

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

Statement of Northern Ireland Housing Executive

Date: 18 June 2024

I, Elma Newberry MBE, make the following statement on behalf of the Northern Ireland Housing Executive ('NIHE') in response to a request for evidence by the Panel of the Muckamore Abbey Hospital (MAH) Inquiry. This is my only statement to the Inquiry. I will number any exhibited documents, so my first document will be "Exhibit 1".

1. I hold a BA Degree in Business Studies from 1988.

2. During the course of my career I have held the following positions:-
 - From February 2010 to October 2022 I was Assistant Director of Land and Regeneration Services.
 - From 2022 to present, I hold the position of Regional Services Director (Interim).

3. I have been asked to provide a statement in relation to paragraph 16 of the MAH Inquiry's Terms of Reference for Module 6: Resettlement. I will set my evidence out by way of addressing the questions in the order they appear. Only relevant sections and extracts from documents have been included in the exhibits to avoid inclusion of voluminous and/or irrelevant documentation.

Question 1.

Following the Bamford review of mental health and learning disability, how did NIHE work with other agencies to ensure Bamford's general vision of resettlement in a non-hospital setting was realised? How effective was any such inter-agency working?

4. In order to answer this question properly I will address the two questions contained within Question 1 separately.

5. Question 1, Part 1- *Following the Bamford review of mental health and learning disability, how did NIHE work with other agencies to ensure Bamford's general vision of resettlement in a non-hospital setting was realised?*

6. At the outset it might assist the Inquiry to set out the nature and extent of the functions of the NIHE. The NIHE is an arms length body and a landlord of 84,000 social homes. The NIHE has a range of statutory housing functions which are set out in the excerpt of its Annual Report 22/23 at page 1 of the NIHE Exhibit Bundle.

7. The 2002 Bamford Review of Mental Health and Learning Disabilities represented a key strategic driver shaping delivery of services for individuals with learning disabilities and or Autistic Spectrum Disorder (ASD) over the past 25 years. The second report from the Bamford review 'Equal Lives' published in 2005 sets out a compelling vision for developing services and support for adults and children with a learning disability. A useful description of the Bamford vision can be found in the excerpt from the Independent Review of Learning Disability Resettlement Programme July 2022 on page 2 of the Exhibit bundle. The report notes that the "*model of the future needs to be based on integration, where people participate fully in the lives of their communities and are supported to individually access the full range of opportunities that are open to everyone else.*"

8. The NIHE contributed to the delivery of the Bamford vision through the Supporting People Commissioning processes which commissioned new and existing supported accommodation (supported housing) schemes and housing related support services grant funded via the Supporting People Programme.

9. There are three NIHE functions which play a role, alongside other agencies, in the resettlement of patients in a non-hospital setting:
 - i. The Supporting People programme grant funds housing support services which enable households to live more independently. This is a programme that provides funding for a wide range of client groups. With regards to the resettlement of MAH patients, allocations of Supporting People grant funding for housing support services are made in conjunction with health and social care partners.

 - ii. Through the Social Housing Development Programme, the allocation of capital funding towards of the building and/ or acquisition of social housing schemes to meet general housing need and supported housing requirements. These schemes are carried out by housing associations. NIHE manages the Social Housing Development Programme through its Development Programme Group.

 - iii. NIHE manages the Housing Selection Scheme which is the single gateway into social housing managed either by NIHE or housing associations. Under this scheme all social landlords operate a Common Waiting List. They use this to allocate their housing to the highest pointed applicant on the waiting list. The Housing Selection Scheme includes a mechanism to facilitate applicants that require Supported Housing accommodation.

10. I will discuss each in turn.

11. The Supporting People Programme - The Supporting People Programme commenced across the UK in 2003 and its purpose is to provide housing support services to vulnerable people, to enable them to live as independently as possible in the community. NIHE delivers housing-related support services under the Housing Support Services (NI) (Order 2002, brought into operation by the Housing Services (2002 Order) (Commencement) Order (Northern Ireland) 2003. The 2002 order gives the NIHE power to secure the provision of housing support services (Article 3) and to provide grant funding for the provision of eligible Housing Support Services (Article 4). This grant funding is used by third party provider organisations (voluntary and community sector charities and private providers) to deliver housing related support to enable service users to live more independently.

12. The Supporting People programme in Northern Ireland has three broad objectives:

- Achieve a better quality of life for vulnerable people to live more independently and maintain their tenancies.
- Provide housing support services to prevent problems that can often lead to hospitalisation, institutional care, or homelessness.
- Help to smooth the transition to independent living for those leaving an institutionalised environment.

13. A useful description of housing support services can be found in the Supporting People Policy Framework Northern Ireland (NI) September 2023 (DfC) at page 13 and the client groups supported by the Supporting People programme can be found at page 18 of the NIHE Exhibit Bundle.

14. The NIHE, as the strategic housing authority for Northern Ireland, has responsibility for securing the provision of housing-related support services and takes administrative responsibility for delivering the Supporting People Programme on behalf of its sponsor Department; the Department for

Communities (DfC). DfC has overarching policy and legislative responsibility for the programme, and it allocates the annual programme budget.

15. The Supporting People Programme is a revenue grant fund, for third party provider organisations, to provide housing related support services. Often services which are identified will also require capital funding to enable new build, acquisition of a build or major work. This would entail consideration by the NIHE's Development Programme Group (DPG) who manage the Social Housing Development on behalf of DfC.
16. The Commissioning Process that determines which services are grant funded by the Supporting People programme has evolved since 2003.
17. From 2003 to 2017, the Commissioning Body was responsible for commissioning Supporting People services and was comprised of representatives from NIHE, Health and Social Care Boards (H&SCB) and the Probation Board. Department of Health (DoH), Social Services and Public Safety representatives (DHSSPS) attended in an observer role. A useful graphic depicting the Commissioning Structure can be found in the Northern Ireland Assembly Research Paper 133/08 dated 27 November 2008 at page 45 of the NIHE Exhibit Bundle.
18. The Commissioning Body was supported by four Area Supporting People Partnership Groups. The Groups were established to identify housing support service needs and priorities in their local areas and were chaired by the H&SCB. Supporting People representatives were in attendance.
19. During the 2003 to 2017 period the role of the NIHE in relation to the resettlement of patients from MAH was as a participant on the Area Supporting People Partnership Groups chaired by H&SCB.

20. In 2015 the Department for Social Development (DSD) (the NIHE's previous sponsor Department, now the DfC) reviewed the Supporting People programme within the Facing the Future: Northern Ireland Housing Strategy Action Plan 2012 – 2017. The review had 4 objectives:

- To provide an overview of existing provision and current expenditure.
- To evaluate if the programme had met its core aims.
- To consider whether an adequate strategic, legislative and administrative framework is in place for the efficient and effective delivery of the SP policy and programme in future.
- Where appropriate make recommendations to improve the efficiency and effectiveness of the service.

21. I refer to the DSD Supporting People Review November 2015 Page 58 in the NIHE Exhibit Bundle for details.

22. The DSD Supporting People Review 2015 recommended that the existing commissioning structure should be revised to improve its transparency. I refer to a copy of this recommendation in the DSD Supporting People Review November 2015 at pages 85 to 86 of the NIHE Exhibit Bundle.

23. From June 2017 onwards the Commissioning Body was replaced by the Strategic Advisory Board and the Area Supporting People Partnership Groups were replaced by the Regional Thematic Groups. An example of the structure of the Strategic Advisory Board and Regional Thematic Groups can be found in the excerpt from the Supporting People Annual Report 2022/2023. I refer to a copy at page 107 of the NIHE Exhibit Bundle.

24. The process by which business cases are submitted to the Commissioning Body for Supporting People grant and/or capital funding towards the provision of housing related support for all Supporting People client groups is outlined in

the High-Level Business Case Process, approved at the Strategic Advisory Board on 3rd December 2020. I refer to a copy at page 108 of the NIHE Exhibit Bundle.

25. Strategic Outline Cases and Business Cases were submitted by Health and Social Care Trusts (H&SCTs) to the Area Supporting People Partnership Groups and subsequently to the Regional Thematic Groups for consideration which resulted in both revenue and capital funding allocated both for new and/or reconfigured services to support those being discharged from long stay hospitals. I refer to DPG Supported Housing Resettlement 2007-2018 NIHE management information report noting the housing associations grant applications completed since 2007 at page 109 of the NIHE Exhibit Bundle.

26. Where the Strategic Outline Cases and/or Business Cases is for revenue funding only, this is provided by the Supporting People programme. Supporting People grant funding for Learning Disability supported housing units increased from £11.4m in 2008/09 to £15.6m in 2020/21. I refer to the Supporting People Learning Disability Grant Funding spreadsheet at page 110 of the NIHE Exhibit Bundle.

27. The role of the Supporting People programme in relation to assessment of business cases is to robustly assess the revenue request considering value for money, strategic relevance and to ensure need for any new or extension to existing service is evidenced. It is not within the legislative remit or practice for the Supporting People programme within the NIHE to conduct assessments of individuals' support or care needs from MAH, other long stay hospitals or community referrals. The Supporting People programme does not participate in or have any role in health assessment or referral panels to services.

28. The Social Housing Development Programme - With reference to paragraph 9 above, the second NIHE functional area with a role in the re-settlement of

patients from MAH is that of management of the Social Housing Development Programme.

29. In 2007/08 responsibility for the management of the Social Housing Development Programme (SHDP) across Northern Ireland transferred from the DSD (now DfC) to NIHE's Development Programme Group (DPG). DPG manage this programme and budget on behalf of DfC. The SHDP delivers the development of General Needs social housing and Supported Housing. Supported Housing differs from General Needs housing as it is allocated to customers who have specific support needs.
30. DPG works closely with housing associations to monitor progress of delivery of the approved programme of new social housing and approves the individual housing schemes in terms of design and value for money.
31. Since 2007/8 DPG has allocated over £2 billion in Housing Association Grant (HAG) to enable housing associations to deliver starts on over 26,000 new social homes across Northern Ireland.
32. Within the NIHE, the Development Programme Group team works closely with the Supporting People team. Externally, DPG is in daily contact with housing associations, reports regularly to DfC and links with Land & Property Services and Health Trusts.
33. Whilst DPG allocates the capital budget via the scheme approval process, business cases for supported housing schemes are considered through the Supporting People commissioning processes. MAH resettlement business cases were submitted and approved via the Supporting People commissioning processes at the time. The inclusion of a scheme in the approved SHDP is subject to Supporting People endorsement.

34. In the context of the MAH resettlement, the role of the NIHE's DPG team was:

a) Day-to-day Programme Management of new housing association proposals, including all aspects of communications, reporting and analysis of individual scheme progress including slippages/deletions and risks to delivery of programme.

b) The management of the capital funding approvals process for new Supported Housing schemes, including detailed assessment of individual housing schemes in terms of design, cost and value for money.

c) The profiling and monitoring of budget and ensuring that it was fully utilised with any risk to full utilisation being identified. The period for review is the Comprehensive Spending Review (CSR) period 2011/12 – 2014/15, during which there was a distinct budget line within the SHDP for Supported Housing/Bamford and in addition distinct targets for Supported Housing during this period.

35. The Regional Learning Disability Operational Group was set up by DoH/HSCB and chaired by HSCB to provide oversight for the resettlement from MAH (and other hospital settings) and, also, to provide a broad range of service developments and priorities across the learning disability domain. NIHE representatives from SP and DPG were actively engaged in the Regional Learning Disability Operational Group from its inception in September 2019 until early 2021 (when the group was dissolved) and illustrated in the Regional Learning Disability Operational Group Terms of Reference 2019. I refer to a copy of these Terms at pages 111 to 116 of the NIHE Exhibit Bundle.

36. A representative from the NIHE Supporting People team attended the Community Integration Programme (CIP) from 2022. The Community Integration Programme was initiated in 2011 by The Health & Social Care Board, was set up to progress resettlement from long stay hospitals including Muckamore Abbey Hospital, Longstone Hospital, Armagh and Lakeview

Hospital L'Derry. I refer to the Community Integration Programme: Terms of Reference 2021 at pages 117 to 120 of the NIHE Exhibit Bundle.

37. Housing Services - The third NIHE function with a role in the re-settlement of patients from MAH is the assessment and allocation of social housing to applicants pursuant to the NIHE Housing Selection Scheme. I refer to pages 121 to 123 of the NIHE Exhibit Bundle.
38. Social housing in Northern Ireland is allocated under the Housing Selection Scheme, which was introduced in 2000. The scheme specifies common assessment criteria for all applicants seeking social housing. Following an application for housing and then assessment either for housing and/or under the homeless statutory scheme (found in The Housing (NI) Order 1988, as amended), allocations of permanent social housing are made from a Common Waiting List used by the NIHE and registered housing associations. Under the scheme, all social housing applicants and members of an applicant's household are assessed according to a common set of criteria and awarded points against those criteria to reflect their housing need. The total points awarded to an applicant determines their rank order on the Common Waiting List. In general terms, social housing lettings are allocated according to applicants' rank order on the Common Waiting List.
39. The scheme has remained largely unchanged since its introduction in 2000. It is presently the subject of an on-going review known as the Fundamental Review of Allocations. In October 2017 the DfC issued a consultation paper setting out proposals for change. In total, the consultation paper made 20 proposals, 18 of the proposals for change are currently proceeding as per the original 2017 consultation, with further examination being undertaken for the remaining two proposals.

40. Supported housing is for customers who require extra housing support and/or an element of care in addition to a home. The extra housing management support and care provided by this type of housing is intended to help individuals lead as independent a life as possible. Please see additional information in respect of supported housing below.

41. Applicants who require supported housing will be considered under Rules 19 – 22, titled Applicants with Complex Needs, of the Housing Selection Scheme without reference to points and apart from the general needs waiting list. Examples of applicants with Complex Needs who require the supported housing option may include persons with severe learning difficulties, frail elderly persons and persons with chronic debilitating mental conditions etc. Applicants will be housed in accordance with their individual needs subject to suitable supported accommodation being available. The NIHE Housing Support Officer ensures applicants with Complex Needs are recorded on the appropriate housing list and also provide a liaison role with the Health Trusts. I refer to extracts of the Housing Scheme Rules at pages 124 to 126 of the NIHE Exhibit Bundle.

42. Where the Health Trusts' agreed option is for supported housing the Applicant's name will be registered onto the Common Selection Scheme for each suitable complex needs scheme on instruction. When deciding which scheme or schemes are suitable, the type of scheme and the available care and support services provided will be taken into account, as will the likelihood of a vacancy arising within a reasonable period of time. Once a vacancy arises in one of the identified schemes, the relevant housing association and its joint management partner will determine if that vacancy is suitable for the applicant at that time. They will consider whether the applicant's needs are unchanged since the last assessment took place and if these would be met by offering the applicant the vacant accommodation. Other factors to be considered may include:

- a) The implications for the management of the accommodation, e.g. the ability of the management to cater for the applicant's individual needs at that time.

b) The applicant's compatibility with any other residents in the scheme, e.g. if there are any behavioural issues that might disrupt the existing harmony within the scheme.

c) Other housing management interests. Where the applicant is deemed to be suitable then the allocation can be made, on HMS, and the application closed. The allocating landlord will inform the Housing Support Officer of the allocation. Where the Applicant is deemed not to be suitable or where no allocation has been made within a reasonable time the case will be referred back to the Housing Support Officer for review.

Question 1

Part 2 - How effective was any such inter-agency working?

43. The NIHE worked with agencies with regard to the resettlement of patients from Muckamore Abbey Hospital as detailed in the response to question one, part one. The outcome of this process led to the commissioning of 39 schemes specifically related to the resettlement of people from Muckamore Abbey Hospital from 2007. In addition, patients were resettled into existing supported housing schemes. However, NIHE understands patients remain in hospital to be resettled, and consequently, it is legitimate that the effectiveness of inter-agency working is scrutinised.

44. I refer to The Experience of Learning-Disabled People Resettled from Long Stay Hospitals in Northern Ireland Interim Report: An Account of the Learning Disability Resettlement Programme in Northern Ireland: Statistics and Perceptions: A Report for the Northern Ireland Housing Executive, John Palmer, Fiona Boyle and Alicia Wood with Steve Harris, October 2014 which stated: *"Between 1 April 2012 and 31 March 2014, resettlement targets for the priority transfer list of people who had been identified in 2007 as ready for resettlement*

for at least twelve months were more than fulfilled. However, resettlement targets for a second list of people who had been admitted to hospital after 1 April 2007 and who had nowhere to go on discharge (the delayed discharge list) were not met”.

45. I refer to excerpt of the report found at page 127 of the NIHE Exhibit Bundle which reported on re-settlement targets.

46. The Independent Review of Learning Disability Resettlement Programme July 2022 was commissioned by the Health and Social Care Board in October 2021. The Independent Review was authored by Bria Mongan and Ian Sutherland. *“The purpose of the review built on a stated intention from Department of Health and HSCB to strengthen the existing oversight arrangements for the resettlement of patients from MAH and other learning disability hospitals whose discharge plans have been delayed. The review team were required to work with stakeholders to identify both good practice and overarching vision, as well as barriers, and to develop an action plan to ensure that the needs of the patients are being considered and are met. The review was to include consideration of the effectiveness of planning and delivery for the proposed supported living and alternative accommodation schemes which were in development to support the resettlement plans for these individuals.”* I refer to excerpt of the report found at page 128 of the NIHE Exhibit Bundle.

47. The Independent Review stated: *“In particular the housing professionals held a wealth of information and data about activity in the existing system and had expertise in both design and delivery of housing schemes which wasn’t always drawn on by colleagues from health and social care. Housing colleagues described how they felt the inter-agency working had become less evident and effective in recent years, partly due to the lack of stable leadership and management arrangements at times in health and social care. They felt that some of the current senior staff lacked the understanding of the housing and*

Supporting People sector that their predecessors had demonstrated". I refer to extract of this report at pages 129 to 130 of the NIHE Exhibit Bundle.

48. The report also draws attention to the scrutiny of the supporting business cases to develop accommodation schemes by the HSCB and individual Trust Board. It found this lacked rigorous assurance that schemes could be delivered in a reasonable timeframe, and that this contributed to the target of everyone being resettled from MAH by 2019 being missed. I refer to extract of this report at page 130 of the NIHE Exhibit Bundle.

Q2. Please explain the infrastructure that existed within NIHE throughout the time period within the Inquiry's Terms of Reference, that is 02 December 1999 to 14 June 2021, in respect of supported living for patients resettled from MAH. In particular, explain how the "supporting people" programme worked for patients resettled from MAH.

49. The NIHE infrastructure in respect of supported living for patients resettled from MAH is the Supporting People Commissioning Structures as explained in my response to Q1.

Q3. Please explain what targets/guidelines were given to NIHE in respect of the resettlement of patients from MAH over the time period within the Inquiry's Terms of Reference, that is 02 December 1999 to 14 June 2021.

i. Any input NIHE had in setting targets for resettlement of patients from MAH.

50. On the basis of our research for the purpose of our witness statement, NIHE has not found evidence of NIHE having input in setting targets regarding the resettlement of patients from MAH prior to 2011.

51. The Department of Health and Social Services and Public Safety and the Department for Social Development made a joint bid for resettlement programme funding, in mid-2011 which was successful and reflected in the Comprehensive Spending Review (CSR) 2011/12 - 2014/15. The Social Housing Development Programme for 850 units of supported housing was developed utilising funding from this comprehensive spending review (CSR=the process by which government sets out detailed plans for public spending for government departments typically several years ahead).

52. As detailed in 'NIHE Board Report Social Housing Development Programme (SHDP) Out-turn performance (14/15) and the 15/16 Delivery Risk Assessment' (May 2015), An initial target for NIHE to deliver 850 units of Supported Housing which included new build supported housing schemes to facilitate the resettlement of patients from Muckamore Abbey Hospital. These 850 supported housing units included but were not exclusive to the provision of supported housing units for the resettlement of patients from MAH. I refer to SHDP Performance 2011/12-14/15 – Targets and Out-Turn and explanatory paragraph in the NIHE Board Report at pages 131 to 134 of the NIHE Exhibit Bundle.

ii. The arrangements which NIHE made to seek to meet targets, including how NIHE prioritised the delivery of schemes to meet targets.

53. In order to deliver the 850 Supported Housing Schemes, NIHE utilised the Commissioning Process, previously explained at paragraph 15. This resulted in funding for supported housing being allocated for new and/or reconfigured services. The outcomes are included in the NIHE management information report (DPG Supported Housing Resettlement 2007-2018), which details the schemes linked to resettlement that attracted Social Housing Development Programme funding from 2007 to 2018. I refer to page 109 of the NIHE Exhibit Bundle.

54. On the information available, the NIHE is not in a position to demonstrate prioritisation within the scheme delivery programme. However NIHE Board reports note that the re-settlement of patients from MAH was a priority for the NIHE. While there is no direct evidence of prioritisation of schemes, the output achieved is material. The resettlement schemes detailed in the DPG Supported Housing Resettlement 2007-2018 spreadsheet represent 19.5% (based on the number of schemes found in the Summary of SHDP Capital Projects internal management report at pages 135 to 140 of the Exhibit Bundle) of the Supporting Housing Schemes since 2002 to the present day. The commitment to facilitating Learning Disability Schemes is further highlighted in this internal report, which details that Learning Disability Schemes represent 49.5% of the Supporting Housing element of the Social Housing Development Programme based on the number of schemes attracting funding since 2002.

55. The Housing Executive did not track or monitor those patients resettled from Muckamore Abbey Hospital who moved into existing accommodation.

iii. The role NIHE had in monitoring target attainment.

56. Over the course of the resettlement programme the NIHE Board was informed on the actual number of units of Supported Housing funded compared to the planned number. I refer to 'Social Housing Development Programme: Year 1 (2011/12) Progress Report & Risk Analysis' June 2011 by way of example at pages 141 to 149 of the NIHE Exhibit Bundle.

57. At the conclusion of the 2011/12 - 2014/15 period funded by the Social Housing Development Programme via the Comprehensive Spending Review, it was reported that an actual out-turn of 576 units of supported housing was funded against a target of 850. The figure of 576 included schemes specific to the resettlement of patients from Muckamore. This was due to a number of factors; a shift in need requirements; financial viability due to the necessity to align various revenue streams and difficulty identifying and acquiring sites in suitable locations. I refer to the NIHE Board Report 'SHDP Out-turn Performance 14-15 and the 15/16 Delivery Risk Assessment' May 2015 at pages 131 to 134 of the Exhibit Bundle

iv. The arrangements in place for NIHE to report on target attainment.

58. I refer to the response to Q3 iii paragraph 54.

59. The NIHE commissioned a report from North Harbour Consulting, titled; 'The Hospital Resettlement Programme In Northern Ireland After The Bamford Review PART 1: Statics, Perceptions and The Role Of The Supporting People Programme A Report For The Northern Ireland Housing Executive John Palmer, Fiona Boyle and Alicia Wood with Steve Harris, October 2014. It details the annual resettlement targets and resettlement activity, from 2012 to 2014. This Report states: 'Between 1 April 2012 and 31 March 2014, DoH resettlement targets for the Priority Transfer List (PTL) were more than fulfilled. 116 people from the priority transfer list were resettled and 49 people remained to be resettled by March 2015. Almost half of those remaining to be resettled were living in Muckamore Hospital (Belfast Trust). Resettlement targets for the DDL (Delayed Discharge List) were not met. At 31 March 2014, 24 people out of 30 remained to be resettled'. I refer to a copy of the Report and Assessment at page 150 of the NIHE Exhibit Bundle.

60. The NIHE commissioned a second report from North Harbour Consulting in 2017, titled; The Hospital Resettlement Programme In Northern Ireland After The Bamford Review PART 2: The Experience Of Learning Disability People Resettled From Long Stay Hospitals A Report for The Northern Ireland Housing Executive Fiona Boyle and John Palmer (June 2017), to establish whether the resettlement programme had been successful for resettled learning disabled people and whether betterment in their lives had been achieved in the ways advocated by Bamford. "The research team made a number of approaches to the Health and Social Care Board and the five Health and Social Care Trusts during 2014 - 2016, requesting information about the characteristics and location of the people with a learning disability resettled from long stay hospitals from 2012 onwards. This information was not available on the grounds of confidentiality and because Health and Social Care Board stated that the information was covered by the Data Protection Act 1998." This limited the ability of the research to consider the numbers of patients resettled. I refer an excerpt of the report which can be found at page 151 of the NIHE Exhibit Bundle.

61. The Supporting People team was able to identify the locations of approximately 80 resettled learning-disabled people living in housing support schemes that were funded from the supporting people programme. From this information a sample of 22 resettled people, their family members and support staff were interviewed as part of the research. I refer an excerpt of the report which can be found at page 152 of the NIHE Exhibit Bundle.

v. Key challenges.

62. I would note the following as key challenges:

- a. Appropriate alignment of Supported Housing capital funding, Supporting People revenue funding and Health and Social Care revenue funding, towards the achievement of targets.

- b. Timescales for the identification of suitable sites, longer lead-in times, late confirmation of the housing association provider.
- c. A change in approach from Trusts, with increasing preference for the use of Existing Satisfactory or Off-the-Shelf solutions. This had a material consequential impact on budget spend.
- d. Reduced need, or shift in need requirements, or withdrawal of need.
- e. Difficulty identifying and acquiring sites in suitable locations, agreeing a suitable design solution, Planning issues, objections, community opposition.
- f. Financial viability issues/financial viability issues due to the necessity to align various revenue streams.
- g. Issues with Trust acceptance of a final quarter receipt/inability to acquire the site at the end of the programme year.

Q4. How did NIHE ensure that places which were available for the resettlement of patients from MAH were suitable for the patients' needs, including their personal preferences (such as geographical preference, proximity to family etc)?

63. NIHE did not have a role in the identification of MAH patients' health needs. This was and is the responsibility of DoH.

64. NIHE's role is noted in the response to Q1 at paragraph 27.

65. The Independent Review of the Learning Disability Resettlement Programme in Northern Ireland, July 2022 commissioned by the Health and Social Care Board (HSCB) found that there was no agreed pathway for resettlement and that associated processes changed from Trust to Trust. I refer to page 153 of the NIHE Exhibit Bundle. *"The review team looked at the approach being taken to individualised care planning. There was a lack of consistency in the documentation used to support care planning for transition from hospital to*

community and nor was there an agreed pathway for resettlement, which should map out roles and responsibilities within the process”.

Q5. Please explain whether NIHE considers that funding for the resettlement of patients from MAH was adequate throughout the time period within the Inquiry’s Terms of Reference.

In answering this question, please explain whether funding for resettlement adequately responded to government policy to increase the number of patients resettled out of MAH?

66. An initial funding allocation of £94m for resettlement of patients from MAH was based on a strategy of providing purpose-built new dwellings. As referenced in Board Paper ‘SHDP Risk Assessment and Budgetary Implications’ (August 2012) I refer to a copies of the Report and Assessment at pages 154 to 161 of the NIHE Exhibit Bundle.

67. Further, I refer to pages 162 to 163 of the NIHE Exhibit Bundle, Board Paper Social Housing Development Programme Draft 3 Year Programme 2014/15 – 2016/17 and Unmet Need Prospectus (November 2013): *“The current funding package (2011/12 – 2014/15) allows both for the provision of general needs accommodation and Supported Housing proposals to achieve the target of 6000 social housing starts (5,150 general needs and 850 supported housing, including Bamford) starts over the CSR (Comprehensive Spending Review) period. The original CSR target for Supported Starts was for Housing Associations to start work on 850 Supported Housing units. However during the course of that 4 year period, there has been a significant change of emphasis in terms of preferred design solutions which is reflected in a shift from self-contained New Build solutions to an increasing preference for multiple occupied Existing Satisfactory Purchases. The expectation is that the 6000 target will be met, however it is likely that 600 Supported Starts (approximately) will be delivered and any shortfall will be compensated by the identification and provision of additional general needs units.”*

68. The resulting out-turn of 576 Supported Housing units of accommodation cost of £35.755m, as per the Summary of SHDP Budget and Spend including Bamford Budget Line (2011/12 - 2014/15) internal NIHE management information report. I refer to page 164 of the NIHE Exhibit bundle. This indicates that the initial capital budget of £94m was adequate for the schemes, as presented by the Health Trusts and progressed through the Supporting People commissioning process.
69. NIHE bid annually to DfC for the Supporting People Revenue Budget. In 2017/18 the Supporting People annual bid for £75.4m was not met in full, instead a budget of £72.8m was allocated to the Supporting People, as detailed in 'NIHE CXBC Paper 2017/18 Supporting People and Homelessness annual funding amounts less than £500,000'. The Supporting People budget remained unchanged at £72.8m up to and including the 2021/22 financial year. The budget of £72.8m required a 5% cut in funding to be applied to all Supporting People accommodation-based services in 2017/18 including those schemes recently commissioned as part of the 2011/12 – 2014/15 Comprehensive Spending Review. This had an impact on funding for additional schemes. I refer to NIHE CXBC Paper 2017/18 Supporting People and Homelessness annual funding amounts less than £500,000 pages 165 to 167 of the NIHE Exhibit Bundle.
70. No new Strategic Outline Cases relating to the resettlement of patients from MAH were received into the Supporting People commissioning process until 2019 and of the 7 subsequently received from BHSCT, 5 have not been progressed by the Trust or been withdrawn by the Trust, 1 has been progressed for learning disabled people in the community and 1 is currently being assessed. I refer to Supporting People Business Cases for SAB 2021 internal NIHE management information report pages 168 to 170 of the NIHE Exhibit Bundle.

Q6. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraphs 16 of the Terms of Reference?

71. There are no other matters I wish to draw to the attention of the Inquiry Panel.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 18/06/2024

NIHE EXHIBIT BUNDLE

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1	Housing Executive 52nd Annual Report 1 April 2022 - 31 March 2023	1
2	Independent Review of the Learning Disability Resettlement Programme In Northern Ireland, Bria Mongan & Ian Sutherland, July 2022	2
3	The Supporting People Policy Framework Northern Ireland (NI) September 2023	3-37
4	Northern Ireland Assembly Research Paper 133/08, 27 November 2008, the 'Supporting People' Programme, Research and Library Services	38-53
5	Supporting People Review Final Report 2015 Department for Social Development	54-106
6	Supporting People Annual Report 2022-23	107
7	High Level Business Case Process 2020	108
8	DPG Supported Housing Resettlement 2007-2018 spreadsheet	109
9	Supporting People Learning Disability Grant Funding spreadsheet	110
10	Regional LD Operational Delivery Group (RLDODG) Terms of Reference 2019	111-116
11	Community Integration Programme (CIP): Terms of Reference, 2021	117-120
12	The Housing Selection Scheme Applying for Social Housing in Northern Ireland (2023)	121-123
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Who we are

The Northern Ireland Housing Executive is the Strategic Housing Authority for Northern Ireland, and a public landlord at scale. With an annual budget of approximately €1.2bn, we provide a range of public services across Northern Ireland. Our footprint extends to more than 220,000 homes, and our services impact on the lives of one in every three people across Northern Ireland.

We have two distinct strands to our business: our Landlord role and our Strategic Housing Authority Role, both of which are underpinned by our Support Services.

Landlord Role

Our Landlord services are delivered through our Asset Management and Housing Services Divisions. They encompass the full range of landlord services including housing management, repairing and improving our homes, and engaging with our customers and tenants at a community based level. We also manage a commercial property portfolio of approximately 400 units and 6,100 leasehold properties. We actively strive to improve and enhance the communities where our tenants and customers live socially, economically and environmentally.

Strategic Housing Authority Role

As the Strategic Housing Authority for Northern Ireland (sometimes referred to Regional Services) we assess housing need, oversee the Social Housing Development Programme (SHDP) with our housing association partners, provide housing support services with our voluntary and community sector partners and provide homelessness services across Northern Ireland (delivered by colleagues in Housing Services). Alongside this we undertake an ongoing research programme to produce a comprehensive body of housing market intelligence to help us identify and determine how best to shape our services and the places where people want to live in Northern Ireland. Furthermore, we are the Home Energy Conservation Authority (HECA) for Northern Ireland.

Support Services

Support Services provide the necessary support for our Landlord Role and Strategic Housing Authority Role. Support Services is made up of our Corporate Services and Finance, Audit and Assurance Divisions, who, between them shape, influence and deliver a range of services strategically and operationally. This includes: Strategic Planning and Performance Reporting, Risk and Governance, Communications, Human Resources, Equality and Safeguarding, Legal Services, Information Governance, Housing Benefit (which we administer on behalf of DfC), Corporate Accounting, Financial Support, IT, Internal Audit, Economic advice and support and Counter Fraud and Security.

However, targets and deadlines for achieving this have been missed, ignored and repeatedly reset.

- 4.5 The 1992/97 Department of Health and Social Services (DHSS) Regional Strategy, 'Health and Wellbeing into the New Millennium'¹ established a commitment to reduce the number of people admitted to traditional specialist hospitals and a commitment that care should be provided in the community and not in specialist hospital environments. In 1995, a decision was taken by the Department of Health and Social Services to resettle all long-stay patients from the 3 learning disability hospitals in Northern Ireland. The target set by the Regional Strategy for the resettlement of all long-stay patients from learning disability hospitals by 2002 was not met.
- 4.6 The 2002 Bamford Review of Mental Health and Learning Disabilities represents the key strategic driver shaping delivery of services for individuals with learning disabilities and or Autistic Spectrum Disorder (ASD) over the past 25 years.
- 4.7 The second report from the Bamford review 'Equal Lives' published in 2005 sets out a compelling vision for developing services and support for adults and children with a learning disability. Equal Lives concluded that progress needs to be accelerated on establishing a new service model, which draws a line under outdated notions of grouping people with a learning disability together and their segregation in services where they are required to lead separate lives from their neighbours. The model of the future needs to be based on integration, where people participate fully in the lives of their communities and are supported to individually access the full range of opportunities that are open to everyone else. This will involve developing responses that are person centred and individually tailored; ensuring that people have greater choice and more control over their life; that services become more focused on the achievement of personal outcomes, i.e., the outcomes that the individuals themselves think are important; increased flexibility in how resources are used; balancing reasonable risk taking and individuals having greater control over their lives with an agency's accountability for health and safety concerns and protection from abuse.
- 4.8 The Bamford review 'Equal Lives' published in 2005 ([ctrl click](#)) included a target that all people with a learning disability living in a hospital should be resettled in the community by June 2011. A priority target list (PTL) of those patients living in a long stay learning disability hospital for more than a year at 1st April 2007 was established to enable monitoring of progress on the commitment to resettlement of long-stay patients. In 2005, the Hospital had 318 patients and a target was set to reduce to 87 patients by 2011.

