

Consultation -Supporting People Three Year Draft Strategic Plan and COVID-19 Recovery Plan 2022-2025

Response to Consultation

Date 25 April 2022



ABOUT NIFHA

The Northern Ireland Federation of Housing Associations, formed in 1977, is the representative body for Northern Ireland's 20 registered housing associations.

Our members are all not-for-profit organisations. Together, supported by the Department for Communities and the Housing Executive, they provide just under 58,000 social and affordable homes.

Housing associations access private finance to effectively double the number of homes they could build with government housing association grant alone.

Housing associations also deliver high quality care and support to help people stay as independent as possible.

Working in partnership with other organisations, they also invest millions each year in community services and facilities.

Our sector employs more than 3,200 people and manages housing assets worth £4.6 bn.

NIFHA welcomes the opportunity to comment on this Consultation -Supporting People Three Year Draft Strategic Plan and COVID-19 Recovery Plan 2022-2025.

PART 1: SETTING THE CONTEXT

On 24th January 2022 the Department for Communities Minister, Deirdre Hargey MLA approved the Supporting People draft Strategy 2022-25.

The Supporting People Programme remains as before, and this strategy seeks to implement it through facilitating and delivering high quality housing support and independent living to those most in need, while making best use of the available funding.

This vision, and the growing importance of the services that it envisages, are all the more relevant given the new challenges that have emerged during the COVID-19 crisis, including the differential impact of the virus on vulnerable people and groups.

PART 2: CONSULTATION QUESTIONS

1. Do you agree that the document provides a clear mission and strategic priorities for the Supporting People Programme?

Proposed Mission Statement

To provide housing support services to people across Northern Ireland, based on demonstrable need. Aiding recovery from the Covid-19 pandemic, closing the gap between need and supply, and contributing to the achievement of positive housing outcomes for all.

Proposed Four Strategic Priorities:

1. Drive recovery and re-build from Covid-19, and prevent lasting adverse impacts from the pandemic, by targeting services towards those in need
2. Work towards closing the 14% gap between need and supply. This will be underpinned by evidence from the Strategic Needs Assessment (SNA), prioritising services for
 - Older people.
 - People with Mental health issues.
 - Single homeless people with alcohol and drug problems; and
 - women at risk of domestic abuse

3. Work with Supporting People providers, to invest in service innovation to achieve greater value for money and better outcomes for service users
4. Strengthen relationships across health, criminal justice, and housing to achieve greater collaboration and sharing of risk with the aim of generating greater value from public funds to enhance available resources for housing support.

We agree that the document provides a clear mission statement and strategic priorities. but it does not have the actions needed to support it.

There needs to be more honesty and appreciation about the overall need for specialist and supported housing along with discussion on how Supporting People (SP) Programme fits in with this strategy.

There are a number of strategies out for consultation at the moment

<https://www.nihe.gov.uk/Documents/Supporting-People-Strategic-Plan/strategic-alignment.aspx> and the Supporting People fund is expected to deliver positive outcomes across:

- Housing and homelessness policy and strategy
- Health and social care policy and strategy
- Criminal Justice policy and strategy
- Policy and strategy on younger people and older people

In considering of these other strategies, aims and objectives and their alignment to the SP programme, the intrinsic links evident are Prevention, Poverty, Social Inclusion, Collaboration, partnership working, and value for money.

The current spend is weighted towards accommodation services and the fear is that money will be sliced up to free funds for floating support.

We have concerns that the standardised rate is vulnerable to being frozen.

Consolidated contracts make sense. But having a standardise rate will not be straight forward as the amount of support varies across sheltered schemes depending on size and location.

Under Objective 2 it clearly says they will increase efficiency by reducing the number of providers.

Considering the increase in demand along with our aging population is there a risk we are stripping out a valued type of accommodation without a view to what the future is to replace it?

As funding reduces, lower-level support services reduce, although these are value for money services that provide support to large numbers of people (12% of funding goes towards older people, which is helping over half of all the service users). Historically it is the older people services that get reduced.

2. Do you agree that the objectives of the document are clear?

Objective 1 Drive recovery from Covid-19, prevent lasting adverse impacts from the pandemic, and positively reform services by targeting services towards those in need

The three main areas for focus on Covid 19 Recovery

1. *Mental health and wellbeing - for both service users and staff*
2. *The impact of increased homeless presentations, particularly in the primary client groups of single homeless households and young people experiencing homelessness coupled with the impact of the increased complexity in the support needs of these service users*

3. *Long term impacts on service users across all client groups as the result of social isolation and loneliness including the potential for an increased number of older people wishing to stay in their own homes longer*

No- we do not agree that Objective 1 is clear.

