

COMMISSIONING PLAN 2011–2014

Supporting people partnership



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PLYMOUTH SUPPORTING PEOPLE PARTNERSHIP COMMISSIONING PLAN 2011 – 2014

I. INTRODUCTION

This plan is not another strategy, rather it sets out the priorities and direction of travel for Supporting People over the next three years.

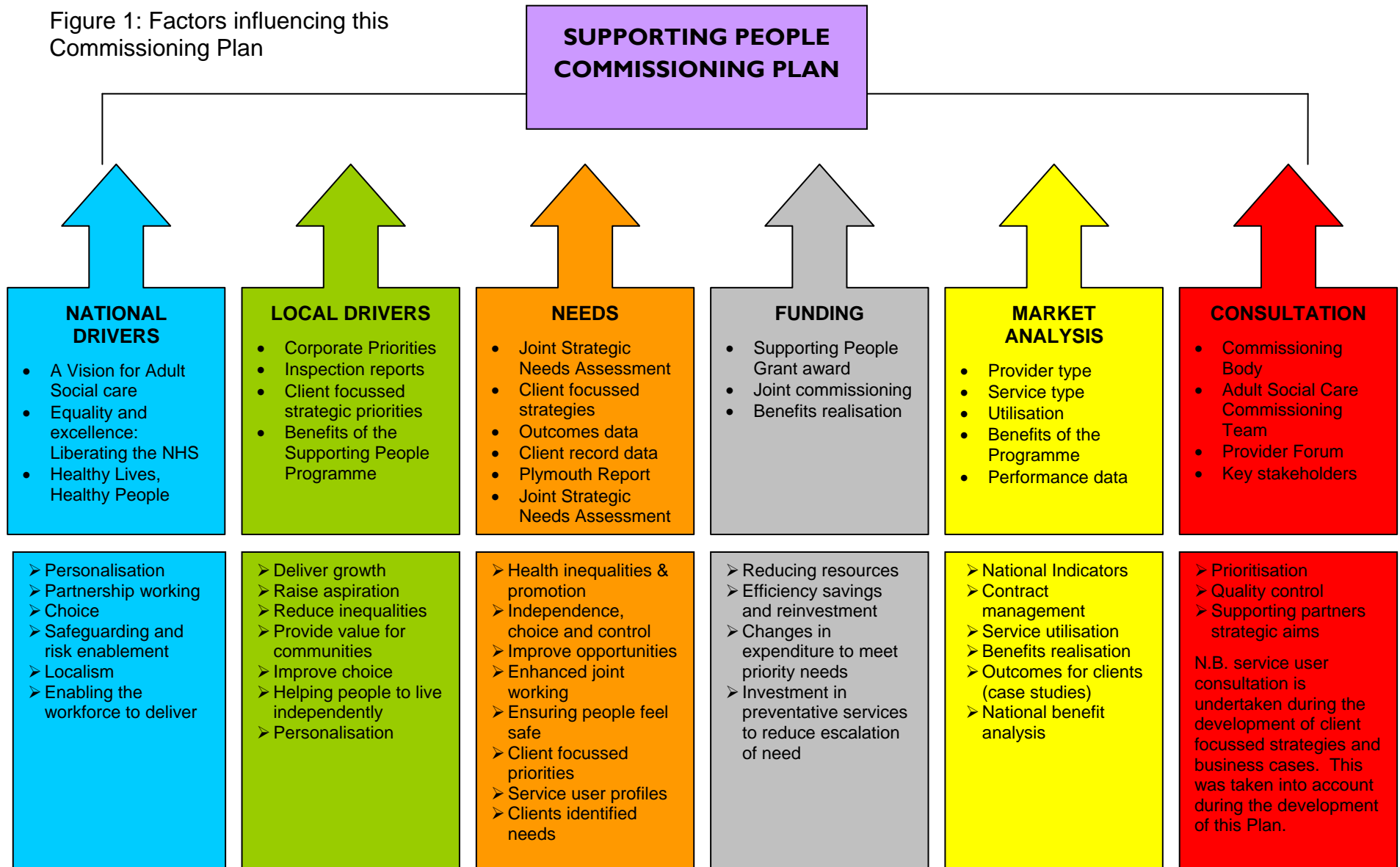
The preceding 5 Year Supporting People Strategy was prescribed by Government, both in terms of its requirement and layout. Following changes to Government policy there are now no Supporting People 'Grant Conditions' and no grant ring-fence, and as such no necessity for the funding to be spent on low level preventative services and no requirement for a related strategy. However, Plymouth considers the nature of such service provision to be key in preventing the escalation of need and recognises the positive impact on related budgets, and as such wishes to ensure a continued focus.

The development and implementation of the 5 Year Strategy laid the foundation for improvements in meeting local need. This Plan builds on the improvements achieved in the sector over the past 5 years and aims to enable the following:

- Facilitate the development of services which will enable Plymouth to achieve its vision to become 'one of Europe's finest waterfront cities where an outstanding quality of life is enjoyed by everyone'.
- Focus future investment to meet the local strategic aims of the Authority and partner agencies.
- Raise the profile of the work of the Supporting People programme, emphasising its value in being a preventative measure for all client groups to help them avoid having to use more expensive statutory services.
- Effectively direct scarce resources.
- Provide the market place with information to shape future business planning.

This Commissioning Plan draws from existing data sets and highlights the key issues pertinent to the provision of 'Supporting People' services. This information is set out in the sections below to highlight need and gaps in provision. This information was utilised by the Supporting People Commissioning Body when it prioritised client group investment and areas for service focus. This then feeds into the action plan at the end of this document.

Figure 1: Factors influencing this Commissioning Plan



2. STRATEGIC PRIORITIES: KEY DRIVERS FOR CHANGE

Housing related support is different from social care, housing management and housing advice. However, the provision of housing related support complements these related services and assists in the delivery of local and national strategic priorities. Nationally and locally there are a series of policy initiatives and guidance which will clearly shape the commissioning of low level preventative services over the coming three years. These are summarised below.

A number of client group focussed strategies exist incorporating analysis of need and supply (see Section 3: Needs Data). It is not the intention of this Plan to replicate the work detailed in those strategies; instead they will inform the high level strategic direction covered in this document and inform commissioning at a detailed service level.

2.1 National Drivers

The national agenda for commissioning and service delivery has been set by policy documents such as *A Vision for Adult Social Care (2010)*; *Equality and excellence: Liberating the NHS (2010)* and the associated *Health & Social Care Bill 2011*; and *Healthy Lives, Healthy People (2010)*.

The key themes are:

Personalisation – placing people at the heart of service delivery through the provision of greater choice and control to determine how their needs are met. Ensuring information about care and support is available for all local people, regardless of whether or not they fund their own care.

Partnership – delivering care and support in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils.

Plurality – people’s diverse needs are matched by a variety of provision, with a broad market of high quality service providers.

Protection – appropriate levels of safeguarding are in place to prevent abuse or neglect. Risk is no longer an excuse to limit people’s freedom.

Productivity – a focus on outcomes and improvements to service provision delivered through greater local accountability and transparency, and a reduction in bureaucracy.

People – supporting the workforce to innovate and deliver change.

