

Supporting People Commissioning Strategy

2011 – 2015

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Cambridgeshire Supporting People Commissioning Strategy

Key Messages

- The SP vision is:
To complement higher level statutory provision through a range of housing related support options that will intervene early, by targeting lower levels of need, to prevent or delay the requirement for more intensive involvement
- SP investment will be refocused to better position the programme alongside other services, with a greater emphasis on early intervention and prevention
- The SP challenge is:
*To re-frame individuals' housing related support needs such that we focus on:
The most important thing needed to:*
 - *Help people live independently*
 - *Enable people to access their own support
in a self-sustaining manner?*
- A greater focus on engaging individuals and community groups in design and delivery
- Increasing older people provision into the community and developing extra care
- Providing housing related support options for individuals to select from
- Reducing accommodation based services by between 19% and 24% and remodelling shared units into independent accommodation
- Increasing floating support as a more flexible alternative to accommodation based services
- Seeking alternative ways of providing services that are different, better and lower cost
- Increasing low cost high value alternatives to current service provision
- Making better use of community resources
- Working in partnership with other commissioners and stakeholders to ensure SP complements existing services and facilitates a holistic support pathway for individuals
- Considering SP services as an alternative to longer term, higher level interventions
- Ensuring services are only provided for as long as needed and in the way most personalised to individuals' requirements
- Providing services in a way that can be accessed as and when needed rather than on an ongoing basis, including the use of drop-in crisis hubs and short-term interventions
- Exploring ways of providing greater choice and control for individuals
- A greater emphasis on outcomes including a review of performance management requirements
- Developing the provider market, including volunteering and peer support
- Reviewing the role of commissioner, the resource needed to administer the programme longer term and governance arrangements
- Greater integration with other colleagues in areas of commonality to make best use of resources (e.g. localism, co-production, community engagement,

information and advice, consultation, volunteering, peer mentoring, time-banking, working with GP commissioners)

Introduction

Supporting People drafted its high level strategy for 2010-15 which was approved by the Supporting People Commissioning Body and the Community Wellbeing Partnership for consultation from June to September 2010. The strategy that was consulted on presents the high level Vision, Priority Aims and Strategic Outcomes for the Supporting People programme. It is available separately at:

<http://www.cambridgeshire.gov.uk/social/supportingpeople/schsupstratrevs.htm>

It was agreed the feedback received from the consultation would be incorporated into a Commissioning Strategy outlining how the vision, strategic objectives and priority aims for the programme would be delivered over a five year period.

This Document

This document forms the Commissioning Strategy - the programme of work for the Supporting People Partnership in Cambridgeshire. This strategy will not exist in isolation, but will be linked with a whole range of other relevant strategies, activities and governance structures in order to help meet common objectives as efficiently and effectively as possible. It is a working document that will continue to be updated as work evolves, ideas develop and cross-functional working increases.

Updates are likely to be best achieved via the action plan section of the document. The importance of this is there are a number of changes underway impacting on the programme. As they evolve further detail can be provided of what is planned. Examples include:

- The County Council has recently undertaken a restructure of Adult Social Care and new ways of working are being embedded
- Further restructuring is underway in other areas that also partner the Supporting People programme, such as other parts of the County Council and health
- Budget information is still being finalised, particularly in terms of the allocation of the Supporting People budget across the key areas of the programme
- Different ways of working are being developed and encouraged, such as GP commissioning, localism and co-production, volunteering, personalisation
- National performance management requirements for the programme are yet to be determined
- A recent (October 2011) national consultation on Housing Benefit reform

The Commissioning Strategy is organised around the following sections:

- Introduction to the strategy and its fit with the high level strategy consulted on
- Specific vision for the programme within the broader context
- The national and local context driving the Supporting People programme and how the programme contributes to these local priorities
- Evidence base for the programme
- Communications and engaging services users
- Current provision
- Future provision, including capital requirements
- Recommendations for change

- Action plan relating to the recommendations

Supporting People

Supporting People is a working partnership of housing, social care, probation, health, voluntary sector organisations, housing associations, support agencies and service users and has been in place since 2003. The £1.6bn Communities and Local Government (CLG) funded programme is committed to providing a better quality of life for over 1.2 million vulnerable people to live more independently and maintain their tenancies/homes.