With no additional funding and using a needs assessment that is now already out of date, it is questionable how the objectives will be met.

The need figures need to be revisited to take account of the post-covid world, where need is expected to have increased.

We cannot continue to spread funding so thinly as current funding is not sufficient to meet current need, never mind the unmet need.

Objective 2 Work towards closing the 14% gap between need and supply, this will be underpinned by evidence from the Strategic Needs Assessment (SNA)

The key findings of the SNA are summarised below.

- Housing support need is currently 14% higher than supply
- 3-year projection estimates an increase of between 22% - 30%
- 10-year projection estimates an increase of between 31% - 43%

SNA projections have highlighted an increase in complexity of need with particular increases in support needs across:

- Older people
- People with mental health issues
- Single homeless people with alcohol and drug problems
- Women at risk of domestic abuse
- In year one we will link the central cost reduction with maximisation of Housing Benefit (highlights ineligible spend and clarifies cost allocation)
- Throughout the life of the strategy, we will open two annual competitions for providers to submit business proposals in line with SNA priorities ££
- In year one we will reinvest monies freed up by voids in accommodation-based services into floating support
- Throughout the life of the strategy, we will use the SNA to prioritise funding for additional floating support, peripatetic and accommodation-based services ££
- Throughout the life of the strategy, we will remodel low level support services to release funding to floating support / peripatetic support
- Throughout the life of the strategy, we will increase the number of people who are in receipt of a SP funded service.
- Throughout the life of the strategy, we will increase efficiency by reducing the number of Providers by 10% by facilitating the current trend of Provider mergers.
- Work with Providers to develop efficiencies from composite contracts.
- Target a 15% reduction in schemes by focusing on bundling together numerous low, cost low support schemes.

No, we do not believe that this objective is clear

Comments:

Where is the detail used in the Strategic Needs Assessment (SNA) to back up the % used in this strategy? While we are not suggesting there is any defect in the SNA itself. It is simply an acknowledgement that Covid-19 has had a radical impact on SP providers and on those supported by them- this is because the impact could not capture due to the timing of the SNA. It may be helpful for the SNA to be reconducted or updated to take in to account the impact that Covid has had.

The question is- although aspirational -has this strategy gone far enough?

The 14% gap is current- what is going to happen over the lifetime of the strategy?

There are not specific details how is this going to be delivered?

Have enough resources been allocated to enable achievement of the strategic priorities?

We welcomed the ambition to work collaboratively and in a more joined up approach. But the desire to increase the number of people in receipt of SP by one thousand begs the question of how that can be done without additional resources. The push to create efficiencies by reducing providers (10%), reducing schemes (15%) but increase the number of people in receipt of SP does not add up.

Is the one thousand floating support services being taken away from accommodation based?

Objective 3 Work with Supporting People providers, to invest in service innovation to achieve greater value for money and better outcomes for service users.

No, we do not believe that this objective is clear

Collaborating with providers to invest in service innovation is welcomed and would result in a better outcome and value for money. Working together to determine priorities and existing services along with the opportunity to provide new services and delivery is a positive.

Objective 4 Strengthen relationships across health, criminal justice, and housing to achieve greater collaboration and sharing of risk with the aim of generating greater value from public funds to enhance available resources for housing support. This will achieve better outcomes for services users.

To achieve greater collaboration

- In year one, establish a regular and formal structure to drive collaboration, risk sharing and enhance resource availability
- In year one, work with DfC to review and rationalise Supporting People Governance and decision-making arrangements
- In year one, make bids for additional funding including through monitoring rounds
- In year one, continue to work with Health and Justice colleagues to develop a partnership approach.
- Throughout the strategy, we will use existing collaboration in place through Community Planning Partnerships to develop pilots between health, housing, social care, and justice organisations to share resources and greater target support, such as the Strategic Leadership Group in Belfast, which is developing a programme to target intensive support towards those experiencing homelessness, and with complex needs, including drug and alcohol dependency.
- Throughout the life of the strategy, we will use the SNA and findings in Social Return on Investment to inform bids for additional funding

- Throughout the life of the strategy, work with DfC to enable greater collaboration across Government departments and achieve greater strategic alignment and greater value for the public purse.
- Throughout the life of the strategy use tools such as SNA and SROI to seek more investment as there is evidence that prevention produces significant future savings to the public purse. Investment which may cost more initially will have significant long-term gains.