2.2 Local Drivers

Locally there have been a series of policy initiatives and guidance issued by both the City and its partners which will clearly shape the programme over the coming three years.

Corporate Priorities

The Corporate Priorities include:

- **Deliver growth:** promote Plymouth as a thriving growth centre by creating the conditions for investment in quality new homes, jobs and infrastructure.
- **Raise aspiration:** raise the skills and expectations of Plymouth residents and ensure our young people achieve better qualifications and find high quality jobs.
- **Reduce inequalities:** reduce the large economic and health gaps between different areas of the city by tackling the causes.
- **Provide value for communities:** become more efficient and join up with partners and local residents to deliver services in new and better ways.

Comprehensive Area Assessment 2009

The Comprehensive Area Assessment (CAA) undertaken by the Audit Commission in 2009 showed a positive picture with Plymouth achieving well in many areas including:

- More choice in adult social care services.
- More people supported to live independently.

The CAA also identified areas that required further improvement, identified below:

- Large differences in life expectancy between the neighbourhoods.
- Further evidence required to show how the health for minority ethnic communities is being improved.
- Further progress required in the Putting People First agenda.
- Too many homeless people are in temporary accommodation.

Client Focused Priorities

Please see Section 3: Needs Data below.

3. NEEDS DATA: PLYMOUTH GAP ANALYSIS

In addition to the key drivers for change detailed in Section 2, information has been drawn from a variety of other sources to inform this Plan.

‘Supporting People’ services have a focus on prevention and enabling, and by ensuring an increased focus on resolving the gaps in provision highlighted below, services will contribute further to meeting both the needs of individuals and the wider needs of the city.

3.1 Plymouth’s Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment 2009 is a key document which, through gap analysis, identifies the future direction for the commissioning of services to 2014/15.

The key themes emerging from the JSNA are:

Health Inequalities / Health Promotion

- Between neighbourhoods including life expectancy, admissions to hospital, increased mental ill health and reduced access to health care.
- Certain groups, including people with a learning disability, older people, those living in hostels and people from BME communities suffer from greater health inequalities and ill health.

Promoting Health & Well-Being

- The JSNA advocates for promoting prevention by encouraging early access to services (health and other preventative care services).
- Highlights the strong association between the condition of housing and the health of individuals, especially the very young and the elderly.
- Identifies the need to promote the accessibility of health promoting and social inclusion activities.
- Mental health promotion.

Independence, Choice and Control

- Supporting people with long term conditions to feel more in control of their condition. This links to the increased prevalence of disability in the city as medical advances increase life expectancy and with an ageing population.
- Support to enable young people and people with disabilities to access employment.
- Promotion and support of informal care networks.

3.2 The Plymouth Report 2010

The Plymouth Report (Plymouth 2020 Local Strategic Partnership: August 2010) pulls together information from more detailed reports, inspections, assessments and strategies.

Key priorities highlighted in the Report particularly pertinent to this Commissioning Plan are:

A Wealthy City

- The voluntary and community sector in Plymouth is not as large as in comparable cities.

A Healthy City

- Health is improving but health inequalities are wide and are linked to a range of other inequalities including crime, educational attainment, housing quality and deprivation levels which generally converge around the western boundary of the city.
- Priorities around health include: health inequality; health prevention and promotion; mental health promotion; integrated services to promote independence; improved individual choice and control; improved access to services and improved service quality.

A Safe and Strong City

- There is a strong focus on safeguarding children and adults and supporting the most vulnerable communities.
- Priorities in this area include: ensuring people feel safe in their communities; reducing crime including domestic abuse, re-offending and substance related crime.

A Wise City

- Plymouth's workforce is less skilled than the national average.
- Priorities include improving skills and educational attainment including vocational qualifications.

Capacity

- There needs to be a sharper focus on the need for further enhancing joint commissioning activity, more effective delivery, and improved value for money.
- The co-location of services at a locality level to improve accessibility – including health and social care provision.
- The same customers are often dealt with by many agencies in many locations, but there is no shared contact point and customer management strategy across agencies.

Demographics

- In future years Plymouth will see a rise in the number of older people and an increase in those aged under 19.
- Plymouth's population is mainly white, but has a growing number of minority ethnic residents.
- 71.4% of the city's population classed themselves as Christian at the last census. It is estimated that there are around 4,500 Muslims living in the city, the majority of whom are under 35.
- Plymouth has been becoming more diverse with a Black and Minority Ethnic (BME) population of around 6.6%, trebling in the last 10 years, but below the national figure of 15.3%.

Currently services commissioned though supporting people funding are not required as part of the reporting mechanisms to collect data relating to faith and some of the other protected characteristics detailed in the Equality Act 2010. Future plans to resolve this omission in data collection are covered within the action plan.

3.3 Client Focused Needs

Homelessness

Plymouth's Strategy for Tackling Homelessness (2008 – 2011) was completed following an extensive review of local issues and places an emphasis on tenancy sustainment and the prevention of homelessness.

Domestic Abuse

The Plymouth Domestic Abuse Partnership, through the **Domestic Abuse Strategy 2009-2012**, also places an emphasis on prevention alongside the provision of appropriate accommodation options; improving agencies' responses to families affected by domestic abuse; and establishing appropriate access to services for people with diverse needs.

Substance Misuse

The City is experiencing a strategic shift from residential treatment centres to community based support for both drug and alcohol misuse. In response, commissioned support services are evolving to work with people accessing community based treatment rather than purely those moving on from residential or abstinence based services. Another key driver is the work with Children Services to identify and prevent the hidden harm caused by substance misuse in families.

Ex Offenders

The **Crime & Disorder Reduction Partnership Plan 2008 – 11** has a preventative focus relating to issues such as anti social behaviour; violent & acquisitive crime; substance misuse; domestic abuse and priority and prolific offenders. The Strategy also seeks to promote community engagement and diversity/community cohesion as a means to achieving a reduction in crime.

Partnership working is a key theme with the promotion of the Integrated Offender Management to reduce crime and improve public confidence and an increased focus on delivering specific services for female offenders.

Young People & Teenage Parents

The key objectives in the **Plymouth Children and Young People's Trust Plan 2008-11** are to:

- **Be healthy:** Priority 1 - reduce health inequalities; Priority 2 - Improve C&YP mental health.
- **Stay safe:** Priority 3 - Reduce bullying; Priority 4 - Continue to strengthen safeguarding services; Priority 5 - Reduce C&YP accidents and injuries.
- **Enjoy and achieve:** Priority 6 - Enable children and young people to have fun; Priority 7 - Improve educational achievement of C&YP.
- **Make a positive contribution:** Priority 8 - Reduce risk-taking behaviours; Priority 9 - Improve opportunities for young people to make a positive contribution.
- **Achieve economic well-being:** Priority 10 - Raise young people's aspirations with particular support for young people who are NEET.

In addition, following the Southwark judgement in 2009, Children's Services are likely to have a duty to increased numbers of young people which relates to both accommodation and support, having resource implications.

Older People

People in the UK are living longer than ever before, resulting in increased demand and higher numbers of people with physical and mental ill health. Simultaneously there is need to provide increased choice, community based and more personalised services.

Locally, older people's needs and expectations have been represented in '**All Our Futures' – Plymouth's strategy for the over 50s (2008 - 2011)**.