The Supporting People programme strategically commissions, monitors and reviews housing related support services to complement existing statutory services. The programme supports some of the most vulnerable and socially excluded members of our society. The primary purpose is to develop and sustain an individual's capacity to live independently in their accommodation. Examples include enabling individuals to access their correct benefit entitlement, ensuring they have the necessary skills to maintain a tenancy, advising on home improvements and accessing a community alarm service. Client groups include: single homeless, homeless families, rough sleepers; ex-offenders and those at risk of offending; physical and sensory disability; domestic violence; alcohol and drug problems; teenage parents; older people; young people at risk/leaving care; HIV and AIDS; learning difficulties; travellers; migrant workers, refugees, asylum seekers; mental health.

The programme saves money elsewhere by preventing or deferring the use of more costly alternatives e.g. hospitalisation; institutional care; committing/becoming a victim of crime; homelessness. It can also help the smooth transition to independent living from these alternatives.

Cambridgeshire Supporting People High Level Strategy

This section summarises the key components of the high level strategy. Further detail on each is provided in the high level strategy document itself available at: <http://www.cambridgeshire.gov.uk/social/supportingpeople/schsupstratrevs.htm>

Amended Vision

The vision we consulted on was to enable as many vulnerable young people¹ and adults as possible to improve, maintain or regain their independence through a range of housing related support options.

This high level vision can only be delivered within budget constraints and the broader strategic direction of the programme, as informed by appropriate needs information. Hence, we have refined this vision as detailed in the Vision section of this commissioning strategy.

Priority Aims

To ensure the vision is delivered we have developed a number of '**Priority Aims**'. These are set out below.

Priority Aim 1: Deliver more flexible and preventative services to improve the outcomes for the residents of Cambridgeshire

¹ By young people we mean over 16. We also work with adults up to any age.

Priority Aim 2: Improve the quality of services and ensure the market is developed and managed appropriately to improve the outcomes for the residents of Cambridgeshire

Priority Aim 3: Develop stronger partnership working to improve the outcomes for the residents of Cambridgeshire

Priority Aim 4: Achieve a balanced budget by 2012 for the achievement of the above priority aims to be sustainable

Strategic Outcomes

In pursuing our vision and priority aims, we want to achieve the following strategic outcomes:

- Greater availability of and accessibility to services:
 - Across all districts within the county
 - Across all groups
- High quality services
- Improved personal outcomes for the residents of Cambridgeshire
- Improved awareness of the services available to enable greater choice and control for residents
- Services that are more seamless (more joined up) from the client's point of view and experience
- Services that are more personalised and tailored to the needs of each individual
- Best use of public resources in how services are commissioned, managed and delivered
- Improved performance e.g. reductions in: homelessness; crime; those not in education, employment or training

Vision

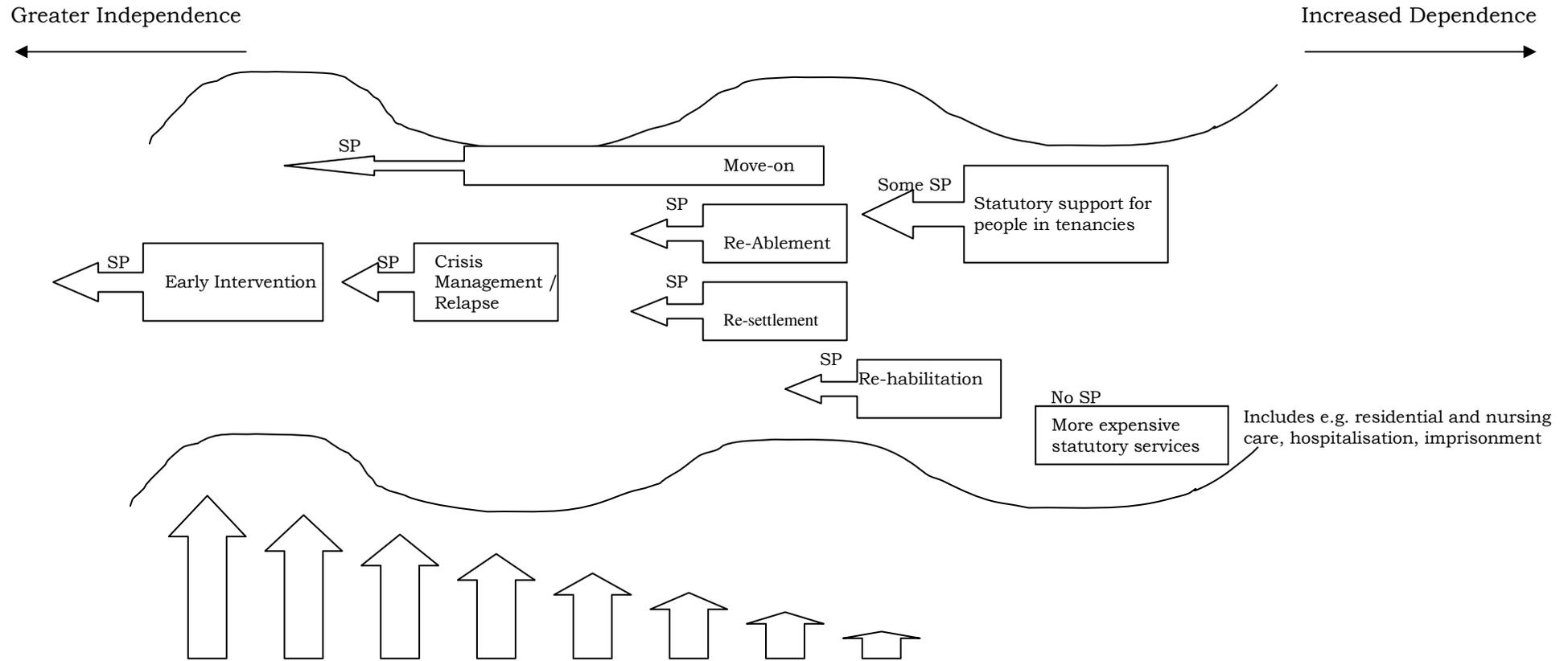
The vision for the Supporting People programme in Cambridgeshire is:

To complement higher level statutory provision through a range of housing related support options that will intervene early, by targeting lower levels of need, to prevent or delay the requirement for more intensive involvement

Without early identification and support, vulnerable individuals will quickly reach crisis point as their needs escalate and become more severe, leading to greater costly demand on acute health services, homelessness services, the criminal justice system and carers. The intention is to target those individuals bordering higher level provision to prevent them from entering statutory services, and to work alongside others to rehabilitate those individuals that have entered statutory services as quickly as possible. This will be achieved by refocusing Supporting People investment to better position the programme alongside other services, as outlined in the remainder of this strategy and action plan.

Figure 1 - The Role of Housing-Related Support in the “Pathway” for Vulnerable Young People and Adults

Prevention is a thread throughout (see Commentary)



Invest more up-stream (all relevant funding sources) to prevent and/or delay more costly investment down-stream. Other funders and strategies will also be funding and delivering in these areas.

(As per Government guidance e.g. 'Putting People First', A shared vision and commitment to the transformation of adult social care, HM Government December 2007; The case for change – Why England needs a new care and support system, HM Government 12th May 2008; Government Response to the House of Commons Communities and Local Government Select Committee Report into the Supporting People Programme, HM Government January 2010)

Commentary on Figure 1

- The purpose of this diagram is to try and present the key role that housing-related support services, as funded by SP, is able to play within the whole spectrum of care and support (care and support “pathway”) for vulnerable young people and adults
 - It is not intended to be a fully comprehensive representation of the housing, health care, social care, probation and support systems. Instead, it is merely trying to demonstrate the vision within this strategy for where SP can play a key role in **complementing higher level statutory provision through a range of housing related support options that will intervene early, by targeting lower levels of need, to prevent or delay the requirement for more intensive involvement. Thus, many of Cambridgeshire’s vulnerable young people² and adults will be enabled to improve, maintain or regain their independence**
 - It is also intended to demonstrate where SP can link in to existing elements of the “pathway”, since SP cannot deliver in isolation and can achieve much more in partnership than any of the partners can achieve alone
 - The diagram also attempts to highlight some of the different aspects of “prevention” as it means different things for different people and in different contexts. We are trying to portray prevention in broader terms by highlighting it at different stages along the “pathway”, rather than it only occurring at a single point. That is, prevention can be about e.g.:
 - Increasing independence
 - Maintaining independence
 - Regaining independence
 - Delaying dependence
- Examples include:
- Preventing the loss of independence in the first place e.g. falls prevention, homelessness prevention
 - Preventing the loss of independence from repeating e.g. crisis management / rehabilitation
 - Preventing the loss of independence from increasing e.g. providing the skills for maintaining independence
- The direction of the arrows indicates where investment in housing-related support services can make a difference by moving people “up-stream” (i.e. in the direction of the arrows) or prevent and delay them from moving “downstream”, i.e. acting as a “dam” (to continue the “stream” analogy)
 - The greatest areas of SP investment (proportionally, in relation to the total budget) are currently³:
 - Early intervention
 - Crisis management/relapse
 - Move-on; resettlement; rehabilitation; re-ablement

The intention would be to maintain / increase investment in these areas through joint commissioning activity, and to invest more in floating support than accommodation-based services wherever possible (acknowledging that there is still an important role for accommodation-based services that needs to be retained)

² By young people we mean over 16. We also work with adults up to any age.