¹ *Health and personal social services: a regional strategy for Northern Ireland 1992-1997.*



The Supporting People Policy Framework Northern Ireland (NI)

September 2023

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Glossary of Abbreviations

BCS	Business Consultancy Services
CJINI	Criminal Justice Inspection Northern Ireland
CRISPP	Committee Representing Interests of Supporting People Providers
DfC	Department for Communities
DoH	Department of Health
DoJ	Department of Justice
DSD	Department for Social Development
HA	Housing Association
HB	Housing Benefit
HE	Housing Executive
HSCT	Health and Social Care Trusts
NIPS	Northern Ireland Prison Service
PBNI	Probation Board Northern Ireland
RHAs	Registered Housing Associations
SAB	Strategic Advisory Board
SP	Supporting People
SPG	Supporting People Grant
SPPG	Strategic Planning and Performance Group
UC	Universal Credit
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

1.0 Introduction

Purpose of this document

1.1 This document replaces the Northern Ireland (NI) Supporting People Guidance 2012 by the former Department for Social Development (DSD). The existing guidance has been comprehensively reviewed and updated to reflect the responses received from the key stakeholders of the Supporting People (SP) Programme. This included an internal consultation with colleagues across the Department for Communities (DfC), Department of Health (DoH), Department of Justice (DoJ), the Housing Executive (HE), and from a public consultation. Stakeholders were asked their views on the existing guidance and how it might be improved.

Context

1.2 DfC has responsibility for publishing and maintaining the SP Policy Framework. A comprehensive DfC-led policy and value for money review of the SP Programme, finalised in November 2015, found that the Programme had achieved its core aims and had positively impacted on many people's lives.¹ However, in order to further improve service provision (and thus efficiency and effectiveness), thirteen recommendations were made.

Recommendation 6:

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

- 1.3 As set out in **Recommendation 6**, this policy review did not involve a change in policy direction, nor propose any changes to the Housing Support legislation that underpins the current policy framework.
- 1.4 The SP Programme was introduced in 2003 to help the most vulnerable in our society who require additional **housing support** in order to help them live independently. The programme funds various provider types classified as Charity and Voluntary sector, Housing Associations, Health and Social Care Trusts (HSCTs), and Private.
- 1.5 Through the programme, high quality and strategically planned **housing support services** are delivered, which ultimately tackle social exclusion by preventing crisis and more costly service

¹ Available at: [Supporting People Review Final Report November 2015](#)

interventions. The SP Programme also ensures that services are cost-effective and provide value for money to as many people as possible across NI, within the budget remit.

1.6 The aim of the SP Programme is to:

- Achieve a better quality of life for vulnerable people to live more independently and maintain their tenancies
- Provide **housing support services** to prevent problems that can often lead to hospitalisation, institutional care, or homelessness.

- Help to smooth the transition to **independent living** for those leaving an institutionalised environment.

Equality Screening

- 1.7 As the SP Programme potentially includes all categories of Section 75 groups, the SP Policy Framework has been subject to a Section 75 Policy Equality Screening. The screening document can be accessed at the following link: **Supporting People Policy Framework - RNIA**
- 1.8 A Rural Needs Impact Assessment has been considered.

2.0 Roles and Responsibilities

2.1 Department for Communities (DfC).

DfC has overarching policy and legislative responsibility for the SP programme. It also allocates the annual budget for the SP Programme.

2.2 **Housing Executive (HE).** As the strategic housing authority for NI, the HE has statutory responsibility for securing the provision of **housing support services** and therefore takes administrative responsibility for delivering the SP programme (See Section 3). The HE has a responsibility for determining its strategic approach and approving the commissioning of **housing support services** that meet its strategic priorities. It also has responsibility for oversight of the SP Programme. The HE and Regional Thematic Groups currently identify need, which is subsequently considered by the Strategic Advisory Board (SAB); the HE Board makes the final decision on funding approvals. The SAB, which was established by HE to identify and consider need, comprises a partnership of services across local housing, social care, health, justice, probation, the Committee Representing Interests of Supporting People Providers (CRISPP), the DfC (Observer) and Homeless Connect.

Further information can be accessed on the HE website [About the Supporting People Programme](#).

2.3 Department of Health (DoH)

DoH has responsibility for promoting an integrated system of health and social care in Northern Ireland, designed to secure improvement in the physical and mental health of the people in Northern Ireland; in the prevention, diagnosis and treatment of illness; and in the social wellbeing of the people in Northern Ireland.

2.4 Health and Social Care Trusts (HSCTs)

HSCTs have statutory responsibilities under the Children (Northern Ireland) Order 1995 relating to children (aged under 18) who are classed as “in need” (this includes children aged 16 and 17 years old who are homeless or are at risk of homelessness), children who are looked after, and care leavers. The statutory functions include the planning and provision of appropriate support to young people who have left care, including, for relevant young people aged 16 and 17 who have left care, the provision of suitable accommodation. The Children Order recognises that HSCTs will need to collaborate with a range of other bodies, including HE, to develop plans for young people

preparing to leave care. In addition to the specific duties under the Children order, HSCTs are also responsible for the delivery of health and social care services assessed as being required by all those in supported living settings.

HSCTs are responsible for:

- Older People
- Mental Health
- Physical & Sensory Disability
- Learning Disability

2.5 Department of Justice (DoJ) including Probation Board Northern Ireland (PBNI). The DoJ published 'Supporting Change – a Strategic Approach to Desistance' in September 2015 which recognised the importance of desistance as a core principle in assisting people to change their offending behaviour. Supporting Change recognises that the main issues faced by individuals relate to social exclusion and notes common barriers to desistance. One of the social factors that contribute to offending and re-offending is accommodation. The Northern Ireland Prison Service (NIPS) assists in preventing homelessness by ensuring all individuals in its care are assessed (upon committal, rather than immediately prior to release) and those with accommodation needs are provided with appropriate interventions. Each prison establishment has a Housing Rights advice worker who works

alongside prison staff to carry out early assessments and provide the necessary advice and links for those who need it. NIPS, Housing Executive, PBNI, NIACRO and Housing Rights are all signatories of a protocol that is in place for the management of the accommodation and related support needs of people in custody in Northern Ireland.

The DoJ jointly with the DoH, has responsibility for the cross Departmental seven year Stopping Domestic and Sexual Violence and Abuse Strategy and the associated action plans. A range of work is undertaken through this to address domestic and sexual violence and abuse, with the aim of having a society in which domestic and sexual violence is not tolerated in any form, effective tailored preventative and responsive services are provided, all victims are supported and perpetrators are held to account. Cross Departmental action plans are taken forward by the DfC, Education, Health and Justice, in conjunction with statutory and voluntary sector partners. This includes aspects relating to housing and accommodation as well as support services more generally. A new seven year Domestic and Sexual Abuse Strategy is currently being developed, with a view to being consulted on in late 2022 and published in Spring 2023.

In March 2022, DoJ launched a new justice wide strategy '**Supporting**

change: A strategy for women and girls in or at risk of contact with the Justice system.² The strategy, which seeks to support women and girls within and beyond the justice system with the assistance of partnership working, recognises the importance of accommodation particularly with regard to reducing offending. It outlines a commitment to **‘Collaborative working across government and statutory agencies to scope the provision of accommodation in Northern Ireland to support women and girls in or at risk of contact with the justice system, will help in identifying safe and gender responsive options for women and girls in the community, based on a ‘step up, step down’ model.’** Noting that **‘This may initially involve identifying and exploring short term, and longer term options.’**

PBNI

There is a direct link between homelessness and offending behaviour. PBNI does not own or manage accommodation for offenders but it works in close partnership with a range of voluntary, community and faith based organisations alongside the Housing Executive to offer accommodation to offenders in Approved Premises (APs). These establishments work within PBNI Approved Practice standards for

offender management. Criminal Justice Inspection NI (CJINI) conducts planned and unannounced reviews of APs. The CJINI Inspection of the Public Protection Arrangements NI entitled “Lawful Duty” published in October 2019 commended the work of APs stating they “provided a valuable public protection service in support of statutory criminal justice agencies”. Their role cannot be underestimated both in terms of their contribution to the public protection arrangements and in supporting the rehabilitation of residents.

PBNI and DoJ are represented on the Supporting People Strategic Advisory Board and PBNI are represented on the Regional Thematic Groups for young people and homelessness.

Following the disbandment of the SP Programme Board and the proposed transfer of governance and oversight role to the Housing Executive, a Joint Policy Forum was set up in June 2022 to facilitate and support new and existing co-operation and engagement between Department for Communities, Department of Health, Department of Justice and Housing Executive regarding the Supporting People Programme.

2 Available from <https://www.justice-ni.gov.uk/publications/supporting-change-strategy-women-and-girls-or-risk-contact-justice-system>

3.0 Legislative Context

3.1 The SP programme was introduced under the Housing Support Services (Northern Ireland) Order 2002 and the Housing Support Services Regulations (Northern Ireland) 2003.

3.2 The HE is empowered by Articles 3 and 4 of the Housing Support Services (Northern Ireland) Order 2002 to secure the provision of **housing support services** to individuals with particular needs and to pay SPG to eligible persons for expenditure incurred by them in providing certain **housing support services**.

Housing Support Services (Northern Ireland) Order 2002

<http://www.legislation.gov.uk/nisi/2002/3154/contents>

3.3 The Housing Support Services Regulations (NI) 2003 outlines the nature of services eligible for payment from the SPG.

Housing Support Services Regulations (Northern Ireland) 2003

<http://www.legislation.gov.uk/nisr/2003/172/made>

4.0 Definitions

Context

- 4.1 Recommendation 6 of the 2015 Review (see Para 1.2) stated that this policy framework should focus on improving understanding of key terms such as **housing support services** and **independent living**. In addition to the two named, other key terms have been identified and clarity provided below.

Housing support services

- 4.2 The purpose of the SP Programme remains to provide housing support services to vulnerable people to live as independently as possible in the community. Housing support services as defined in the NI legislation includes any service which provides support, assistance, advice or counselling to an individual with particular needs with a view to enabling them to occupy, or to continue to occupy, as their only or main residence, housing accommodation in NI other than **excepted accommodation**³. Support with housing related tasks helps individuals to develop and maintain the skills and confidence necessary to live independently or

facilitates those in the process of moving onto **independent living**. A full range of housing support services is set out in legislation and summarised at Section 6. A desk aid guide, SP Eligible Housing Support Services, is included at **Appendix 1**.

Independent living

- 4.3 Many different groups of people can benefit from **housing support services** through the SP programme (see a full list at **Para 5.1**). These include people with a disability, people who are experiencing homelessness, people with mental health problems, older people and young people. A key aim of **housing support services** provided through the SP programme is to empower people to live independently in the community and to enjoy the same freedoms as someone who does not need support. While 'independent living' as a way of life is a key aim, it is not defined in either the **Housing Support Services** Order or the Regulations.

For the purposes of this policy framework, independent living can

³ Excepted Accommodation is accommodation which is registered under **The Registered Homes (Northern Ireland) Order 1992 (a)** where no funding (under Special Needs Management Allowance) was paid by the Department in relation to that accommodation during the financial year ending on 31st March 2003 is excepted accommodation for the purposes of Article 3 of the Order.

mean living in an independent form of housing tenure for example as a tenant, a home owner occupier, hostel, refuge, **Independent Living in Later Life** or supported accommodation.

Independent Living – Older People

Independent living means providing support through the SP programme to older people, who may have physical disabilities, may suffer with mental health issues or they may be homeless. With independent living as a key aim of the SP programme, provisions are made to support older people to remain in their **own home** or to transition to a form of supported housing accommodation which endeavours to maintain independent living as its key aim.

Independent Living – Young People

For young, vulnerable adults, independent living can mean providing support through the SP programme to those transitioning from living in social care accommodation into their **own home**. It can mean providing support to young people with substance use issues, helping them to obtain and maintain a tenancy, or be supported in appropriate, supported accommodation until they are able to move into their **own home**.

Independent Living – People Experiencing Homelessness

For people experiencing homelessness,

who can be young or old, or may be suffering with physical and/or mental disabilities, independent living as a key aim of the SP programme means providing support to obtain a tenancy, enabling appropriate support services to help maintain a tenancy and engaging with relevant agencies to help prevent homelessness.

Independent Living – Disabled People

For disabled people, independent living as a key aim of the SP programme is achieved through the daily demonstration of human-rights based disability policies. Independent living is possible through the combination of various environmental and individual factors that allow disabled people to have control over their own lives. Organisations that support independent living state that many people living with a disability describe it as:

‘having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself, or fending for yourself. It means the right to practical assistance and support to participate in society and live an ordinary life’.⁴

This includes the opportunity to make real choices and decisions regarding where to live, with whom to live and how to live. Services must be available,

⁴ What is Independent Living? Independent living in Scotland. Available at: [Independent living - The keys to life - Improving Quality of Life for People with Learning Disabilities - gov.scot \(www.gov.scot\)](http://www.gov.scot/Topics/indiv/indiv/indiv.htm)

accessible to all and provided on the basis of equal opportunity, free and informed consent and allowing disabled people flexibility in their daily life. Independent living requires that the built environment, transport and information are accessible, that there is availability of technical aids, access to personal assistance and/ or community-based services. Independent living is for all disabled persons, regardless of the gender, age and the level of their support needs.

Disabled people in NI have all the human rights in the international treaties and conventions that the UK government has signed. With the adoption of the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)** Article 19, while not defining 'independent living', promotes people with disabilities living independently and being included in the community.⁵

Further information regarding definitions for Primary Client Groups that relate to Independent Living is supplied in **Appendix 2**.

A Persons Own Home

4.4 A unifying principle of housing support is that it is provided in relation to a housing support need. It therefore must be

provided in a housing context. To receive a SP grant funded service, the user must have a housing support need that would be likely to lead to the user becoming or remaining homeless if the support is not provided. Consequently, eligible service users must have, or secure as part of the service, an identified property which is considered the user's principle or only home. Chronic street homelessness is a growing issue, and a service user may not want or be able to benefit from support at a particular address.

Accommodation based services

- 4.5 Short-term accommodation-based services provide support for people in housing need (e.g. homeless hostels, refuges for women at risk of domestic abuse). These are not means tested.
- 4.6 Long-term support to enable someone to sustain a home (e.g. in accommodation-based services where housing-related support is provided to assist the person to maintain their tenancy). These services are means tested (see Para 5.3 for more detail).
- 4.7 Long term accommodation based services with funding from the SP programme should adhere to the general principles of a person's own

5 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

home⁶. The list below is not exhaustive. The person, or an advocate on the person's behalf, with support if necessary should have the right to:

Choices over:

- Where to live
- Who to live with
- How long to live there
- How they are supported
- Who provides services if needed
- Friends and relationships
- How to be healthy and safe
- How to take part in the community

Input to:

- Accessing their own personal possessions
- Resolving problems/ difficulties affecting their living environment
- Their own physical safety requirements
- Accessing rights and responsibilities as other citizens

Peripatetic/Dispersed support

4.8 This service enables users to maintain or regain independence in their **own homes**. Peripatetic/ dispersed support

is not tied to the accommodation but is delivered to individual users. It is long term and in some cases lifelong support, and is means tested.

Floating Support

4.9 Floating Support enables users that need housing related support to maintain or regain independence in their **own homes**. Floating support is not tied to the accommodation but is delivered to individual users. There will be no means test for this service.

4.10 Taking into account the findings of a review of the two year rule carried out by DfC in 2019/20, the policy intent around floating support is reaffirmed as follows:

- It is a short term intervention to support vulnerable service users, with a focus on moving a service user through the service/ reducing floating support provision as soon as their need has been met to maximise the reach and the impact of the service, free up capacity and maintain or increase throughput. It is not suitable for a service user with a permanent or semi-permanent need for support
- Some flexibility on the two year

⁶ Department for Social Development, Housing Division, Supporting People Guidance Framework 'Principles of a Person's Own Home'.

rule will be allowed where this is agreed between HE and the service provider on a case by case basis

- There will be no means test for this service

dispersed SP model may be a more appropriate option. Any remodelling of a floating support service to a peripatetic/ dispersed model is subject to discussion with the HE SP team and the appropriate approvals.

4.11 For vulnerable service users who require a longer term support service in their **own home**, the peripatetic/

5.0 Who is the SP Programme for?

5.1 Many different groups of people can benefit from housing support services through the SP programme. These vulnerable individuals and families are as follows:

Frail Elderly

People with Substance Use Issues

Families Experiencing Homelessness

People with Learning Disabilities

People with convictions or People at risk of Offending

People with Mental Health Problems

People with a diagnosis of Dementia

People experiencing homelessness with support needs

Older people with support needs

Travellers

People with a Physical or Sensory Disability

Women at Risk of Domestic Abuse

People with Alcohol Problems

Young People

Refugees

5.2 More information is found at <https://www.nihe.gov.uk/Working-With-Us/Supporting-people/Who-is-the-Supporting-People-programme-for>

6.0 Means Test for SPG

- 6.1 It is important to state that the means test for SP is a DfC Policy and is also included in Housing Support Services legislation. Service users are eligible to access support services funded by the SPG under Housing Support Services legislation.
- 6.2 SP services, by their nature, are provided to vulnerable people whose need for support is conditioned by the nature of that vulnerability. For example, the vulnerability may result from the individual's age, problems of substance use or mental health, or a history of homelessness. The nature of the vulnerability clearly affects the nature of the housing support need. It is therefore appropriate that the support service is adapted according to the nature of the vulnerability.
- 6.3 The **Supporting People Support Services and Ability to Pay Policy (2003)** sets out Housing Benefit (HB) entitlement as an appropriate means test for service users to access **Housing Support Services**. This was deemed an appropriate vehicle through which access could be provided
- as it was administratively simple, fair and easily understandable for service users. Whilst the means test is linked to HB entitlement, SPG is paid to the Service Provider.
- 6.4 In respect of those service users who are on low incomes but do not receive HB, the Ability to Pay Policy details exempt service users who can passport to free **housing support services** in the short term.
- 6.5 With the introduction of Universal Credit (UC) from September 2017, the UC Regulations have set out that supported accommodation is 'exempt' accommodation, eligible tenants in supported accommodation will therefore continue to receive Housing Benefit to cover eligible housing costs.⁷ Eligibility for SP for tenants in receipt of long term **accommodation based services** will therefore remain the same.
- 6.6 A number of long term SP services are provided to tenants in accommodation

⁷ **Universal Credit Regulations (Northern Ireland) 2016, Schedule 1** states, "exempt accommodation" has the meaning given in paragraph 4(9) of Schedule 3 to the **Housing Benefit (Consequential Provisions) Regulations (Northern Ireland) 2006**, where it states "exempt accommodation" means accommodation which is provided by a housing association, registered charity or voluntary organisation where that body or a person acting on its behalf also provides the claimant with care support or supervision.

that is privately rented and does not meet the definition of exempt supported accommodation in the UC legislation (referenced at footnote 2). Those tenants have migrated to UC due to a change in their circumstances with housing costs met from UC rather than HB. These SP services are described as **'dispersed' or 'peripatetic'**, and are provided in the tenants' own privately rented homes. A 'peripatetic or dispersed' service user (as defined at Para 4.8) is one who has long term support services which are means tested.

6.7 For this **'peripatetic or dispersed'** category of service users who are eligible for their housing costs to be fully or partially met through UC, a modification to the current means test policy has been put in place with the means test amended to include the housing element of UC. A Data Sharing Agreement between HE and DfC UC is in place in order that HE is aware of which claimants receive the Housing element of UC. The means test for all other long term services users who will still be in receipt of HB remains unchanged.

7.0 Eligible Housing Support Services

- 7.1 **Housing support services** are funded by way of Supporting People Grant (SPG). SPG provides revenue funding for the HE, Housing Associations, HSCT and Voluntary & Community and Private organisations to provide services to vulnerable people in temporary and permanent accommodation.
- 7.2 In order to be eligible to receive SPG funding, a provider must have a funding agreement in place which has been approved by the HE and must provide the **housing support services** as outlined in the Regulations. SPG must be used to secure the provision of a housing support service in accordance with the funding agreement.
- 7.3 A range of services are funded by SPG. This guidance provides a prescriptive list of these eligible services (see Para 6.7) and sets out the boundaries of the grant. The services, which go together to create 'housing-related support', are broad and wide ranging however the underlying principal is to provide services that enable a service user to live as independently as possible.

Principles for housing support services

- 7.4 **Housing support services** are part of a continuum of services delivered to

individuals with particular needs for support and care. In all cases, but particularly where both support and care is being delivered the following principles for **housing support services** should be applied:

1. Must be part of a planned programme of support agreed between the service provider and the service user
2. Must be focused on the activities and skills, which enable the service user to maintain their tenancy or occupancy of their home in another tenure, such as owner occupation
3. Are provided to the individual and in certain limited circumstances to other members of the household
4. Must be strategically relevant, provide value for money and are good quality

- 7.5 The **housing support services** can be provided in a person's own home in any form of tenure, owner occupied, social housing and private rented housing (see Para 4.4). The provider must agree a full support plan at the earliest opportunity with the service user. However in cases of emergency accommodation, a full support plan is unlikely to be in place before

acceptance onto a service, although the provision of a support plan should be a priority activity. Housing support plans must be in accordance with the service specifications agreed between the HE's SP team and the provider.

7.6 It is appreciated that other issues may interact with housing support in enabling a service user to live independently and fulfil their potential in the community. However services, which do not relate to housing such as personal care⁸ or employment training, are not eligible for funding through SPG.

7.7 **The following services are eligible housing support services** for the purpose of Article 4 of the Housing Support Order 2002; <http://www.legislation.gov.uk/nisi/2002/3154/contents>. These services range from aiding the individuals social, financial and security needs. It should be emphasised that the grant is to be used to provide the support service to help vulnerable people, not, for example, to pay rent arrears or purchase security equipment. The list is not exhaustive however it is indicative of the nature of issues for which SPG is applied.

a) Provision of general counselling and support which includes befriending, advice, guidance and supervision on food preparation, reminding and non-specialist counselling where this does not overlap with similar services provided as personal care.

General counselling or non-specialist counselling in this context relates to general advice which will assist a service user to live independently.

b) Assistance with the security of the dwelling required because of the needs of the service user.

Guidance in establishing personal safety and security of the service user. Where the security of the building requires more than normal concierge type duties e.g. where extra security is required to monitor and restrict access to certain individuals or groups of individuals; where health and safety requires more than one member of staff to be available due to the needs of the users and the possibility of serious disputes which may place a member of staff at risk; and where the service user needs to be reminded about security.

⁸ The meaning of 'personal care' is given by Article 10 (3) of 'The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003'. Services covered by this order are not SP eligible services. Available at: <https://www.legislation.gov.uk/nisi/2003/431/contents/made>.

- Examples likely to require this include:** Accommodation for women who have experienced domestic abuse. Accommodation provided for vulnerable homeless people that requires 24-hour access to the accommodation; and people who need encouragement or reminding over security e.g. people with dementia
- c) Assistance with the maintenance of the safety of the dwelling.** Guidance on maintaining the security of the service user's dwelling. This relates to the provision of advice and supervision on a range of safety matters, for example ensuring that the user is able to safely use appliances, such as cooker and washing machine; ensuring that service users do not leave lighted cigarettes or candles unattended, or leave taps running
- d) Assistance and supervision on the use of domestic equipment and appliances.** Guidance and supervision for service users on the use of domestic equipment. This activity includes advice and supervision in areas which could be considered life skills, such as using a washing machine or setting heating controls appropriately, as well as supervision to avoid health and safety risks
- e) Assistance with arranging minor repairs to, and servicing of, domestic equipment and appliances.** Guidance and support to aid service users to arrange services to their own domestic equipment and appliances e.g. boilers. Where the service user is unable to deal with their own minor repairs, or where they are being taught the skills necessary to manage minor repairs. The level of intervention and frequency of guidance may vary according to the individual's needs. Costs eligible for SPG under this heading do not include the cost of actually doing the repairs or the cost of materials
- f) Provision of life skills training in maintaining the dwelling and curtilage in appropriate condition.** This includes advice and supervision on any issues of cleanliness, maintenance and safety, particularly in terms of advising or reminding the service user to maintain the condition of the dwelling and its curtilage. Provide guidance with essential decoration and maintenance of the dwelling. It may also include issues such as advice and supervision of food preparation, menu planning, food storage and waste disposal to preserve the condition

of the kitchen units and other appliances, and also guidance and assistance to arrange for domestic help, where appropriate. Advice and supervision on cleaning of items such as curtains and soft furnishings is also eligible

g) Assistance in how to engage with individuals, professionals and other bodies with an interest in the welfare of the service user.

This can include housing staff, social workers, medical staff, mental health staff, addictions specialist services and others. It includes arranging for them to call at the service user's home, dealing with telephone calls or correspondence, and arranging and accompanying the service user to meetings or appointments

h) Assistance on access to the provision of equipment and adaptations to cope with disability. This can include liaising with Occupational Therapists and Care Management/ social worker to arrange adaptations or signposting the service user to local tradespersons who can assist in the installation of adaptations, for example replacing steps to a house with a ramp, adaptations to equipment

e.g. bath. This does not cover the installation of adaptations or the cost of equipment

i) Advice or assistance in personal budgeting, debt counselling.

This can include guidance, advocacy and liaison in managing finances. Such assistance and advice over and above that provided in the course of normal housing management would be eligible for SPG, if they are part of a planned programme of support where tenants are unable to deal with their finances in an organised fashion, have continual budgeting problems, and require regular intervention to assist them in maintaining their tenure. Housing support staff or experienced money advisors may carry out these duties.

j) Advice or assistance in dealing with relationships/ disputes with neighbours. In general, occasional management of neighbour disputes can be considered as a housing management charge and therefore not eligible for SPG. However where more regular or intensive intervention is required, for example regular intervention by housing support staff to prevent serious disputes arising out of an

individual service user's personal circumstances or condition, or resolving such disputes, then these fall under general support and non-specialised counselling and can receive SP monies.

k) Advice or assistance in dealing with claims to social security benefits and other official correspondence relevant to sustaining occupancy of the dwelling.

This can include guidance, advocacy and liaison in benefit claims. In general this is where help is provided as part of a planned package of support, and may require repeated intervention, including some degree of non-specialist advocacy.

l) Advice or assistance with resettlement of the service user.

This activity covers help which a service user may need in moving to new accommodation. It includes assistance with choosing new accommodation, making practical arrangements for power, telephone lines etc., choosing and arranging white goods, decoration and furnishings, and assistance or advocacy in agreeing a new package of support. It does not cover the costs of any items/ materials or work involved in renovating,

decorating or furnishing the new accommodation.

m) Advice or assistance to enable a service user to move on to accommodation where less or more intense support is required.

This is a broad provision, which deals with the rehabilitation function of support, in achieving the aim of **independent living**. For example, the service user may be living in shared accommodation where cleaning is provided, but may receive advice and instruction on cleaning with a view to moving to mainstream housing.

n) Advice or assistance with shopping and errands where this does not conflict with similar services provided as personal care.

This provision includes accompanying the service user to help with errands such as shopping, visiting the library or post office and collecting prescriptions.

o) Maintenance of emergency alarm and call systems.

The cost of the maintenance of alarm equipment in supported accommodation where the accommodation is occupied by elderly, sick or disabled people and such accommodation is

either specifically designed or adapted for such persons or otherwise particularly suitable for them, having regard to its size, heating system and other major features and facilities.

p) Responding to emergency alarm calls, where such calls relate to housing support services, in accommodation designed or adapted for, and occupied by, elderly, sick or disabled people.

The costs eligible for SPG are the costs of responding to the call where a housing support response is appropriate. The accommodation must be occupied by elderly, sick or disabled people and such accommodation is either specifically designed or adapted for such persons or otherwise particularly suitable for them, having regard to its size, heating system and other major features or facilities. Where the response required is not housing support (for example, a personal care need or repair to an appliance) this is not eligible. The alarm system itself does not make the accommodation specifically designed or adapted for such persons or otherwise particularly suitable for them. Systems that monitor the health of the occupant are also not eligible for SP funding.

q) Controlling access to individual resident's rooms. This includes guidance on establishing personal safety and security of the service user, and also where staff control visitor access e.g. domestic violence refuges. Examples also include where additional security is required within the accommodation due to the needs of the service user, for example, people with disability and or dementia.

r) Cleaning of resident's own rooms and windows. Guidance and support in maintaining the cleanliness of the dwelling and curtilage. Charges for the cleaning of service user's own rooms and windows, both internal and external, where neither the service user nor any member of the household is temporarily able to clean these themselves are eligible for SPG. For clarity, the cleaning of rooms and windows in communal areas will remain eligible for Housing Benefit as a rent or housing management charge

s) Providing for the costs of resettlement services.

- t) Encouraging social intercourse, and welfare checks for residents of accommodation supported by either a resident warden or a non-resident warden with a system for calling that warden where this does not overlap with similar services provided as personal care or personal support.** This refers to services undertaken by a scheme supervisor to ensure that residents do not feel isolated.
- u) Arranging social events for residents of accommodation supported by a resident warden or a non-resident warden with a system for calling that warden.** This refers to services undertaken by a scheme supervisor or support worker to arrange social events in the areas of shared accommodation. This does not cover the cost of the actual event itself.
- v) Other members of the household.** The issues which make a person vulnerable and in need of **housing**

support services are likely to impact on other members of their household. Increased vulnerability can occur for example when a person does not have mental capacity to make decisions about their own safety or has fluctuating mental capacity associated with mental illness and other conditions. SPG is designed to help the family by ensuring that in such situations the individual can maintain occupancy of the dwelling. Prescribed SP services which include the need of children in the family may therefore be eligible. However, services such as crèche facilities, educational services or individual/group support to help children recovering from trauma are not eligible for SPG.

It should be noted that providers may also be eligible to receive funding via other funding streams whilst receiving funding from the Supporting People Program i.e. Housing Benefit, Housing Management and the Department of Health.

Associated Support/ Overhead Costs

7.8 As well as services which are directly delivered to people, some indirect costs can be met from the SPG. These include administrative time spent on ensuring eligible services are provided effectively and training costs to ensure staff provide adequate housing support. A variation in the percentage of direct and indirect costs between providers is expected due to the diverse and unique delivery roles of individual schemes.

Overhead costs are those costs of a service that result not from the direct activities of the service itself but from the activity of the organisation that provides the service.

Examples include a share of the following:

- Initial start-up costs only (a one-off payment)

- Office equipment (not refurbishment of office equipment)

As each scheme has unique requirements, an interpretation of eligible start-up costs and office equipment will vary for each scheme.

It should be noted that the essence of Supporting People is to allocate the majority of grant funding to directly support vulnerable people via frontline staff. The Supporting People Financial Returns – Guidance on the Apportionment of Expenditure document can be used to assist when determining providers associated support/overhead costs.

Available at: <https://www.nihe.gov.uk/getattachment/bd582e95-17b1-4be3-978c-61fa99176d13/supporting-people-financial-returns-guidance.pdf>

8.0 Ineligible Housing Support Services including Ineligible Costs and Ineligible Accommodation

- 8.1 **Housing Support services** funded through the SP programme are often provided to service users who are in receipt of a range of other support services from other agencies. The services below will not however be funded through SP.
- 8.2 **Care and Support services** in the following categories:
- **Assessment of service users on behalf of Health and Social Care.** This relates to carrying out assessments on users health and social care needs that would result in the development of a Health and Social Care support package
 - **Statutory after-care services.** These are services that Health and Social Care Trusts provide to people who are leaving care to make the transition to independent living. These include the assessments of the person's needs, the provision of a personal adviser and pathway planning for people up to the age of 21 (or beyond if continuing in education)
 - **Domiciliary Care including Personal Care Services.** Domiciliary care is defined as the range of services put in place to support an individual in their **own home**. Services may involve routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home
 - **Specialised Counselling.** Counselling should only be provided by qualified professionals. Counselling which is unrelated to Housing Support is also excluded. Examples of this include:
 - Specialised counselling to deal with addictions
 - Behaviour modification programmes
 - Individual or group therapy

- Mental state assessments and monitoring which may be undertaken by health care professionals such as community psychiatric nurses, psychiatric nurses or psychiatric social workers
- **Childcare.** This relates to the supervision and nurturing of a child, including casual and informal services provided by a parent and more formal services organised by a child care centre.

8.3 Ineligible Costs

- **Housing Management Services.** Housing Management Services can be defined as routine landlord functions performed by, or on behalf of the landlord and are often part of routine housing management.
- It is important to acknowledge that costs related to the building are not support costs.

Costs relating to:

- The building should be paid out of rents
- The provision of communal services such as gardening, window cleaning or communal utilities should be paid out of the service charge
- Personal use of facilities should be paid by the tenant.

Ineligible accommodation

8.4 **Accommodation based services** is defined at Para 4.5. Eligible accommodation for accommodation based SPG includes a hostel, **Independent Living in Later Life** or other types of supported housing accommodation. However, there are types of accommodation which will not be eligible for SP funding. These are defined in the legislation as ‘excepted’ accommodation.⁹

Legislation states that “excepted accommodation” means accommodation, or accommodation of a type, prescribed as such.

⁹ Available at: <http://www.legislation.gov.uk/nisi/2002/3154/contents>

9.0 Accreditation

9.1 Provider organisations of **Housing Support services** within the SP programme have been subjected to a provider accreditation process by the HE. This is to ensure that all providers receiving SPG have the capability, structure and capacity to deliver quality services for the duration of their funding agreement. This is one element in a Quality and Monitoring Toolkit which is intended to improve services and achieve higher standards.