In summary these were:

- Lessen isolation and encourage better relationships between generations
- Provide health and social care services that meet local needs
- Ensure housing choice and clean and safe living environments

- Promote employment and volunteering opportunities and advice on money management
- Provide easy to reach local facilities and efficient local transport services
- Provide easy to read information when and where its needed

This strategy is now being reviewed and plans are developing in partnership with stakeholders for the future.

It has been recognised that universal services for this group of people, where people can gain easy and consistent access to good quality holistic information and advice, and support to access services, will be one important area for further development.

The Care Quality Commission 2008/09 Performance Assessment identified that spend for older people is lower in Plymouth than other authorities.

Plymouth Dementia Strategy (Draft): In 2008 NHS Plymouth and PCC provided support to only one third of the estimated 2904 people with dementia. The Strategy aims to significantly increase service provision by 2012, to support the majority of people with dementia in Plymouth.

In addition, evidence suggests that the risk of late-life Alzheimer's Disease (AD) more than doubles in lonely compared to non-lonely people, and is associated with a more rapid cognitive decline (however it is not associated with ADs leading physiological causes).

A future challenge also includes meeting the needs of older people dependant on substances.

Long Term Conditions

The **Plymouth Commissioning Plan for People with Physical and Sensory Disabilities 2007 – 2012** set the following objectives:

- Reduce numbers in residential provision and develop more independent living options
- Reduce numbers in traditional day care settings and increase the numbers accessing more community based options
- Develop comprehensive and seamless advice and information services
- Increase carer satisfaction and confidence in respite provision
- Increase the numbers accessing enabling support services
- Increase the numbers of people using individualised and self directed services
- Improve the quality, effectiveness and efficiency of all service provision
- Design services that are based around service user needs and preferences

Sensory services:

Locally, the 2007 CSCI inspection clearly highlighted that preventative services for sensory clients were limited. Indeed, it reported that the proportion of resources spent on people with physical or sensory impairments were below the average of similar councils in 2006/07 and that a disproportionate amount of the current budget was being spent on residential care. The report also noted that "There was no specialist sensory impairments service" and that, "preventative services were limited".

This is recognised in the Local Authority's Physical and Sensory Disability Commissioning Plan which documented unmet need in this specific area and set the objectives detailed above.

Mental Health

Mental health commissioners in Adult Social Care and Primary Care Trust have developed a joint commissioning plan setting out the direction of travel for future mental health commissioning across both organisations. The Mental Health Commissioning Plan identifies the following priorities: Shift towards prevention and early intervention; Development of supported housing; Development of community based services.

This commissioning plan will cover commissioning intentions for both contracts with the third sector (including accommodation and community based support) as well as current in house or NHS provision.

A recently completed gap analysis regarding accommodation based services identified the following key issues:

- Increasing the levels of support in some of the accommodation units enabling people with “higher support needs” to be accommodated.
- Developing a clear and concise accommodation pathway that encompasses provision and investment from both PCC and PCT.
- Increasing the amount of tenancy related support co-located with the community mental health teams to prevent homelessness and support people living in temporary or insecure housing to access more sustainable accommodation.
- Develop partnership working arrangements across the housing and mental health sectors to ensure joined up support and knowledge of services available. This could include training across different agencies and awareness raising of the services available. This will be crucial in enabling accommodation providers to support people with more complex needs.

The Care Quality Commission 2008/09 Performance Assessment identified that spend for people with mental health needs is lower in Plymouth than other authorities.

Learning Disability

Plymouth’s **Learning Disability Commissioning Strategy (2008 – 2011)** reflects the commitment of the Learning Disability Partnership to the commissioning and provision of value for money, innovative and flexible services that are of excellent quality.

The Strategy contains 8 key strategic objectives within it that include ‘A Place to live’, which recommends a need for more community based provision, and ‘Enabling People to have more Control over their own Lives’.

Refugees

The **Asylum Seeker and Refugee Strategy (2008 – 2011) Action Plan** shows that a large proportion of work has been completed to date, including improved housing options and improved access to benefits.

The UK Borders Agency has recently informed us that there still remain 480 outstanding legacy decisions nationally, which will need to be dealt with by the end of 2011. The Refugee Housing Support Service estimates that this is likely to represent locally 30 families and 18 single people whose mental health needs would make them eligible for housing.

Also, new decisions about a person's refugee status when they enter the country have been speeded up. This has increased the work load on support agencies in that people will be required to move out of New Asylum Model accommodation and find their own accommodation before they have a well-developed understanding of the language or the culture of Britain.

3.4 Supporting People Demographic Information

Client Record Data

Client data is recorded at the point when a person starts to receive a 'Supporting People' funded service. This relates to how people see themselves as opposed to the nature of the service being accessed.

Information has been collated by the Centre for Housing Research at the University of St Andrews since the commencement of the programme in 2003.

It must be noted however that this data is not collected for people accessing sheltered housing or extra care housing for older people – which represents circa 2,600 Supporting People Service Users (approximately 44% of the total) who benefit from mainly very low level support or just an alarm response service. This should be borne in mind when considering the information presented below relating to 'client records'.

Nationally the most common **client groups** are single homeless, people at risk of domestic abuse, people with mental health problems, people with generic needs and homeless families. These client groups taken together make up 70% of all clients. The proportion of clients with drug problems has continued an overall decreasing trend since 2003/04 (Supporting People Client Records & Outcomes: Annual Report 2009 – 2010; University of St Andrews).

In Plymouth the pattern varies, with the most common client groups in 2009/10 being single homeless people, older people with support needs, and people at risk of domestic abuse, rough sleepers and offenders/people at risk of offending making up 74% of all clients.

The picture in Plymouth has changed since 2003/04 with a reduction in the number of people categorising themselves as homeless, although this has remained the largest client group. In addition there has been a reduction in the percentage of young people leaving care who have accessed support commissioned by Supporting People funding. Conversely, there has been a significant increase in the numbers of older people, people at risk of domestic violence and people at risk of offending accessing services.

Overall the period has seen a two fold increase in the numbers of people accessing services resulting from increased contracted capacity as a consequence of improved efficiency and increased resourcing through joint commissioning, alongside an increase in positive departures from services.

PLYMOUTH PRIMARY CLIENT GROUP 2009/10	FREQUENCY % 2003/04	FREQUENCY % 2009/10
Single homeless with support needs	45%	22%
Older people with support needs	5%	17%
People at risk of domestic violence	4%	14%
Rough Sleeper	8%	11%
Offenders/at risk of offending	2%	10%
Mental health problems	8%	7%
Refugees	2%	4%
Alcohol problems	2%	3%
Drug problems	3%	3%
Generic/Complex needs	1%	3%

Learning disabilities	2%	2%
Physical or sensory disability	4%	2%
Homeless families with support needs	0%	2%
Young people at risk	2%	1%
People with HIV/AIDS	0%	1%
Young people leaving care	9%	0%
Teenage parents	1%	0%

The majority of people accessing services in 2009/10 categorised their **ethnicity** as White: British, with 5% of clients coming from black and minority ethnic groups. This is slightly lower than Plymouth as a whole with census data showing the city as having a BME population of approximately 6.6%.