³ Indicated by “SP” on the diagram

- Where SP investment exists in statutory services, it is essential that the services have a distinct offering from that which is provided as a statutory duty

National drivers

Social Care and Health

The following details some of the national strategies and policies that set the context within, and alongside, which the Supporting People programme will operate. Here we highlight the various principles and approaches within these strategies that are of particular relevance to how the the Supporting People programme will be delivered in Cambridgeshire. The programme will be implemented in a way that will complement services funded by other means.

A Vision for Adult Social Care: Capable Communities and Active Citizens was launched by the Department of Health in November 2010. This emphasises the importance of personalised services and outcomes as central to activity. There are seven principles:

- Prevention – empowered people and strong communities working together to maintain independence; government funded activity supports communities and helps people retain and regain independence.
- Personalisation - individuals not institutions taking control; the provision of personal budgets; information about care and support available for all, regardless of whether services are self-funded or funded by government.
- Partnership - care and support delivered in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils, including wider support services, such as housing.
- Plurality - diverse service provision, with a broad market of high quality service providers.
- Protection - sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- Productivity - a focus on publishing information about agreed quality outcomes will support transparency and accountability and drive improvements.
- People - a workforce that is given the required freedoms and support to deliver working alongside those who use services and their carers.

These principles will also govern the work of the Supporting People programme in Cambridgeshire.

Putting people first: a shared vision and commitment to the transformation of adult social care was published by the Department of Health in 2007. The shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity. It recognises the need for the sector to work across agendas with users and carers to transform people's experience of local support and services.

Think Local, Act Personal: Next Steps for Transforming Adult Social Care was launched in November 2010. It is a sector-wide statement of intent that links the government's new vision for social care and Putting People First and provides the way forward for personalisation and community-based support. It emphasises the need for councils, health bodies and providers to work more collaboratively to

personalise and integrate service delivery and make better use of public funds. It also recognises the contribution that individuals, families, carers and communities make in providing care and support - both to those who are publicly funded and those who either pay for themselves or rely on family carers.

Equity and Excellence: Liberating the NHS was published by the Department of Health in July 2010. Some of the key principles can be applied to the Supporting People programme as follows:

- Individuals at the heart of service design and delivery
- Information on available services widely publicised and accessible
- Greater choice and control for individuals, carers and communities e.g. choice of service, choice of provider
- Shared decision making – ‘no decision about me without me’ – meaningfully involving individuals in decisions about their support and enabling them to be in charge of decisions
- Enabling individuals to rate the performance of the services received
- Support for carers
- Strong joint arrangements and local partnerships
- Strengthening the collective voice of patients and the public
- Greater equity and an emphasis on reducing inequalities
- Support personalised in response to the individual’s needs
- Increased emphasis on outcomes, including consideration of payment by results
- Devolve health service commissioning to GPs working in consortia

Housing

There are many changes taking place in housing. The full implications for supported housing are not yet known. The following outlines some of the key changes relating to supported housing and possible impacts.

Increased cost of the "affordable rent" product

Local people may find it more difficult to move home within the local area for employment or to be closer to their family for support, due to increased housing costs under the new Affordable Rent regime. This could have consequences for employers and support networks, as well as impacting on low-paid, working individuals and families. Affordable Rent will be the only publically funded housing tenure available. This could have a significant impact on the balance, mix and sustainability of our new communities, affecting the lowest income and most vulnerable households by reducing the housing choices they have on new developments in future.

Conversions of homes over to Affordable Rent

Plans to convert existing social rented homes over to affordable rents could affect the types and sizes of homes which remain at social rent levels, affecting the stock available to re-let at the lowest cost to the tenant.

Housing Benefit and new under-occupation rules

Specifying the precise size of home a social tenant of working age can live in if they claim housing benefit will undoubtedly increase churn and disruption as residents have to move home, or even area, to afford the house they need - which will affect community stability and social cohesion. This could particularly affect tenants who need a larger home than is "needed" under the definition used.

