasingly grant applicants claim to have not been made aware of the support available from the HIA service.

We therefore call for increased levels of funding and user awareness of HIA services, not cuts, given the significant contribution they make to key government strategies.

NIFHA
24 May 2013