9.2 The provider accreditation process is underpinned and directed by the need to ensure the provision of consistent, high quality and value for money housing-related support services. The accreditation process is a key risk management tool for SP. For further information regarding the accreditation process please see:

- <https://www.nihe.gov.uk/working-with-us/supporting-people/accreditation-information-for-delivery-partners>

‘Passporting’ to the SP programme

9.3 DfC is the Regulatory Authority for Registered Housing Associations (RHAs) in NI and this regulatory role is set out at <https://www.communities-ni.gov.uk/articles/housing-regulation>.¹⁰

9.4 RHAs were ‘passported’ to the SP Programme. This means that DfC is satisfied that the organisations have the capability, structure and capacity to deliver quality SP services in the same way SPPG/ HSCTs and HE have existing regulatory frameworks and inspection regimes that ensure these statutory bodies remain appropriately managed, accountable and are able to consistently deliver SP services.

¹⁰ RHAs are referred to as Registered Housing Associations in The Housing (Northern Ireland) Order 1992.

10.0 Unspent SPG

10.1 SPG is a restricted fund which is defined as funding where a funder has specified what the money must be spent on; the organisation does not have the power to spend the money on anything else. If the funding is not spent for the **approved purposes** during the financial year to which it relates, the unspent amount will be recovered by the HE.

10.2 The HE will contact the organisation to make arrangements for the grant

to be refunded in line with the Funding Agreement and will engage with the organisation to determine the amount of SPG to be awarded for future financial years.

10.3 The HE's SP Funding Agreement currently provides the terms and conditions upon which the HE will provide funding for individual **Housing Support services**.

Appendix 1

Desk Aid:

Descriptor Of Eligible Service
Assessment of eligibility for housing support
Advice and guidance to resolve or prevent housing debt or other debt that affects ability to pay for housing
Assistance to claim appropriate benefits and maximise income
Advice and guidance to manage personal budget
Advice and guidance on self-catering
Advice and guidance in relation to fulfilling licence/ tenancy/ mortgage conditions
Advice and prompting to maintain the safety and security of the accommodation
Advice and assistance in relation to organising repairs or improvements
Advice on connection to utilities
Assisting to help overcome social exclusion e.g. shopping
Supporting educational/ employment pursuits
Provision of information on community facilities and services available
Regularly advising/ assisting with relationships/ disputes with neighbours
Advice and assistance in acquiring essential household items
Advice on how to use domestic equipment/ appliances in the home
Provision of community alarm service
Maintenance of community alarm
Advice and assistance to enable move on to more appropriate accommodation
Assistance to help arrange for domestic help
Assistance to become familiarised with Health and Safety procedures and personal safety
Risk assessment with regard to the service users ability to live independently
Advice on how to report repairs and organise repairs or improvements
Arranging adaptations to enable service user to cope with disability
Assistance in management of health and well-being
Occasional prompting with self-medication
Support around substance use
Provision of advice and information on individuals' support package
Signposting and assistance to access specialist advice

Appendix 2

SP Thematic Groups and PCG Definitions:

Thematic Group	PCG	Definition (from SP Programme)
Older People	1. Older people with mental health problems / People with a diagnosis of dementia	Older people with mental health problems including dementia.
	2. Older people with support needs	Older people with low to medium support needs.
	3. Frail elderly	Older people who are physically disabled or frail.
Young People	4. Young people	Young people at risk or vulnerable includes young people leaving care environments.
Disability and Mental Health	5. People with a physical or sensory disability	People with mobility difficulties, sensory impairments, and debilitating or long-term illness.
	6. People with mental health problems	People with enduring, but relatively low level mental illness or disability, as well as those who have been diagnosed as mentally ill and who have had, or are having, specialist treatment.
	7. People with learning disabilities	People with mild to moderate learning disabilities, as well as those with more severe learning disabilities and/or challenging behaviour.

Thematic Group	PCG	Definition (from SP Programme)
Homeless	8. People with alcohol problems	People with alcohol problems who are homeless, or who are having difficulties in relation to sustaining their accommodation or managing to live independently.
	9. People with substance use issues	People with drug problems, who are homeless or who are having difficulties in relation to sustaining their accommodation or managing to live independently.
	10. People experiencing homelessness, and homeless families with support needs	Families who have been accepted as statutorily homeless and are placed in temporary accommodation. This group includes homeless women with children.
	11. People with convictions or people at risk of offending	Offenders, or people at risk of offending, who are homeless or who are having difficulties in relation to sustaining their accommodation or managing to live independently.

Thematic Group	PCG	Definition (from SP Programme)
	12. Rough sleepers	People accessing a single Homeless Crisis Accommodation Service. NIHE define rough sleeping as “People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places, not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or ‘bashes’)”.
	13. Single people experiencing homelessness with support	People who have been accepted as homeless and in priority need, and also those single homeless people who have been turned down for re-housing or have not approached the local authority.
	14. Women at risk of domestic abuse	Women at risk of domestic abuse who have left their home, or who are having difficulties in keeping their home and establishing their personal safety and security.

Source: SP Programme

Available in alternative formats.

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Northern Ireland Assembly

Research Paper 133/08

27 November 2008

THE 'SUPPORTING PEOPLE' PROGRAMME

Research and Library Services

This paper provides a broad overview of the 'Supporting People' programme. It includes background information on the programme's development, remit and objectives and explores some of the key challenges currently facing the 'Supporting People' programme.

Library Research Papers are compiled for the benefit of Members of The Assembly and their personal staff. Authors are available to discuss the contents of these papers with Members and their staff but cannot advise members of the general public.

SUMMARY OF KEY POINTS

- Supporting People is a UK-wide programme, introduced in Northern Ireland in 2003, which commissions and delivers housing support services that are designed to improve the quality of life and independence of vulnerable people. There are currently 121 providers delivering services under the Supporting People programme in Northern Ireland to around 23,000 people.
- The Supporting People programme and the implementation of the 5 year Supporting People Strategy is administered by the Northern Ireland Housing Executive (NIHE). NIHE has developed a Commissioning Body responsible for the commissioning of services and below this four Area Supporting People Partnership Groups to identify housing support service needs and priorities in their local areas.
- The 5 year Supporting People Strategy is informed by other strategic documents including, for example, the NIHE Homelessness Strategy; Community Care Agenda (People First); The Probation Board for Northern Ireland Accommodation Strategy; the NI Domestic Violence Strategy; Community Safety Strategies; and the Bamford Review of Mental Health and Learning Disability.
- One of the most significant and recurrent themes raised by providers of Supporting People services over recent months is the baselining of the Supporting People budget at £61 million per annum over the 2008-2011 period. This issue was recently debated in a motion on the Supporting People Fund in the Northern Ireland Assembly on 21 October 2008.
- The Committee Representing Independent Supporting People Service Providers (CRISPP) and the Council for the Homeless Northern Ireland (CHNI) published a joint briefing paper highlighting concern at what they perceive to be a lack of inflationary increase and a net cut in funding in the Supporting People budget. They have subsequently published the findings of a survey of Supporting People providers which indicates that 50 Supporting People schemes could be at risk by 2010-11 as a result of the baselining of the Supporting People budget.
- The Supporting People programme will also undoubtedly face new challenges as a result of the Review of Public Administration. For example, the establishment of a single Regional Health and Social Service Board and the creation of five local commissioning groups may mean that the programme will embark upon a process of engagement with new structures in identifying need and commissioning services.
- The Supporting People programme and Supporting People providers also face continuous new challenges in integrating the objectives of emerging strategies, policy directions and regulatory standards. The Audit Commission has recently announced that it will conduct an evaluation of the Supporting People programme in England the outcome of which may be of interest to the commissioners and providers of Supporting People Services in Northern Ireland.

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INTRODUCTION

1. The purpose of this briefing paper is to provide a broad overview of the 'Supporting People' programme. **Section One** (p1-9) provides information on the programme, exploring its remit, development and objectives and may be a useful reference source for those seeking background information on the programme. **Section Two** (p10-13) examines some of the key challenges currently facing the programme including a number of issues identified by stakeholders.

SECTION ONE: AN OVERVIEW OF THE 'SUPPORTING PEOPLE PROGRAMME'

WHAT IS THE 'SUPPORTING PEOPLE' PROGRAMME?

2. The 'Supporting People' programme is a UK wide reform of the way in which housing support services are commissioned and funded. The programme was launched in Northern Ireland in April 2003 by Des Browne MP, the then Minister with responsibility for Social Development¹. The purpose of the programme is to develop housing support services that will enable vulnerable people to access accommodation suitable to their needs and to assist them in living as independently as possible.
3. The definition of 'housing support services', as set out in the Housing Support Services (Northern Ireland) Order 2002² is,

"any service which provides support, assistance, advice or counselling to an individual with particular needs with a view to enabling him to occupy, or continue to occupy, as his only or main residence, housing accommodation in Northern Ireland".
4. The types of services covered by the 'Supporting People' programme include, for example, a housing warden service, general counselling and befriending services; help to deal with claims and social security benefits; parenting and household management skills training; assistance to engage with individuals, professionals and other bodies; and assistance to manage money properly.
5. The 'Supporting People' programme in Northern Ireland is targeted at 11 client populations including people with learning disabilities; people with mental health problems; older people; young vulnerable people and people leaving care; people at risk of domestic violence; people who are homeless; black and minority ethnic groups; people at risk of offending or re-offending; people with physical and sensory impairments; and, people with alcohol and/or drug addiction problems.
6. Organisations providing eligible 'Supporting People' services in Northern Ireland include, for example³:

¹ Department for Social Development. News Release. 'Housing support receives £153m boost'. 25 April 2003. <http://archive.nics.gov.uk/sd/030425a-sd.htm>

² The Housing Support Services (Northern Ireland) Order 2002. www.opsi.gov.uk/si/si2002/20023154.htm

³ Information extracted from the 'Housing Association Guide', Part 5, Appendix 2. Published by the Department for Social Development. www.dsdni.gov.uk/index/hsdiv-housing/registered_housing_associations/ha_guide/hag.pt5/hag.pt5.app2

- The Northern Ireland Housing Executive – providing housing services for the homeless;
 - Registered Housing Associations – providing sheltered housing and other support housing services;
 - Community and Voluntary organisations and other bodies managing temporary hostels or women’s refuges;
 - Health and Social Service Trusts supporting people with physical and mental health problems; and
 - Community and voluntary organisations and other bodies supporting people with mental health problems, young people leaving care and ex-offenders.
7. In Northern Ireland, there are currently 121 providers delivering services under the ‘Supporting People’ programme to around 23,000 people in approximately 827 accommodation based schemes. Additionally there are 84 floating support schemes providing services throughout Northern Ireland⁴. The programme is administered by the Housing Executive in Northern Ireland and by Local Authorities in England, Wales and Scotland.

THE ORIGIN AND DEVELOPMENT OF ‘SUPPORTING PEOPLE’

8. The ‘Supporting People’ concept originated in a 1998 consultation document published by then Department for the Environment, Transport and the Regions (DETR) entitled *‘Supporting People: a new policy and funding framework for support services’*⁵. This policy shift was prompted by a 1997 High Court ruling which held that the purpose of Housing Benefit was to cover the payment of rent and should only be used to pay for housing support services in very restricted circumstances. Prior to this ruling housing support services were primarily funded through Housing Benefit and through a variety of other funding sources across several Government Departments.
9. In Northern Ireland these funding sources included Housing Benefit, Income Support and Special Needs Management Allowance⁶ provided by the Department for Social Development; Northern Ireland Housing Executive voluntary sector homeless funding; Probation Board linked funding; and by individuals with incomes above benefit thresholds paying charges personally⁷.
10. In addition to uncoordinated funding arrangements, housing support services were often commissioned and delivered largely on an ad hoc basis by a mixture of statutory and voluntary bodies. The ‘Supporting People’ concept aimed to ‘deliver a strategic integrated policy and funding framework, delivered locally in

⁴ Northern Ireland Housing Executive (2008) Annual Report: 1 April 2007 – 31 March 2008, p26 www.nihe.gov.uk/annual_report_2008.pdf

⁵ DETR (1998) Supporting People: A new policy and funding framework. Department of Employment, Transport and Regions.

⁶ Special Needs Management Allowance (SNMA) was paid by the Department for Social Development to registered housing associations to cover the additional costs incurred in managing supported housing.

⁷ Department for Social Development (2001) Towards Supporting People in Northern Ireland,

response to identified local needs, replacing the previously complex and uncoordinated arrangements'⁸.

THE DEVELOPMENT OF THE PROGRAMME IN NORTHERN IRELAND

11. In May 2001 a consultation paper entitled 'Towards Supporting People' was published by the Department for Social Development. This paper set out the Department's proposals for developing the 'Supporting People' policy and funding framework for Northern Ireland. A Working Group was established with representatives from the Department for Social Development, Department of Health Social Services and Public Safety, the Probation Board and the Northern Ireland Housing Executive to develop policy and funding arrangements.
12. The consultation paper highlighted that prior to the development of 'Supporting People', housing support services in Northern Ireland had the following key features:
- Provision of services tended to be influenced by the availability of funding and not necessarily by local assessment of need;
 - Services were in many cases driven by imaginative responses by voluntary and community sector agencies;
 - Revenue funding arrangements for supported housing services were 'complex and fragmented' and which led to gaps in service provision and shortcomings in the delivery of community care;
 - Due to the complexity of service provision and funding, housing support services were often not directly linked to Housing Executive, Health and Social Services or Probation Board priorities or strategies; and
 - There was no over-arching government strategy to integrate the work of the various government departments and agencies involved in the funding and provision of housing support services.
13. In response to these issues the 'Towards Supporting People' consultation set out the Government's plans to introduce a 'Supporting People' policy and funding framework bringing together the various funding streams, including Housing Benefit paid for support services, into a new single budget. Resources would be allocated by the Department for Social Development to the Northern Ireland Housing Executive, who as the lead agency, would work in partnership with the Department of Health Social Services and Public Safety and the Probation Board deliver needs based housing support services.
14. It was proposed that funding streams to be transferred to the new single budget would include, Transitional Housing Benefit and Income Support paid in respect of support services; the Special Needs Management Allowance (SNMA) paid by the Department for Social Development to Housing Associations for designated supported housing services; Probation Board accommodation linked funding of hostel services; and Northern Ireland Housing Executive Homelessness

⁸ Audit Commission website www.audit-commission.gov.uk/housing/sup.asp?CategoryID=english%5E1628

Voluntary sector funding. Services which would not be eligible for funding under the proposals included, for example, personal care services (e.g. home help service or help with feeding, bathing, washing and personal hygiene).

15. The combination of existing funding into a single source was placed into statute by the [Housing Support Services \(Northern Ireland\) Order 2002](#). This was originally introduced in the Northern Ireland Assembly as the Housing Support Services Bill but was passed at Westminster during suspension of the Assembly.
16. The Northern Ireland Housing Executive, as the lead organisation for 'Supporting People' published its [draft 'Supporting People' Strategy](#)⁹ for consultation in April 2004 as a first step in the development of a strategy direction for housing support services. The final strategy entitled '[Supporting People, Changing Lives: The Supporting People Strategy 2005-2010](#)'¹⁰ was launched by David Hanson MP, the then Minister with responsibility for Social Development, on the 20 September 2005¹¹.
17. The overall aim of the 'Supporting People' Strategy is to "*commission housing support services that will improve the quality of life and independence of vulnerable people*". In addition to this, the Strategy also has four key objectives and six overarching principles:

KEY OBJECTIVES

- To commission relevant housing support services;
- To develop services in line with service user's needs and aspirations;
- To ensure value for money services; and
- To continuously improve the quality of services.

PRINCIPLES

- To promote the **independence** of vulnerable people;
- To enable vulnerable people to **choose** where and how they want to live;
- To enable the **inclusion** of vulnerable people in wider society;
- To commission, deliver and monitor housing support services in **partnership** with statutory agencies, service users, their representatives and service providers;
- To commission services on the basis of the needs of service users and agreed principles (**equity**); and
- To ensure that there are transparent processes for commissioning, funding, and monitoring services.

⁹ Northern Ireland Housing Executive (2004) Supporting People in Northern Ireland. Draft Strategy 2004-2009. www.nihe.gov.uk/index/foi_publications/supporting_people-4.htm?page=1

¹⁰ Department for Social Development (2005) Supporting People, Changing Lives: The Supporting People Strategy 2005-2010. www.nihe.gov.uk/index/foi_publications/supporting_people-4.htm?page=3

¹¹ Department for Social Development. News Release. 'Five Year Plan for Supporting People Launched'. 20 September 2005. <http://archive.nics.gov.uk/sd/050920b-sd.htm>

THE IMPLEMENTATION OF THE ‘SUPPORTING PEOPLE’ STRATEGY AND ACTION PLAN

ADMINISTRATIVE STRUCTURES

18. The Department for Social Development has overall responsibility for the ‘Supporting People’ programme in Northern Ireland. The Northern Ireland Housing Executive (NIHE) is the **Administering Authority** and as such has responsibility for the:

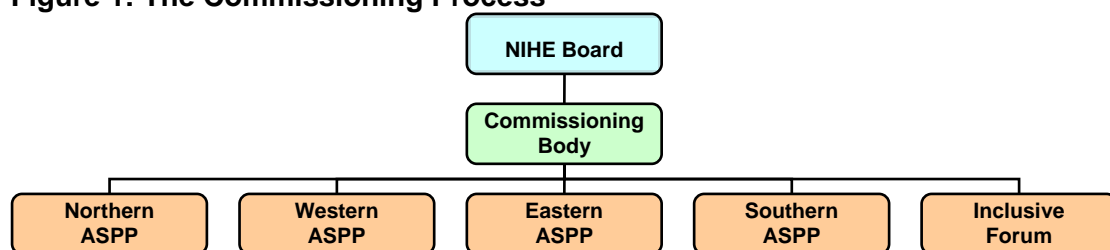
- Implementation of the programme;
- Strategic planning of service development based on need;
- Commissioning services in partnership with the four Health and Social Services Boards and the Probation Board for Northern Ireland; and
- Developing and implementing a five year strategy for the ‘Supporting People’ programme.

19. The Board of the NIHE has administrative responsibility for the ‘Supporting People’ programme, however, NIHE have developed a **Commissioning Body** who are responsible for the commissioning of services, subject to the approval of the NIHE Board. The Commissioning Body comprises of representatives from NIHE, the four Health and Social Services Boards and the Probation Board Northern Ireland (PBNI). Representatives from the Department of Health, Social Services and Public Safety (DHSSPS) sit on the Commissioning Body in an observer role. The Commissioning Body delegates its day to day management of the programme to the NIHE’s Supporting People Team.

20. Below the Commissioning Body, sit **four Area Supporting People Partnership (ASPP) Groups** (see figure 1). The boundaries for the ASPP Groups are coterminous with the four Health and Social Service Boards. The purpose of the ASPP Groups are to identify housing support service needs and priorities in their local areas. The ASPP Groups are chaired by their respective Health and Social Services Boards and membership of the groups comprise of representatives of local HPSS Trusts, Probation Board and the Housing Executive.

21. In addition to the ASPP Groups, an **Inclusive Forum** provides a mechanism for service users and providers to identify client specific needs.

Figure 1: The Commissioning Process¹²



¹² Structure extracted from Supporting People, Changing Lives: The Supporting People Strategy 2005-2010, p12.

STRATEGIC LINKS

22. The Supporting People Strategy and the commissioning of services is informed by a number of other strategic documents which identify Government objectives for the enhancement of the health, protection, well-being and accommodation needs of vulnerable people. The three main strategic documents identified as informing the Supporting People Strategy are the [NIHE Homelessness Strategy](#)¹³, the [Community Care Agenda \(People First\)](#)¹⁴ and the [PBNI Accommodation Strategy](#)¹⁵. It is also stated that the Supporting People Strategy was developed within the context of meeting the objectives of the [Programme for Government](#).
23. Other strategic directions which are said to have influenced the Supporting People Programme include, for example, regional strategies such as the [Community Safety Strategies](#)¹⁶ and the NI [Domestic Violence Strategy](#)¹⁷, and local needs based strategies, for example, the Southern Health and Social Service Board's 'Strategic Vision for Health and Social Care of Older People'¹⁸ and the Eastern Health and Social Service Board's 'Accommodation and Support Strategy for Care Leavers and Vulnerable Young People'¹⁹.
24. Perhaps one of the most significant challenges facing the 'Supporting People' programme in terms of strategic direction, is the progression of the recommendations of the [Bamford Review](#)²⁰ in regards to the housing support service needs of people with learning disabilities or mental health problems and the resettlement of people from long stay hospitals. The Bamford Review recommended that in regards to housing²¹:
- DSD and housing providers should develop a housing strategy to ensure people with mental health problems and learning disabilities can, where possible, live in the accommodation of their choice, subject to normal financial constraints;
 - People with mental health problems or learning disabilities should have the choice to live independently but the use of specialised group housing has a role to play, for example as step-down accommodation after leaving hospital; and
 - DSD should ensure participation of people with mental health problems or a learning disability in the planning of housing services.

¹³ See www.nihe.gov.uk/index/sp_home/strategies/independent_living-2/homelessness_strategy.htm

¹⁴ See www.dhsspsni.gov.uk/ec-community-care

¹⁵ Probation Board for Northern Ireland (2003) Accommodation Strategy for Offenders.

¹⁶ See www.communitysafetyni.gov.uk/localCommunitySafetyStrategies.htm

¹⁷ See www.nio.gov.uk/tackling_violence_at_home_-_strategy_for_addressing_domestic_violence_and_abuse_in_northern_ireland.pdf

¹⁸ Southern Health and Social Services Board (2002) Strategic Vision for Health and Social Care Services for Older people, 2002-2007).

¹⁹ Eastern Health and Social Services Board (2002) Accommodation and Support Strategy for Care Leavers and Vulnerable Young People.

²⁰ Bamford Review of Mental Health and Learning Disability -

www.nio.gov.uk/tackling_violence_at_home_-_strategy_for_addressing_domestic_violence_and_abuse_in_northern_ireland.pdf

²¹ Review of Mental Health and Learning Disability (2007) Promoting the Social Inclusion of People with a Mental Health Problem or Learning Disability, pp21-25. www.rmhdni.gov.uk/promoting-social-inclusion.pdf

25. In relation to long stay hospitals and people with learning disabilities, recommendation 27 of the 2005 'Equal Lives' report published by the Review of Mental Health and Learning Disability stated *"Resettlement of long-stay patients from hospitals within the context of supported living principles must be progressed as rapidly as possible. By June 2011, all people living in a learning disability hospital should be relocated to the community. Funded need to be provided to ensure that on average 80 people will be resettled per annum over the five year period from 2006-2011"*²².
26. The resettlement of people with learning disabilities from Muckamore Abbey Hospital to supported independent living in the community has been an area of particular concern. In response to an Assembly Question tabled in September 2008²³, the Minister for Social Development has stated that to facilitate this, DSD will develop 38 new units at a cost of £4.6m during the next three years.

FUNDING, PERFORMANCE MONITORING AND CAPACITY BUILDING

FUNDING

27. The Supporting People budget for the financial years 2008-2011 is £61m per year or £183m over three years. The Department of Social Development allocate this funding to the Northern Ireland Housing Executive in the form of the **Supporting People Grant**. The NIHE as the Administering Authority use this fund to contract eligible housing support services from providers.
28. Support services can be classified as 'short term' or 'long term' according to their aims and objectives. Short term schemes have a maximum intended duration of up to two years and are defined as those services which are intended to move people on to more independent living. Short term services are not means tested, the rationale for this decision was to avoid creating disincentives to taking up work and that it was not administratively efficient for providers to means test for charges in short term schemes. However, this charging policy will be kept under review²⁴.
29. The Supporting People budget also funds a number of floating support services in Northern Ireland. Floating support is defined as 'assistance provided in a person's own home by a support worker', the NIHE has compiled a [directory](#)²⁵ of floating support services by area and by client population. Floating support services are offered by a wide range of groups, for example, the Simon Community, Women's Aid, Health and Social Care Trusts, Northern Ireland Council for Ethnic Minorities (NICEM), and Triangle Housing Association.

²² Review of Mental Health and Learning Disability (2005) Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland, p64.

www.rmhdni.gov.uk/equallivesreport.pdf

²³ Answer to Assembly Question AQW 465/09 tabled on the 15 September 2008 by Dawn Purvis MLA.

²⁴ Department for Social Development (2005) Supporting People, Changing Lives: The Supporting People Strategy 2005-2010, p77.

²⁵ Northern Ireland Housing Executive (2008) Floating Support Directory. www.nihe.gov.uk/supporting_people_floating_support_directory.pdf

PERFORMANCE MONITORING, CAPACITY BUILDING AND PROGRAMME DEVELOPMENT

30. As of April 2008, all Floating Support providers are required to attribute at least 75% of their total staff hours to the delivery of 'Direct Support' (Direct Support includes appointments with clients, telephone advice calls, travelling, administration including the production of support plans, liaising with other agencies on clients behalf, providing housing support for clients within a group setting). Direct supervision does not include or training of floating support staff. Organisations funded through the Supporting People programme to deliver floating support services must submit monitoring information on a monthly basis.
31. The process of monitoring and quality assuring housing support services has been described as one of the most significant aspects of the Supporting People programme. The vision for the monitoring and review of Supporting People services is to develop a system which leads to the continuous improvement of services²⁶.
32. A framework for the monitoring and review of Supporting People Services is being developed and aims to facilitate a common approach to service standards and management information, the identification of standards against which services can be monitored and continuous improvement. This involves the following components:
- **Accreditation:** providers of Supporting People services must be accredited to verify that they are suitable and competent organisations (e.g. financially competent; have in place effective employment policies in relation to staff development, health and safety; staff supervision); can demonstrate a track record or competence to deliver services;
 - **Quality Assessment Framework (QAF):** is a set of national defined standards to ensure high quality services, the QAF is said to be a mechanism by which providers can improve their services by self-assessing their individual services against the whole QAF and develop continuous improvement plans to achieve higher standards. The QAF provides a means by which the NIHE can assess the quality of the services being provided²⁷;
 - **Performance Monitoring:** NIHE collect quarterly data from providers on a number of performance indicators, i.e., service availability, service utilisation, throughput, length of stay, departures from short term accommodation based services²⁸.
 - **Validation Visits:** visits carried out by the NIHE Supporting People team to review evidence submitted by the providers to assess whether specific standards have been achieved and to verify if the QAF self assessment is accurate.

²⁶ Northern Ireland Housing Executive. Monitoring and Review of Supporting People Services: Briefing Paper No.1. www.nihe.gov.uk/index/foi_publications/supporting_people-4.htm?page=2

²⁷ Northern Ireland Housing Executive. Monitoring and Review of Supporting People Services: The Quality Assessment Framework. Briefing Paper No 2. www.nihe.gov.uk/index/foi_publications/supporting_people-4.htm?page=2

²⁸ Information extracted from NIHE website - www.nihe.gov.uk/index/wwu_home/supporting_people-3/wwu-sp-contractperformance.htm

- **Service Reviews:** these are essentially contract reviews conducted by the NIHE Supporting Services team on individual services. They pull together the strands of the monitoring and review framework and examine in detail the services being provided. The possible outcomes of the service review include recommissioning the existing service; transferring the service to another provider; recommend major changes to remodel the service; or discontinue the service²⁹. In 2007-2008, 102 service reviews were completed by the NIHE³⁰.

CAPACITY BUILDING AND PROGRAMME DEVELOPMENT

33. As a result of findings from the process of provider accreditation and the service review programme in 2005, Supporting People identified a need for the further development of both organisational capacity of provider organisations and employees within the sector. As a result, Asset Skills and the Northern Ireland Council for Voluntary Action (NICVA) were commissioned to undertake work in assessing the generic organisational development issues and training needs of provider organisations. From this programme was rolled out in 2006, 25 provider organisations have participated in the 'Innovation and Capacity Building Programme' to date³¹.
34. The Supporting People programme was also identified as an area for business improvement in the NIHE 'Modernising Services' programme. The Modernising Services programme is aimed at applying up-to-date technology and business practices to deliver more efficient and effective services. The '[Supporting People Modernisation Project](#)' is currently in progress and is due for completion by October 2008. Key activities include the development of options for new administrative arrangements for the Supporting People programme; a process of wider consultation with staff and other key stakeholders; and the development of more integrated and sophisticated ICT system. Changes to the administration for Supporting People will be implemented on a phased basis throughout the life of the project³².
35. The Supporting People Modernisation Project Team have also recently developed a [draft Supporting People Communications Strategy](#) which is intended to provide further clarity and focus on the way in which Supporting People communicates with its partners and provide standards against which communication can be measured. Proposals in the Strategy include the establishment of a Communications Steering Group. The draft Strategy document also states that a separate Strategy is being developed to ensure that service users are meaningfully engaged in decisions regarding the Supporting People Programme³³.

²⁹ Northern Ireland Housing Executive. Monitoring and Review of Supporting People Services: Briefing Paper No.1. www.nihe.gov.uk/index/foi_publications/supporting_people-4.htm?page=2

³⁰ Northern Ireland Housing Executive (2008) Annual Report: 1 April 2007 – 31 March 2008, p26 www.nihe.gov.uk/annual_report_2008.pdf

³¹ Northern Ireland Housing Executive (2008), Annual Report 2007/08, Ibid.

³² Information extracted from the Northern Ireland Housing Executive website -

www.nihe.gov.uk/index/wwu_home/supporting_people-3/modernising_services.htm

³³ Draft Supporting People Communications Strategy available to download from Northern Ireland Federation of Housing Associations (NIFHA) website www.nifha.org/research-and-policy/supporting-people/minutes-and-meetings/

SECTION TWO: KEY ISSUES AND CHALLENGES

SUPPORTING PEOPLE BUDGET

36. One of the most significant and recurrent themes raised by Supporting People providers and their representative organisations over recent months is the baselining of the Supporting People budget at £61m per annum over the 2008-2011 period. This issue was recently debated in a motion on the Supporting People Fund in the Northern Ireland Assembly on [21 October 2008](#)³⁴. In her speech, the Minister stated that in the last year of direct rule the budget for Supporting People was £58m and that the £61m allocation actually constituted an increase in resources, rather than a decrease.
37. The Minister has further stated that “baselining the budget does not necessarily freeze individual budgets and the Northern Ireland Housing Executive may make in-year bids for additional resources in the usual way”³⁵. The Minister has also stated that the Supporting People fund will not be subject to the 3% efficiency saving target introduced in the Comprehensive Spending Review.
38. The **Committee Representing Independent Supporting People Service Providers (CRISPP)**³⁶ and the **Council for the Homeless Northern Ireland (CHNI)** published a joint briefing paper in October 2008 highlighting concern at what they perceived to be a lack of inflationary increase and a net cut in funding in the Supporting People budget³⁷. The paper raises a number of issues:
- That the decision to baseline the budget was based upon the fact that there were underspends in the programme over the previous three years (2004/05, 2005/06, 2006/07) but that these underspends resulted from a slippage in the completion of Housing Association new build schemes, for which Supporting People had budgeted revenue costs. The budget for this could not be drawn down, Supporting People is not permitted to use any such savings on non-recurrent funding in-year (e.g. staff training) and is not permitted to carry underspends into the following financial year.
 - That organisations providing Supporting People services have already absorbed above inflation increases in costs in the past number of years. A survey conducted in September 2008 by the Council for the Homeless Northern Ireland (CHNI) and the Northern Ireland Federation of Housing Associations (NIFHA) found that Supporting People providers of all sizes indicate that they felt a shortfall in funding would

³⁴ See www.niassembly.gov.uk/record/reports2008/081021.htm#6 for the Official Report of the debate.

³⁵ Answer to Assembly Question AQO 526/09 tabled on the 23 September 2008 by Anna Lo MLA.

³⁶ CRISPP is a regional body comprising of representatives across statutory, private and voluntary organisations that are directly involved in the provision of Supporting People services. CRISPP is jointly chaired and facilitated by the Council for the Homeless Northern Ireland (CHNI) and the Northern Ireland Federation of Housing Associations (NIFHA).

³⁷ CRISPP & CHNI (2008) A Joint response by CRISPP and CHNI on the impact of the ‘Programme for Government’ on the Supporting People budget for financial years 2008-2011. www.chni.org.uk/UserFiles/File/2008-05-30_crisppPaper%20on%20SP%20baselining.doc%202.doc

impact negatively on staff retention and staff recruitment. Many providers are contractually committed to NJC terms and conditions in respect of salary and incremental increases and feel that they may be left with a choice of either increasing wages and employing less staff or keeping wages static and lose experienced, well trained staff. There is a concern that this will in turn impact upon the delivery of services to clients.

- That organisations are already under pressure to fund increases in other (in)direct overheads and that services will in the coming year face significant cost increases in the community year for enhanced regulatory compliance.

39. As a following up to their briefing paper, CHNI and NIFHA conducted a survey to anticipate the impact of perceived static funding on service viability³⁸. Key findings from the survey included:

- By 2010-11 it is estimated that 73% of respondent's schemes will be in deficit. Of those likely to experience a shortfall, 50% will be in deficit due to Supporting People funding shortfalls;
- By the end of 2010-11, respondents have stated that 50 of their schemes will be at risk and their organisation will seek to withdraw from their Supporting People contract;
- 42% of respondents have indicated that they would, or would be likely to, reduce investment on training and development; and
- 39% of respondents stated that they would be looking to reduce the number of support hours being delivered by their services and 59% stated that they consider it likely or definite that staffing levels will have to decrease by 2010-11.

REVIEW OF PUBLIC ADMINISTRATION

40. The Supporting People programme will undoubtedly face new challenges as a result of the Review of Public Administration. In October 2007, the then Minister for the Environment, Arlene Foster, published the 'Emerging Findings' from the interim evaluation of the original RPA transfer proposals. The interim evaluation indicated that the housing functions including the Supporting People Programme would not be transferred to local councils. This approach has been welcomed by NIHE³⁹.

41. However, it remains to be seen how other sectoral changes emerging as a result of RPA will impact on the Supporting People programme. For example, the establishment of a single Regional Health and Social Services Board to replace the four existing Health and Social Services Boards and the creation of five local commissioning groups. Such changes may mean that Supporting People will

³⁸ CHNI & NIFHA (2008) Funding Supporting People Services Provider Perceptions Survey. 90% (104) of supported housing providers were asked to complete a postal questionnaire with a 37% response rate.

