

Supporting People Review - Implementation Plan

Stakeholder Feedback Report

February 2016

BACKGROUND

1. The theme of the events was to consider priorities and milestones in the Review implementation process. The Supporting People Review Final Report includes 13 recommendations for improved efficiency and effectiveness of the programme. Organisations considered an action plan template that has been developed by the Implementation Steering Group (ISG). Organisations who participated are listed at Annex A.
2. Delegates broke out into discussion groups to look at the following areas:
 - What are the priorities for implementing the Review?
 - What are the key building blocks for implementation?
 - Are there any other issues that need to be taken into account?
3. The discussion feedback for both events was recorded by DSD. Clear themes emerged from the discussion, as well as comments specific to the recommendations, which are reflected in this report.

KEY THEMES EMERGING FROM THE DISCUSSION

I. Funding

Stakeholders considered that the retention of SP as a ring-fenced programme was the most important recommendation in the Final Report. Linked to this was the desire for clarity on the level of Supporting People budget that will be available in future years. Key issues were as follows:

- Many stakeholders were in favour of an increase in funding levels, due to the budget freeze over the last number of years;
- It was accepted that existing service users and providers face challenges from change. These include the impacts of Welfare Reform and the introduction of the National Living Wage which experts predict will have a major impact on salary costs, and automatic pension enrolment;
- Stakeholders expressed the view that funding issues will have an impact on the viability of SP funded schemes.

II. Collaboration & Communication

It was agreed that there is a need for greater collaboration and communication to develop a more joined up approach to working. Successful joined up working and good communications are key to the success of implementation. It was accepted that there is a need for a shared vision that needs to be communicated to all stakeholders. Key issues expressed by stakeholders were as follows:

- It was agreed that preliminary work is required prior to implementation of the recommendations to create this joined up approach between NIHE, DSD and Health Trusts, PBNI, DHSSPS including other relevant government departments;
- Communication is key particularly between NIHE and providers;
- Communication should also include service users;
- Shared understanding and shared ownership should be placed at the heart of the recommendations;
- PBNI said that they would like more engagement for their organisation;

- There was a strong feeling that communication between all partners especially those financing services needs to be improved;
- It was agreed that the sector should be consulted throughout; and
- A communication strategy should be developed as part of the implementation process.

III. Implementation challenges

While there was agreement amongst stakeholders that the recommended improvements to the efficiency and effectiveness of the programme were timely, a number of challenges were identified. In addition to the funding and budgetary challenges already referred to above, many stakeholders expressed concerns around the scale of the task in hand, as set out below:

- The timelines for implementation are ambitious;
- With a period of change ahead there was concern how the SP programme will cope during transition and what impacts these changes will have on the day to day delivery of the programme;
- It was discussed how currently the NIHE are being impacted by other major change programmes including its own transformation/ restructuring process and how this is impacting on services;
- It was thought that a dedicated NIHE team to work on the recommendations is required;
- There is a need to work with existing NIHE systems where possible to minimise disruption;
- There needs to be clarity on how and when service providers will play a role in developing and implementing the recommendations; and
- There is a concern that membership of the steering group are not fully representative.

SUMMARY OF DISCUSSION – POINTS RAISED AGAINST EACH RECOMMENDATION

Recommendation 1: To introduce a new strategic, intelligence-led approach to needs assessment across all client groups, which takes proper account of demographic trends and other social factors to identify current and future patterns of need.

- Agreement that needs assessment is very important and should be given high priority and that is almost the starting point for the process;
- Need for a wide variety of input from stakeholders so that an effective methodology can be drawn up for the needs assessment tool;
- All stakeholders need to be involved;
- Health Trusts would welcome regional approach in terms of needs assessment;
- Strategic, intelligence led approach is required; and
- Framework needs to take account of demographic trends with some flexibility to respond to changing needs.

Recommendation 2: To actively progress opportunities to extend the floating support service as a cost-effective way of meeting need.