No, this objective is not clear –we would like to have clarification on the following

1. how is delivery of the above anticipated?
2. what is the timeframe?
3. is there to be a focus on pilot projects for example?

3. Do you agree with the actions that we will take in order to address the challenges of Objective 1 (Covid19 Recovery)?

Objective 1 Address Challenges

- In year one, we will administer Covid 19 funding to providers and consult with health regarding vaccinations, testing, and outbreak management
- In year one, we will support providers to develop capacity and resilience.
- In year one we will fund mental health training for staff working in SP services
- Throughout the life of the strategy, we will run two annual competitions, based on non-recurrent funds, for providers to submit business proposals for Covid recovery. ££
- Throughout the life of the strategy, we will support flexibility in contracts, and welcome reconfigurations and service development proposals including those to increase floating support /peripatetic places; in particular, those identifying efficiencies and focusing on homelessness, mental health, young people experiencing homelessness and older people.
- Support flexibility, reconfigurations, and service development to release funds from accommodation-based services to fund additional floating support places to address mental health and homeless prevention.

Measure Success Objective 1

- Administer eligible Covid 19 funding to providers
- Create one thousand additional floating support / peripatetic places
- Successful outcomes reported by providers on Covid recovery, capacity, resilience, and staff mental health.
- Establish a Covid capacity, resilience, and training budget line for providers to access
- Reduction of Major Adverse Incidents

Yes, we agree that Covid recovery work needs an emphasis on mental and physical health for both service providers and users.

Sheltered housing could benefit from capital investment in air quality equipment to reinvigorate and create safe communal areas that would assist in meeting mental and physical health needs.

The configuration of schemes will need support to meet the emerging demands and keep them fit for the future and addressing the current decarbonisation challenges – this would also enable a variety of client groups supported through the SP funding to remain living at home with wrap around services which are still much more cost efficient than going into hospitals etc.

Further Comments:

We cannot continue to spread allocated funding too thinly; existing providers have been absorbing costs- we ask if more can be done in year 1?

No uplift over the last fifteen years has meant some SP funded services will either have to be scaled down or closed unless a substantial financial uplift is made. This will cause harm to some of the most vulnerable people living in this society, who rely on these services. The lack of resources in the sector already negatively impacted service users.

While the draft budget for 2022-2025 proposed to provide an uplift to the SP budget which we would have welcomed, the collapse of the Executive, saw this uplift lost. The uncertainty of the return of the Executive leaves the draft budget unaddressed. Further assessment will be needed when a new Executive is formed, and top-up allocations needed in any final budget to protect this important funding stream and the requirement to support the services and staff within any emerging Supporting People programme.

Retention of staff and payment for staff is an overwhelming issue. SP funded providers are either close to or at crisis point. It has become increasingly difficult to recruit and keep staff at the rates of pay which is offered. Some providers have advertised or readvertised roles on five or more occasions and have not been able to find any suitable applicants because the rates of pay they can offer are simply uncompetitive.

Roles funded by SP can be challenging and can have traumatic and difficult aspects. While these roles are rewarding, the pay and conditions which can be offered increasingly compare unfavourably with jobs in the retail sector.

Many staff working in SP funded services are suffering from increasing levels of stress resulting from the impact of the Covid pandemic and from having to cover for the increased levels of vacancies we would recommend that staff training is offered more wider making it available for all staff working on domestic duties not just scheme coordinators.

Providers are also being hit hard by rising energy, fuel and agency costs which cannot be avoided.

The issues over the SP budget are being stressed for the simple reason that the size this budget will play a major impact in the success or otherwise of this Strategy. Even an excellent strategy without the resources to implement it will not achieve its ends.

Where is tenant's voice in this strategy? We have to consider that it is a choice made by tenant to move into a scheme. If the basics of the scheme changes and low-level support is no longer available – then is there an issue with this not what they have signed up to? When this low-level support is not provided, then it will obviously have a more costly effect on another department.

So, in summary We feel the objectives require strengthening and specific commitments to make a difference in delivery of these critical services. While the current funding model is unsustainable, we welcomed the intention set out in the draft budget to provide an uplift in the Supporting People funding. We acknowledge that although this would not have addressed all the growing costs it was a positive step in the right direction. This strategy can only be delivered with a long-term commitment to a realistic budget which takes account of increasing costs and growing demand for these services.

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