³⁹ Northern Ireland Housing Executive (2008) Corporate and Business Plans 2008-2009 to 2010-2011. p31. www.nihe.gov.uk/index/sp_home/consultation/consultation_archive.htm

have to embark upon a process of engagement with new structures in the identification of need and in the commissioning and delivery of services.

RECENT STRATEGY AND POLICY DEVELOPMENTS

42. The Supporting People Strategy and the commissioning of services is informed by a number of other strategic documents which identify Government objectives for the enhancement of the health, protection, well-being and accommodation needs of vulnerable people. The Supporting People programme and Supporting People providers face continuous new challenges in integrating the objectives of emerging strategies, policy directions and regulatory standards.

43. The most recent of these include (although this is not an exhaustive list):

- the [Bamford Review of Mental Health and Learning Disability](#)⁴⁰;
- the [Semple Review of Affordable Housing](#)⁴¹;
- [Promoting Social Inclusion \(PSI\) Homelessness Strategy and Action Plan](#)⁴²;
- [‘Lifetime Opportunities’](#) the Government’s Anti-Poverty and Social Inclusion Strategy;
- [‘Care Matters’](#)⁴³ the DHSSPS vision for looked after children including children in care;
- [‘Positive Steps’](#)⁴⁴ and [‘Partners for Change’](#) strategies and action plans which undertake to build upon the relationship between Government and the Voluntary and Community Sector;
- various Health and Social Service Board and Trust strategies and action plans for client groups (e.g. older people, people with disabilities); and
- compliance with the new [Safeguarding Vulnerable Groups](#) legislation (a new vetting and barring scheme covering those who work or volunteer, or seek to work or volunteer, with children or vulnerable adults is due to be introduced October 2009)⁴⁵.

AUDIT COMMISSION EVALUATION OF THE SUPPORTING PEOPLE PROGRAMME IN ENGLAND

44. The [Audit Commission](#) has recently announced that it will conduct an evaluation of the Supporting People programme in England. As part of the evaluation the Commission will review issues such as⁴⁶:

- The impact of the programme to date including programme outcomes for diverse groups of vulnerable people;
- programme governance including the nature partnership working;
- commissioning, procurement and performance management;
- improvements in value for money;

⁴⁰ See www.rmhdni.gov.uk/

⁴¹ See www.dsdni.gov.uk/hsdiv-housing-affordability.htm

⁴² See www.dsdni.gov.uk/cv-homeless.pdf

⁴³ See www.dhsspsni.gov.uk/care-matters-ni-3.pdf

⁴⁴ See www.dsdni.gov.uk/partners-for-change-2006-08.doc

⁴⁵ See www.dhsspsni.gov.uk/index/hss/svg/svg-resource-library.htm for further information on the Safeguarding Vulnerable Groups legislation.

⁴⁶ Audit Commission. Supporting People evaluation. www.audit-commission.gov.uk/housing/supevaluation.asp?CategoryID=english^1628

- the level of user and carer involvement in future service and strategy development; and
- how housing related support services fit in with wider Government priorities across local and national government.

The evaluation will also explore the ongoing challenges and barriers to improvement in services, examining issues of most concern such as:

- leadership and governance structures;
- programme and performance management, including adequate contract monitoring;
- poor service user involvement;
- inadequate access to services and information for users and potential users; and
- issues relating to the safeguarding of children, young people and vulnerable adults.

45. As Supporting People is a national programme rolled out across the UK, the findings and outcomes of the Audit Commission evaluation may be of particular interest to the commissioners and providers of Supporting People services in Northern Ireland.



SUPPORTING PEOPLE REVIEW

Final Report
NOVEMBER 2015

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1. Ministerial Foreword

The review of the Supporting People programme is a key objective in my Department's *Facing the Future* Housing Strategy for Northern Ireland Action Plan. The effective delivery of the programme has also been one of my priorities during my time in office.

Supporting People is a complex and diverse programme which, since 2003, has provided housing support services to assist vulnerable people in Northern Ireland to live independently. There are many partners involved in its commissioning and delivery, including the Northern Ireland Housing Executive, the Department for Health, Social Services and Public Safety, and the 100+ service providers who deliver the programme. While this review is an important opportunity to evaluate Supporting People to date and make recommendations for the future, I also welcome it as an opportunity to acknowledge the valuable work done throughout the various aspects of the programme. I have spent a lot of time visiting schemes and projects, meeting staff, clients and tenants and hearing first-hand about the valuable work being done. It is evident both from my visits and throughout the report that the services provided are of huge benefit to clients, and offer significant practical support to allow them to live independently.

I am looking forward to continuing to work with all our partners to ensure that Supporting People can keep shaping lives for the better well into the future.

A handwritten signature in black ink, appearing to read 'Mervyn Storey'. The signature is stylized and written in a cursive-like font.

Mervyn Storey MLA
Minister for Social Development

2. Executive Summary

- 2.1 The Supporting People programme was introduced across the UK in 2003. It equips and supports more than 17,000 vulnerable people each year in Northern Ireland to live independently. People can receive support in a hostel, in sheltered housing or in other types of supported housing accommodation. Support can also be provided to people in their own homes, whether privately rented, owner-occupied or social housing, through floating support services.
- 2.2 The Northern Ireland Housing Executive (NIHE) has statutory responsibility for delivering the Supporting People programme on behalf of the Department for Social Development (DSD). From its introduction until March 2015, more than £850 million was spent through the Supporting People programme.



2.3 The Department for Social Development gave a commitment to review the Supporting People programme within the *Facing the Future: Northern Ireland Housing Strategy Action Plan 2012 – 2017*. The review, led by officials from the Department for Social Development (DSD), had four objectives:

- i. provide an overview of existing provision and current expenditure broken down by category of service, and an assessment of the extent to which needs are being adequately met;
- ii. evaluate the Supporting People policy and programme and the extent to which it has met its core aims in an economic, efficient and effective way since its launch in 2003;
- iii. consider whether an adequate strategic, legislative and administrative framework is in place for the efficient and effective delivery of the Supporting People policy and programme in future;
- iv. and where appropriate, make recommendations to improve the efficiency and effectiveness of the service.

2.4 The Review found that the Supporting People programme has achieved its core aims, delivering significant quality of life benefits to those who have received services, assisting the resettlement of people from institutional settings and preventing problems which could have led to hospitalisation, institutional care or homelessness.

2.5 Evidence was found of Supporting People services preventing crime and, more significantly in financial terms, reducing pressure on health and social care budgets. The Review team also found a significant body of qualitative evidence on the positive difference the programme has made to the lives of many people.

2.6 The Review identified a number of areas where action is needed to further improve the impact of the programme and its economy and efficiency. These are summarised briefly below in the context of each of the Review's objectives.

Objective 1 – Existing Provision, Expenditure and Need

- The current system of needs assessment is not fit for purpose and has been unable to identify adequately emerging areas of future need.

Objective 2 - Economy, Efficiency and Effectiveness

- Floating support services, in particular, deliver strong preventative benefits in a very cost-effective way and opportunities should be taken to make floating support a stronger element within the programme.
- Evidence was found of continuous improvement in the quality of services but the systems for identifying effective practice and driving innovation need significant strengthening.
- Where services fail or are no longer needed, there is not currently a robust, transparent framework for decommissioning them.
- There is a significant variation in costs between apparently similar, primarily accommodation-based, schemes which are difficult to explain convincingly.

Objective 3 – Strategic, Legislative and Administrative Framework

- The current legislation and policy framework remain fit for purpose but improvements could be made to the understanding of what is meant by *housing support* and *independent living*.
- The roles and responsibilities of different statutory agencies within the Programme are not always clear and it is important that costs and risks are shared appropriately.
- There are important lessons to be learned from the removal of ring-fencing arrangements for Supporting People funding in England.
- The structure for commissioning services is unnecessarily complex, decision-making processes are not transparent and the links between commissioning decisions and strategic priorities are not always clear.
- There are opportunities to learn the lessons from Great Britain and test, on a pilot basis, the potential for competitive tendering to improve economy, efficiency and effectiveness.
- There are overlaps and ambiguity in the current regulatory and administrative frameworks which can create duplication of effort and additional costs.

2.7 Recommendations to address these findings are listed in chapter 7.

3 Introduction to the Review

3.1 Overview of Supporting People

In 2003, the Supporting People programme was introduced across the UK to improve the planning, development and delivery of housing-related support services to vulnerable people. The policy was implemented across England, Scotland, Wales and Northern Ireland with national variations due to devolution and the different local authority structures.

3.2 In Northern Ireland, the aim of the Supporting People programme was to:

- achieve a better quality of life for vulnerable people, allowing them to live more independently and maintain their tenancies;
- provide housing support services to prevent problems that can often lead to hospitalisation, institutional care or homelessness; and
- help to smooth the transition to independent living for those leaving an institutionalised environment.

“H’s brother and wife clearly indicated...the amazing transformation they see in H from coming out of hospital into supported living and the rediscovered talents and interests and confidence that they remember from H’s younger years before the onset of his mental illness... Supported Housing and the collaborative approach by all has contributed greatly to H’s wellbeing and this journey of success.”

- Supporting People Mental Health client

3.3 Supporting People services provide:

- short-term accommodation-based support for those people also in housing need (e.g. homeless hostels, refuges for victims of domestic violence);
- longer-term support to enable someone to sustain a home (e.g. in accommodation-based services where housing-related support is provided to assist the person to maintain their tenancy);
- short-term support through a floating support service to assist vulnerable adults with housing-related support tasks to help them maintain independence in their own home, regardless of tenure type (typically for up to two years in duration).

3.4 The Supporting People programme funds accommodation services for a broad range of vulnerable people, who fall within the client groups as set out in the table below (as at December 2014):

Supporting People Client Group	% of contracted Supporting People units	% of Supporting People budget
Homeless people	10%	21%
People with a learning disability	8%	21%
People with mental health issues	8%	17%
Older people	59%	14%
Women at risk of domestic violence	5%	7%
Young people at risk	3%	5%
People with drug and alcohol use problems	2%	6%
People with a physical or sensory disability	3%	4%
Offenders or people at risk of offending	1%	4%
Other vulnerable people	1%	1%

3.5 As the strategic housing authority for Northern Ireland, the Housing Executive takes administrative responsibility for delivering the Supporting People programme on behalf of the Department for Social Development. The programme in Northern Ireland is a working partnership with the Housing Executive, the Department of Health, Social Services and Public Safety and the Probation Board, and it is delivered through approximately 100 service providers. The majority of these providers are community and voluntary sector organisations, with other providers including Housing Associations, Health and Social Care Trusts and the Housing Executive.

3.6 **The Review Requirement**

There is a commitment by the Department for Social Development to review the Supporting People programme within the [Facing the Future Northern Ireland Housing Strategy Action Plan 2012 – 2017](#). While service providers have been subject to various methods of regulation and inspection throughout the lifetime of the Programme, to date there has been no comprehensive value-for-money or policy appraisal – this Review is therefore crucially important in evaluating what the Programme has achieved, and in making recommendations for continuous improvement going forward.

3.7 **The Review Objectives**

The key objectives of the Review are to:

- provide an overview of existing provision and current expenditure broken down by category of service, and an assessment of the extent of which needs are being adequately met;
- evaluate the Supporting People policy and programme and the extent to which it has met its core aims in an economic, efficient and effective way since its launch in 2003;

- consider whether an adequate strategic, legislative and administrative framework is in place for the efficient and effective delivery of the Supporting People policy and programme in future;
- and where appropriate, make recommendations to improve the efficiency and effectiveness of the service.

Each of the review objectives are considered in turn in the following chapters of this Report.

3.8 The Review Methodology

The review was led by officials from the Department for Social Development, with support from delivery partners in the Northern Ireland Housing Executive and the Department of Health, Social Services and Public Safety, who participated in a review project working group. Supporting People providers contributed to the policy review by means of a project advisory group, offering provider, and where possible, service user input, at key stages in the project.

- 3.9 The evidence base for the Review has drawn from a mixture of existing data sources and new research. This has included service provider workshops and feedback; site visits; a range of papers produced by the Department and peer reviewed; and a number of reports commissioned by NIHE and DSD.
- 3.10 The following papers have been produced by the Department to inform the Review, and are available on the Department's [website](#):
- Original aims and objectives of the Supporting People Programme and its legislative base;

- Lessons learned paper, highlighting developments and relevant learning from elsewhere in the UK and in Ireland;
- A PEST and SWOT analysis on the wider policy, political, financial, social and environmental factors impacting on Supporting People and the opportunities and challenges provided by this context;
- A paper outlining the findings of key relevant studies, reviews and research to date and the effect of implementing recommendations from these on policy outcomes and improving value for money; and
- An analysis of the commissioning arrangements within Supporting People.
- Feedback from Supporting People Provider Events

3.11 In addition, the Department and the Housing Executive commissioned the following pieces of work:

- [Strategic Review of Supported Accommodation in Northern Ireland](#) (North Harbour Consulting, 2011)
- [Evaluation of the Effectiveness of Floating Support](#) (RSM McClure Watters, 2012)
- [Evaluation of Accommodation-based Services](#) funded by Supporting People (RSM McClure Watters, 2015).
- Bamford Review: the experience of learning disabled people resettled from long-stay hospitals in NI (North Harbour Consulting, phase 1, 2014)
- Review of the Supporting People Business Processes (SITRA, 2015)

3.12 Summaries of the first two reports listed at paragraph 3.11 are included in the DSD paper outlining the findings of key relevant studies, reviews and research to date (referenced in paragraph 3.10 above). The third report, on accommodation-based services was published recently by the Housing Executive. The final three reports listed had not been published at the time this Review was completed.

4. Review Objective 1 – Existing Provision, Expenditure and Need

4.1 The first objective of the Review is to provide an overview of existing provision and current expenditure broken down by category of service, and an assessment of the extent to which needs are being adequately met.

4.2 Provision and Expenditure

There are two elements to the funding of Supporting People. Firstly, there is investment in the construction or purchase by Housing Associations of new supported housing units (capital), and secondly, there is the delivery of services to assist vulnerable people who live independently (revenue).

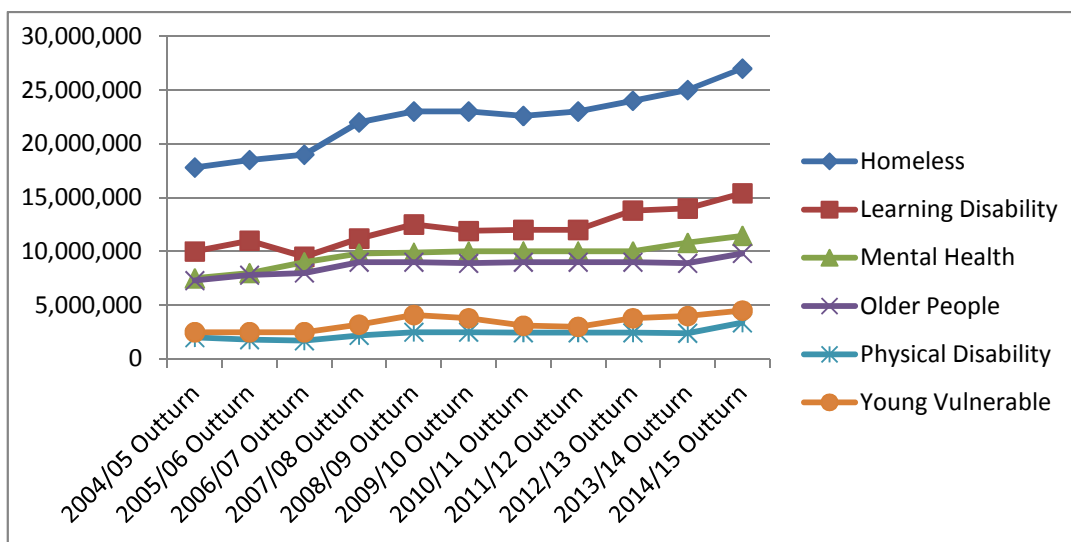
4.3 From April 2003 to March 2015, the Supporting People programme has spent £727m in revenue funding and £147m in capital funding. During that time, capital funding has provided almost 1700 new units of supported accommodation. More than 80% of the revenue funds have been used to provide services in housing association owned accommodation, with the balance used to fund peripatetic floating support services.

The table below shows total **revenue and capital expenditure** by the Housing Executive on the Supporting People programme since 2003/04:

Year	Final Spend £ '000
2003/04	44,928 (revenue only)
2004/05	55,275
2005/06	90,333
2006/07	86,461
2007/08	75,061

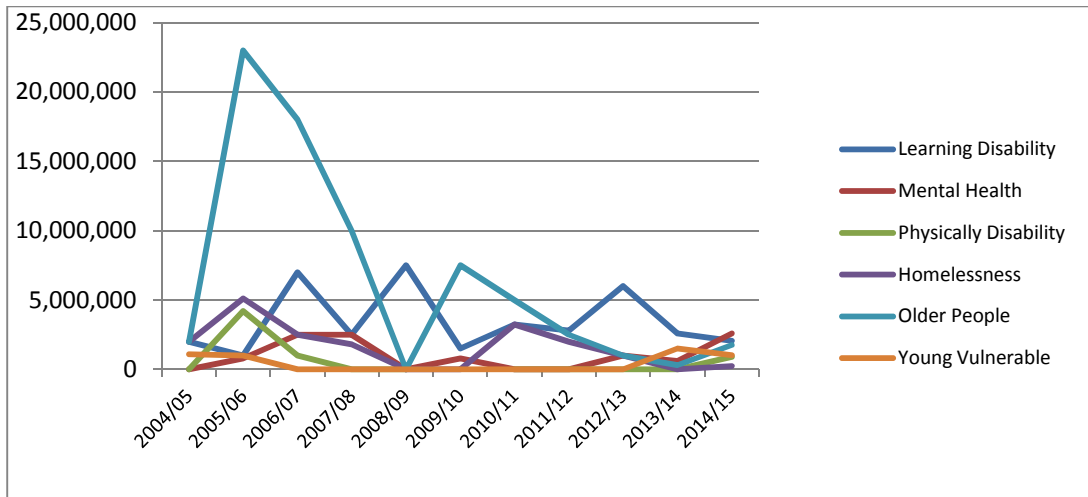
2008/09	70,063
2009/10	71,976
2010/11	76,063
2011/12	72,856
2012/13	75,133
2013/14	75,405
2014/15	80,150

4.4 The line graph below gives a trend synopsis of **revenue expenditure** by client group, since 2004:



4.5 The line graph below gives a trend synopsis of the amount of **Capital Funding** that has been provided for the various service user client groups using the Supporting People programme. As the graph suggests, at the beginning of the programme there was an emphasis on the provision of sheltered accommodation for older people. As the programme developed, and following the Department of Health’s Bamford Review of Mental Health and

Learning Disability, the emphasis of Supporting People shifted more toward the provision of supported housing accommodation to assist the resettlement strategy.



4.6 Meeting Needs

Supporting People currently has a target of assisting 17,000 vulnerable people to live independently each year. This was increased in 2011/12 from the original target of 12,000 people assisted. Both of these targets have consistently been exceeded year on year.

4.7 While achieving the target is positive, it is difficult to reach a firm overall assessment as to whether the programme has met needs adequately, primarily because there is currently no systematic, robust process for assessing housing support needs at a regional level. The individual case studies highlighted throughout the report, and other commissioned research, provide persuasive anecdotal evidence of needs being met, but no objective mechanism exists to verify that this is indeed the case. This has been identified as a key issue within the review.

“Mrs K (78 years old, and the main carer for her husband who has dementia) was allocated a support worker who liaised with NIHE in relation to the suspected asbestos in her home... A referral was also made to CAB for a benefits check to be completed. Mrs K is now confident that her home is asbestos free. In addition to the direct housing support, a listening ear and emotional support has been provided to Mrs K.”

Supporting People Older People Client

- 4.8 It was recognised that through the [Homelessness Strategy](#), the Housing Executive has identified strategic needs for a range of homelessness services, although it was suggested by providers that further improvements could be made to this, particularly in better understanding the profile and needs of the homeless population.
- 4.9 However, the systems of needs assessment for other client groups were felt to be considerably weaker, and rely on information provided by Health and Social Care Trusts, based on their social care assessments of individual clients. While this approach might provide useful information to help determine the need for revenue services (such as floating support), it is not an adequate housing support needs assessment for overall planning purposes and it does not provide a sufficiently robust basis for making long-term decisions about capital build or infrastructure (such as hard-wired electronic assistive technology) requirements for supported housing.

4.10 The existing needs assessment system has been unable to articulate effectively at a regional level the range of emerging strategic housing support needs. Three, in particular, were identified during the review:

- the implications of an ageing population identified through 2011 Census data;
- the lack of suitable supported accommodation options in many areas for people with physical disabilities; and
- evidence emerging of latent demand for housing support from people with learning disabilities living with older carers (usually parents).

4.11 On this last point, the Review notes that the Health and Social Care Board has recently completed a bespoke needs assessment exercise to identify care needs for people with learning disabilities living with older carers.

4.12 There is, therefore, a strong case for a more robust approach to needs assessment which takes account of demographic trends and other social factors as a means of identifying both current and future patterns of need. Service-specific or local knowledge should also play a role in any future needs assessment system. In implementing any new process, there would be a case for comparing existing patterns of service to the outcomes of the needs analysis to identify gaps and overlaps.

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.

5 Review Objective 2 – Economy, Efficiency and Effectiveness

- 5.1 The second objective of the Review is to evaluate the Supporting People policy and programme and the extent to which it has met its core aims in an economic, efficient and effective way since its launch in 2003.
- 5.2 This section will consider the extent to which Supporting People services have met the aims of the Programme, while also delivering value for money, taking into account both cost and the quality of service, and outcomes for service users.

Core Aim - Prevention

- 5.3 One of the core aims of Supporting People (per 3.2 above) is **to provide housing support services to prevent problems that can often lead to hospitalisation, institutional care or homelessness**. Indeed, the preventative value of the Supporting People programme was identified as a key strength in the Review, but it was acknowledged that this is difficult to quantify accurately.
- 5.4 There have, however, been a number of studies which have attempted to estimate the return on investment in housing-related support services. These estimates range from savings to the public purse of between £1.10 for every £1 spent on Supporting People in Scotland (2007 study), £1.68 per £1 of expenditure in Wales (2006 study) and £2.12 for every £1 spent in England (2009 study).

- 5.5 A similar study for Northern Ireland, commissioned by NICVA, was completed by SITRA in 2015.¹ This report estimates that every £1 spent on the Supporting People programme saves the public purse £1.90. Most of these estimated savings accrue to Health and Social Care budgets and through an inferred reduction in crime.
- 5.6 Evaluations by RSM McClure Watters of accommodation-based and floating support services funded by Supporting People in Northern Ireland also include qualitative evidence from service providers of the benefits of Supporting People interventions in reducing hospital admissions / re-admissions, delaying admission into residential or other institutional care and preventing tenancy breakdown, homelessness and re-offending.

5.7 Floating Support

The Review of Supporting People has identified floating support as a particularly cost-effective way of delivering preventative benefits. Floating support is a peripatetic housing support service delivered in a person's own home designed to help individuals maintain or develop the skills to live independently. Such services have been used, in particular, to prevent homelessness or to help re-integrate individuals back into communities following a period of homelessness or time spent in an institutional setting.

¹ "The Financial Benefits of the Supporting People programme in Northern Ireland" (SITRA, 2015) available at www.nicva.org/resource/financial-benefits-supporting-people-programme-northern-ireland

“A has cerebral palsy and is a service user of (a) Floating Support Service in the Southern Trust area. Life changed for A when her mum became ill with dementia. Her Floating Support Worker linked A with a local service to enable her to better understand dementia and the changes her mother was experiencing. The next step involved working closely with A to help her source independent living options and find a good solution specific to her needs.... (Supported living) has given A the emotional support to have the confidence to live independently and learn many new skills.”

Supporting People Physical Disability client

5.8 Floating support plays a key role in early intervention and prevention and has the potential to extend Supporting People services across a wider geographical spread, particularly in rural areas where it is often not financially viable to provide tailored accommodation-based services. The review also found good examples of floating support working successfully in tandem with accommodation-based services, particularly for young homeless people, supporting individuals in their journey to full independence.

5.9 Because floating support is intended to build skills to support independent living, services for individual clients are currently time-bound to two years. While, in most instances, this should be adequate, there is a case for greater flexibility to be applied in this rule, particularly where floating support offers a more cost-effective solution to meeting an individual’s needs than alternative provision.

Recommendation 2:

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

Core Aim – Quality of Life

- 5.10 Another core aim of the Supporting People programme is to achieve a better quality of life for vulnerable people, allowing them to live more independently and maintain their tenancies (per 3.2 above).
- 5.11 The review found a range of qualitative evidence that indicated that this core aim was being achieved. This evidence took the form of provider feedback, testimonials from service users and their families and focus groups with service users. Service users interviewed as part of the RSM McClure Watters Evaluation of Accommodation-Based Services funded by Supporting People reported benefits to their economic, social, psychological, and physical well-being. The Evaluation of Floating Support Services involved focus groups with service users and “it was the opinion of all participants that their quality of life had been immeasurably improved through the provision of floating support.”²

“If I didn’t have floating support now, I would be very isolated and wouldn’t have anyone to help me work through things. I would be very anxious and worried, as I have been before when there were neighbour problems, and wouldn’t have the confidence I have now. It is all helping me in independence.”

- Supporting People Homeless Young Person client

² “Evaluation of the Effectiveness of Floating Support” (RSM McClure Watters, 2012).

Outcomes Measurement

- 5.12 The review found it more difficult to establish quantitative evidence of the outcomes achieved by the Supporting People programme. Several tools exist within the provider sector for measuring outcomes, some of which are highly effective, but none are used consistently across providers and there is no accessible central tool for comparing or benchmarking performance across projects or providers.

Similar conclusions have been drawn by other researchers. For example, in their work on evaluating accommodation based services, RSM McClure Watters noted that “we encountered difficulties in drawing meaningful conclusions on service effectiveness, due to limitations in the Supporting People data collected.”

- 5.13 It is clear that outcomes measurement across the Supporting People programme would benefit from a revised approach. An improved outcomes measurement framework will require input from both service providers (who will need to review their in-house systems), and the Housing Executive (who are already working on improving their systems for capturing outcomes data). This is a significant task, which will need all parties to gain a more thorough understanding of the measures to be used and the data required for meaningful performance assessment. Some cognisance might also usefully be paid to the learning from recent efforts across the Health and Social Care sector to move to a common outcome assessment tool for social care services.

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.

Decommissioning Framework

- 5.14 The revised approach to outcomes measurement detailed above would be an essential tool in establishing a robust and unambiguous decommissioning process. While the available evidence suggests that most Supporting People services are provided to a high standard, it has been highlighted that no consistent approach exists for decommissioning any services that have not met the standard required – or indeed, services which are no longer strategically necessary. It is important that any decommissioning is evidently for the benefit of service users, and a clear set of performance standards (per recommendation 3 above) which are either met or missed will emphasise that the focus is on improving quality or aligning services with current need.
- 5.15 Decommissioning of services, where necessary, can be a highly sensitive issue and a transparent decommissioning framework, with agreed standards and definitions, would be a useful foundation on which to base those difficult decisions.

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.

Core Aim - Resettlement

- 5.16 The third and final core aim of the Supporting People programme is **to help to smooth the transition to independent living for those leaving an institutionalised environment.**
- 5.17 The Housing Executive has played a key role in helping to deliver the Department of Health and Social Services' strategy (often referred to as 'Bamford') to resettle people with learning disabilities or mental health issues from long-stay hospitals into the community. NIHE's work has involved working in partnership with housing associations and others to fund and develop appropriate new social housing which meets the needs of resettled people and providing funding for the housing support services required to help them to live independently through the Supporting People programme.
- 5.18 In addition, since the inception of the Supporting People programme, the Housing Executive has worked with the Probation Board for Northern Ireland to meet the accommodation and housing support needs of individuals leaving Prison Service facilities.
- 5.19 In terms of the Bamford resettlement programme, the review has found a number of positive impacts on the individuals resettled and their families. However, this has come at a considerable cost. Bamford-related services, funded through Supporting People, are significantly more expensive than similar services offered to other clients with learning disabilities or mental health issues through the Supporting People programme. For clients with learning disabilities, for example, the average cost per bed space to Supporting People for a service provided through the resettlement programme is more than two and a half times higher than for bed spaces in other services for clients with learning disabilities. It will be difficult to sustain this higher cost in the medium and longer-term and all partners in such schemes (Health and Social Care, providers and NIHE) need to work together to develop a more

viable service delivery model which meets need in the most cost-effective way possible.

- 5.20 The review has also found some evidence of significantly higher costs in some schemes which are not easily explicable by reference to the housing support needs of the clients within those schemes. This could suggest that, in some cases, Supporting People funding is being used to help meet the costs of other statutory services which are not eligible for funding through the Supporting People programme. This requires further investigation by the Housing Executive.

Standardised Regional Payment Rates

- 5.21 As noted above, there are significant variations in costs within client groups. While this is most marked for learning disability services, it is a feature across most client group services within the programme. For example, wide differentials in costs were also found by an independent study on accommodation-based homelessness services funded by Supporting People.³
- 5.22 While it is acknowledged that some level of variation can be explained by differing client needs, the review found it difficult to find a coherent and convincing pattern and rationale which justifies the wide range of cost variation. A more standardised approach to expected costs, and to the explanation of any variations, would be an important step towards better demonstrating value for money.
- 5.23 The Supporting People programme already uses a system of classifying projects as high, medium or low support, which provides a degree of benchmarking. This could be used as the basis for developing a more standardised approach to funding services. Such a system could potentially

³“Strategic Review of Supported Accommodation in Northern Ireland funded by the Supporting People programme” (North Harbour, 2011)

include the flexibility to negotiate a rate outside the set bands based on a convincing and well-evidenced need. In setting rates, the Housing Executive will need to take account of the UK Government's decision to move to a national living wage by 2020, which was announced by the Chancellor in July 2015.

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.

6 Review Objective 3 – Strategic, Legislative and Administrative Framework

- 6.1 The third objective of the Review is to consider whether an adequate strategic, legislative and administrative framework is in place for the efficient and effective delivery of the Supporting People policy and programme in the future.

Policy and Legislation

- 6.2 As outlined in previous chapters, the focus of the Supporting People programme is on supporting ‘independent living’ through the provision of ‘housing support’. What is meant by housing support services is set out in the Housing Support Services Regulations (Northern Ireland) 2003 and is detailed in the paper *The Original Aims / Objectives of the Supporting People Programme and Legislation*, produced as part of the review.⁴
- 6.3 During the review, the feedback from partners and providers was that the current legislative and policy framework remains fit for purpose. Positive reference was made to DSD produced guidance on Supporting People, the latest in 2012, which included policy positions on the terms ‘housing support’ and ‘independent living’.
- 6.4 It has become apparent though that with the passage of time, some confusion has re-emerged about the services eligible for funding within the Supporting People programme and there are different views on what constitutes ‘independent living’. It would be helpful to address this by consolidating, sharpening and re-communicating the current policy and guidance, with a

⁴ This paper is available at www.dsdni.gov.uk/sites/default/files/publications/dsd/supporting-people-review-original-aims-objectives.pdf

clear focus on what is meant by ‘housing support services’ and ‘independent living’.

Recommendation 6:

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

Roles and Responsibilities

- 6.5 Clarity is important as a number of services are jointly commissioned, with both the Probation Board and, in significantly greater numbers, with Health and Social Care. The review has found the emergence of a number of ambiguities and overlap in roles and responsibilities between Government Departments and statutory agencies over time, particularly between housing and health and social care. In Scotland, these ambiguities have been tackled by merging social care and supported housing services under the social care umbrella. A significant number of providers consulted during the review indicated considerable resistance to this approach, advocating a stronger housing lead for jointly-commissioned Supporting People schemes and welcoming the leadership provided by the Department and the Housing Executive.
- 6.6 The RSM McClure Watters evaluation of accommodation-based services has identified evidence of potential cross-subsidisation of some services by Supporting People which are the statutory responsibility of other bodies. This

evidence relates primarily to a number of services with a social care dimension but also flags the potential for similar issues in services jointly commissioned with the Probation Board for Northern Ireland. It will be important for the Housing Executive to undertake further work to establish whether cross-subsidisation is taking place and, if so, develop plans with statutory partners to address this.

- 6.7 On a related point, the Review has found that over the current Programme for Government period, there has been a move away from building generic models of supported housing, which have the potential to meet a range of needs, towards more specialist, bespoke accommodation specifically designed for individual clients, often commissioned through Supporting People by Health and Social Care. A highly bespoke approach presents a number of challenges given that the expected lifespan of a capital build is a minimum of 30 years. In the absence of robust, strategically-focused needs assessment, this bespoke approach adds significant risk, current cost (as bespoke solutions are considerably more expensive to construct) and potentially, future 'sunk' costs (i.e. if bespoke buildings need to be further modified to meet changing need during their economic life), to the Supporting People programme.
- 6.8 Sunk costs have already been realised in at least one highly bespoke scheme for clients with dementia where the relevant Health and Social Care Trust did not stand over its own needs assessment and commissioning decision. In this instance, all the financial repercussions of this Trust decision were borne by DSD and the housing association who constructed the scheme. Capital resources were committed for bespoke design features, many of which are no longer required because of the changed client group living in the scheme, and the housing association faced a considerable financial shortfall in the scheme's running costs. It is important to avoid this in future and for all partners to meet their commitments. More appropriate arrangements for sharing costs and risks would support this.

6.9 During stakeholder engagement for this Review, a number of housing professionals made a case for moving away from these higher-risk solutions towards the development of more generic models of supported housing, which can be adapted to meet a range of needs more flexibly over the expected lifespan of the building. This more generic approach can be tailored to meet need through, for example, the staffing model adopted or by adding 'plug and play' electronic assistive technologies appropriate to individual circumstances. In general, the Review noted a desire amongst service providers to ensure a more joined-up approach to developing Supporting People schemes, involving greater sharing of costs and risks between all statutory partners.

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.

Ring-fencing of Funding

6.10 At one time, revenue funding for Supporting People was ring-fenced across the UK. This meant that once revenue funding was allocated to Supporting People for a particular financial year, it was dedicated to housing support services aligned with the programme's aims and objectives. The ring-fence has been removed in both England and Scotland. It remains in place in Wales and Northern Ireland.