ETHNIC ORIGIN - PLYMOUTH	FREQUENCY % 2009/10
White: British	87%
White: Other	3%
Black/Black British: African	3%
Refused	3%
Asian/Asian British: Other	2%
White: Irish	1%

Nationally the most common **age** range for clients is 18 – 24 years, which is reflected locally and has remained consistent since the start of the programme.

The split between **gender** is roughly equal, although slightly more men accessed services during 2009/10. This is similar to the city's population, although the gender balance in Plymouth is 51/49% in favour of women.

3.5 Supporting People Service Needs Data

Client Outcomes Data

Supporting People services have been collecting and reporting data regarding outcomes since 2007.

The outcomes identified will not necessarily fall within the remit of the service. Where this is the case and the client has an identified need, it is expected that staff would support clients by proactive signposting, liaison and support to the client to access the correct expert services and ultimately for the client to do this for themselves.

Data is systematically collected for all clients in 'short term' services (up to 2 years) and a sample is collected in longer term services.

This information is useful in identifying the areas in which people feel they needed support.

The information presented below is for the reporting period 2009/10.

MAKING A POSITIVE CONTRIBUTION

This records whether people requested support in developing the confidence and ability to have greater choice and/or control and/or involvement in factors related to their lives, the service or the wider the community.

Short term Services: **79%** of people who accessed short term services during 2009/10 identified that they needed support with making a positive contribution. **89%** of those who identified this as a need recorded that they achieved a positive outcome.

Long term Services: **46%** of people in the long term services outcomes survey in 2009/10 identified that they needed support with making a positive contribution. **87%** of those who identified this as a need recorded that they achieved a positive outcome.

ACHIEVING ECONOMIC WELL BEING

This outcome has multiple elements: maximising income; managing debt and securing paid employment.

Short term Services: **Approximately 39%** of people who accessed short term services during 2009/10 identified that they needed support to maximise income, and/or reduce debt, and/or secure paid work. Generally people achieved positive outcomes, although only 22% of people who requested support to gain paid employment were successful. Feedback from service providers indicates that this results from the current economic climate.

Long term Services: **Approximately 23%** of people in the long term outcomes survey identified that they needed support to achieve economic well being. Outcomes for each of the categories were similar to those achieved for short term services.

ENJOY AND ACHIEVE

This high level outcome measures the number of people who had a need for support to participate in:

- Training and/or education;
- Leisure/cultural/faith and/or informal learning activities;
- Work-like activities, e.g. unpaid work/work experience/work-like experience/voluntary work;
- Establish contact with external services/groups/friends/family.

Short term Services: **Approximately 31%** of people who accessed short term services during 2009/10 identified that they needed support to access activities such as training, education or leisure activities. Generally people achieved positive outcomes.

Long term Services: **Approximately 33%** of people in the long term outcomes survey identified that they needed support to enjoy and achieve. Outcomes were again generally positive.

MAINTAINING HEALTH

This outcome includes the following support areas:

To manage physical health

This was identified as a need across all client groups.

To manage mental health

The need for support relating to mental health issues was identified by people accessing services as a need across all client group areas with the exception of homeless families.

To manage substance misuse issues

Support to manage substance misuse was identified as a need largely in the drug / alcohol, offender and rough sleeper / single homeless sectors. A smaller number of people in many of the other client categories also identified this as a support need with the exception of teenage parents, refugees, homeless families and frail older people/older people with mental health problems.

To access assistive technology, aids or adaptations to maintain independence

The majority of client groups who required support relating to assistive technology, aids and adaptations fell into the older persons and physical/sensory disability categories. Although small numbers of people in other client groups also identified a need for support in this area.

Short term Services: **Approximately 30%** of people who accessed short term services identified that they needed support to maintain their health. Outcomes for this area were extremely positive.

Long term Services: **Approximately 35%** of people in the long term outcomes survey identified that they needed support in this area, with outcomes also being very positive.

STAY SAFE

This records whether people requested support to maintain accommodation and avoid eviction; secure settled accommodation; comply with statutory orders; manage self harm; avoid causing harm to others and/or minimise the risk of harm from others.

Short term Services: **Approximately 26%** of people who accessed short term services during 2009/10 identified that they needed support to stay safe. Generally people achieved positive outcomes.

Long term Services: **Approximately 14%** of people in the long term outcomes survey identified that they needed support to stay safe. Outcomes were again generally positive.

The Client Record and Outcomes data collated by St Andrews University will be utilised to shape service specifications and inform workforce development needs.

4. ANALYSIS OF THE SUPPORTING PEOPLE 5 YEAR PLAN 2005 - 10

In March 2005, Plymouth Supporting People published its 5 Year Strategy and first annual plan “Delivering and Developing the Supporting People Programme”. The Strategy set out our direction of travel over the next 5 years with annual plans being developed setting out the key steps to be taken towards achieving these aims.

The Strategy highlighted the following priorities:

KEY IMMEDIATE PRIORITIES
HOMELESSNESS: Develop floating support provision.
VICTIMS OF DOMESTIC VIOLENCE: Develop accommodation and floating support provision.
LONGER TERM PRIORITIES
SUBSTANCE MISUSERS: Develop floating support provision.
EX-OFFENDERS: Develop floating support provision.
YOUNG PEOPLE: Develop floating support provision, increase supported placements, develop direct access provision.
TEENAGE PARENTS: Increase accommodation and floating support provision.
OLDER PEOPLE WITH SUPPORT NEEDS: Develop low-level floating support provision, increase extra care, home improvement agency and alarm provision.
REVIEW AND RESEARCH PRIORITIES
PEOPLE WITH PHYSICAL DISABILITY/SENSORY LOSS
PEOPLE WITH MENTAL HEALTH ISSUES
PEOPLE WITH DIFFERENT ABILITIES (LEARNING DISABILITY/DIFFICULTY)
REFUGEES
PEOPLE WITH HIV/AIDS
ROUGH SLEEPERS

Figure 2: Priorities in the Supporting People 5 Year Plan 2005 – 2010

The information below shows changes in funding (SP funding only) for each client group area and the associated variation in the numbers of people supported (contracted household units).

In summary, funding has been reinvested to meet the key strategic priorities identified. However, overall, the numbers of people supported have increased since 2004/05 from 4,958 to 5,893 in 2010/11. NB. This refers to contracted capacity, when in reality most services support greater

numbers of people. This improvement in service provision to vulnerable people has been achieved via the commitment of service providers to meet need, efficiencies within the programme and the contribution of funding from partner agencies.

Some of the achievements realised under the 5 Year Strategy are detailed below:

- Increasing Extra Care provision for people 50+
- Improved outcomes for clients
- Work undertaken to improve move-on from short term supported housing
- Peer training for clients
- Sharing positive work relating to service user engagement
- Secured capital funding for a new purpose built single homeless hostel
- Increased accommodation based and floating support provision for people experiencing domestic abuse
- Increased joint commissioning
- Increased floating support provision for people who misuse substances
- Improved service quality
- Commissioned support service for people with a sensory impairment
- Increased provision for teenage parents
- Commissioning Befriending Umbrella Service for people 50+
- Increased floating support provision across the City following the commissioning of a generic floating support service

4.1 Key Priorities

Analysis of data for financial years 2004/05 to 2010/11, shows that additional funding has been directed to those areas considered to be an 'immediate priority'. The number of people supported, as per contracted capacity, has seen an associated increase.