- Agreement that while floating support service is important it does not reduce the need for accommodation based services and is certainly not a replacement for accommodation based services;
- Floating support is regarded as priority to PBNI;
- Providers should be assured that the recommendations are not about either floating support or accommodation based services. Impacts of voids in schemes does however need to be taken into consideration;
- Floating Support is a broad term for a complex range of services;
- There are great opportunities for development of floating support but this should not just be viewed as a cheaper option;
- Providers can start working on this now; and

- Time frame for floating support is an issue – some people need longer than two years. The two year rule would need reviewed.

Recommendation 3: To develop a revised approach to outcomes measurement, in consultation with service providers, that will allow for more consistent and meaningful performance monitoring.

- SP Sector accepts the need for outcome measurement;
- Measurement of outcomes ties in with commissioning and decommissioning. Evidence must come first;
- Service users/beneficiary consultation needs to inform this recommendation.
- Need to better capture outcomes and input;
- Need to set time-bound, properly resourced and measurable outcomes aligned to each recommendation;
- Need to work together with sector;
- This recommendation is closely linked to regulation;
- Cost of data system to measure outcomes – where does this funding come from?
- Benchmarking process needs to be clear;
- Complexity of some client groups needs to be recognised;
- Needs to be a ‘challenge’ mechanism for benchmarking decisions;
- In terms of milestones training on models of outcome measurement would be useful;
- Structure of capturing information needs to be improved with duplication removed; and
- Outcomes should be measured on qualitative as well as quantitative outcomes.
- QAF inspections don’t reflect what staff are doing on a day to basis.

Recommendation 4: To develop a decommissioning framework for services which fall below the required standard, or which are no longer strategically

relevant. This should be developed in consultation with service providers, and include agreed standards and definitions.

- General agreement for the need for decommissioning framework;
- This must be a transparent process;
- Decommissioning must be done in collaboration with the sector; and
- Links to outcomes measurement and commissioning approach.

Recommendation 5: Standardised regional payment rates should be developed for Supporting People services, based on the existing project banding system, and in consultation with service providers. The new rates should ensure all schemes represent value for money.

- Providers need flexibility in terms of rates and tariffs, otherwise they will be unable to function. This is a particular concern for smaller organisations. Impacts of cuts will also be greater on smaller organisations;
- Carefully considered standardised payment rates. Service users should be main focus and they can have complex needs;
- Health Trusts also would welcome regional rates for SP services. The measurement process for regional rates should come before Regulation & Inspection recommendations;
- Providers should be part of consultation;
- May not necessarily fit into 3 neat bands of low/medium/high – there could be a higher number of bands to reflect complexity of services;
- Sector recognises that there will be winners and losers when regional rates are brought in;
- Benchmarking data is first step;
- For more difficult client groups – who decides the criteria?
- Staffing is the biggest cost for providers, particularly for services for difficult client groups;
- Cost of specialist training for even generic services is high; and
- Regional rates should be for service users not for schemes themselves.

Recommendation 6: The current policy framework for Supporting People should be consolidated, sharpened and re-communicated, focusing on improving understanding of the meaning of key terms such as housing support services and independent living.

- Core values of care should not be lost;
- Roles of Health and Housing – greater clarity is required; and
- Floating Support the definition expanded.

Recommendation 7: The relationships and funding responsibilities of the various statutory partners within the Supporting People programme should be clarified to ensure costs and risks are shared appropriately.

- Funding of schemes can be complex;
- Health trusts do not want to be housing managers;
- Supporting People should not be confused with Supported Living – concern that services are being provided through housing that are really responsibility of health;
- There needs to be risk sharing between Health and Housing associations.
- Risk sharing it must be a fair process;
- An element of care is provided by SP providers as it is a necessity but it is not funded;
- Supporting People must not fund social care; and
- Shared risk required for voids – need for joint approach.

Recommendation 8: Maintain the current ring-fenced funding arrangements for the Supporting People programme.

- Ring Fencing - most important recommendation;
- Adequate funding for programme also required alongside ring-fencing;
- Concern over level of budget available; and
- Concern over impacts of changes on funding e.g. Welfare Reform and the Living Wage.

Recommendation 9: The existing commissioning structure should be revised to improve its transparency, to increase representation from Supporting People service users and providers, and to ensure an appropriate role for both housing and health and social care professionals.