6.11 In Scotland, the removal of the ring-fence has led to some reduction in housing-led support services. In England the result has been somewhat more dramatic, with a large reduction in services in most council areas.

- 6.12 Given the English experience, service providers in Northern Ireland have made a strong case for the retention of a dedicated, ring-fenced budget for housing support services. It has been argued that this would be critical in ensuring the security and sustainability of the Supporting People programme and the maintenance of important services for vulnerable people.

Recommendation 8:

Maintain the current ring fenced funding arrangements for the Supporting People programme.

Commissioning Process

- 6.13 Supporting People services are currently commissioned through a two-tier commissioning structure. This is led by a Commissioning Body. The existing Commissioning Body for Supporting People is chaired by the Housing Executive and its other membership includes representatives from the Health and Social Care Board, the Probation Board for Northern Ireland and the Department of Health, Social Services and Public Safety. The Health and Social Care Regulator, RQIA, also sits on the Commissioning Body as an observer. This Commissioning Body is supported by five Area Supporting People Partnerships (ASPPs), covering each of the Health and Social Care Trust areas.
- 6.14 The review has identified three main issues with the current commissioning process:
- its lack of transparency;
 - its complexity; and

- the lack of a clear line of sight between commissioning decisions and strategic priorities.
- 6.15 In terms of transparency, no Supporting People providers consulted during the review were able to explain how the commissioning process worked and decisions reached. This is perhaps not surprising given that the membership and minutes of commissioning body meetings are not publicly available and neither service users nor providers have any role currently in helping to inform commissioning decisions.
- 6.16 The two-tier process also seems somewhat complex in a small region like Northern Ireland and it is not clear that having a second formal tier adds significant value. The current structure is also weighted in favour of representation from Health and Social Care. Given that Supporting People is a housing support programme, it would be sensible to include greater representation in commissioning structures from housing professionals. There may also be a case for DSD involvement.
- 6.17 In comparing approaches in other jurisdictions, the review team found considerable merit in the general approach to commissioning used in Wales. In Wales, the Minister responsible for housing sets commissioning priorities over a Programme for Government period based on policy priorities and needs assessment. These commissioning priorities guide the production of a strategic Supporting People plan which then frames commissioning decisions.

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.

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.

Procurement

- 6.18 Northern Ireland is the only region of the UK where competitive tendering is not used at all for Supporting People or housing-related support services.
- 6.19 The available evidence indicates a mixed picture across the UK in terms of the efficacy of competitive tendering. In England, there are indications that it has reduced the quality of service, driven smaller providers from the market and created new layers of bureaucracy. The short-term contracts generally used have also been seen as threatening the viability of services and discouraging long-term innovation. However in Scotland, where competitive tendering is used more selectively, there have not been significant issues identified with the approach or a negative impact of tendering on service quality.

A number of perspectives around procurement were received from Supporting People partners. Some felt that a more open, competitive process would better ensure value for money and also, given the large amounts of public

money involved, a robust system of competitive procurement was imperative to ensure financial probity and confidence in the programme.

- 6.20 Other partners were concerned that provision for the care and support of vulnerable people should be based more on quality than cost. There was a fear that smaller, more local or more specialised providers would not have the resources or expertise to successfully bid for tender opportunities, and so would effectively be prevented from providing appropriate services. Competitive tendering had the potential, in this view, to have a negative impact on service quality, and on clients.
- 6.21 From most partners, there was broad support for piloting a competitive tendering process, in order to test the circumstances in which this approach might be used to best effect. It could be trialled where a service has been decommissioned (for reasons of under-performance or where it was no longer strategically required) or where a new service is identified as being necessary. Any pilot should be evaluated to assess its effectiveness in improving the commissioning process, service delivery and value for money. In operating such a pilot, there may be merit in encouraging service providers to develop their procurement capacity perhaps by working in partnership, sharing expertise and resources.

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.

Streamlining Regulation and Oversight

- 6.22 Because of its nature and client base, Supporting People is a cross-cutting programme which connects housing support with a number of other statutory services. There is no bespoke regulatory system for Supporting People services *per se* - rather there are a number of existing regulatory systems which cover aspects of service delivered within Supporting People funded schemes.
- 6.23 A number of Supporting People services for older people, younger people and those with disabilities also include elements of social care. For services which include a social care element, the Health and Social Care Regulator, RQIA, has regulatory responsibility. However, the standards against which RQIA regulate have been designed for domiciliary care and do not always fit well with the Supporting People model which aims to emphasise independent living. This issue has been addressed in services for young people by developing more bespoke standards in conjunction with providers and the statutory sector.
- 6.24 The Department for Social Development is the regulator of registered housing associations. Housing associations are the landlords for most accommodation-based Supporting People services and many are also service providers.
- 6.25 The Criminal Justice Inspectorate has a role in regulating approved premises jointly commissioned through Supporting People by the Probation Board for Northern Ireland.
- 6.26 In addition, as the administrating authority for the Supporting People programme, the Housing Executive undertakes a range of contract management functions to test the quality of services being provided. The main

tool for this is the Quality Assessment Framework (QAF). This involves a significant element of provider self-assessment which is tested through verification visits by NIHE staff. Many providers consulted during the review acknowledged the value of QAF but noted that it is a very resource intensive process and the value-added of all elements is not always clear.

- 6.27 Effective regulation and contract management play an important role in protecting vulnerable service users and ensuring good quality services. It is important that regulatory and administrative activities are conducted in a balanced way, with a proportionate regulatory burden on service providers.
- 6.28 The review found that the current overlap between the various regulatory bodies created a degree of confusion and, in some instances, duplication of effort. As a first step, work is needed to harmonise and streamline regulatory and administrative activity. The Housing Executive and the Regulatory and Quality Improvement Authority (RQIA) are well-advanced on the production of a draft memorandum of understanding which will go a considerable way to address these issues.
- 6.29 There would be a case for going further than this and developing, over the longer-term, a more focused and tailored system of regulation for Supporting People services. Rather than creating a new body, this approach could harness the expertise available among existing regulators, in particular RQIA, and learn from the good work already completed on the regulation of services for young people. Given the breadth of the Supporting People programme, the scope, nature and locus of a revised regulatory regime would need to be carefully considered, as would the adequacy of the statutory powers of existing regulators to carry out a revised function.

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.

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.

7 Review Objective 4 – Recommendations for Efficiency and Effectiveness

- 7.1 A number of recommendations to improve the efficiency and effectiveness of the Supporting People programme have arisen throughout the course of this Review. These recommendations are noted throughout this Report and are collated here for ease of reference.
- 7.2 The Department for Social Development will work with key partners on the development of an implementation plan for these thirteen recommendations which will be published in spring 2016. At this stage, it is intended that the majority of the recommendations will be implemented within two years.

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.

Responsibility: Northern Ireland Housing Executive

Recommendation 2:

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

Responsibility: Northern Ireland Housing Executive

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.

Responsibility: Northern Ireland Housing Executive

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.

Responsibility: Northern Ireland Housing Executive

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.

Responsibility: Northern Ireland Housing Executive

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*.

Responsibility: Department for Social Development

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.

Responsibility: Department for Social Development and Department of Health, Social Services and Public Safety

Recommendation 8:

Maintain the current ring fenced funding arrangements for the Supporting People programme.

Responsibility: Department for Social Development

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.

Responsibility: Northern Ireland Housing Executive

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.

Responsibility: Department for Social Development and Northern Ireland Housing Executive

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.

Responsibility: Northern Ireland Housing Executive

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.

Responsibility: Northern Ireland Housing Executive and RQIA

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.

Responsibility: Department for Social Development and Department for Health, Social Services and Public Safety

8. Equality

Section 75 of the Northern Ireland Act 1998 requires the Department in carrying out its functions to have **due regard** to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to the obligations set out above, the Department is also required, in carrying out its functions relating to Northern Ireland, to have **regard** to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

As referenced earlier, the Review has been conducted in a collaborative way and there has been considerable engagement throughout with stakeholders, not least Supporting People providers. Key research projects drawn on by the review have also engaged service users.

Initial equality screening on the thirteen recommendations has been undertaken and this has indicated that sharpening the delivery of the Supporting People programme will have a positive impact on equality and there are no anticipated adverse impacts on any section 75 group. The screening will be reviewed as the Review moves into the implementation phase.

9 Appendix A - Sources and Bibliography

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[DSD - Terms of Reference – Review of the Supporting People Policy and Legislative Framework](#)

[DSD – Supporting People Review – Original Aims and Objectives](#)

[DSD – Commissioning within Supporting People in Northern Ireland](#)

[DSD – Summary of Evidence paper – Supporting People Review](#)

[DSD – Lessons Learned Report from Supporting People Programmes in the UK and Republic of Ireland](#)

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[Cap Gemini – \(England\) - CapGemini commissioned by Dept of Communities & Local Government Research into the financial benefits of the Supporting People programme, 2009](#)

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[DHSSPS, Community Care Agenda in the 1990s \(People First\)](#)

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[DHSSPS, Relevant domestic violence documentation](#)

[DSD, *Facing the Future* Northern Ireland Housing Strategy Action Plan, July 2013.](#)

[DSD, *Including the Homeless – A Strategy to Promote the Social Inclusion of Homeless People and those at the risk of becoming homeless in NI – July 2007*](#)

[DSD, PSI Homelessness Documents](#)

DSD, *Towards Supporting People in Northern Ireland*, 2001 (available in hard copy)

[DSD, NIHE - Financial Memorandum of Understanding – DSD/NIHE Responsibilities – Control Dossier 20](#)

[DSD Regulation & inspection regulations/guidance](#)

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[Joseph Rowntree, \(England\) 'Housing Benefit Size Criteria: Impacts for Social Sector tenants and options for Reform -Summary \(April 2014\) Summary of report.](#)

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[NIHE - The Homelessness Strategy – Making a Difference to People's Lives \(2002\)](#)

[NIHE - The Homelessness Strategy 2012-2017](#)

[NIHE Supporting People Strategy 2012-2015](#)

[NIHE – Detailed report of unmet housing need, Nov 2013](#)

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Other Relevant Links

[Chartered Institute of Housing](#)

[Criminal Justice Inspection Agency](#)

[DOJ – Youth Justice Agency](#)

[Homeless.org](#)

[Inside Housing](#)

[NI Audit Office](#)

[NI Assembly](#)

[NIFHA](#)

[NIHE – Housing related support services directory](#)

[NIHE – Service provider accreditation process](#)

[NIHE – Social housing development programme and unmet need](#)

[OFMDFM – Statistical information](#)

[PBNI](#)

[RQIA](#)

Appendix B

Stakeholder Engagement Log

- **Supporting People Review Project Advisory Group**

This group met regularly from May 2014 to July 2015 and comprised of members from DSD, NI Housing Executive, NI Federation of Housing Associations, Council for the Homeless NI, Depaul Ireland, FOLD, First Housing and Support Services and Triangle Housing Association.

- **Supporting People Review Project Working Group**

This group met regularly from April 2014 to July 2015 and comprised of members from DSD, NI Housing Executive and DHSSPS.

- **NIFHA Supporting People Conference – Wed 3 June 2015**

Stephen Martin provided an overview of Emerging Findings at this event.

- **Supporting People Provider Events:**

Initial Events – November 2014

[Event for Providers in Learning Disability and Mental Health Sector](#)

[Event for Providers in Older People Sector](#)

[Event for Providers in Homelessness Sector](#)

Emerging Findings Events – June 2015

[Summary of Feedback from Provider Events](#)

[Event for Providers in Homelessness Sector](#)

[Event for Providers in Learning Disability and Mental Health Sector](#)

[Event for Providers in Older People Sector](#)

[Event for Providers in All Client Groups](#)

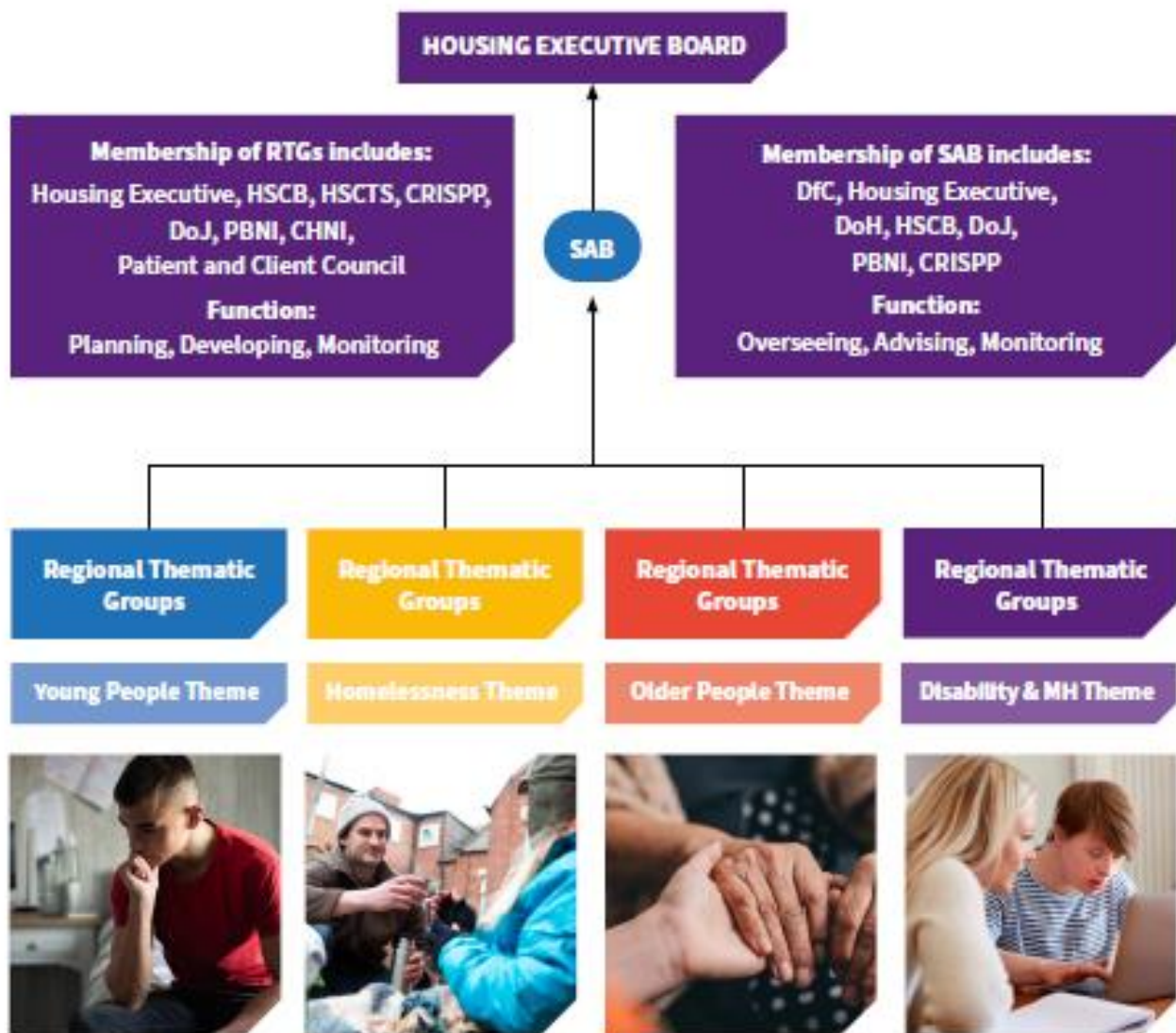
4.0. Governance and Reporting Structures

4.1. Strategic Advisory Board (SAB)

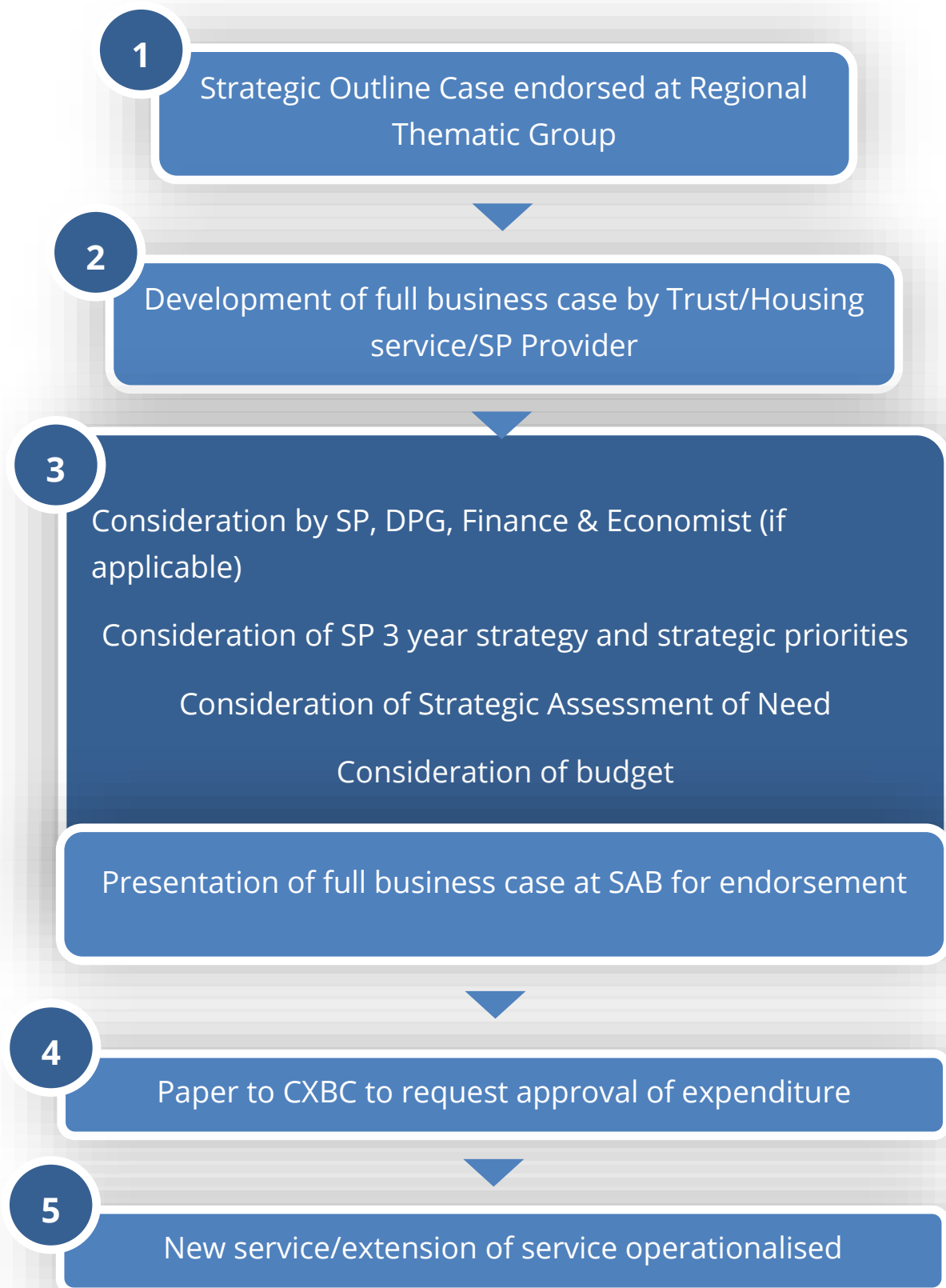
4.1.1. Functions of the Strategic Advisory Board

The principal functions of the Strategic Advisory Board (SAB) are to advise the Northern Ireland Housing Executive (NIHE) Board of the strategic funding priorities of the Supporting People Programme in line with the overarching policy, operational strategy, budget allocation and relevant governance arrangements. The SAB provides assurance that processes and practices are fair, transparent and equitable; that Supporting People grant-making policies are clearly defined and that there is proper guidance and accountability arrangements in place with all Supporting People strategic partners. The SAB is supported in its decision-making by the four Regional Thematic Groups (RTGs). In the year 2022/23 a total of three SAB meetings took place.

Fig. 4.1.1 The structure of Strategic Advisory Board and Regional Thematic Groups



High level overview of Business case Process



MAHI - STM - 234 - 134

New Services / Additional Units linked to Bamford Review

NOTE: Development Programme Group Report of all Capital HAG Funding applications completed since 2007. The Estimated Resettlement Spreadsheet has been compiled on the assumption that these new services and/or additional units created/purchased through Capital HAG funding related to the Bamford Resettlement from Longstay Hospitals.

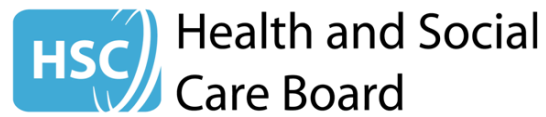
33 New Services created or capacity increased 336 Estimated Resettlement Units

No of Schemes	Procurement Group	Housing Association	HE Area	Location 1	Location 2	Location 3	Scheme Type	Need Group	Shared Units	Self-contained Units	Completion Year	Completion Date	Start / change date for SP	Additional Bamford Units Created	Provider	Service	SID	Capital costs	Comments
1	Apex	Apex Housing	South	Granville Primary School Ext	Berbur	Dungannon	NB	1	1	0	2013/14	19/09/2013		1	BHSCT	Granville	174		Bamford
2	Apex	Apex Housing	South	Granville PS Derrievan	Berbur	Dungannon	NB	1	24	0	2013/14	19/09/2013		24	BHSCT	Granville	175		Bamford
3	Apex	Oaklee/Trinity	South	11A West Street	Central	Newtownards	ES	2	0	1	2014/15	10/02/2015		1	Praxis	5 Carmen Lane	313		Bamford - Praxis 5 Carmen Lane
4	Apex	Oaklee/Trinity	South	11B West Street	Central	Newtownards	ES	2	0	1	2014/15	10/02/2015		1	Praxis	6 Carmen Lane	314		Bamford - Praxis 5 Carmen Lane
5	Apex	Oaklee/Trinity	South	31 Robert Street	Central	Newtownards	ES	2	0	1	2014/15	10/02/2015		1	Praxis	7 Carmen Lane	315		Bamford - Praxis 5 Carmen Lane
6	Abacus	Oaklee	Belfast	Muckamore Resettlement to South and East Belfast Phase 2 (647 Ormeau Road)	Rosetta	Belfast	RH	1	5	0	2014/15	09/08/2014		4	L'Arche	The Ember	592		Bamford - L'Arche The Ember extension (592)
7	Accord	Triangle	Belfast	10 Cheval Street	Island	Belfast	RH	1	2	0	2015/16	21/10/2015	27.03.18	2	Triangle	67 Sandown Road	718		Bamford - Triangle 57 Sandown Rd
8	Apex	Trinity	South	Connaught House	St Patricks	Newry	RI	2	3	0	2013/14	09/12/2013		3	Praxis	Connaught	738		Bamford - Praxis Connaught House (738)
9	Accord	Triangle	South	1 Old Rectory Park	Gortawony	Cookstown	RH	1	3	0	2009/09	20/06/2008		2	Positive Futures	Cookstown SLS	820		additional property & units added (820)
10	Accord	Triangle	Belfast	Muckamore Resettlement to S&E Belfast Ph 1 (Barons Court, Carryduff)	Carryduff East	Carryduff	ES	1	4	0	2014/15	15/08/2014		4	Triangle	Barons Court SLS	1088		Bamford - Triangle Barons Court Supported Living (1088)
	Accord	Triangle	Belfast	Muckamore Resettlement to S&E Belfast (4 Baronscourt Park)	Carryduff East	Carryduff	RH	1	5	0	2014/15	01/10/2014		5	Triangle	Barons Court SLS	1088		Bamford - Triangle Barons Court Supported Living (1088)
11	Apex	Apex Housing	South	Loch Luan Replacement/Ward House	Scrabo	Newtownards	NB	1	10	0	2014/15	10/10/2014	11.08.14	10	SEHSCT	Ward House	1297		Bamford - SEHSCT - Ward House (1297)
12	Accord	Triangle	North	Logans Lough, Cloghreenan	Harbour (Larne)	Larne	NB	1	9	0	2015/16	27/07/2015		9	NHSCT	Cloghreenan	1300		Bamford - NHSCT Cloghreenan (1300)
13	Abacus	Oaklee	North	Ellis Street - Ellis Court Replacement	Killyord	Carrickfergus	NB	1	12	6	2009/10	30/10/2009	23.03.08	6	NHSCT	Ellis Court	1301		Bamford - NHSCT Ellis Court (1301)
14	Accord	Triangle	North	Logans Lough, Cloghreenan	Harbour (Larne)	Larne	RH	1	7	0	2015/16	27/07/2015		7	NHSCT	Cloghreenan	1301		Bamford - NHSCT Cloghreenan (1300)
15	Abacus	Helm Housing	North	Abbotts Cross	Coyle	Newtownabbey	NB	1	13	0	2009/10	30/03/2010	02.04.07	13	NHSCT	Abbotts Court	1305		Bamford - NHSCT Abbots Court (1305)
14	Accord	Triangle	South	12 Alan Close	Donard	Newcastle	RH	1	5	1	2008/09	31/03/2009	15.09.08	4	Autism Initiatives	Allan Close	1380		Bamford - Autism Initiatives Allan Close (1380)
16	Accord	Habitat	Belfast	Knockbracken (Milburn Close Extension)	Knockbracken	Belfast	NB	2	0	6	2017/18	20/02/2018		6	Inspire	Milburn Close	1441		Bamford - Inspire - Milburn Close (flats)(1441)
	Accord	Habitat	Belfast	Knockbracken Healthcare Park	Beechill	Castlereagh	NB	2	0	20	2009/10	15/12/2009		9	Inspire	Milburn Close	1441		Bamford - Inspire - Milburn Close (bungalows includes Minnowburn replacement)(1441)
17	Accord	Triangle	South	14 & 15 Milburn Court	Downpatrick	Downpatrick	RH	1	8	0	2011/12	31/03/2012		8	Mainstay	Ardara SHS	1559		Additional property & units added (1559)
18	Accord	Triangle	South	Muckamore Resettlement to Downpatrick (51 Vaneaton Road)	Downpatrick	Downpatrick	RH	1	5	0	2015/16	21/04/2015		5	Mainstay	Ardara SHS	1559		Additional property & units added (1559)
	Accord	Triangle	South	Muckamore Resettlement to Downpatrick (7 Mairne Close)	Downpatrick	Downpatrick	RH	1	4	0	2015/16	21/04/2015		4	Mainstay	Ardara SHS	1559		Additional property & units added (1559)
19	Accord	Triangle	North	Garryduff Gardens	Canary	Ballymoney	NB	1	5	0	2010/11	30/03/2011	31.01.11	4	Triangle	Garryduff Gate	1560		Bamford - Triangle Garryduff Gardens (1560)
20	Abacus	Oaklee	Belfast	143D Glen Road	Glen Road	Belfast	RH	1	0	2	2007/08	09/10/2007		2	Cedar Foundation	143&g Glen Road	1615		Bamford - Cedar 143&g (1615)
21	Abacus	Oaklee	Belfast	Mourneview, 151 Glen Road (Dympna House Replacement)	Glencoil	Belfast	ES	1	22	1	2014/15	24/09/2014		2	Cedar Foundation	Mourneview	1619		Bamford - Cedar Mourneview (20 units replacement - 2 Resettlement) (1619)
22	Abacus	Oaklee	South	Ashley House Remodelling Phase 3	Derginoney	Omagh	NB	1	4	0	2013/14	12/12/2013		4	Mencap	Omagh SLS	1629		remodelled to SLS 28.01.13
	Abacus	Oaklee	South	3 Derginoney View	Derginoney	Omagh	ES	1	6	0	2012/13	03/12/2012	28.01.13	6	Mencap	Omagh SLS	1629		
	Abacus	Oaklee	South	Ashley House Remodelling Phase 2	Derginoney	Omagh	RI	1	7	0	2013/14	12/12/2013		7	Mencap	Omagh SLS	1629		remodelled to SLS 28.01.13
23	Accord	Triangle	North	20 Market Street	Newhill	Ballymoney	RH	1	4	0	2013/14	14/03/2014	25.02.13	4	Triangle	Market St TF	1630		Bamford - Triangle Market St TF (1630)
24	Accord	Triangle	North	Muckamore Resettlement to Newtownabbey Phase 2 (103 Ballyclare Road, Ballyclare)	Ballyclare North	Ballyclare	RH	1	3	0	2014/15	27/10/2014	25.02.13	2	Triangle	Ballyclare SLS	1631		Bamford - Triangle Ballyclare SLS (1631)
	Accord	Triangle	North	Muckamore Resettlement to Newtownabbey Phase 2 (103 Ballyclare Road, Ballyclare)	Ballyclare North	Ballyclare	RH	1	4	0	2014/15	24/03/2015	25.02.13	3	Ballyclare	Ballyclare SLS	1631		Bamford - Triangle Ballyclare SLS (1631)
25	Accord	Triangle	Belfast	13A Mullaghcarron Road	Maghaberry	Maghaberry	RH	1	5	0	2015/16	01/02/2016	02.04.18	1	Autism	Mullaghcarron Rd	1638		Bamford - Autism Initiatives Mullaghcarron Additional unit.
26	Apex	Apex Housing	North	Iona House Phase 1	Ballycolman	Strabane	NB	1	12	0	2011/12	31/03/2012	08.09.14	12	Apex	Iona House	1689		Bamford - Apex Iona (1689)
27	Apex	Apex Housing	North	Bonds Hill	Elvington	Londonderry	NB	1	13	0	2015/16	16/09/2015	01.06.15	12	Apex	Ardavon	1693		Bamford - Apex Ardavon (1693)
28	Accord	Triangle	Belfast	28a Annadale Avenue	Rosetta	Belfast	NB	1	0	15	2014/15	17/10/2014		14	BHSCT	Annadale Ave	1697		Bamford - BHSCT - Annadale Ave (1697)
29	Abacus	Oaklee/Trinity	Belfast	37 Knockcarron Road, Dundrod (Antrim House (Male))	Glenavy	Dundrod	ES	1	5	0	2015/16	23/10/2015		4	Triangle	Knockcarron	1704		Bamford - Triangle Knockcarron (1704) (Total 8 units)
	Abacus	Choice	Belfast	Knockcarron Phase 2 (2A Rusheyhill Road)	Glenavy	Lisburn	RH	1	5	0	2016/17	22/03/2017	05.10.15	4	Triangle	Knockcarron	1704		Bamford - Triangle Knockcarron (1704) (total 8 units)
30	Apex	Apex Housing	North	Mullagh House	Colessan	Limavady	RI	1	15	0	2017/18	22/05/2017	30.03.15	15	Apex	Mullagh House	1706		Bamford - Apex - Mullagh House (1706)
31	Apex	Apex Housing	South	Railway Court	Coolnagard	Omagh	RI	1	16	0	2015/16	24/02/2016	23.03.15	16	Apex	Railway Court	1707		Bamford - Apex - Railway court (1707)
32	Accord	Triangle	North	North East Area Muckamore Resettlement (120 Cusherhill Rd Ballymena)	Ballymena	Ballymena	NB	1	5	0	2014/15	15/01/2015	22.06.15	4	Triangle	122 Cusherhill Rd	1710		Bamford -
33	Accord	Triangle	Belfast	Holywood Road/Station Road	Bloomfield (Belfast)	Belfast	NB	2	4	18	2016/17	12/04/2016		11	Inspire	Ballymiscert Heights	1711		Bamford - Inspire - Ballymiscert Heights (1711) (7 units replacement for Kirkliston)
34	Abacus	Oaklee	Belfast	Peters Hill MAH Resettlement	Shanhill	Belfast	NB	1	0	13	2014/15	29/08/2014		13	Inspire	Peters Hill	1764		Bamford - Inspire Peters Hill (1764)
35	Abacus	Oaklee	South	14 Drumman Heights	Observatory	Armagh	ES	1	5	0	2012/13	03/12/2012	00.00.12	5	Inspire	The Heathers	1766		Bamford - Changed from NIAMH to Inspire in 2017
	Abacus	Oaklee	South	35 Mullure Park	Observatory	Armagh	ES	1	4	0	2012/13	03/12/2012	00.00.12	4	Inspire	The Heathers	1766		Bamford - Changed from NIAMH to Inspire in 2019
	Abacus	Oaklee	South	85 Newry Road	Callian Bridge	Armagh	ES	1	4	0	2012/13	03/12/2012	00.00.12	4	Inspire	The Heathers	1766		Bamford - Changed from NIAMH to Inspire in 2020
	Abacus	Oaklee	South	The Heathers Replacement Phase 3	Kilwin	Armagh	NB	1	5	0	2013/14	20/09/2013	04.09.17	5	Inspire	The Heathers	1766		Bamford - Inspire The Heathers (1766)
	Abacus	Oaklee	South	The Heathers Replacement Phase 2	Kilwin	Armagh	RI	1	9	0	2013/14	20/09/2013	04.09.17	9	Inspire	The Heathers	1766		Bamford - Inspire The Heathers (1766)
36	Abacus	Oaklee	North	Todd's Close Phase 3 (Oriel Replacement)	Massereene	Ashtin	NB	1	5	0	2013/14	04/12/2013		5	Inspire	Todd's Close	1767		Bamford - Inspire Todd's Close (1767)
	Abacus	Oaklee	North	Todd's Close Phase 2 (Oriel Replacement)	Massereene	Ashtin	RI	1	12	0	2013/14	04/12/2013		5	Inspire	Todd's Close	1767		Inspire re-improvement
37	Apex	Apex Housing	North	Beechway House	Elvington	Londonderry	RI	1	16	0	2017/18	27/09/2017	03.07.17	16	Apex	Beechway House	1770		Bamford - Apex LD (1770)
38	Abacus	Choice	Belfast	Dympna House (Re-provision) 143S Glen Road	Glen Road	Belfast	NB	1	0	12	2017/18	05/03/2018	22.01.18	12	Cedar	The Mews	1771		Bamford - Cedar The Mews (1771)
39	Abacus	Ulida	South	Liburn Hall & Bowen's Close	Knockrashane	Lurgan	RH	1	6	0	2008/09	18/02/2008		2	BHSCT	Liburn Hall	1378		BHSCT - Liburn Hall (

Supporting People Learning Disability Grant Funding spreadsheet

Actual Learning Disability SP Payments (excluding SNMA and ignoring accruals)

Year	Expenditure (£)	Add March 24 non-recurrent payment (£)	Total (£)
2008/09	£11,426,046		£11,426,046
2009/10	£12,454,839		£12,454,839
2010/11	£12,715,517		£12,715,517
2011/12	£12,896,593		£12,896,593
2012/13	£13,826,246		£13,826,246
2013/14	£14,122,078		£14,122,078
2014/15	£15,024,175		£15,024,175
2015/16	£16,005,324		£16,005,324
2016/17	£17,050,666		£17,050,666
2017/18	£16,827,340		£16,827,340
2018/19	£16,083,508		£16,083,508
2019/20	£15,856,000		£15,856,000
2020/21	£15,635,103		£15,635,103
2021/22	£14,880,961		£14,880,961
2022/23	£15,869,429		£15,869,429
2023/24	£16,061,408	£545,544	£16,606,952



Terms of Reference

Regional Learning Disability Operational Delivery Group

REGIONAL LEARNING DISABILITY OPERATIONAL DELIVERY GROUP: TERMS OF REFERENCE

1. Introduction

- 1.1 This paper sets out the Terms of Reference (ToR) for the Regional Learning Disability Operational Delivery Group (RLDODG).
- 1.2 The introduction to the draft Health and Social Care HSC (HSC) Action Plan initiated in response to the Independent SAI Review of Muckamore Abbey Hospital indicated that 'the first but critical step will be to develop and deliver enhanced services in the community to source, support and sustain people in the places where they live'. This will be one of the key roles of the RLDODG.