SUPPORTING PEOPLE EXPENDITURE & CONTRACTED UNIT NUMBERS 2004/05 – 2010/11								
	2004/05			2010/11			£ % CHANGE FROM 2004/05 – 2010/11	UNITS % CHANGE IN UNITS FROM 2004/05 – 2010/11
	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS		
CLIENT GROUP								
HOMELESSNESS	1,543,377	18.02%	298	1,683,637	20.91%	279	9.09%	-6.38%
DOMESTIC ABUSE	236,272	2.76%	75	292,705	3.63%	109	23.88%	45.33%

Figure 3: Key priorities: Expenditure and contracted unit numbers 2004/05 – 2009/10

Over the 5 year period since the 2005 Supporting People Strategy, provider organisations have identified that the clients referred for support have increasingly complex needs. As a consequence, where appropriate, support levels have increased resulting in the increase in expenditure for homelessness services with a small reduction in the numbers of people supported.

Joint commissioning, innovation and more effective working practices have seen the numbers of people within domestic abuse services increase beyond the rise in Supporting People investment levels.

4.2 Longer Term Priorities

The majority of client group areas identified in the 5 Year Strategy as 'longer term priorities' benefited from increased funding and an increase in the contract capacity.

SUPPORTING PEOPLE EXPENDITURE & CONTRACTED UNIT NUMBERS 2004/05 – 2010/11								
	2004/05			2009/10			£ % CHANGE FROM 2004/05 – 2010/11	UNITS % CHANGE IN UNITS FROM 2004/05 – 2010/11
	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS		
CLIENT GROUP								
Substance misuse	155,347	1.18%	44	147,183	1.83%	66	-5.26%	50%
Ex offenders	252,595	2.95%	33	369,137	4.58%	112	46.14%	239.39%
Young people	961,413	11.23%	157	885,203	10.99%	139	-7.93%	-11.46%
Teenage parents	113,036	1.32%	13	163,694	2.03%	17	44.82%	30.77%
Older people	1,065,592	12.44%	3674	1,278,127	15.87%	4502	19.95%	22.54%

Figure 4: Longer Term priorities: Expenditure and contracted unit numbers 2004/05 – 2009/10

Supporting People funding for services for people needing support as a consequence of substance misuse has seen a slight reduction since 2004/05. However, the percentage of total spend has increased and the numbers of people supported have risen significantly as a consequence of effective joint commissioning arrangements.

The contracted capacity within services which meet the needs of people who have history of offending behaviour have increased significantly. This has resulted as a consequence of joint commissioning and effective service provision delivered by organisations within this sector.

Services for young people have seen a reduction in both funding and the number of people supported. This has resulted from the need to focus increased investment in services for teenage parents; a revision in contract capacity to allow services to spend more time with people who have complex needs and increased access to other client based services through changes in eligibility criteria.

4.3 Review and Research Priorities

SUPPORTING PEOPLE EXPENDITURE & CONTRACTED UNIT NUMBERS 2004/05 – 2009/10								
	2004/05			2009/10			£ % CHANGE FROM 2004/05 – 2009/10	UNITS % CHANGE IN UNITS FROM 2004/05 – 2009/10
	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS	SPEND PER ANNUM	% TOTAL SPEND	NO. UNITS		
CLIENT GROUP								
Physical Disability/Sensory Loss	251,178	2.93%	68	173,785	2.16%	95	-30.81%	39.71%
Mental Health	992,554	11.59%	263	1,009,144	12.53%	184	1.67%	-30.04%
Learning Disability	2,179,211	25.45%	171	1,460,102	18.13%	170	-33.00%	-0.58%
Refugees	216,171	2.52%	49	139,271	1.73%	35	-35.57%	-28.57%
People with HIV/AIDS	18,767	0.22%	8	10,500	0.13%	40	-44.05%	400%
Rough Sleepers	152,942	1.79%	10	159,136	1.98%	10	4.05%	0%
Generic services	424,610	4.96%	95	281,050	3.49%	135	-33.81%	42.11%

Figure 5: review and research priorities: Expenditure and contracted unit numbers 2004/05 – 2009/10

Investment in services for people with a physical/sensory impairment has reduced due to changes following the start of the programme which prevented Supporting People investing in residential care services. However, the numbers of people supported has increased as a consequence of reinvestment in alternative floating support provision and joint commissioning.

The mental health sector has experienced a reduction in the number of contracted household units due to the decommissioning of services that were not strategically relevant or which did not meet Supporting People's quality standards. Investment through has increased slightly over the period reflecting the increased levels of support commissioned to meet the needs of people with complex and challenging behaviours.

The learning disability sector saw a reduction in Supporting People investment. This resulted from two extensive pieces of work undertaken in partnership with NHS Plymouth:

- Assessments of all clients to ensure their needs were met from the most appropriate funding stream with costs transferred to Adult Social Care as appropriate.
- Joint commissioning services through a Framework Agreement to ensure quality, value for money and facilitate client choice.

In 2004/05 Plymouth benefited from an underspend resulting from a delay in the operation of planned services. This funding was in part used to provide additional support for refugees in the City. The service was competitively procured and reduced in terms of both expenditure and capacity as the funding was directed to planned services for other clients as they became operational.

Services for people with HIV/Aids have benefited from increased Supporting People funding. The numbers of people supported have increased substantially as a consequence of joint investment from ASC and the PCT.

The period since the publication of the Supporting People 5 Year Strategy, has seen one Generic service come to an end and another remodelled and more appropriately classified. During 2010/11, a Generic Floating Support Service was commissioned, this commenced towards the end of the financial year and as such the full annual spend is not reflected within the above table.

5. FINANCIAL CONTEXT

5.1 Supporting People Grant

In 2008/09, the Supporting People Grant was allocated for a 3 year period. During that time the grant remained static at £8.2million, representing a reduction in real terms.

Towards the end of 2008/09, CLG announced that from 1 April 2009 SP funding would be paid as an un-ring-fenced grant and that from 2010/11 the funding would be incorporated into the Area Based Grant.

The removal of the ring fence provides authorities with the opportunity to develop flexible and innovative packages of support to meet the needs of vulnerable people.

The October 2010 Comprehensive Spending Review (CSR) saw a reduction in Supporting People funding by 12% (taking account of anticipated inflation) over the 4 year period of the CSR. As a consequence, work is being undertaken through a 'category management' process to identify efficiency savings and ensure resources are targeted at those most in need.

Supporting People funding continues to be paid as a named grant.

5.2 Joint Commissioning

Joint commissioning of service provision has increased substantially over the past 5 years. Currently £1.18 million comes from agencies including Adult Social Care, Probation, Drug & Alcohol Action Team, Children's Services, Housing, NHS Plymouth and the Community Safety Partnership. One priority identified through this Commissioning Plan is to increase the joint commissioning of services, so reducing bureaucracy on the part of both commissioner and provider and delivering more holistic packages of support for clients.

5.3 Additional Funding Sources

Service providers have sourced alternative funding often from charities.

In addition, the Adult Social Care Commissioning Team employs an officer to work with micro providers with part of their role being to offer support with bidding for small grants.