- Procurement process is better means to delivering services;
- Transparency is a key issue;
- Close links to outcomes measurement and inspection processes;
- Transparency and accountability need to be in place before formal regulation and inspection followed by outcomes measurement;
- Conflict has existed between providers and commissioners in the past. Greater transparency in commissioning process to be welcomed;
- Cross departmental understanding required;
- Implementation of transparent commissioning/decommissioning is a priority;
- Clarity required around processes;
- Minutes of meetings could be made available and membership of the commissioning board made public as early wins; and
- Housing Associations would like to be involved in commissioning process, even through NIFHA, as they carry risk through voids.

Recommendation 10: A clearer strategic line of sight should be introduced into the Programme with the Minister responsible for housing setting commissioning priorities over a programming period, based on both policy imperatives and needs assessment. This will guide the NIHE's strategic plan for Supporting People delivery and frame commissioning decisions within the Supporting People programme.

- Change of Minister and introduction of a new Department may impact on priorities;
- Cross departmental understanding required;
- There is a desire to reference the commitment of government departments other than Health in the recommendations. At the very least, Justice with its role in commissioning services. It would be seen as a good opportunity to

connect with Employment and Education too, given that the work they support is often instrumental in ending homelessness for people;

- Need to link to other Strategies e.g. Homelessness Strategy and Housing Strategy is important. Future housing strategy – how does this link in?
- Some definitional clarity is required around which key services the department view as being ‘strategically relevant’.

Recommendation 11: A competitive tendering approach should be piloted, focusing particularly on new and replacement services. The pilots should be evaluated to identify their impact on value for money and service delivery.

- Providers feel competitive tendering is a low priority;
- However, if competitive tendering is introduced thought should be given to an appropriate quality/cost ratio e.g. 60/40 or 70/30 split between quality and cost;
- Health Trusts see tendering in a different way from Housing and are guided by legal advice. There should be uniformity among trusts;
- There is a need for a joint approach with Health. This needs to be clarified taking account of costs and risk sharing before changes can take place;
- Tendering – Housing Associations feel time for current pilots was too short – needed a few more months to allow staff to be bedded in etc;
- Important not to make competitive tendering ‘race to the bottom’;
- Need to protect smaller providers in tendering process. Extra resources should be available for smaller organisations, for training and support through tendering process to ensure level playing field;
- Concern – tendering will make it harder for service users to be heard;
- Has consortium based tendering been considered? and
- Concern that tendering may destabilise the sector.

Recommendation 12: The Housing Executive and the RQIA should complete their current work on developing a Memorandum of Understanding, with a view to streamlining regulation and oversight, and avoiding duplication.

- Providers should be consulted on the RQIA/NIHE Memorandum of Understanding.

Recommendation 13: A more focused and tailored system of regulation for Supporting People services should be considered, based on the experiences of the revised approach for regulating services to younger people.

- Governance of system is a priority with ongoing monitoring and quality assurance;
- In terms of regulation what checks will be put in place?
- Some Providers would welcome an inspection framework;
- An SP/Housing focus within RQIA would be a solution;
- Agreed standards would be welcome; and
- Links to outcomes measurement framework.

Organisations Represented on Tuesday 26th January – Main room, Third Floor, Belfast Central Mission and Thursday 28th Titanic Room, Clayton Hotel Belfast:

CRISPP	Barnardos
NIFHA	Action for Children
NIHE	CITHRAH
Armagh Down Women's Aid	Cuan Mhuire NI
SEHSCT	Extern
Mindwise NV	Triangle Housing Association
SHSCT	Life Charity
Belfast Women's Aid	Choice Housing Ltd
Causeway Women's Aid	HSC
MUST Hostel	Welcome Centre
Morning Star	Queens Quarter Housing
L'Arche Belfast	NIAMH
Leonard Chesire	NHSCT
Positive Futures	FOLD
SHSCT	Praxis
NIACRO	Helm Housing
Mencap	CHNI
SHSCT	Depaul
Cedar Foundation	PBNI
Belfast Central Mission	Croft Community
APEX Housing Association	Floyle Women's Aid
NIID	Ark Housing
North West Methodist Mission	AGENDA
MACS	Abbeyfield & Wesley
FHASS	Shelter
Camphill Community Glenraig	Prospects
	Simon Community