2. Aims

- 2.1 The RLDODG has been established to provide the DOH, through the Health and Social care Board (HSCB), with assurance regarding the HSC's actions, following 'A Way to Go' (Review into Safeguarding at MAH as well as to provide oversight regarding the Permanent Secretary's commitment on resettlement made in December 2018).
- 2.2 Additionally this group will work to support the development of enhanced and regionally consistent community services for people with a learning disability and their carers which are designed to support and sustain people in their communities; avoid the need for inappropriate inpatient admission; and assist with timely discharge. Where admission is essential, it should be facilitated for the shortest period necessary.

Timely discharges

3. Objectives

- 3.1 The objectives of the RLDODG group are to deliver the HSC Action Plan:

- i. To ensure the commitment given by the Permanent Secretary to resettle the primary target list of patients is met;
- ii. To address the regional issue of delayed discharges for those patients who are encountering obstacles in their return to the community;
- iii. To share the lessons learned from MAH (including the SAI report) and influence the transformation of Learning Disability services across NI which are consistent;
- iv. To support the Trusts to develop regional admissions criteria, a regional bed management protocol and a regionally agreed acute care pathway thus ensuring necessary hospital admissions are planned and discharges expedited in a timely manner;
- v. To review and develop the training needs and capacity of the multidisciplinary workforce designed to deliver improved intensive home treatment and crisis response interventions in the community;
- vi. To improve the skills for the multi –disciplinary workforce and their capacity to provide safe and effective person centred care in all community settings when people experience episodic mental ill health or exhibit distressed behaviours;
- vii. To review current forensic LD services and identify service development needs required to improve support in the community as well as inpatients services;
- viii. To engage with the NI Housing Executive and provider organisations with a view to the identification of barriers to meeting housing needs and enable the development of innovative approaches to accommodation in the short, medium and longer term;
- ix. To improve the capability of current providers of supported living, housing, residential, nursing care, domiciliary care to meet the needs of people with complex needs and by doing so support family carers to prevent placement breakdown.

4. Membership & Frequency of Meetings

- 4.1 It is anticipated that the RLDODG will meet at least once a month, but the frequency of meeting will be kept under review, and frequency will be determined by progress being made.
- 4.2 The group initially will be chaired by the HSCB and PHA. Membership will include:
- i. DOH L Policy Lead plus Professional Advisers -Nursing, Social Work and Medicine;
 - ii. Assistant Directors in LD within each of the 5 HSCTs;
 - iii. HSCB Performance Lead;
 - iv. PHA Assistant Director for LD:
 - v. HSCB Social Care Lead for LD and Mental Health
 - vi. Director of Older People, Mental Health & Learning Disability BHSCT
 - vii. Nominee from NI Housing Executive
 - viii. HSCB Social Care Lead for Children's Disability

5. Operating Arrangements:

- 5.1 The Regional group will meet monthly.
- 5.2 A quorum of five members, which includes representation from five organisations, must be present before a meeting can proceed.
- 5.3 If members cannot attend they are requested to send a suitable nominee of sufficient seniority to represent them. E.g. Senior Service Manager or Co-Director.
- 5.4 Internal or external persons may be invited to attend a designated part of the meetings at the request of the Chair/Co-chair on behalf of the Group to provide advice and assistance where necessary.
- 5.5 Members will be mindful to protect the confidentiality of service users in any discussions or papers produced.

6. Accountability arrangements:

- 6.1 The Regional group will be convened by the HSCB and will be responsible to the Muckamore Abbey Assurance Group (MDAG) through the MH and LD Improvement Board.
- 6.2 The HSCTs will provide an update report on discharge plans in advance of the regional meetings to the HSCB which will identify strategic issues impacting on the resettlement of patients which will inform part of the agenda for the regional meetings.
- 6.3 Regional group members will be expected to provide feedback to and from their own organisations on issues of strategic relevance.
- 6.4 Regional members will be expected to contribute to the agenda and assist with the work plan and its associated tasks.
- 6.5 Action points from meetings will be collated by HSCB and circulated to members.

7. Outcomes

- 7.1 The RLDODG will strive to ensure that the following outcomes are achieved:
 - i. all delayed patients have been resettled in line with the strategic direction;
 - ii. the recommendations of the independent investigation have been delivered on and the learning is disseminated regionally where appropriate;
 - iii. regional issues regarding services, systems and processes with respect to LD services are discussed and solutions agreed and delivered consistently in line with future needs.
 - iv. BHSCT will have delivered the specific improvements required in Muckamore Abbey Hospital.
 - i. HSCTs continue to deliver services that are safe, effective and fully Human Rights compliant;

8. Review & Duration

- 8.1 The effectiveness of these ToRs and the membership of RLDODG will be reviewed at the first meeting and as necessary with a view to ensuring an enhanced focus on broader service delivery and emerging issues into the future.
- 8.2 It is intended that RLDODG will form part of the regional operational structure of LD services; ensure oversight and governance arrangements between HSCB and Trusts in NI into the future and provide ongoing advice and guidance to DOH on LD needs and service requirements in light of the new LD service model.



Community Integration Programme (CIP): Terms of Reference.

Context:

A co-ordinated approach is essential to manage the planned and safe re-settlement of patients in Muckamore Abbey Hospital (MAH) and other Learning Disability In Patient Units [Dorsy and Lakeview] deemed medically fit for discharge, (i.e. not currently under active assessment or treatment) into accommodation/ community placements which effectively meet assessed risks and needs. The health and social care system in Northern Ireland see the resettlement of these individuals as a priority.

It is imperative that these service users and their families are involved in decisions regarding care and discharge planning, working in partnership with relevant professionals and agencies to facilitate appropriate re-settlement arrangements. It is essential that these new homes are safe and caring environments, and that the plans for resettlement are progressed at pace.

Aim:

To ensure the safe and timely discharge of medically fit patients in MAH, Dorsy and Lakeview, into re-settlement placements which effectively meet their assessed needs and addresses effective risk identification and management, as agreed by working in partnership with service users, their families, multi-disciplinary team members, salient professionals and organisations.

Objectives:

- Enable the HSCB to monitor performance and progress in relation to the delivery of the Regional LD Resettlement Programme.
- Ensure Trust representatives to provide a monthly up-date by completing the 'tracking tool' in relation to all medically fit patients requiring re-settlement, to provide assurance that discharge arrangements are being progressed.
- To identify and review those individuals for whom discharge plans and dates have slipped, or for whom there is no effective discharge plan in place.
- Highlight any issues, impacting on discharge. These issues will be captured on the issues log for discussion with the Project Board.

- Identify and review funding and resourcing plans associated with the Learning Disability Resettlement Plan, and develop actions to address or escalate shortfalls.

Membership:

The membership will comprise the AD/Co-Director for Learning Disability Services in the 5 Trusts in Northern Ireland, who collectively have senior operational responsibility for the delivery of the regional resettlement programme for people with learning disability. The AD's/Co-D will co-opt as necessary other membership of their Trust professional and corporate teams as required to fulfil the aims and objectives as laid out above. The AD/Co-Director will hold overall accountability for the contribution of all co-opted members.

Bria Mongan	CIP Co-Chair Associate – Leadership Centre
Ian Sutherland	CIP Co-Chair Associate – Leadership Centre
Caroline McGonigle,	Social Care Lead, HSCB
Frances McGreevy	Head Accountant ,HSCB
TBC	PSMI
Gareth Farmer	Assistant Director, Learning Disability, NHSCT
Lyn Preece	Assistant Director, Learning Disability, SEHSCT
Fiona McClean	Operations Manager for Adult Disability, SEHSCT
Tracy Kennedy	Co-Director, Learning Disability, BHSC
Ann Stevenson	MAH/BHSC
Kim McMurray	MAH/BHSC

Christine McLaughlin	Assistant Director, Learning Disability, WHSCT
John McEntee	Assistant Director, Learning Disability, SHSCT
TBC	BHSCT Planning/Business Case Lead
Marion Fisher/TBC	Supporting People Team, NIHE.

Roles and Responsibilities:

- Trusts will submit updates on the regional 'tracker tool' 5 working days before the CIP meeting to allow HSCB staff to collate the regional overview.
- HSCB will organise meetings, agendas, update tracker tool and action log.
- Meetings will be held monthly. It is required that the AD/Co-D for each Trust attends, or nominates a named deputy. Other attendees as co-opted by the AD/Co-D will also attend.
- MAH representatives will support discharge planning arrangements by sharing pertinent information regarding changes to patient's assessed level of need or care requirements, as appropriate.
- Attendees will be able to provide verbal updates as required to support the information submitted by the Trust teams.

Operating Arrangements

1. Internal or external persons may be invited to attend the meetings at the request of the Chair on behalf of the Group to provide advice and assistance where necessary.
2. Members will be expected to provide feedback to and from their own organisations on issues of relevance and work in partnership with salient individuals, professionals and agencies to expedite appropriate resettlement schemes.
3. In terms of the related governance reporting structure, issues, themes and progress re resettlement are discussed at the Mental Health and Learning Disability Leadership Group [Project Board for Regional Resettlement Project] as well as the Regional Learning Disability Operational Delivery Group and the Muckamore Development Assurance Group. Salient issues regarding resettlement are also raised via the Learning Disability Assistant Directors Forum.

Date for Review of Terms of Reference: The Terms of reference will be reviewed for approval at the meeting in March 2022, for operation from the 1st of April 2022.

Introduction

The Selection Scheme was approved by the then Department of Social Development and has been effective from 1st November 2000. It applies to accommodation owned by the participating landlords except where it is accommodation which is let on a temporary basis. A list of the participating landlords is provided with this booklet.

This booklet summarises the rules used to assess the needs of applicants and to allocate such accommodation. A full copy of the rules may be obtained by contacting any Housing Executive or housing association office.

Aims of the Scheme

The scheme has been devised to be fair and open and to give applicants freedom of choice in where they wish to live. Anyone applying under this scheme will be:-

- if eligible, assessed under the rules of the scheme
- registered on a Common Waiting List
- allocated property according to the rules of the scheme

The Housing Executive and housing associations strive to ensure complete fairness in the treatment of all households and individuals in the provision of housing for those in need regardless of political affiliation, religious belief or racial group. If a person is eligible their religion, ethnicity, race or nationality will play no part in any points awarded or on their place on the waiting list.

Applying for Accommodation

If you are a Housing Executive tenant requesting a transfer or an applicant currently living in Northern Ireland applying for accommodation for the first time please phone 03448 920900. Your basic details will be recorded and a suitable appointment will be arranged for a housing officer to contact you to carry out a housing needs assessment.



If you are unable to apply by telephone please complete a Housing/Transfer Application Form which is available in all local offices or housing association offices, it can also be downloaded from the NIHE website www.nihe.gov.uk. The form includes notes explaining the process. Please follow them carefully, and do not hesitate to contact the Housing Executive or a housing association office if you have any enquiries.

Housing Association Tenants

If you are a housing association tenant requesting a transfer a telephone service may not be available to you. Please contact your own landlord to enquire if you can apply by phone or whether you need to complete a Housing/Transfer application form.

Is Proof of Identity Required?

If you are not currently a Housing Executive or housing association tenant, you will be asked during the housing needs assessment for proof of identity if you have not provided it already.

This may consist of the following primary documents which should be current and valid and contain your photograph:

- Passport
- UK Driving Licence
- Translink Senior Smartpass
- National Identity Card
- Electoral Identity Card

If none of above is available, two primary documents may be used, they include:

- Benefit Payment Book(s)
- Birth Certificate
- Credit Cards
- Utility Bill(s) (previous quarter)
- Medical Cards
- Recent Bank Statements
- Wage Slip
- Marriage/Civil Partnership Certificate etc.



NB. If you are successful with your housing application you will have to supply identification to your landlord when you are signing up for your new tenancy. The Housing Executive will also take and store a photograph of you. If it is a joint tenancy a photograph will be required for all those named in the tenancy.

Homeless Persons

If you consider yourself to be homeless you should contact the Housing Executive directly. When you first make contact we will adopt a Housing Solutions and Support approach to help us understand your current circumstances and future housing aspirations. We will consider your living arrangements, financial situation, available social networks and any support needs, in order to help you sustain your current accommodation and help prevent you from becoming homeless.

We will provide you with suitable options to meet both your immediate housing needs and to allow you to make informed choices regarding your permanent housing options. These may include social housing, home ownership, private rented accommodation.

In line with our statutory duties under the Housing and Homelessness Legislation we will need to establish your eligibility for housing/homelessness assistance in Northern Ireland. If you meet the homelessness criteria we will assess your application and provide any duties owed in line with legislation i.e. a decision on your application, temporary accommodation, furniture storage and advice/assistance. Advice and assistance provided will be based on your individual circumstances and specific to your needs.

Transfers

If you are already a tenant of the Housing Executive or a housing association and you wish to move, you can apply for a transfer.



Housing Selection Scheme – Amended 30th January 2023

Rule 17 Ranking of Applicants

Individuals with complex needs whose agreed housing option is housing with care schemes are an exception to this selection process. Arrangements for selection of such Applicants are outlined in paragraphs 19-22.

Rule 18 Deliberate Worsening of Circumstances

If a Designated Officer is satisfied that an Applicant has deliberately worsened his / her circumstances, in order to gain a higher ranking on the Waiting List, the Officer may decide to defer for a period of two years the advantage of any additional points which might otherwise have been granted because of that change in circumstances.

Rule 19 Applicants with Complex Needs

An Applicant with complex needs will be considered for housing as a result of a direct referral process from the Health and Social Services sector or, as an exceptional case arising from defined criteria identified in the health / social well-being assessment process of the Scheme.

Rule 20 Applicants with Complex Needs

Where the agreed re-housing option is housing with care, the Applicant will be placed on a separate, administrative, non-pointed list.

Rule 21 Applicants with Complex Needs

Allocations from this list will be made on the basis of:

1. The individual needs of the Applicant;
2. The needs of other residents in accommodation for which the Applicant is being considered;
3. The interests of good housing management.

Rule 22 Applicants with Complex Needs

Where all such factors are equal, date order of application will be used to determine the order in which Applicants are offered accommodation.

Section 1 Intimidation

Rule 23 Intimidation

An Applicant will be entitled to Intimidation points (see Schedule 4) if any of the following criteria apply in respect of the application:

1. The Applicant's home has been destroyed or seriously damaged (by explosion, fire or other means) as a result of a terrorist, racial or sectarian attack, or because of an attack motivated by hostility because of an individual's disability or sexual orientation, or as a result of an attack by a person who falls within the scope of the Housing Executive's statutory powers to address neighbourhood nuisance or other similar forms of anti-social behaviour.
2. The Applicant cannot reasonably be expected to live, or to resume living in his/ her home, because, if he or she were to do so, there would, in the opinion of the Designated Officer, be a serious and imminent risk that the Applicant, or one or more of the Applicant's household, would be killed or seriously injured as a result of terrorist, racial or sectarian attack, or an attack which is motivated by hostility because of an individual's disability or sexual

Housing Selection Scheme – Amended 30th January 2023

5. An Applicant shall be awarded points if, in the opinion of the Designated Officer, the Applicant's current accommodation does not have satisfactory facilities for the preparation and cooking of food, including a sink with a satisfactory supply of hot and cold water (see Schedule 4).
6. An Applicant shall be awarded points if, in the opinion of the Designated Officer, the Applicant's current accommodation does not have a suitably located water-closet (w.c.) for the exclusive use of the occupants (see Schedule 4).
7. An Applicant shall be awarded points if, in the opinion of the Designated Officer, the Applicant's current accommodation does not have, for the exclusive use of the occupants a suitably located fixed bath or shower each of which is provided with a satisfactory supply of hot and cold water (see Schedule 4).
8. An Applicant shall be awarded points if, in the opinion of the Designated Officer, the Applicant's current accommodation does not have an electricity supply (see Schedule 4).

Rule 32 Time in Housing Need

An Applicant with points who has been on the Waiting List for two years or more will be entitled to Time in Housing Need points. These points will be awarded annually for a maximum of five years subsequent to the initial two year waiting time (see Schedule 4).

Section 4 Health/Social Well Being Assessment

Rule 33 Health/Social Well Being Assessment

This section of the Scheme measures the ability of an Applicant, or a member of the Applicant's household, to manage adequately within their existing home.

Rule 34 Health/Social Well Being Assessment

A Health / Social Well Being Assessment may be carried out under the following four headings:

1. Functionality
2. Support / Care Needs
3. Social Needs
4. Complex Needs

Rule 35 Health/Social Well Being Assessment

The Assessment differentiates between Applicants by determining the extent to which functional ability, support needs or adverse social factors may be alleviated through re-housing.

Rule 36 Health/Social Well Being Assessment

While the Support Needs of all Applicants will be assessed, points under this heading will only be awarded to those Applicants seeking sheltered or supported housing.

Rule 37 Functionality

The ability of an Applicant or a member of the Applicant's household to function within his / her current accommodation will be assessed using a functionality matrix (see Schedule 1). The scoring from this matrix will be added to the total points awarded to the Applicant (see Schedule 4).

Housing Selection Scheme – Amended 30th January 2023

Rule 38 Unsuitable Accommodation

This award of points will be made in addition to Functionality Points (see Schedule 4) where:

1. a second person in the Applicant’s household scores above a threshold of points (as specified in Schedule 1) on the Functional Matrix; or
2. the Applicant or a member of his / her household has difficulty gaining access to his / her accommodation which is above ground floor level and is not served by a lift.

Rule 39 Support / Care Needs

An Applicant or a member of the Applicant’s household, who, in the opinion of the Designated Officer, has support or care needs, will have his / her self-care and home management needs assessed using a support matrix (see Schedule 2). Only where the Applicant is seeking housing in a sheltered / supported scheme, will the scoring from the support matrix be added to the total points score (see Schedule 4).

Social Needs

Rule 40 Assessment

An assessment will be carried out on the Applicant’s need for re-housing as a result of adverse social or environmental factors.

Rule 41 Social Factors

The various social factors affecting the Applicant will be recognised by the award of points at an upper and lower level to reflect Primary Social Needs and Other Social Needs respectively.

Rule 42 Capping

An Applicant may be awarded points for a combination of factors; however points will be capped (see Schedule 4).

Primary Social Needs Factors

Rule 43 Primary Social Needs points

Primary Social Needs points (see Schedule 4) will be awarded in the following circumstances:

1. Where the Applicant or a member of the Applicant’s household is experiencing or has experienced violence or is at risk of violence including physical, sexual, emotional or domestic violence or child abuse.
2. Where the Applicant or a member of the Applicant’s household is experiencing or has experienced harassment, including racial harassment and there is fear of actual violence (but the criteria for the award of Intimidation points (see paragraph 23) are not met).
3. Where the Applicant or a member of the Applicant’s household, is experiencing or has experienced fear of actual violence for another reason and the Applicant is afraid to remain in his / her current accommodation.
4. Where the Applicant, or a member of the Applicant’s household, is experiencing or has experienced distress / anxiety caused by recent trauma which has occurred in the Applicant’s current accommodation.

- an under-developed culture of involving learning disabled people and family carers in decisions about the services available to them and that they wanted to receive.

Consultations with policymakers, commissioners and service providers undertaken for this research suggested that these problems continued until new planning and programming arrangements were put into place in April 2012. Participants identified additional reasons for the delays up to 2012:

- lack of coordination between DHSSPS and the DSD;
- mis-alignment between health and housing funding streams;
- the absence of an overall resettlement plan;
- the absence of a system to monitor performance against targets;
- the absence of formal commissioning and procurement arrangements for new community services such as day care;
- weak engagement by Trusts with patients and families, many of whom initially resisted proposals for resettlement.

This suggests that early stages of the resettlement programme were not well planned and managed, and that lessons from Bamford and other programme reviews had not been learned.

Following a review of the programme in 2011, a new resettlement plan and new structures were agreed for implementation after 1 April 2012. Interviewees saw these changes as critically important. Between 1 April 2012 and 31 March 2014, resettlement targets for the priority transfer list of people who had been identified in 2007 as ready for resettlement for at least twelve months were more than fulfilled. However, resettlement targets for a second list of people who had been admitted to hospital after 1 April 2007 and who had nowhere to go on discharge (the delayed discharge list) were not met.

In total, £10,477 million of revenue expenditure has been committed to the development of new resettlement services by H&SC Trusts between 1 April 2012 and 31 March 2015. The levels of funding committed to earlier phases the programme were not available when this report was written

Commissioning new resettlement services

Since 2012 there has been an effective framework for planning and commissioning new services for the learning disability resettlement programme involving NI Government Departments, statutory health and social care agencies, NIHE planners and the Supporting People team, RQIA, housing associations and other providers. Representatives of DHSSPS, DSD, NIHE and the H&SC Board interviewed for the research tended to have a strategic perception of the new commissioning process. They said that there had been a number of significant changes in how the commissioning body and the commissioning process have worked, with stronger governance, business cases, and quality control since 2012. However, interviewees with a more operational perspective, mainly from H&SC Trusts and providers, said that there had not been any significant changes.

These differing perceptions of the way new services have been commissioned since 1 April 2012 appears to reflect a different understanding of what the term 'commissioning' means between strategic and policy managers on the one hand and those with operational responsibilities on the other. For the policy and strategy managers, the term implies the whole process from needs-based planning to delivery of an operating service for resettled people. For those with operational responsibilities, the term appears to be a synonym for the procurement of particular services.

1. Executive Summary

- 1.1 In October 2021 the Health and Social Care Board (HSCB) commissioned two experienced senior leaders in health and social care to undertake an independent review of the learning disability resettlement programme in Northern Ireland, with a particular focus on the resettlement from Muckamore Abbey Hospital (MAH), which is a specialist learning disability hospital managed by the Belfast Health and Social Care Trust (BHSCT) but located outside Antrim.
- 1.2 The purpose of the review built on a stated intention from Department of Health and HSCB to strengthen the existing oversight arrangements for the resettlement of patients from MAH and other learning disability hospitals whose discharge plans have been delayed. The review team were required to work with stakeholders to identify both good practice and overarching vision, as well as barriers, and to develop an action plan to ensure that the needs of the patients are being considered and are met. The review was to include consideration of the effectiveness of planning and delivery for the proposed supported living and alternative accommodation schemes which were in development to support the resettlement plans for these individuals.
- 1.3 There is a strong legislative base and policy framework, although the policy and strategy relating to services for people with learning disabilities/ASD and their families is in urgent need of updating, and this is currently being reviewed. An overarching vision for learning disability services in the 2020's would allow stakeholders to agree a Learning Disability Service Model, which would guide commissioners and providers towards the development of better integrated, community orientated services which will deliver stronger outcomes for people with learning disability and their families. This policy will need to consolidate the outstanding ambition that no-one will live in a specialist learning disability hospital and that hospital will focus on its primary function of offering assessment and treatment only for those people for whom this cannot be made available within a community setting.
- 1.4 Leadership and governance with regard to the resettlement programme in Northern Ireland has been less than adequate. Progress and momentum to deliver homes outside of hospital for the remaining cohort has been slow. There were a number of confounding factors that impacted directly on progress. The global pandemic had a massive impact on the capacity and capability of leadership teams to maintain momentum on 'business as usual' priorities, as a determined focus to tackle covid was required. Similarly during the same period the impact of MAH being identified at a national level as a hospital where patients had not been well safeguarded meant that the operational day to day logistics of maintaining safe practice in relation to sufficient and stable staffing was a significant challenge in itself. Additionally, there has been an extended period of

from the Trusts, including the Assistant Directors/Co-Directors responsible for learning disability services. Initially this only included representation from Belfast, Northern and South Eastern Trusts as the remaining people in MAH awaiting discharge were the responsibility of these organisations by virtue of the individual's original place of residence. These subgroups were (1) the Regional Learning Disability Operational Group (RLDOG) which included some representation from NIHE, and other agencies such as RQIA, and (2) Community Integration Programme (CIP) which looked more specifically at the issues pertaining directly to the resettlement programme.


- 6.6.3 The review team were able to observe and participate in all of the above groups and in addition had specific meetings with each of the Trust's senior leadership teams responsible for learning disability resettlement.
- 6.6.4 It was positive that the HSCB had created a structure of groups and meetings to progress the resettlement programme and address related issues, particularly in relation to access to learning disability hospital beds for assessment and treatment. There was a clear commitment from senior leaders to support the delivery of the resettlement programme and to work jointly to face and address the significant challenges.
- 6.6.5 However we felt that overall the commissioning of services was poorly framed and lacked effective performance management. This meant that the HSCB (and more recently SPPG) has struggled to achieve timely impact in ensuring the Trusts secured new homes for the people awaiting discharge from MAH.
- 6.6.6 There were a number of particular weaknesses which the review team identified. The HSCB were using a basic table to monitor the status of the individuals in the target population, which the review team assisted with re-design. Updates on this revised 'tracker tool' were sometimes only provided after chase up, and often not validated by the respective Trust AD/Co-Director, so may not have been reliable. Attendance at these key meetings was generally poor and inconsistent, contributed to in some instances by the too frequent changes in personnel in significant delivery or planning roles. Hopefully this report will be a catalyst for the SPPG to review with its partners the effectiveness of both CIP and RLDOG.
- 6.6.7 Whilst colleagues from other agencies – NIHE and RQIA – were involved in RLDOG it was sometimes unclear how they were expected to engage in the activity to progress schemes and proposals at speed. In particular the housing professionals held a wealth of information and data about activity in the existing system and had expertise in both design and delivery of housing schemes which wasn't always drawn on by colleagues from health and social care. Housing colleagues described how they felt the inter-agency working had

become less evident and effective in recent years, partly due to the lack of stable leadership and management arrangements at times in health and social care. They felt that some of the current senior staff lacked the understanding of the housing and Supporting People sector that their predecessors had demonstrated.

- 6.6.8 Whilst there was a verbalised commitment to working collaboratively, this was sometimes hampered by poor communication between the key partners. This was especially significant where a lead Trust was developing or planning a scheme which had the potential to provide accommodation for individuals from other Trusts. In some instances plans had not been shared with other partners which meant they weren't sighted on proposals for developments to be located in their Trust area, without their involvement in the planning, which had potential to place demand and pressure on local learning disability and other services.

Perhaps the most significant area of concern was the scrutiny of the proposed accommodation schemes and the supporting business cases to develop those schemes by the HSCB and individual Trust Boards. This rarely involved rigorous assurance that the planning for schemes would deliver new accommodation for individuals awaiting resettlement within a reasonable timescale. Subsequently the stated ambition that all people awaiting discharge from MAH would be resettled by the end of 2019 was completely missed, with slow progress verging on inertia beyond that point.

- 6.6.9 Having set out the regional landscape for strategic commissioning of health, social care and housing we will move in the next sections to look at how Trusts have progressed the individualised care planning (Chapter 7) and local commissioning of new provision to progress the resettlement plans developed for individuals.(within Chapter 8)
- 6.6.10 Across the system the review team were concerned that there were significant examples of poor or slow decision making, limited communication to support a fully collaborative approach, and weak management grip to address practical barriers that delayed positive outcomes being achieved – an example of this was transition/discharge plans being delayed for sometimes lengthy periods because required adaptations to property had not been completed, or legal advice in relation to placement matters had not been satisfactorily addressed.
- 6.6.11 There were a few legitimate challenges faced by the HSC system which we acknowledge compromised delivery within agreed timescales. The obvious challenge across the whole system was the global pandemic and the significant impact this had on capacity. This impacted further on workforce issues which all parts of the system described as placing them under real difficulties. Less likely to have been anticipated were the issues in relation to building and

Meeting:	Board Meeting	Date:	27/5/15
Paper Classification:	Official	Paper Status:	Information
Division:	Regional Services	Author:	Mark Graham
Title of Paper:	Social Housing Development Programme (SHDP) Out-turn performance (14/15) and the 15/16 Delivery Risk Assessment		
Purpose of Paper:			
To inform the Board of Social Housing Development Programme (SHDP) out-turn performance against targets for the 14/15 year; to provide a delivery Risk Assessment for the 15/16 year; and to advise of the future approach to securing greater certainty of delivery via the production and implementation of an SHDP Delivery Strategy.			
Context of Paper:			
Corporate Objective 2 "Investing in Homes and Neighbourhoods"			
The Housing Executive administers Grant funding to housing associations, and co-ordinates their development activity to provide new social housing across Northern Ireland, through the SHDP.			
What Will Change?			
The Board will be apprised of progress with the delivery of the 2015/16 SHDP at half-year and of progress with the production and implementation of the SHDP Delivery Strategy (both subjects will be covered in a paper to Board in November 2015).			
Recommendation:			
The Board is asked to note the effective delivery performance of the SHDP against targets for the 14/15 year and to note some of the challenges that will affect delivery this year. The Board is also asked to note that a Delivery Strategy is being developed in order to simplify current procedures and offer greater delivery certainty for future years.			
Approved by:	 Director of Regional Services	Approved by:	
Date:	18.5.15.	Date:	

1.0 Introduction

- 1.1 The Northern Ireland Executive's Programme for Government (PfG) establishes the Executive's policy and programme priorities for the 4-year period 2011/12-2014/15. PfG acknowledges that the provision of decent, affordable, sustainable housing is one of the most significant positive interventions that can be made to contribute to reductions in deprivation across the region. For this reason, one of the key commitments of Government has been to secure starts on 8,000 units of social and affordable housing over the PfG's lifetime. (This headline figure was split between 6,000 units of social housing and 2,000 affordable housing units). The Social Housing Development Programme (SHDP) is the means by which the Housing Executive co-ordinates and funds housing associations' development activity to facilitate the provision of new social housing across Northern Ireland.

2.0 2014/15 SHDP Out-turn Performance against Targets

- 2.1 2013 new social housing starts (148 schemes) were secured at the end of the 2014/15 year exceeding the PfG target for 2000 starts. A budget of £97.5m was available to fund this level of starts and all other ancillary aspects of SHDP-related activity (including completions, Disabled Adaptations Grant, and Voluntary Purchase Grant). Within the overall budget, expenditure of £14.5m on Advance Land Purchase facilitated the acquisition of 22 sites that will deliver 572 new units of social housing in future programme years.
- 2.3 This level of out-turn means that a cumulative budget of £410m has been expended to secure starts on 461 schemes and commence work on the provision of 6,101 new units of social housing during the past 4-years, thereby exceeding the PfG starts target for 6000 new social starts. Within the headline PfG starts target, there were also sub-targets for starts on general needs and supported housing accommodation. SHDP Targets and Out-turn during the 4-year life of the PfG are summarised in the following table.

SHDP Performance 2011/12-14/15 - Targets and Out-Turn

Year	General Needs Target	General Needs Out-turn	Supported Housing Target	Supported Housing Out-turn	Social Housing (all) Target	Social Housing (all) Out-turn
2011/12	1,200	1,314 (+114)	200	96 (-104)	1,400	1,410 (+10)
2012/13	1,000	1,216 (+216)	325	163 (-162)	1,325	1,379 (+54)
2013/14	1,000	1,182 (+182)	275	117 (-158)	1,275	1,299 (+24)
2014/15	1,950	1,813 (-137)	50	200 (+150)	2,000	2,013 (+13)
Totals	5,150	5,525 (+375)	850	576 (-274)	6,000	6,101 (+101)

- 2.4 This table indicates that the general needs element of the PfG target was exceeded (by 375 units over 4 years). The supported housing element of the PfG target was not met in full. This was due to a number of factors; a shift in need requirements; financial viability due to the necessity to align various revenue streams; and difficulty identifying and acquiring sites in suitable locations. However, priority was given to ensuring that starts were secured for schemes that were needed to facilitate the planned re-settlement of vulnerable people with mental health or learning disability challenges, from long-stay institutional settings to new supported living solutions. Sufficient schemes were delivered to fully address the supported living element of the re-settlement target.

3.0 2015/16 SHDP Delivery Risk Assessment

- 3.1 The target for 2015/16 is to secure starts on 1500 new social housing units with a budget of £101m.
- 3.2 The 2015/16 SHDP deliverability Risk Assessment is based on an analysis of information supplied by housing associations at the start of the year regarding progress with a series of key indicators for all schemes programmed for the this year. These key indicators include e.g. progress with land acquisition; progress with planning approval; timetables for the award of works contracts; and target dates for the submission of Applications for Project Approval. The initial Risk for the 2015/16 is as follows:

	<u>Schemes</u>	<u>Units</u>
Total (Gross) SHDP	209	3741
<u>of which</u>		
Low Risk	= 15	42
Medium Risk	= 90	1342
High Risk	= 104	2357

- 3.3 The Gross Programme contains an element of over-programming, to compensate for scheme slippage or abandonment. Typically only 40-50% of the original Gross Programme is delivered in any given year. Potential schemes are regularly lost from the Programme for a variety of reasons, eg. Associations may be unable to acquire sites, or secure planning approval, or procure construction works within the timeframe available. A total of 105 schemes (comprising 1384 units of accommodation) have been assessed in the **Low Risk** or **Medium Risk** categories. It is also anticipated that up to 150 units will be identified for purchase by housing associations, on an *Existing Satisfactory* or *Off the Shelf* basis during the course of the year, offering further assurance that the target of 1500 starts can be achieved.
- 3.4 This is a positive assessment, however, it should be noted that housing associations continue to report challenges with the acquisition of sites (primarily due to vendors' unrealistic price expectations). It should also be noted that the transfer of planning powers (from DoE to the new Super-

Councils) may adversely affect planning approval timescales and in turn have a negative impact on SHDP delivery.