6. BENEFITS OF THE SUPPORTING PEOPLE PROGRAMME

The benefits of the Supporting People programme have been widely recognised.

6.1 Benefits Realisation

Early into the Supporting People programme the Office of the Deputy Prime Minister (now Communities and Local Government) was keen to examine the potential benefits of the expenditure and commissioned research to be undertaken.

One element of the research was a modelling exercise designed to place a financial value on the benefits of the programme to the Exchequer.

As part of the Transitions Package to support authorities in preparing for Supporting People being paid via the Area Based Grant, CLG revised the national 'benefits realisation' tool to be used at a local level.

Application of the tool in Plymouth identified that in one financial year (2008/09), expenditure of £8.2m realised savings of £23.8m to Adult Social Care, Housing, Health, Community Safety, the Benefits Agency and charitable organisations.

6.2 Positive Outcomes for Customers

Since 2005 outcomes for clients have improved. Below is a small sample of case studies to provide a flavour of the positive work achieved.

A customer accessing services for people with a sensory impairment was supported to manage their debt.

The support agency referred the person to a debt advice agency which resulted in reduced debt and this helped to reduce some of the worry and stress that the family had been experiencing.

Before receiving support the person was in debt and worried about finances, they now have more disposable income.

Mr. D, 52, was referred to us for housing support from a hostel working with ex service men.

Mr. D had various health problems including Post Traumatic Stress Disorder.

He desperately wanted to move out of the hostel and into his own home - somewhere quiet and away from crowds.

We supported Mr. D to successfully apply for a housing association property outside of Plymouth. We then put Mr. D in touch with organisations providing furniture.

Recently Mr. D came to our centre to celebrate St George's day with us. He looked both well and relaxed and said that he felt he had won the lottery. He said he could not be more grateful for our help and support at a time when he felt so helpless and that his most recent worry being what curtains to choose in the living room!

This person was a homeless 17 year old male of dual heritage having parents who are white British and black Caribbean. He made a self referral after his father told him to leave home due to overcrowding. He had been sofa surfing since then. He had suspected learning difficulties but was undertaking an Activity Agreement with Connexions.

The service supported the customer to access accommodation via the Homeless Persons Unit; assisted him to claim Income Support; worked closely with the Connexions service. The customer has since started working at Grubs Up and is hoping to embark on a career in catering. He has also successfully moved into supported housing with the assistance of the service.

After receiving leave to remain in the UK the customer became homeless as she had to leave the NAS accommodation. The service supported the customer with both their housing need and other needs relating to their HIV status.

Support issues identified in the care plan included: application of crisis loan and benefits; support to move into temporary housing; support to apply for National Insurance Number; support to register on electoral role to enable her to vote; support to access charitable funding; link with a local church.

The customer achieved positive outcomes including: successfully receiving a crisis loan; receiving all benefits that she was entitled to and by registering on job seekers allowance we were able to link her in with Working Links and she is now working 30 hours a week and is not in receipt of working and child tax credits; allocation of a national insurance number and registration on the electoral register; liaison with the housing provider and successfully receiving funding from a charity to help towards the costs of setting up a home. Finally, the service provider helped the customer access a local church family support worker. This proved to be the most valuable link and the customer received a lot of support and gained in confidence by singing in the choir.

S was referred to the service by her Harbour Worker (Under 18's Service). S was 17 at the time of referral and was living in a private rented shared house with much older residents with significant long term heroin use (S was also using heroin but receiving support from Harbour with this). S's partner was also living in the property and had been physically abusive towards her. There were also issues with the landlord and S disclosed that he had been sexually inappropriate towards her.

Since receiving support, S has moved into supported housing, stopped using heroin, established and maintained contact with her family, applied to study hairdressing at City College Plymouth, started an Activity Agreement with Connexions, and linked in with Counselling, Ice Break and Group Work at The Zone. S has recently completed an emergency first aid course through The Zone and is due to go on a week long sailing trip with the Group Work Project. We have also worked on budgeting, shopping and cooking.

One resident living in supported housing for teenage parents wrote: 'When I first came here I was very shy and wasn't confident in my self. I have been here for a little over 3 months and I really enjoy being part of this project. I attend loads of mother and baby groups with my son and we both really enjoy them. I have even volunteered, which three months ago I wouldn't have dreamed of – I would have been too shy. All the people, staff, residents are really nice. I have grown in confidence to stand up and say yes or no. I have a key work session every Monday and that's really good – they help with budgeting and all sorts.

6.3 Audit Commission: Supporting People Programme 2005 – 2009

In 2008/09 the Audit Commission undertook a national review of the overall impact and success of the Supporting People programme.

The study identified that the programme had delivered a number of benefits and improvements, summarised below, which have been rolled out by authorities to other sectors.

- Improved balance of local provision of housing related support compared to identified local need;
- Increased awareness of and information relating to unmet need;
- Improving move on arrangements;
- Increased service flexibility: increased provision of floating support making services more tenure neutral;
- Improved service quality, which has had a direct impact on clients quality of life;
- Value for money, with improvements in service quality often being achieved within fixed or reducing budgets;
- Tailored support;
- Increased service user involvement;
- Improved outcomes for clients;
- Improved partnership arrangements.

6.4 House of Commons Enquiry

A House of Commons Enquiry published in 2009 also recognised significant benefits of the programme, including those identified by the Audit Commission. The findings, including positive outcomes and some recommendations are detailed below along with examples of the positive work undertaken in Plymouth.

- Supporting People has been good at raising the profile of vulnerable groups, but there are still some whose needs are not being properly addressed. As the SP Programme develops, further steps need to be taken to ensure that those needs are met.
 - In Plymouth services are accessed via a number of routes to ensure vulnerable people are supported appropriately. Examples include Brokerage for older people and clients with a learning disability and an accommodation pathway in the single homeless sector.
 - SITRA (a charitable resource centre dedicated to raising standards in Supported Housing) undertook a survey of access to services. The report identified a number of areas of good practice in Plymouth including positive consultation with providers and clients.
- Generic and specialist services are both important but local authorities need to be careful not to lose specialist services.
 - Procurement of services in Plymouth has been undertaken on a client group basis to ensure that the specialist focus required to meet need is not lost.
- Supporting People has been excellent in helping people to 'move on' to independence, but there is a shortage of low-level, long term preventative support services.

- Plymouth has maintained a mix of both short term and longer terms services, thereby enabling people both to become independent and maintain independence where appropriate.
- Personalisation of services is good for increasing choice, but sometimes too much choice is overwhelming or even inappropriate. Careful consideration must be given to how to balance personalisation with important commissioned services for people who need emergency support, or who are unable or unwilling to choose. Careful consideration is particularly needed of how personalisation will work in accommodation based facilities.
 - As part of the Transformation Agenda, consideration is being given to how the Supporting People Programme services can incorporate personalisation. In light of the recommendations made by the House of Commons Committee, alongside discussions in-house and considering practice from other authorities, consideration will be given to retaining block contracts for short term crisis intervention services.
- Supporting People decision-making and delivery structures were so effective that they should be considered as providing a blue print for partnership working within LAA's and other partnership arrangements.
- Strategic commissioning and contract monitoring frameworks should be in place.
 - Plymouth has developed clear commissioning and contract management frameworks.
 - Service providers are required to continue completion of the outcomes framework and this is built into specifications for newly procured services.
- It should be clear to all how much money has been allocated to a council for housing related support services and how much the council has actually spent on them. Recommend continued transparency in the allocation of SP funding in the Area Based Grant.