4.0 Production and implementation of an SHDP Delivery Strategy

- 4.1 As already indicated, there has been a positive outcome in terms of achieving PFG delivery targets during the past 4 years. In seeking to maximise housing supply, however, there is also pressure to increase certainty of delivery. The development process remains complex, and for each scheme proposal successfully delivered as a start on site, housing associations must efficiently manage a series of parallel activities (land acquisition, planning, works contract award and scheme approval) all of which must be completed before construction work can commence.
- 4.2 In practice, these activities regularly come to fruition at the same time, resulting in the compression of a disproportionate amount of delivery activity (scheme approvals, Grant payments and physical starts-on-site) into the final months of the financial year. This represents an unsustainable level of on-going risk, and has prompted the Housing Executive, in partnership with DSD, to consider the need for a longer-term, more strategic approach to delivery through the production and implementation of a Delivery Strategy for the SHDP.
- 4.3 In producing the Strategy (by means of the SHDP Delivery Strategy Project) we will seek to address a series of systemic housing supply and delivery issues, in partnership with DSD and a range of key stakeholders / delivery partners across the sector with a view to ensuring increased certainty of delivery.
- 4.4 This will involve consideration of two major work-streams, focusing on devising improved approaches to Programme Commissioning, Formulation and Delivery, as well as considering new means by which access to Land Supply can be enhanced. It is intended that an SHDP Delivery Strategy should be developed and ready for implementation with effect from 1st April 2016.

5.0 Conclusion

- 5.1 The Board is asked to note the effective delivery performance of the SHDP against targets for the 14/15 year and to note some of the challenges that will affect delivery this year. The Board is also asked to note that a Delivery Strategy is being developed in order to simplify current procedures and offer greater delivery certainty for future years.

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HA	Scheme Name	Shared Units	Self-Contained units	Need Group	Start Year	Type
BIH	19-25 Cliftonville Road, Belfast	0	20	Single Homeless	2002/03	New Build
BIH	Mantlin Care Homes, Kesh	45	0	Learning Disabilities	2002/03	Existing Satisfactory Purchase
Choice	Ballinderry Rd, Lisburn	0	15	Elderly - Housing with Care	2002/03	New Build
Fold	Gilford Road, Portadown	18	0	Learning Disabilities	2002/03	New Build
North & West	22 Pump Street, Londonderry	0	8	Vulnerable Women	2002/03	Rehab
North & West	Newmills Road, Coleraine	27	0	Elderly - Housing with Care	2002/03	New Build
North & West	Mullagh House, Limavady	7	0	Learning Disabilities	2002/03	New Build
North & West	St Julians Hse, Omagh	17	0	Elderly - Housing with Care	2002/03	Reimprovement
Oaklee	Shiels Court, Ballymoney	2	0	Mental Health	2002/03	New Build
Oaklee	The Maples, Chief Street, Belfast	0	12	Elderly - Housing with Care	2002/03	Rehab
Oaklee	66 & 68 Carnmore Rise, Enniskillen	6	0	Young People Leaving Care	2002/03	Rehab
Oaklee	58 Dellmount Court, Bangor	2	0	Learning Disabilities	2002/03	Rehab
Oaklee	4 Lansdowne Park, Lisburn	4	0	Learning Disabilities	2002/03	Rehab
Oaklee	14 Warren Park, Lisburn	3	0	Learning Disabilities	2002/03	Rehab
Triangle	19 Ambleside Dr, Bangor	4	1	Learning Disabilities	2002/03	New Build
Triangle	6 Seahill Ridge, Donaghadee	4	0	Learning Disabilities	2002/03	Rehab
Triangle	10 Sperrin Dr (S&E Belfast Trust), Belfast	4	0	Learning Disabilities	2002/03	Off-the-Shelf
Triangle	10 Coolnagard Grove, Omagh	4	0	Learning Disabilities	2002/03	Off-the-Shelf
Ark	Eglinton Lane, Portrush	0	15	Mental Health	2003/04	New Build
BIH	Mantlin Care Homes, Kesh	18	0	Learning Disabilities	2003/04	New Build
BIH	Ventry Street, Belfast	22	0	Leaving Penal	2003/04	New Build
BIH	21 Lisadell Drive, Bangor	0	1	Learning Disabilities	2003/04	Existing Satisfactory Purchase
BIH	60 Henderson Drive, Bangor	2	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
BIH	40 Pettigo Road, Kesh	8	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
BIH	42 Pettigo Road, Kesh	4	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
BIH	3 Pettigo Road, Kesh	8	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
BIH	14 Bexley Road, Bangor	2	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
Choice	Dunmisk Park, Ph1, Belfast	4	12	Mental Health	2003/04	New Build
Choice	Arthur Street, Newry	6	0	Mental Health	2003/04	Rehab
Choice	42 Forest Hill, Conlig	4	0	Learning Disabilities	2003/04	Existing Satisfactory Purchase
Clanmil	Willowfield Avenue, Belfast	30	0	Elderly - Housing with Care	2003/04	New Build
Fold	Sunnyside, Bangor	46	0	Elderly - Housing with Care	2003/04	New Build
Fold	Brookgreen, Coleraine	25	8	Elderly - Housing with Care	2003/04	New Build
Habinteg	Trench Park, Belfast	0	6	Learning Disabilities	2003/04	New Build

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NIHE	Glenbrook, Newtownards	0	10	Other Special Needs	2003/04	Rehab
NIHE	Marine Hotel, Carrickfergus	0	25	Other Special Needs	2003/04	Rehab
North & West	Ballyclose Road, Limavady	13	8	Mental Health	2003/04	New Build
North & West	Abbey House, Londonderry	15	0	Elderly - Housing with Care	2003/04	Reimprovement
Oaklee	Conway Street, Belfast	0	24	Single Homeless	2003/04	New Build
Oaklee	Rectory Close, Loughgall	11	0	Learning Disabilities	2003/04	New Build
Oaklee	Mullaghmore, Omagh	8	0	Mental Health	2003/04	Rehab
Oaklee	55 Manor Park, Lisburn	0	1	Learning Disabilities	2003/04	Rehab
Triangle	14 Fort Road, Dundonald (Ph5A)	4	0	Mental Health	2003/04	Existing Satisfactory Purchase
Triangle	31 Grange Avenue, Bangor	5	0	Learning Disabilities	2003/04	Rehab
Triangle	Maloon Manor, Cookstown	6	0	Learning Disabilities	2003/04	Off-the-Shelf
Triangle	Coolnagard, Ph2, Omagh	4	0	Learning Disabilities	2003/04	Off-the-Shelf
Triangle	Site 1, Gordonville Pk, Ballymoney	4	0	Learning Disabilities	2003/04	Off-the-Shelf
Triangle	High Grove, Lisnaskea	6	0	Learning Disabilities	2003/04	Off-the-Shelf
BIH	Stella Maris Hostel, Belfast	24	0	Drug or Alcohol problems	2004/05	Rehab
BIH	The Courtyard, Main Street, Crumlin, Antrim	14	0	Learning Disabilities	2004/05	Off-the-Shelf
Choice	Gardenmore Place, Larne	10	4	Mental Health	2004/05	New Build
Choice	Castle Hill House, Lisnaskea	0	5	Mental Health	2004/05	Reimprovement
Corinthian	Castle Lane, Lurgan	16	4	Learning Disabilities	2004/05	New Build
Dungannon	12 Thomas Street, Dungannon	4	1	Young People Leaving Care	2004/05	Rehab
Fold	Francis Street, Londonderry	2	8	Young People Leaving Care	2004/05	New Build
Newington	298 Antrim Road, Belfast (Mater Dei)	0	13	Single Homeless	2004/05	New Build
North & West	Belmont Cottages, Londonderry	5	0	Learning Disabilities	2004/05	New Build
North & West	Belmont Cottages, Londonderry (RI)	12	0	Learning Disabilities	2004/05	Reimprovement
North & West	Foyle Valley House, Derry	14	0	Drug or Alcohol problems	2004/05	Reimprovement
North & West	Clarendon Street, Derry	0	16	Single Homeless	2004/05	Reimprovement
Oaklee	Central Promenade P1, Newcastle	11	0	Learning Disabilities	2004/05	New Build
Triangle	Fernisky Road, Kells	0	1	Physical Disabilities	2004/05	New Build
Triangle	4 Ballywindelland Road, Macfin, Ballymoney	0	1	Physical Disabilities	2004/05	Rehab
Triangle	37 Castlehill Place, Ballymoney	4	0	Learning Disabilities	2004/05	Rehab
Ark	Roseville House, Ormeau Road, Belfast	0	4	Single Homeless	2005/06	New Build
BIH	Stewartstown Road, Belfast	0	18	Single Homeless	2005/06	New Build
BIH	Chisholm House, Ballyclare (RI)	13	0	Mental Health	2005/06	Reimprovement
Filor	422-424 Antrim Road, Rosemount House, Belfast	20	0	Drug or Alcohol problems	2005/06	Rehab
Fold	Railway Cottages, Taylor's Avenue, Carrick	0	26	Elderly - Housing with Care	2005/06	New Build

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Fold	Brookgreen, Ph3, Coleraine	0	1	Elderly - Housing with Care	2005/06	New Build
Fold	Brookgreen, Ph2, Coleraine	0	27	Elderly - Housing with Care	2005/06	New Build
Fold	2 Cloverhill Avenue, Lisburn	4	0	Learning Disabilities	2005/06	Rehab
Habinteg	Patrick Street, Newry	12	4	Learning Disabilities	2005/06	New Build
North & West	Railway Court, Omagh	7	0	Learning Disabilities	2005/06	New Build
Oaklee	Belmont Ave West, Ballyhackamore, Belfast	0	6	Young People Leaving Care	2005/06	New Build
Oaklee	Hospital Site, Ph2, Banbridge	0	6	Physical Disabilities	2005/06	New Build
Oaklee	Springfield Avenue, Belfast	2	8	Physical Disabilities	2005/06	New Build
Oaklee	Moylena Court Ext, Antrim	0	7	Mental Health	2005/06	New Build
Oaklee	Millburn Road, Coleraine	0	3	Physical Disabilities	2005/06	New Build
Oaklee	Alexander Road, Limavady	6	0	Young People Leaving Care	2005/06	Rehab
Triangle	Lakeland, Ph2, Fermanagh	4	0	Learning Disabilities	2005/06	Rehab
BIH	Castlehill, Dungannon	0	22	Single Homeless	2006/07	New Build
BIH	Ardaveen Park, Bessbrook	14	0	Learning Disabilities	2006/07	New Build
BIH	1-3 Victoria Street, Carrickfergus	0	5	Vulnerable Women	2006/07	New Build
BIH	Longview/Lisdalgin Replacement, Antrim	12	0	Mental Health	2006/07	New Build
Choice	Moir Road/Ballinderry Road, Ph2, Lisburn	0	8	Mental Health	2006/07	New Build
Fold	Castlecoole Road, Enniskillen	0	11	Single Homeless	2006/07	New Build
Habinteg	Twisel Lodge, Holywood	7	0	Physical Disabilities	2006/07	Existing Satisfactory Purchase
Oaklee	Princetown Road, Bangor	10	7	Learning Disabilities	2006/07	New Build
Oaklee	Bryansford Road, Newcastle	10	2	Learning Disabilities	2006/07	New Build
Triangle	Ballymacoss Central, Ph3, Lisburn	12	0	Learning Disabilities	2006/07	New Build
Triangle	7 Highfield Grove, Lisburn	4	0	Learning Disabilities	2006/07	Rehab
Triangle	62 Carnmore Rise, Enniskillen	3	0	Learning Disabilities	2006/07	Rehab
Triangle	19 Boyd's Row, Armagh	4	0	Learning Disabilities	2006/07	Rehab
Triangle	4 Baronscourt Close, Carryduff	4	0	Learning Disabilities	2006/07	Rehab
Ulidia	5 Lilburn Hall, Lurgan	4	0	Learning Disabilities	2006/07	Rehab
BIH	14-20 University Street, Belfast (ALP)	0	10	Single Homeless	2007/08	New Build
Habinteg	Knockbracken Healthcare Park	0	20	Mental Health	2007/08	New Build
Oaklee	Mayne House, Bloomfield Road, Bangor (Croft)	9	0	Learning Disabilities	2007/08	New Build
Oaklee	143d Glen Road, Belfast	0	2	Learning Disabilities	2007/08	Rehab
Triangle	Old Rectory Park, Cookstown	3	0	Learning Disabilities	2007/08	Rehab
Ulidia	Bonds Hill, Londonderry	17	0	Single Homeless	2007/08	New Build
Ulidia	Lilburn Hall & Bowen's Close, Lurgan	6	0	Learning Disabilities	2007/08	Rehab
Wesley	Westbank Home, Palmerston Road, Belfast	40	0	Elderly - Housing with Care	2007/08	New Build

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BIH	Newtownabbey (Abbots Cross)	13	0	Learning Disabilities	2008/09	New Build
Oaklee	Ellis Street, Carrickfergus (Ellis Court Replacement)	12	6	Learning Disabilities	2008/09	New Build
Triangle	12 Alan Close, Newcastle	5	1	Learning Disabilities	2008/09	Rehab
Trinity	Stradreagh Challenging Behaviour Unit, Londonderry	18	0	Learning Disabilities	2008/09	New Build
Ark	Greenvale House, Rossmore Drive, Belfast (DPF)	11	0	Learning Disabilities	2009/10	Existing Satisfactory Purchase
Fold	Enniskillen EMI, Phase 1	15	15	Elderly - Housing with Care	2009/10	New Build
Oaklee	Coolnagard, Omagh(Challenging Behaviour)	12	0	Learning Disabilities	2009/10	New Build
South Ulster	Thomas Street, Portadown	14	1	Mental Health	2009/10	New Build
Triangle	Garryduff Gardens, Ballymena Road, Ballymoney	5	0	Learning Disabilities	2009/10	New Build
Trinity	Appletree House, Bridge Street, Downpatrick	24	0	Elderly - Housing with Care	2009/10	New Build
Apex Housing	Granville Primary School, Derryveen, Dungannon	24	0	Learning Disabilities	2010/11	New Build
Apex Housing	Iona House, Phase 1, Strabane	12	0	Learning Disabilities	2010/11	New Build
Apex Housing	Ashleywood House, Derry	0	9	Vulnerable Women	2010/11	Rehab
Helm Housing	Shankill House Replacement	0	35	Elderly - Housing with Care	2010/11	New Build
Oaklee	Hosford House/Skainos, Belfast	12	14	Single Homeless	2010/11	New Build / Off-the-Shelf
Apex Housing	Loch Cuin Replacement/Ward House Reprovision Newtownards	34	0	Learning Disabilities / Elderly - Housing	2011/12	New Build
Helm Housing	Thompson House, Belfast	17	4	Leaving Penal	2011/12	New Build / Rehab
Oaklee	85 Newry Road, Armagh	4	0	Learning Disabilities	2011/12	Existing Satisfactory Purchase
Oaklee	3 Dergmoney View, Omagh	6	0	Learning Disabilities	2011/12	Existing Satisfactory Purchase
Oaklee	35 Mullinure Park, Armagh	4	0	Learning Disabilities	2011/12	Existing Satisfactory Purchase
Oaklee	14 Drumman Heights, Armagh	5	0	Learning Disabilities	2011/12	Existing Satisfactory Purchase
Triangle	Lerwill House, Greenmount, Coleraine	4	10	Learning Disabilities	2011/12	New Build
Triangle	14 & 15 Malone Court, Downpatrick	8	0	Learning Disabilities	2011/12	Rehab
Apex Housing	Bonds Hill, Londonderry	13	0	Learning Disabilities	2012/13	New Build
Apex Housing	Ashleywood House, Phase 2, Ardmore Road, L'derry	0	3	Vulnerable Women	2012/13	New Build
Apex Housing	Ashleywood House, Phase 3, Ardmore Road, L'derry	0	3	Vulnerable Women	2012/13	Rehab
Clanmil	Young People Leaving & After Care, Downpatrick (English Street)	8	0	Young People Leaving Care	2012/13	Reimprovement
Oaklee	Peters Hill, Belfast	0	13	Learning Disabilities	2012/13	New Build
Oaklee	Todd Close Phase 2 (Oriel Replacement)	12	0	Learning Disabilities	2012/13	Reimprovement
Oaklee	Todd Close Phase 3 (Oriel Replacement)	5	0	Learning Disabilities	2012/13	New Build
Oaklee	Ashley House Remodelling Phase 3	4	0	Learning Disabilities	2012/13	New Build
Oaklee	Ashley House Remodelling Phase 2	7	0	Learning Disabilities	2012/13	Reimprovement
Oaklee	The Heathers Replacement Phase 3	5	0	Learning Disabilities	2012/13	New Build
Oaklee	The Heathers Replacement Phase 2	9	0	Learning Disabilities	2012/13	Rehab
Triangle	Muckamore Resettlement to S&E Belfast Ph 1 (Barons Court, Carraduff)	4	0	Learning Disabilities	2012/13	Existing Satisfactory Purchase

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Triangle	Kintyre Park/Braidwater Quay, Ballymena	10	7	Mental Health	2012/13	New Build
Triangle	Logans Loanen, Cloghrennan, Larne	16	0	Learning Disabilities	2012/13	New Build / Rehab
Triangle	29 Market Street, Ballymoney	4	1	Learning Disabilities	2012/13	Rehab
Triangle	North East Area Muckamore Resettlement, 83 Ballyeaston Road, Ballymena	4	0	Learning Disabilities	2012/13	Rehab
Triangle	Muckamore Resettlement to Downpatrick	9	0	Learning Disabilities	2012/13	Rehab
Trinity	Magherafelt Mental Health (Churchwell Lane)	0	14	Learning Disabilities	2012/13	New Build
Trinity	Connaught House, Newry	3	0	Mental Health	2012/13	Reimprovement
Apex Housing	53 Rossorry, Church Road, Enniskillen	0	13	Young People Leaving Care	2013/14	New Build
Apex Housing	Granville Primary School Extension, Derryveen, Dungannon	1	0	Learning Disabilities	2013/14	New Build
Oaklee	99-101 Canal Street, Newry	0	8	Young People Leaving Care	2013/14	Existing Satisfactory Purchase
Oaklee	Muckamore Resettlement to South & East Belfast Phase 2 (547 Ormeau Road)	5	0	Learning Disabilities	2013/14	Rehab
Oaklee	Fountainville Avenue, Belfast	18	0	Mental Health	2013/14	Reimprovement
Oaklee	Holywell Resettlement (Mental Health) Resettlement 120 Belfast, Pool Avenue	7	0	Mental Health	2013/14	Rehab
Oaklee	Mount Pleasant, Pool Avenue, Belfast (Dympna House)	22	1	Learning Disabilities	2013/14	Existing Satisfactory Purchase
Triangle	North East Area Muckamore Resettlement (Ballymena) (Cushendall Road)	5	0	Learning Disabilities	2013/14	New Build
Triangle	7 Annadale Avenue, Belfast	0	8	Young People Leaving Care	2013/14	Reimprovement
Triangle	29a Annadale Avenue, Belfast	0	15	Learning Disabilities	2013/14	New Build
Triangle	Muckamore Resettlement to Newtownabbey Phase 2 (103 Muckamore Resettlement to S&E Belfast (4 Baronscourt Park, Carrduff))	3	0	Learning Disabilities	2013/14	Rehab
Triangle	S&E Belfast (4 Baronscourt Park, Carrduff)	5	0	Learning Disabilities	2013/14	Rehab
Ulidia	Pentagon House, 4 Cullybackey Road, Ballymena	0	6	Vulnerable Women	2013/14	Off-the-Shelf
Apex Housing	Railway Court, Omagh	16	0	Learning Disabilities	2014/15	Reimprovement
Apex Housing	Cedar Villa Replacement, Londonderry	0	16	Mental Health	2014/15	New Build
Apex Housing	Mullagh House, Limavady	15	0	Learning Disabilities	2014/15	Reimprovement
Fold	188-190A Longstone Street, Lisburn	0	9	Young People Leaving Care	2014/15	New Build / Rehab
Oaklee/Trinity	Fountainville Phase 2, Belfast	0	9	Mental Health	2014/15	New Build
Oaklee/Trinity	Greensland Fair Elderly Replacement (91 Shore Road, Green Island)	0	25	Elderly - Housing with Care	2014/15	New Build
Oaklee/Trinity	North Down Young People Leaving Care, 189 Donaghadee Road, Bangor	0	12	Young People Leaving Care	2014/15	New Build
Oaklee/Trinity	37 Knockcairn Road, Dundrod (Antrim House (Male))	4	1	Learning Disabilities	2014/15	Existing Satisfactory Purchase
Oaklee/Trinity	The Maples, Chief Street, Belfast	0	5	Physical Disabilities	2014/15	Reimprovement
Oaklee/Trinity	Moneymore Road, Magherafelt	0	13	Young People Leaving Care	2014/15	New Build
South Ulster	Praxis ESPs Portadown & Lurgan	0	9	Mental Health	2014/15	Existing Satisfactory Purchase
Triangle	Hollywood Road, Station Road, Belfast (Kirkliston Replacement)	4	18	Mental Health	2014/15	New Build
Triangle	193/195 Hillsborough Old Road, Lisburn	0	15	Physical Disabilities	2014/15	New Build
Triangle	13A Mullaghcarron Road, Maghaberry	4	1	Learning Disabilities	2014/15	Rehab
Triangle	10 Cheviot Street, Belfast	2	0	Learning Disabilities	2014/15	Rehab

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Triangle	59 Glenavy Road, Crumlin	3	2	Learning Disabilities	2014/15	Rehab
Trinity	South East Mental Health, Newtownards	0	4	Mental Health	2014/15	Existing Satisfactory Purchase
Ulidia	111 Hamilton Road, Bangor	7	0	Vulnerable Women	2014/15	Reimprovement
Apex Housing	Beechway House, Londonderry	16	0	Learning Disabilities	2015/16	Reimprovement
Ark	Kavara House, 15 Kavara Gardens, Bangor (North Down)	0	24	Elderly - Housing with Care	2015/16	New Build
Choice	Northmen House, Mental Health Resettlement, Abbots Cross, Newtownabbey	0	24	Mental Health	2015/16	New Build
Choice	South Area Older People (Kilkeel)	0	12	Elderly - Housing with Care	2015/16	New Build
Choice	Clearwater, Brookhill Avenue, Belfast	14	8	Mental Health	2015/16	New Build
Choice	Dympna House, 143a Glen Road, Belfast (New Build)	0	12	Learning Disabilities	2015/16	New Build
Choice	Carniny Court, Ballymena	20	3	Vulnerable Women	2015/16	New Build / Reimprovement
Choice	Croft Community, 71 Bloomfield Road, Bangor	20	0	Learning Disabilities	2015/16	Reimprovement
Clanmil	Grovelee House, Cummeragh Road, Belfast (Ballyowen Replacement)	0	30	Elderly - Housing with Care	2015/16	New Build
Choice	Edward Street, Portadown	15	0	Leaving Penal	2016/17	Reimprovement
Choice	Knockcairn Phase 2 (2A Rusheyhill Road, Lisburn)	5	0	Learning Disabilities	2016/17	Rehab
Habinteg	Knockbracken, Belfast (Millburn Close Extension)	0	6	Mental Health	2016/17	New Build
South Ulster	Praxis ESPs Phase 2	5	6	Mental Health	2016/17	Existing Satisfactory Purchase
Triangle	Mill House Re-provision, Trostan Avenue, Ballymena	21	0	Single Homeless	2016/17	New Build
Triangle	589 Ballysillan Road, Belfast	3	0	Learning Disabilities	2016/17	Rehab
Choice	Altigarron Court, Belfast	4	10	Mental Health	2018/19	New Build
Choice	Kimberley House, 45 Abbey Road, Newtownards	0	7	Mental Health	2018/19	Reimprovement
Apex Housing	Bishop Street, Londonderry (Womens Aid)	0	9	Vulnerable Women	2020/21	New Build
Choice	The Bank, 381-385 Woodstock Road, Belfast	0	8	Mental Health	2021/22	Existing Satisfactory Purchase
Triangle	2A Garryduff Road, Ballymoney	0	9	Learning Disabilities	2022/23	New Build
Triangle	2A Garryduff Road, Ballymoney	0	5	Learning Disabilities	2022/23	Reimprovement
Choice	Lanthorn Mews, 157 - 159 Falls Road, Belfast	0	5	Learning Disabilities	2023/24	Reimprovement

Design & Property Services Division
For Board Meeting
On 29th June 2011

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FOR INFORMATION**

**SOCIAL HOUSING DEVELOPMENT PROGRAMME : YEAR 1
(2011/12) PROGRESS REPORT & RISK ANALYSIS**

1.0 Introduction

- 1.1 The purpose of this paper is to inform the Board of progress to date with the delivery of Year 1 (2011/12) of the Social Housing Development Programme (SHDP), and to highlight the risk factors that could have an adverse impact on effective delivery of the Programme this year.
- 1.2 The Board approved Draft 3-Year SHDP on 27th April 2011. The Draft was forwarded to DSD on 28th April and confirmation of Departmental and Ministerial approval is awaited. In order to facilitate the earliest possible appointment of consultants, the preparation of planning applications and the initiation of appropriate works procurement procedures, housing associations were advised of their Draft Year 1 (2011/12) scheme content in April 2011.
- 1.3 Following Ministerial approval, the SHDP and the Un-Met Housing Need Prospectus will be published on the Housing Executive's web-site.
- 1.4 Housing associations are working towards a target of achieving starts on 1400 new units of accommodation during the 2011/12 year. This target includes 200 units that will contribute to the delivery of the new 4- year Bamford target for the provision of supported housing units. In order to secure this level of delivery the Draft 2011/12 SHDP (gross) as forwarded to DSD contains **166** schemes, with the potential to deliver a maximum of **2631** units of accommodation, from which the target figure of 1400 starts will be drawn. This level of over-programming (**88%**) is designed to compensate for scheme losses or slippages that occur during the course of each year.

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- 1.5 Potential schemes are regularly lost from the programme for a variety of reasons e.g. where associations are unable to complete site purchases because funding allowances do not match vendors' expectations; or where associations are unable to secure planning, or comply with procurement requirements in the time available.
- 1.6 Typically only 40-50% of the original gross SHDP in any given year is actually delivered. Already this year, on the basis of information provided by housing associations at a series of meetings during April 2011 and in the first monthly Project Update Form Return of the year, submitted at the end of May 2011, **14** schemes / **338** units have been lost from the Draft 2011/12 SHDP, for a variety of reasons of the type already outlined. With this year's SHDP now reduced to **152** schemes / **2293** units, there has been a consequent reduction in the level of over-programming to **64%**.
- 1.7 The gross Year 1 SHDP, contains **57** schemes that could be delivered using land transferred to housing associations from the Housing Executive. Starts on a maximum of **794** units could be achieved using this arrangement. Progress with the work which needs to be undertaken to facilitate the timely transfer of land from the Housing Executive to nominated housing associations (relating to confirmation of legal title; processing of extinguishments / abandonments etc) will be closely monitored and managed by Central and Area-based Land & Property staff throughout the year.
- 1.8 Separate HAG budget lines have been established this year for the capital funds to deliver general needs and supported housing. For this reason, all subsequent updates presented to the Board will provide detail of progress both with the delivery of general needs housing and Bamford (supported housing) units.

2.0 SHDP Delivery (2011/12). Progress Report

2.1 Starts

Housing associations had achieved starts-on-site of **4** general needs schemes (**24** units of accommodation) by the end of May 2011. The overall target for 2011/12 is for housing associations to achieve starts on **1200** units of general needs accommodation and **200** units of supported housing accommodation.

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2.2 Completions

Housing associations had also achieved practical completion on **8** schemes (**95** units of accommodation) by the end of May 2011. The overall target for 2011/12 is for housing associations to achieve completions on **1450** units of accommodation.

Compliance with the Strategic Guideline requirements in regard to starts and completions targets will continue to be regularly monitored and it is intended to deliver convergence over each 3-Year programme cycle.

2.3 Approved Schemes (yet to start on site)

In addition to those schemes already started, a further **16** schemes (**234** units) have been approved by the Chief Executive's Business Committee and are scheduled to achieve an on-site start during the current year.

2.4 Schemes Submitted for Assessment / Project Approval

A further **3** schemes / **51** units had, by 31st May 2011, been submitted for assessment, compared to **14** schemes / **309** units at the same stage last year.

2.5 Planning

By the end of May 2011, housing associations had secured Planning Approvals for **21** schemes / **205** units of accommodation. This figure includes the **4** schemes (**24** units) that have already achieved a start-on-site. (This compares to **57** schemes / **967** units at the same stage last year).

A further **21** schemes / **445** units have been submitted to Planning Service and the outcome of these submissions are awaited. (This compares to **45** schemes / **855** units that had been submitted to planning service by the end of May 2010).

2.6 Disability Adaptation Grants (DAGs)

DPG has been set a target of processing **1200** Disability Adaptation Grants for approval during the 2011/12 year. A total of **65** Disability Adaptation Grants had been approved by 31st May 2011.

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2.7 Site Registrations

A total of 37 Site Registration requests have been received by DPG between 1st April and 31st May 2011. (This compares with 50 Site Registration requests in the same period last year).

3.0 Finance

HAG Budgets have been established by DSD for the 4-year period 2011/12 to 2014/15. These levels are as set out below and are intended to fund both the provision of General Needs and Bamford units as well as Disability Adaptation Grants and Voluntary Purchase Grants;

- Year 2011-12 **£144.3m**
- Year 2012-13 **£ 99.8m**
- Year 2013-14 **£100.6m**
- Year 2014-15 **£108.1m**

3.1 The originally estimated Budget of **£144.3m** to deliver **1400** starts and all other aspects of SHDP-related activity for the 2011/12 year (Advance Land Purchase; Adaptations; and Voluntary Purchase Grants) has been funded in full, pending confirmation of this position by the new Minister for Social Development. The budget is currently allocated as follows:

- **£125.5m** for General Needs housing units
- **£15.5m** for Bamford (supported housing) units
- **£2.8m** Disability Adaptation Grants
- **£0.5m** Voluntary Purchase Grant

3.2 **Resource Spend** at 31st May 2011 was **£12,413,070**, while **Cash Spend** for the same period was **£49,786,174**. These levels of spend are as anticipated, and the HAG Budget remains on course to fund the effective delivery of this year's programme.

3.3 Financial commitments (to schemes that commenced in prior years, or which have already achieved a start on site during 2011/12) account for **£66m** of the overall budget allocation.

3.4 The current HAG Budget allocation for 2011/12 could sustain a higher number of on site starts than the current 1400 unit target.

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However, a strategy of maximising starts would increase financial commitments to unsustainable levels for the 2012/13 year, when a considerably reduced Budget allocation is anticipated.

It is therefore anticipated that a number of Advance Land Purchase requests may be facilitated this year to utilise the Budget beyond that required to facilitate 1,400 unit starts and support the lower Budget levels anticipated in the 2 subsequent years.

4.0 Risk Analysis

4.1 In monitoring and managing the key stages of development activity, DPG continues to undertake a regular assessment of the potential risks associated with the delivery of schemes with a planned on-site start during the 2011/12 SHDP. This is not an exact measure of risk and relies heavily on information provided by Housing Associations, corroborated where possible with information and evidence from independent sources.

4.2 The main factors considered as part of this Risk Analysis are set out as follows:

- Progress with the acquisition of land (taking account of land assembly, legal title and extinguishment / abandonment issues).
- Progress with Planning (taking account of submission dates to Planning Service and issues delaying approval; typically including matters of design & layout / density / roads provision / access etc).
- Progress with procurement (including the timing of consultant appointments, and compliance with EU works-procurement time-frames).
- Progress with the submission of Applications for Project Approval to Development Programme Group.

4.3 Taking account of these factors, each scheme with a planned on-site start during the 2011/12 year has been assigned either to a **Low Risk** / **Medium Risk** / or **High Risk** category

- (**Low Risk**) are judged to have an 80%-100% likelihood of achieving an on-site start during the current year.

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- **(Medium Risk)** are judged to have a 40%-80% likelihood of achieving an on-site start during the current year.
- **(High Risk)** are judged to have a 0%-40% likelihood of achieving an on-site start during the current year.

4.4 An analysis of the gross Year 1 SHDP at 31st May 2011 provides the following breakdown by Risk category:

Low Risk*	: 20% (42 schemes / 457 units)
Medium Risk	: 38% (61 schemes / 877 units)
High Risk	: 42% (49 schemes / 959 units)
Total	: 152 schemes / 2293 units

* The Low Risk category includes the 4 schemes / 24 units where work has already started on-site. Details of Year 1 schemes, by risk category, are shown at **Appendix 1**.

In order to meet the delivery target of 1400 starts for the 2011/12 year, it will be necessary (as has happened in previous years) to add opportunity sites (including completed Off the Shelf developments and a number of Existing Satisfactory Purchases) to the Programme on an in-year basis, subject to confirmation of housing need and compliance with Strategic Guideline requirements.

4.5 In addition to the factors that have traditionally been assessed as the basis for the risk categorisation of each scheme, it should be noted that DPG have also taken account of a range of additional issues which may impact on the effective delivery of the Year 1 (2011/12) SHDP.

These issues include;

- Changes in TCI allowances and Grant Rates (effective from 1st April 2011) which have had the combined impact of reducing the value of grant payable to housing associations by as much as 18%. The reduction in allowances relating to the purchase of land in particular is adversely impacting on

the capacity of housing associations to conclude purchase deals with previously willing vendors. TCI allowances for land are now as much as 50% less than the equivalent allowances 2 years ago.