7. MARKET ANALYSIS

7.1 Service Provision by Organisation Type

Type of Organisation	2005			2010		
	Accommodation	Floating Support	2005 Total units	Accommodation	Floating Support	2010 Total units
Charitable Organisation / Voluntary Sector	395	728	1123	332	1153	1485
RSL	1227	595	1822	2979	1164	4143
Local Authority	1719	6	1725	28	16	44
Private	55	260	315	0	221	221
Total	3396	1589	4985	3339	2554	5893

Figure 6: Service provision by organisation type

NB. Not included in the table above are universal services which are open to all people in a certain client group, as contracted unit numbers do not apply.

Figure 6 shows that Registered Social Landlords have provided the majority of support since 2005 which is due to the large number of sheltered housing units which are provided in the main by this sector.

All sectors have seen an increase in the number of people they support with the exception of the Local Authority where numbers have reduced as a consequence of stock transfer.

The provision of floating support services has seen the greatest expansion, resulting in flexibility of supply and provision of support across tenure.

7.2 Service Utilisation

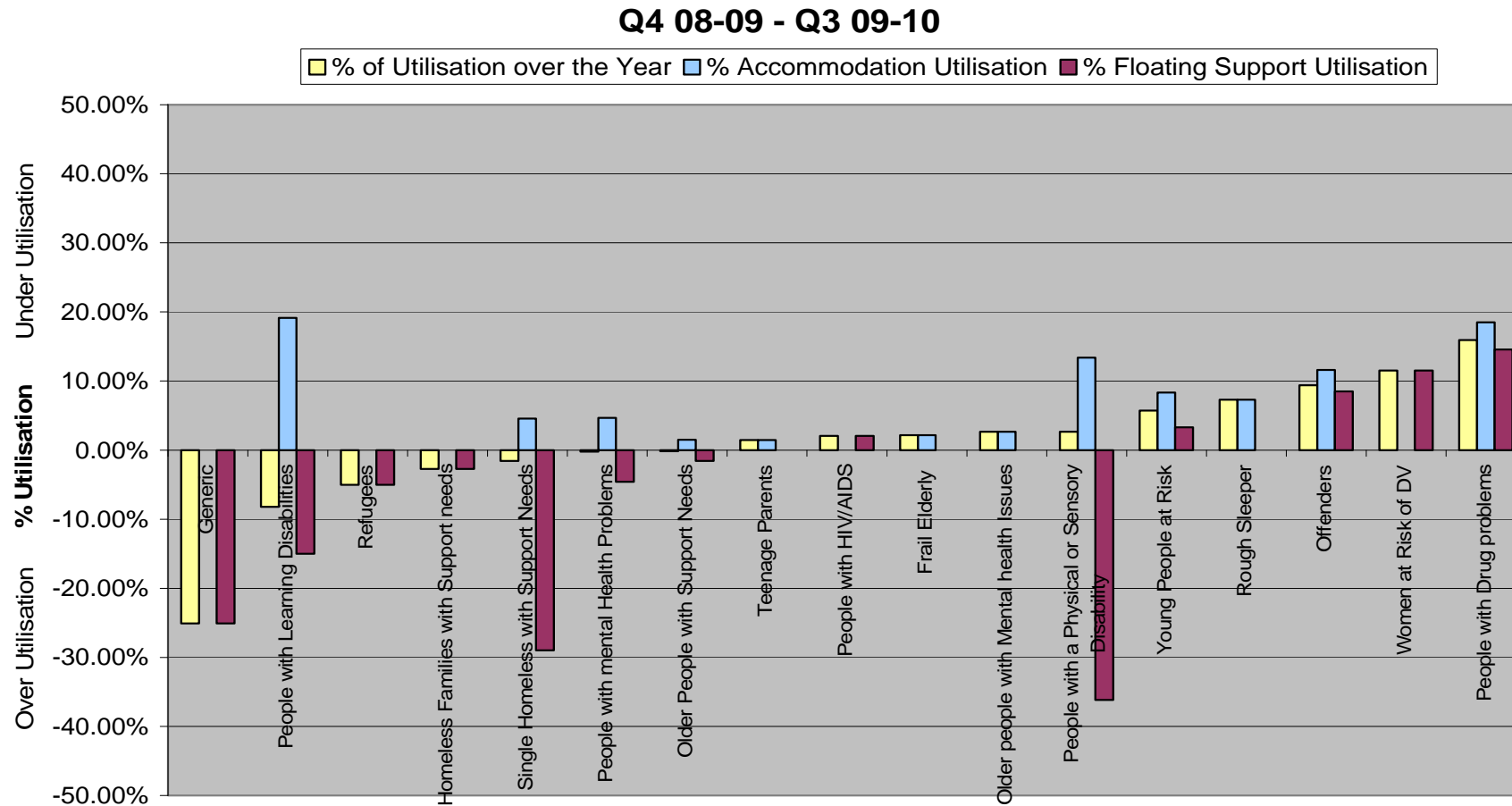


Figure 7: Utilisation by client group and service type Q4 2008/09 – Q3 2009/10

Significant under and over utilisation of provision is analysed below, however there are some general principles that relate to all services:

- Generally floating support services will exceed contracted capacity as the support needs of those clients who are in the service longer term reduce, so allowing additional people to be assisted.
- Accommodation based services will show under utilisation due to the time involved in preparing a property once it has become vacant and identifying a suitable tenant. This will be more of an issue in short term services where throughput is higher.

Generic

Generic support services have been performing over capacity for sometime and this is being monitored through contract management.

During 10/11 these services primarily support people 50+ showing a demand for low level preventative services for this client group.

Learning Disability

Under utilisation of accommodation based provision is the consequence of multiple factors including difficulty filling vacancies in shared accommodation, lack of sleepover facilities in some provision making it unsuitable for certain clients and safeguarding issues resulting in increased scrutiny on people accepted into the service.

The proposed move towards personalisation of services in this sector will result in better utilisation.

Single Homeless with Support Needs

Floating support provision for single homeless people shows as over utilised which relates to the period following service commencement. Since this time, careful management of the waiting list and clear prioritization has resulted in more realistic service delivery.

People with a Physical or Sensory Disability

Floating support provision for people with a sensory impairment has been significantly over utilised. The service is operating a waiting list and the needs data is being fed into future contract management and service planning.

Offenders

Regular monitoring of floating support provision has identified a need to increased support time with clients in some services, resulting in what appears to be under utilisation against contracted capacity. As a consequence of this need the contract has been varied to a more appropriate capacity.

Domestic Abuse

Although the reported data shows an under utilisation in service provision this has been the result of issues in reporting which have been resolved as part of contract management.

Drug & Alcohol Services

Regular monitoring of the floating support provision has identified a need to increased support time with clients, resulting in what appears to be under utilisation against the contract. As a consequence of this need the contract has been varied to a more appropriate capacity.