- DSD's Governance & Inspection regime continues its more rigorous pursuit of governance shortcomings and as a consequence, housing associations continue to take a more risk averse approach to programme delivery.
- Procurement compliance for EU tendering. The timings associated with meeting minimum legal requirements for standard EU procurement procedures mean that the entire tender process can take as long as 6 months, whereas a much shorter period was previously required. The introduction of the Remedies' Directive may also have the potential to adversely affect delivery. It is clear that a number of the larger construction companies are now competing for a reduced volume of work in the social housing sector which may increase the prospect of challenges allowed by the Directive.
- Helm Housing Association has been suspended from development activity with effect from 1st April 2011, bringing to 7 the number of associations now suspended. The prolonged inspection of Helm has led to the postponement of secondary inspections that are necessary before existing suspensions can be lifted.
- Resource issues relating to the reorganisation of the Planning Service staff (with approximately 30% of staff affected) across Northern Ireland may also have a detrimental effect on timely confirmation of planning approval. The low number of applications submitted to Planning Service by associations at this stage is a matter of concern.
- Potentially the most serious risk to the delivery of the Programme this year is the prospect of cuts to the NI Block Budget, which in turn could have an adverse impact on the level of funding available for the SHDP. It is anticipated that for every £10m reduction in funding, we could expect to lose between 175 and 200 units from the Programme. This in

turn may require a significant re-balancing of SHDP delivery priorities.

- NIHE Transfer Schemes account for **57** schemes, with the potential to deliver a maximum of **794** starts on site. This equates to approximately **35%** of the gross Programme. Many of these schemes are problematic, with challenges regarding planning e.g. PPS8 / sight lines & access / design & density constraints / difficult ground conditions / access to services and so forth. Over the years the Housing Executive has already transferred its more straightforward sites to associations for development. Consequently, the remaining Transfer sites are increasingly challenging in regard to these issues.

- Although it is accepted that the Programme will have to be supplemented in-year with the addition of Existing Satisfactory Purchases and Off the Shelf development opportunities, reductions in TCI allowances and multipliers for schemes of this type are again expected to be a constraining factor. It should also be noted that an imminent amendment to the Housing Association Guide is anticipated, whereby housing associations will only be able to purchase Off the Shelf units that are 100% complete (rather than over 50% complete, as is currently the case). This change of approach will also be a constraint to Programme delivery this year.

5.0 Conclusion

- 5.1 In summary, progress in the target areas of activity (Starts; Completions; Project Approvals; Associations' progress in securing statutory Planning Approvals; DAG approvals) are slow in comparison with the position recorded at the same stage last year. This should not cause particular problems given the reduced delivery target for 2011/12, but there remain a significant number of issues that may adversely impact on effective delivery this year. DPG will continue to closely monitor progress and take appropriate action as necessary.

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5.2 The Board is asked to note both progress to date and the risks to Programme delivery as outlined in the paper.



D Ferran

Director of Design & Property Services (A) Date 15-6-11

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Between 1 April 2012 and 31 March 2014, resettlement targets for the PTL were more than fulfilled. 116 people from the priority transfer list were resettled and 49 people remained to be resettled by March 2015. Almost half of those remaining to be resettled were living in Muckamore Hospital (Belfast Trust). Resettlement targets for the DDL were not met. At 31 March 2014, 24 people out of 30 remained to be resettled.

Table 7: Resettlement from the Priority Transfer List 2012 to 2014, by Trust, with numbers remaining to be resettled

Trust area of residence	Target to March 2013	Reported Resettled at 31 March 2013	Target to March 2014	Reported Resettled at 31 March 2014	Cumulative Target to March 2014	Cumulative Reported Resettled at 31 March 2014	Target to March 2015	Remaining to be resettled at 31 March 2014
Belfast Trust	13	9	25	30	38	39	24	23
Northern Trust	6	11	12	6	18	17	12	13
South Eastern Trust	10	10	5	8	15	18	13	10
Southern Trust	6	11	33	30	39	41	0	0
Western Trust	3	1	0	0	3	1	1	3
Northern Ireland	38	42	75	74	113	116	50	49

Table 8: Resettlement from the Delayed Discharge List 2012 to 2014, by Trust, with numbers remaining to be resettled

Trust area of residence	Cumulative Trust DDL Plans 2013/14 and 2014/15	Cumulative reported resettled at 31 March 2014	Remaining To be resettled by 31 March 2015
Belfast Trust	8	2	6
Northern Trust	10	2	8
South Eastern Trust	6	0	6
Southern Trust	2	2	0
Western Trust	4	0	4
Northern Ireland	30	6	24

2.2.7 Health and Social Care investment in resettlement since 1 April 2012

The H&SC Board also provided financial information from the five H&SC Trusts on the levels of revenue funding for the learning disability resettlement programme after 1 April 2012. The overall revenue cost over the three financial years 2012 – 2015 was £10.477 million. Table 9 provides a breakdown of the figures for each Trust.

Identification of the resettled population and sampling

13. There were believed to be around 220 people still living in Muckamore Abbey and Longstone long-stay hospitals in March 2012⁸. The majority of these people had been resettled by March 2016. The research team made a number of approaches to the Health & Social Care Board and the five Health & Social Care Trusts during the period 2014 – 2016, requesting information about the characteristics and location of the people with a learning disability resettled from long-stay hospital from 2012 onwards. This information was not available on the grounds of confidentiality and because Health and Social Care Board stated that the information was covered by the Data Protection Act 1998. An alternative approach was therefore adopted. This involved constructing a sampling framework based on information that was available from NIHE's Supporting People team and from housing associations and housing support providers.
14. NIHE's Supporting People team, which was closely involved in the resettlement programme and had funded housing support services for a substantial number of the people who were resettled, provided the research team with information about supported housing schemes that had played a part in resettlement. This included the service provider's name and landlord, the scheme name where resettled people were thought to be living, and the addresses and number of units for each scheme. This information suggested that the locations of around 80 resettled learning disabled people⁹ living in housing support schemes that were funded from the Supporting People programme were known to the Housing Executive. In discussion with the NIHE research and SP teams it was agreed to use this information as a basis for constructing a sample of 25 resettled people, their family members and their support staff who would be interviewed as part of the research. 22 interviews were completed (27.5% of the identified population of people resettled between 2012 and 2016).
15. A considerable amount of administration was involved in making contact with landlord housing associations and their managing agents who operate these schemes, with briefing managers and then negotiating access to the schemes, and with seeking consent from resettled people and their families to take part. In the process, it became clear that some of those who were identified for interview had moderate to profound learning disabilities, lacked sufficient comprehension to understand the aims and requirements of the research, and had weak communication skills. In these cases, where family members who were the responsible adults for the individuals concerned gave their consent, interviews took place with the family and with members of the staff team.
16. Table 1 (following page) provides information on the number of contracted places in schemes identified by the SP team. In addition, the table shows the number of interviews targeted from each provider and the number of interviews achieved.

⁸ Based on discussions with the Health and Social Care Board in 2015.

⁹ This was for people with learning disability resettled into supported housing schemes being provided by housing associations, with service provision from the housing association (direct service provision) or by another service provider (including Health & Social Care Trusts and independent providers).

In almost all cases, however, and in spite of these limitations, examples of betterment included more privacy, access to food and drink when the individual wanted it, the ability to see visitors at any time, to have personal belongings and personal space, and to do things for themselves. A majority of responses confirmed that service users were engaged in meaningful day-time activities related to their mental capacity and ability.

Resettlement also appears to have resulted in better family relationships for around half the service users. There was increased frequency of contact, better access, more privacy and new opportunities to interact with their family member. In contrast, in a small number of cases family contact had not been re-established either because parents or the wider family were deceased, or because of the length of time that had elapsed since there had been involvement, or there was minimal contact.

Conclusions

Although it was clear that the resettlement process had been painful for a small number of families, the majority of those interviewed were content with the resettlement process and the move to a supported housing scheme. Most family members said that their loved one had adapted very quickly and very well. The evidence from the interviews was that betterment had occurred in the vast majority of cases. There were notable improvements in the lives of all twenty two people who had been resettled.

Whilst it was clear that life for many of the service users now living in the community was not fully comparable to or consistent with that of non-disabled people, it was nonetheless viewed as being better than their previous experience of life in a long-stay hospital.

Improvements were seen as having come about as a result of service users having more choice, better opportunities to do things and to participate in what could be deemed a more normal life in comparison to life in an institution.

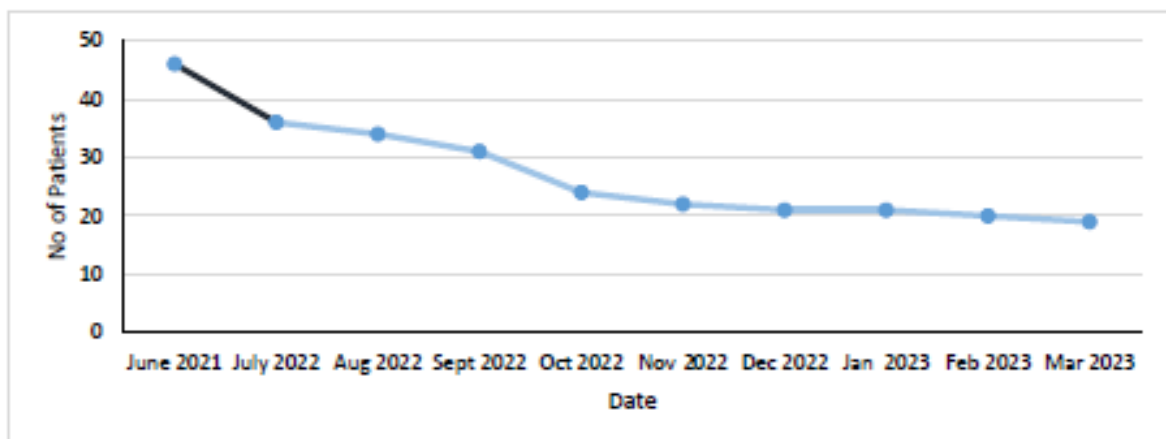
The interviews also showed that service users were happier and brighter, and engaged less in self-harm or the challenging behaviours that had been part of their experience in long-stay hospital.

In addition, service managers and staff provided evidence that other forms of 'betterment' had occurred including observation of changes in behaviour, better sleep functions and better interaction with other people. They also talked about quality of life in terms of better family relationships, a better living environment, more privacy and more involvement in activities.

Taken overall, the evidence is that – for those who were interviewed at least - the resettlement programme has resulted in significant betterment compared with life in a long-stay hospital even though the degree of betterment was inevitably influenced by individual levels of disability.


a tendency by Trusts to initiate new developments without fully exploring whether there was some existing provision within the market that could meet some of the identified need, even if this required some re-design or re-purposing of provision. The new build options, whilst being bespoke, were generally costly in terms of capital and revenue, and resulted in long lead in time to delivery. There was limited evidence of senior engagement with the independent social care sector as strategic partners as well as providers, and therefore market shaping was not evident.

- 1.7 The review team looked at the approach being taken to individualised care planning. There was a lack of consistency in the documentation used to support care planning for transition from hospital to community, and nor was there an agreed regional pathway for resettlement, which should map out roles and responsibilities within the process. Families and providers both commented that they felt only involved in a limited way in developing assessments and care plans. Of the remaining patients awaiting discharge almost a quarter had been in MAH for more than 20 years and one person for more than 40 years. About a third of this group had also had one or two previous trials in community placements, although there was little evidence of how lessons were learnt from these unsuccessful moves. However, in the 12 months from June 2021 to June 2022 the population in MAH awaiting resettlement had reduced by 20%, and the trajectory of future resettlements by NHSCT and SEHSCT should mean that between September 2022 and March 2023 the population will reduce by a further approximately 50%, leaving around 19 people in MAH awaiting resettlement.
- 1.8 Whilst progress at the beginning of the review had been slow HSC Trusts have recently reviewed their approach to consider alternative options that have potential for more timely discharge. The review team were pleased to see that this has improved the resettlement trajectory which anticipates that the population will reduce to between 15 and 19 by the end of March, 2023.



Housing Executive PROTECT

PAPER NO P612/6(B)

Board Meeting Date: 29/08/12	D & P Services Author: Stephen Hill	For Approval	Paper classification: Protect	Paper No:
Title of Paper SHDP Risk Assessment and Budgetary Implications		Risk assessment completed? Risk Score and Register location:		Yes 12
Purpose: This paper considers the SHDP Risk Assessment of the 2012/13 programme and the revised HAG estimate and the release in the monitoring round. Recommendation: The Board is asked to approve the release of £20m reduction in the Supported Housing (Bamford) funding requirement as part of the September 2012 Monitoring Round. This does reintroduce risk to the programme but DPG will attempt to manage what could be considered an acceptable level of risk in seeking both additional units and Advance Land Purchases.		Equality Screening complete? Equality Impact Assessment required? Date complete:		No No N/A
		Rural Areas/Issues involved? Rural proofing required? Date complete		No No N/A
		Expenditure to be approved Within budget?		£ 0.00 N/A
		Names of individuals consulted internally/externally: Internally : Colm McQuillan, David Lamb. Externally : Damien Carragher (DSD Finance)		
 Director of D&P Services Date 22.8.12.	Date		List necessary compliance issues identified: (E.g. Health & Safety, Environmental impacts, TSN, Human Rights, building form, age sensitive, FOI, other issues?) None	

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1. The purpose of this paper is to present the Board with an update of the risks associated with the delivery of the Social Housing Development Programme (SHDP) both for the current year 2012/13 and for the remainder of the Comprehensive Spending Review period to the end of 2014/15.

Background

2. Following Ministerial approval, the 3-Year SHDP was published on the Housing Executive’s web-site on 25th April 2012.

SHDP (gross)	164 Schemes	2,768 units of accommodation	1,325 starts
SHDP (current)	120 Schemes	2,122 units of accommodation	933 starts

Schemes have already been lost for a variety of reasons, but primarily because the Procurement Groups have indicated that the original proposals are no longer financially viable (largely where land owners are unwilling to sell at the prices associations can offer, which in turn are driven by reduced TCI allowances).

3. The Procurement Groups provide a series of monthly Project Update Form returns in which they provide information highlighting progress in key areas of activity for every scheme in the gross SHDP and this information is analysed. This is not an exact measure of risk and relies heavily on information provided by the Procurement Groups and their component housing associations, corroborated where possible with information and evidence from independent sources.
4. The main factors considered as part of the Risk Analysis are set out as follows:
 - Progress with the **acquisition of land** (taking account of land assembly, legal title and extinguishment / abandonment issues).
 - Progress with **Planning** (taking account of submission dates to Planning Service and issues delaying approval; typically including matters of design & layout / density / roads provision / access etc).
 - Progress with **procurement** (including the timing of consultant appointments, and compliance with EU works-procurement time-frames).

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- Progress with the **submission of Applications for Project Approval** to Development Programme Group.
5. Taking account of these factors, each scheme with a planned on-site start during the 2012/13 year has been assigned either to a **Low Risk / Medium Risk / or High Risk** category. Low 80-100%, Medium 40-80%, High Risk 0 – 40% of achieving an on site start.
 6. An analysis of the remaining gross Year 1 SHDP, at 13th August 2012, provides the following breakdown by Risk category (including supported housing scheme proposals):
 - **Low Risk** : (19 schemes / 291 units) (14%)
 - **Medium Risk** : (42 schemes / 762 units) (36%)
 - **High Risk** : (59 schemes / 1069 units) (50%)
 - Total** : 120 schemes / 2122 units
 7. This clearly highlights the risk of housing associations under-achieving against the target of **1,325** starts before the end of March 2013. Appendix 1 provides an Expected Value Assessment of the level of delivery this year, reflecting the Risk Analysis. The Expected Value Assessment estimates out-turn of **933** starts before year-end, which it is proposed should be supplemented by the purchase of **200** ESP / Off the Shelf units. The revised Budget requirement for Supported Housing is shown at Appendix 2.
 8. The Risk Analysis also indicates it is unlikely that 325 Bamford / Supported Housing units will be delivered this year. Based on the information currently available, a figure of 150 to 200 units is more realistic. This will be reviewed and updated on an ongoing basis.
 9. At the date of reporting a total number of 83 units have achieved a start on site date (83 general needs units, 0 Bamford units); this is in comparison to 59 units at the same time last year.

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Funding

10. A HAG Budget of **£98m** is in place, to fund the delivery of **1,325** starts and all other aspects of SHDP-related activity for the 2012/13 year (including Adaptations; and Voluntary Purchase Grant). The Budget (which includes £5m carried forward from last year) is currently allocated as follows:

- **£65m** for General Needs housing units and a pilot of single bed accomodation
- **£30m** for Bamford / Supported Housing units
- **£2.5m** for Disability Adaptation Grants
- **£0.5m** for Voluntary Purchase Grant

11. A target of 850 "Bamford" units are to be delivered from 2011 -2015 which has an allocation of £96m based on a strategy of providing purpose-built new dwellings. However, the HSS Trusts have indicated an increasing preference for the use of Existing Satisfactory or Off the Shelf solutions, which can be occupied on a shared basis. This change of emphasis results in an anticipated saving of £27m in the required 4-year Bamford element of the HAG Budget (reduced from £94m to £67m). This is an efficiency saving that can be released as **A**) staged release over the 4 year programme or **B**) gross release this year and Option **C**) mixed release of funds

It should be noted that this approach will not impact on the Housing Executive's capacity to fully fund the current target of 850 Bamford units over the 4-year CSR period.

12. Option A & B & C

Option A

The Bamford budget staged release

2012/13	£10m	bamford	2012 /13 General Needs (£17m)	(£27m)
2013/14	£9m	bamford		
2014/15	£8m	bamford		

However, there is a potential release that will be required on the new build of c £17million this year. This has the benefit of reducing the risk of non delivery to protect against the high risk number of general needs units being utilised in the rest of

the year. But it will lead to the surrender of up to £4m over the 3 year period. This option will adversely impact upon the total unit achieved over the 4 year CSR period.

Option B

2012/13 £27m (Bamford)

Bamford will not deliver the target of 325 this year and is likely to spend £20m of the £30m budget. The £17 m is the sum "owed" to Bamford from the general needs budget from 2011/12 shortfall. The original Bamford budget for 2011/12 was £27.3m of which £9.6 was utilised due to lack of funding from the Health Trusts at that time to support Bamford. In surrendering the full amount as a Bamford adjustment this year we can "lose" that existing under spend. The original plan was for the general needs programme to repay the £17m to Bamford in years 3 and 4 but this option moves this forward to this year to allow the Bamford programme the £20m needed this year.

£30m – original 2012/13 Bamford budget
£27m – proposed surrender
£ 3m
£17m – Early payback of Bamford
£20m – Revised budget requirement for 2012/13

Option C

2012/13 £ 20 Bamford

The third option would be the one with the highest risk factor in terms of this year. It would involve giving up £20m this year and release the remainder in subsequent years. However, a further £7m would then need to be spent from the general needs budget in year by purchasing ALPs or additional Off the Shelf units if they became available. There is no guarantees that this extra spend could be utilised and so this strategy reintroduces higher levels of risk this year.

12. The Housing Executive continues to investigate a range of measures that could enhance the reliability of SHDP delivery, and a set of recommendations will be produced and submitted to the Risk & Performance Committee. DFP's Performance Efficiency Delivery Unit (PEDU), which is currently undertaking a review of SHDP delivery processes, is also likely to make recommendations in this context.

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Recommendation

13. The Board is asked to note the risk factors impacting on the timely delivery of the 2012/13 SHDP, and the anticipated out-turn of approximately **1150** units, although this number may increase. However, the team is still working to try and meet the target of 1,325.
14. The Board is asked to approve Option C; the release of £20m reduction in the Supported Housing (Bamford) funding requirement as part of the September 2012 Monitoring Round. This does reintroduce risk but DPG will attempt to manage what could be considered an acceptable level of risk in seeking both additional units and Advance Land Purchases.

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Appendix 1

Total (Gross SHDP)		2,122	84,190,128	16,835,367	67,354,761	Expected Value (Units & Spend)		933	26,458,275	
						+ Potential OTS / ESP		200		
						Potential 12/13 Out-turn		1,133		
					£					
			Current 2012/13 SHDP Budget		98,200,000					
			Commitment from schemes prior to 2012/13		15,826,352					
			Spend to Date		15,672,101					
			Expected Value (spend for the remainder of 12/13 year)		26,458,275					
			Potential OTS / ESP		12,000,000					
			Bamford reduction (see Appendix 2)		27,000,000					
			Revised Total SHDP Budget (2012/13)		71,200,000					
			Estimated total SHDP spend (2012/13)		69,956,728					
			Projected		1,243,272					

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PROTECT

			Underspend * MAHI - STM - 234 - 186				
			* Could be utilised on ALPs				

Appendix 2

REVISED COST OF BAMFORD UNITS 2011/12 - 2014/15 (over the CSR period)						
			Estimated cost per unit	Estimated units	Total Budget Requirement	
			£		£	
New Build Accommodation			100,000	500	50,000,000	
Shared Accommodation (ESP / OTS)			35,000	350	12,250,000	
Commitment from prior to 2012/13					4,750,000	
				850	67,000,000 (for the CSR period)	
			Original 4-Year Bamford Budget		94,000,000	
			Budget reduction		27,000,000	

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Meeting:	Board Meeting	Date:	27/11/13
Paper Classification:	Protectively Marked	Paper Status:	For Approval
Division:	D&P Services/Corporate Services	Author:	R Taylor /N Hagan
Title of Paper:	Draft 3 Year Social Housing Development Programme (2014/15-2016/17) & Un-met Housing Need Prospectus		

Purpose of Paper:

Draft 3 Year Social Housing Development Programme (SHDP) for the period 2014/15 - 2016/17, in advance of Department for Social Development and Ministerial approval.

Context of Paper:

Board approval of the Draft 3 Year Social Housing Development Programme (SHDP) 2014/15 -2016/17, in advance of Department for Social Development and Ministerial approval.

Recommendation: N/A

The Board is asked to approve the Draft 3 Year Social Housing Development Programme (SHDP) for the period 2014/15 -2016/17, in advance of Department for Social Development and Ministerial approval.

Approved by:	 Director of D&P Services	 Director of Corporate Services
Date:	15.11.13	R/Taylor

Introduction

1. The purpose of this paper is to seek Board approval of the Draft 3 Year Social Housing Development Programme (SHDP), and associated Budget for the period 2014/15 – 2016/17, in advance of Department for Social Development (DSD) and Ministerial approval. The paper will also inform the Board of the content of the Draft SHDP and the Un-Met Social Housing Need Prospectus in regard to compliance with Strategic Guideline requirements.
2. Formal publication (on the Housing Executive's website) of the new Draft 3 Year SHDP and the Un-Met Social Housing Need Prospectus will not take place until Board, Departmental, and Ministerial approval has been secured.

Draft 3 Year SHDP (2014/15 – 2016/17)

3. The SHDP operates within a 3 Year time-frame, ending in 2016/17. The current Comprehensive Spending Review (CSR) period ends in 2014/15. Housing Association Grant (HAG) funding totalling **£91.5m** is available for 2014/15, with funding for the remaining 2 years yet to be determined.
4. The current funding package (2011/12 – 2014/15) allows both for the provision of general needs accommodation and Supported Housing proposals to achieve the target of **6000** social housing starts (5,150 general needs and 850 supported housing, including Bamford) starts over the CSR period. The original CSR target for Supported Starts was for Housing Associations to start work on **850** Supported Housing units. However during the course of that 4 year period, there has been a significant change of emphasis in terms of preferred design solutions which is reflected in a shift from self-contained New Build solutions to an increasing preference for multiple occupied Existing Satisfactory Purchases. The expectation is that the 6000 target will be met, however it is likely that **600** Supported Starts (approximately) will be delivered and any shortfall will be compensated by the identification and provision of additional general needs units.
5. The PEDU Review (January 2013) of the SHDP recommended that Housing Associations work towards a position of achieving 100 percent land ownership against programmed schemes by 2016/17. As part of that incremental process, the Bidding Round this year invited Housing Associations to identify potential Advance Land Purchases to secure sites for future delivery and we continue to work with associations to encourage this activity.
6. The overall (gross) numbers for each new programme year are summarised in the following table. It is anticipated that social housing need will remain at 2000 per annum for 2015/16 and 2016/17, however at this stage target starts and budget has not been confirmed.

2011/12	Budget (£000)	Actual Spend (£000)	Variance (£000)
SHDP	129,300	130,733	1,433
Bamford	15,500	9,085	(6,415)
Total	144,800	139,818	(4,982)
2012/13	Budget (£000)	Actual Spend (£000)	Variance (£000)
SHDP	68,115	72,179	4,064
Bamford	21,950	10,776	(11,174)
Total	90,065	82,955	(7,110)
2013/14	Budget (£000)	Actual Spend (£000)	Variance (£000)
SHDP	61,043	75,219	14,176
Bamford	23,000	7,295	(15,705)
Total	84,043	82,514	(1,529)
2014/15	Budget (£000)	Actual Spend (£000)	Variance (£000)
SHDP	81,481	78,370	(3,111)
Bamford	10,000	8,599	(1,401)
Total	91,481	86,969	(4,512)

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CXBC Meeting Date: 11/04/17	Regional Services Author: Anne Sweeney	For Approval	Paper classification: Official	Paper No:
2017/18 Supporting People and Homelessness annual funding amounts less than £500,000			Risk assessment completed? Risk Score and Register location:	Yes Score 9 Divisional Risk Register (3)
<p>Purpose: Approval of 2017/18 schemes of value less than £500,000.</p> <p>Context of Paper: Per Standing Orders, CXBC approval is required if the value of assistance to any individual scheme is less than £500,000 in any financial year.</p> <p>What Will Change? Payments can be made in line with approvals in Standing Orders</p> <p>Recommendation: The CXBC is asked to approve Supporting People payments as listed in Appendix 2 and the Homelessness payments as listed in Appendix 3, totalling a maximum of £74.3 million.</p>			Equality Screening complete? Equality Impact Assessment required? Date complete:	Yes No N/A
			Rural Areas/Issues involved? Rural proofing required? Date complete	No No N/A
			Expenditure to be approved Within budget?	£74.3 million (maximum)
			Names of individuals consulted internally/externally: Judy Campbell, Louise Clarke, Ronan Quinn, Marion Fisher (All Strategic Partnerships)	
			List necessary compliance issues identified: (E.g. Health & Safety, Environmental impacts, TSN, Human Rights, building form, age sensitive, FOI, other issues?) N/A	
Director of Regional Services Date	Director of Finance Date			

1.0 Introduction

- 1.1 In February 2017 as part of the Finance Board paper seeking approval of the 2017/18 draft finance submission, note 18(b) (Page 35) listed Supporting People schemes where the maximum value payable exceeded the £500,000 threshold and all Homelessness funding of outside agencies (Page 32). The relevant extract is shown in Appendix 1.
- 1.2 The purpose of this paper is to seek CXBC approval for all Supporting People schemes and Homelessness funding of outside agencies, which are not above the £500,000 threshold.

2.0 Context

- 2.1 Per NIHE standing orders, Board approval is required if the value of assistance to any individual scheme is over £500,000 in any financial year. CXBC is being asked to approve payments under this threshold.
- 2.2 The Supporting People scheme funding per the 2017/18 draft Board submission in February 2017 was an estimated £75.4 million. NIHE was subsequently advised by the Department for Communities (DfC) to manage expenditure for 2017/18 in light of the ongoing financial uncertainties and, to this end, to plan for a 5% reduction in 2017/18. This 5% reduction will be administered by deferring cuts initially and reducing funding by 6.5% from week 13. In relation to the Supporting People programme, we have been advised to plan for a protected allocation of the opening 2016/17 budget of £72.8m.
- 2.3 In line with recommendation 2 of the DfC review of Supporting People (to actively progress opportunities to extend the floating support service as a cost-effective way of meeting need), there was no reduction applied to short-term floating support services at this time but a 5% funding reduction is being applied to other schemes (with exception of SNMA where the values have been advised by DfC and are at 2015/16 levels).

3.0 Cost

- 3.1 Outlined in Appendix 2 are all individual Supporting People schemes less than £500k (Maximum costs pre- and post-5% reduction are listed).
- 3.2 Outlined in Appendix 3 are all individual Homelessness funding of Outside Agencies less than £500k.
- 3.3 Schemes on the Supporting People pipeline are not included in these appendices as these will be presented in separate papers throughout the year, with appropriate approval.

3.4 Supporting People payments for Block Subsidy Variable schemes are made on the basis of the number of HB-eligible occupants. Budgeted costs for these schemes are less than the potential maximum costs that could be incurred under the funding agreements. The funding agreement ceilings for these schemes are currently under review.

4.0 Timing

4.1 The period 1 payment is due to be interfaced from the Supporting People computer system (SPOCC) to the Finance Payments System on the morning of 11 April 2017, to enable payments to providers by BACS transfer on 18 April 2017.

5.0 Recommendation

4.1 The CXBC is asked to approve Supporting People payments as listed in Appendix 2 and the Homelessness payments as listed in Appendix 3, totalling a maximum of £74.3 million.

SOC/Project Title	Knockcairn/ RusheyHill Supported Housing Extension
Sponsoring Dept/Agency	Belfast Health & Social Care Trust
SP Delivery Provider	Triangle
HA/Landlord	Triangle
Capital Costs	£900k-£1.2M
SP Revenue Costs Requested	£0
Brief Description	SOC seeking capital revenue to redevelop Supporting People services in the context of the commitment made by the Permanent Secretary of Department of Health that no one should remain at Muckamore Hospital beyond December 2019. Proposed capital redevelopment of the scheme (Currently 8 SP funded units totalling £229,124) to increase provision from 8 units to 20 units providing 24 hours supported living tenancies at the Knockcairn/Rusheyhill service. Additional revenue costs (to be met by Belfast Trust) as circa £1.2M
Status	SOC was endorsed to proceed to BC in 2019 however BHSCT did not pursue and submit BC to SP

SOC/Project Title	Reprovision of Lanthorn Mews, 157 159, Falls Road, Belfast, BT12 6AF
Sponsoring Dept/Agency	Belfast Health & Social Care Trust
SP Delivery Provider	The Cedar Foundation
HA/Landlord	Choice
Capital Requested	£520,000
SP Revenue Requested	£0
Brief Description	SOC seeking capital revenue to redevelop Supporting People services in the context of the commitment made by the Permanent Secretary of Department of Health that no one should remain at Muckamore Hospital beyond December 2019. Proposed capital redevelopment of the scheme (Currently 6 SP funded units totalling £54,029)to provide five units of accommodation (+1 for staff) for people with an intellectual disability. Changed from MAH to placements from those in community Additional Revenue costs (to be met by Belfast Trust) as circa £435,000
Status	Approved by SAB September 2021.

SOC/Project Title	Extension of The Mews (Previously Dympna House) 143A Glen Road, Belfast, BT11 8FU
Sponsoring Dept/Agency	BHSCT
SP Delivery Provider	The Cedar Foundation
HA/Landlord	Choice HA
Capital Costs	Circa £800,000
SP Revenue Costs Requested	£0 circa £435,000 Trust are funding.

Brief Description	SOC seeking capital revenue in relation to the proposed expansion/ extension in North / West Belfast of the MEWS 143A Glen Road, Belfast, BT11 8FU to accommodate five patients with challenging behaviour whose discharge from Muckamore Abbey Hospital is delayed as there is no appropriately designed accommodation in the community to meet their needs.
Status:	SOC was endorsed to proceed to BC in Jan 2020 however BHSCT did not pursue and submit BC

SOC/Project Title	Capital Request for new supported living service at Minnowburn
Sponsoring Dept/Agency	BHSCT
SP Delivery Provider	BHSCT
HA/Landlord	Triangle
Capital Costs	Circa £1.1M
SP Revenue Costs Requested	£0
Brief Description	SOC seeking capital revenue for the creation of a Supported Housing scheme at Minnowburn House, 61 Milltown Road, Belfast BT8 4SW. Proposal is for capital funds for the development of accommodation for 5 individuals with high level care and support needs, who are currently long stay inpatients in Muckamore Abbey Hospital .
Status:	Ongoing: Presented to SAB in Sept who were content for this to progress to application for HAG

SOC/Project Title	BHSCT on behalf of LCD “east Belfast supported housing”
Sponsoring Dept/Agency	BHSCT
SP Delivery Provider	LCD/Alpha
HA/Landlord	ALpha HA
Capital Costs	Circa £ unknown – 1 st SOC £0 however BHSCT wish to resubmit capital
SP Revenue Costs Requested	£31K - 5 units
Brief Description	5 x units for ld from community
Status:	SOC endorsed to proceed to BC in Jan 2023. BHSCT submitted BC for June SAB. BHSCT requested temporary withdrawal and for BC to be submitted at Sept SAB instead.

SOC/Project Title	BHSCT Resettlement – mild to moderate with forensic
Sponsoring Dept/Agency	BHSCT

SP Delivery Provider	BHSCT
HA/Landlord	Triangle – area unknown
Capital Costs	£ unknown – 1 st SOC
SP Revenue Costs Requested	£4M- 5 units unknown what revenue ask to SP is
Brief Description	This proposal will comprise of accommodation for 6 individuals with mild to moderate learning disability who also have a forensic background. The individuals have been assessed as being medically fit for discharge from MAH and as requiring supported living accommodation with 24/7 care and housing support service provision. The required accommodation will consist of 6 self-contained
Status:	SOC submitted by BHSCT to SP in Feb 2022. SP asked for a number of amendments. BHSCT never resubmitted SOC to be considered at the RTG.

SOC/Project Title	BHSCT Mullan Mews
Sponsoring Dept/Agency	BHSCT
SP Delivery Provider	BHSCT
HA/Landlord	Clanmill
Capital Costs	£56K (although not stipulated in SOC)
SP Revenue Costs Requested	£236K for 4 units
Brief Description	This proposal will comprise of accommodation for 4 individuals for a new service (which would be based in 2 of the empty Mullan Mews houses) to accommodate the discharge of 4 patients from Muckamore Abbey Hospital.
Status:	SOC submitted by BHSCT to SP in June 2023.