Accommodation based services have experienced a reduction in referrals from treatment centres due to a strategic shift from residential to community based provision. As a consequence, providers

have been seeking alternative referrals and service eligibility criteria is being expanded to respond to new and emerging need e.g. people who have relapsed, people leaving short term detox/stabilisation, people receiving community detoxification, people on a script.

7.3 Service Performance

Outcomes for clients, as recorded via the National Indicators NI 141 and NI 142, are positive in comparison to targets set locally and when benchmarked against comparator authorities.

(N.B. 2008/09 data has been utilised as 2009/10 information has yet to be released by CLG.)

NI 141 – the number of people moving on from services in a planned way

During 2008/09, Plymouth services achieved a greater percentage of positive outcomes for clients than all comparator authorities at 83.20%. This also exceeded the LAA target for 2008/09 of 72%.

NI 142 – the number of people supported to live independently

The data shows that positive outcomes for clients remain high with Plymouth comparing well against neighbouring and comparator authorities at 98.66%. In addition, the target agreed by the Commissioning Body (97%) has been exceeded.

Continuous improvement in outcomes since 2005/06 reflects the hard work of clients, the continued commitment of providers and the benefits of the Supporting People contract monitoring framework and its implementation by Team members.

8. GAP ANALYSIS AND THE DESIGN OF FUTURE PROVISION

A summary of the information detailed above relating to strategic priorities, need, spend and performance was presented to the Supporting People Commissioning Body (comprising representatives from Adult Social Care, NHS Plymouth, Children's Services, Devon & Cornwall Probation Service, Development & Regeneration and an Elected Member representative). Using this data, Commissioning Body members prioritised the areas for investment detailed below:

CLIENT GROUP PRIORITIES
OLDER PEOPLE WITH SUPPORT NEEDS, INCLUDING DEMENTIA
LONG TERM CONDITIONS
HOMELESSNESS, INCLUDING ROUGH SLEEPING (prevention and move on from temporary accommodation)
MENTAL HEALTH
LEARNING DISABILITY, INCLUDING AUTISTIC SPECTRUM DISORDERS
ONGOING INVESTMENT REQUIRED
REFUGEES
SURVIVORS OF DOMESTIC VIOLENCE
SUBSTANCE MISUSE
EX-OFFENDERS
YOUNG PEOPLE
TEENAGE PARENTS

Figure 8: Gap analysis - Client group priorities

Investment and service development in each of these categories will be directed via the Category Management approach adopted by Adult Social Care Commissioning (please refer to the action plan).

Category Management is the term used to describe the way we are organising ourselves and our work priorities in order to meet the requirements of the Comprehensive Spending Review. Adult Social Care commissioned services (including Supporting People) have been divided into six categories:

- Domiciliary care and extra care
- Day care
- Residential care
- Enabling and floating support
- Housing and supported living
- Universal services

Each category has a Category Manager who is responsible for co-ordinating the activities of a Category Team made up of key stakeholders. This team is tasked with taking a holistic view of all the services which fall into the category. Their responsibilities include developing project based work streams and plans; identifying and prioritising efficiency and savings opportunities; engaging key stakeholders; allocating resources to activities where they'll have the greatest impact; identification and management of risks and strategic market management.

Project and Equality Impact Assessments are integral to the decision making process.

This approach was implemented in the summer of 2010 and will run through the CSR period.

SERVICE FOCUS PRIORITIES
PERSONALISATION
FOCUS ON LOCALITIES
SIGNPOSTING TO UNIVERSAL SERVICES (Health Care, Education, Training, Housing Services, Employment)
PREVENTION, MAINTENANCE & PROMOTING INDEPENDENCE / EMPOWERMENT
DIVERSITY & EQUALITY OF OPPORTUNITY
JOINT COMMISSIONING (to achieve value for money and reduced bureaucracy)

Figure 9: Gap analysis – Service focus priorities

9. ACTION PLAN

WORK PRIORITY	ACTION	LEAD	TIMESCALE	OUTCOME
Achieve efficiency savings year on year in line with the Comprehensive Spending Review	Roll out category management approach. Develop 3 year commissioning and procurement plans across category management to include market development plans.	Sandra Stanton	June 2011	Established system to facilitate a co-ordinated approach to commissioning and procurement. Published procurement timetable. Achieve spend within budget. Achieve savings for reinvestment in priority areas.
Shape services to achieve identified client group priorities	Ensure client group and service focussed priorities are reflected in commissioning and decommissioning decisions in Supporting People and across partner agencies via category management.	Claire Hodgkins and Sandra Stanton	June 2011	Resources invested effectively in line with the Commissioning Plan
Increase joint commissioning	Liaise with commissioners city wide to join up services, including Public Health and the GP Consortium	Claire Hodgkins / Craig McArdle and Gavin Thistlethwaite		Streamline contracts to provide more holistic services, reduce bureaucracy and administration for both the commissioners and providers.
Shape services to achieve identified service focussed priorities	Focus investment through category management and procurement. Shape specifications to meet service focus priorities.	Claire Hodgkins	August 2014	Effective investment in priority areas. Services effectively meet client need. Services contribute to city wide strategic aims.
Revise governance arrangements	Update governance arrangements in light of the mainstreaming of Supporting People	Claire Hodgkins and Craig McArdle	May 2011	Revised governance arrangements for the Supporting People Programme
Protection for Supporting People funding	Secure a level of protection for the funding of low level preventative services	Claire Hodgkins	July 2011	Continued provision of low level preventative services

WORK PRIORITY	ACTION	LEAD	TIMESCALE	OUTCOME
Maintain current positive outcomes for clients	Work with service providers and clients to identify barriers to achieving positive outcomes and problem solve	Claire Hodgkins	September 2014	Reduce the numbers of repeat access to services. Positive reporting on National Indicators NI 141 and 142.
Continued engagement with the JSNA to ensure housing support needs are reflected	Support the development of the JSNA refresh by facilitating the provision of needs data relating to housing related support	Craig McArdle & Claire Hodgkins	February 2012	Gaps in the provision of low level housing related support services are taken into account by organisations when commissioning services Needs more appropriately met
Improve service quality	Implement accreditation processes Ensure continued implementation of robust contract management processes	Sandra Stanton	May 2011	Provision of quality services. Information available to clients to enable informed choices. Ongoing positive communication links with service providers.
Equality and Diversity	Complete Equality Impact Assessments on all new work	Claire Hodgkins	Ongoing	EIA's completed. Work undertaken to have a positive or neutral impact. Where a negative impact is recorded mitigating factors are considered.
	Design a system to collect data relating to the protected characteristics detailed in the Equality Act 2010, and incorporate into all new contracts.	Claire Hodgkins	August 2011	Data relating to the 9 protected characteristics as detailed in the Equality Act 2010 are collected and used to inform service design and feed into the corporate planning framework.
Personalisation	Work with providers to ensure services are more person centred	Claire Hodgkins / Craig McArdle	July 2012	Services better placed to focus on the client and meeting their needs. Improved outcomes for clients.

WORK PRIORITY	ACTION	LEAD	TIMESCALE	OUTCOME
Service User engagement	Work with people using services, potential service users and carers to identify and prioritise service development and improve quality standards.	Claire Hodgkins	January 2014	Services delivered which better meet the identified needs of clients. Improved outcomes for clients.