Public consultation on Housing Benefit Reform (July to October 2011)

The Department for Work and Pensions (DWP) consulted on the Government's proposals to change the method by which help with rent is worked out for those who live in supported housing within the social and voluntary sector. It has sought views to inform policy development regarding the way in which Housing Benefit helps with the higher rents sometimes faced by the elderly or those with disabilities. The outcome of the consultation will need to be factored into this commissioning strategy.

Local drivers and pressures***Housing issues***

"Affordable Rent" will not be able to meet all of the housing need we have in our local area. This means that those in need, who simply cannot wait any longer, could experience a painful and costly housing crisis, or indeed be forced to leave the area. Those in dire need, and those least able to find their own housing solutions, will need additional help and support through the process if they are to succeed.

Local housing allowances are currently calculated on relatively large geographic areas, which are too broad to truly represent the differences of rental prices within our area meaning that people will be priced out of some markets. This is a specific concern for the City of Cambridge where rental prices are particularly high.

In Cambridgeshire it is felt that the new housing system needs to be flexible, with additional support available for areas where the average rent to average salary ratio is particularly imbalanced, such as Cambridge.

The national changes planned may work out well, increasing the supply of "affordable rent" homes and focussing subsidy on those most in need. However, it is important to monitor the impacts when making local funding decisions to consider the combined effects of the changes, so as to prevent unintended outcomes such as increased homelessness and rough sleeping, and reduced levels of support for our most vulnerable tenants.

Cambridgeshire County Council Priorities

The Supporting People programme is administered by Cambridgeshire County Council on behalf of all partners. The County Council has recently reviewed its priorities as part of the Integrated Planning Process (February/March 2011). The new priorities are presented below.

The priorities recently agreed through the County Council's Integrated Planning Process are:

- Priority One: Supporting and protecting people when they need it most
- Priority Two: Helping people to live independent and healthy lives in their communities
- Priority Three: Developing the local economy for the benefit of all

These priorities will be delivered by the following principles:

- Being a genuinely local Council
- Making sure the right services are provided in the right way
- Investing in prevention
- Working Together

How the Supporting People programme can contribute to meeting these priorities is specified in Appendix 1.

Supporting People has been a key component of the Community Well-being Board, one of the Thematic Strategic Partnerships that reported directly to Cambridgeshire Together. This partnership acknowledged that:

- Systems need to be designed that holistically promote health and well-being "upstream" to reduce the need for resources "downstream" across all areas of the partnership, including public health, adult social care and Supporting People
- The objectives of the partnership cannot be achieved without the work and direction of e.g. district councils, parish councils, the third sector and individuals and communities themselves.

Supporting People is one of the largest revenue streams for the third sector.

This partnership has been reviewed in light of the legal requirement for upper tier local authorities to create a Health and Wellbeing Board (*Healthy Lives, Healthy People: Our Strategy for Public Health in England, Department of Health White Paper, November 2010*). The main purpose of the boards will be to join up commissioning across the NHS, public health, social care and other services. Supporting People could be a key contributor to the new Health and Wellbeing Board as the programme reduces dependency and promotes independence, health, well-being and social inclusion.

Community and Adults Services (CAS)

The Supporting People programme is delivered from within the Community and Adults Services (CAS) directorate within the County Council. The key priorities of CAS are:

- Safeguarding adults with vulnerabilities from abuse and discrimination
- Promoting health, wellbeing, quality of life and independence at an individual, family and community level – addressing the range of factors that impact on this
- Promoting choice and control with particular emphasis on engagement, prevention and localism

The key outcomes are enabling and encouraging:

- Improved health and well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic well-being
- Maintaining personal dignity and respect

The key ambitions are:

- A clear and coherent network of locally/community designed, resourced and delivered preventative services. These services will be influenced by the strategic direction, priorities and resources of CCC and its key partners. They will be delivered using the geographic areas of CYPs localities and the commissioning of the emerging GP clusters, as well as traditional partners such as Districts.
- Higher level statutory services will be targeted at higher levels of need. These services will be clear in terms of :

- Which organisation is best placed to deliver the service (third sector, social enterprises, trusts etc).
- Delivered or procured through and by organisations working across Council and organisational boundaries.
- Promote engagement, customer focus, choice and control
- Clear as to the “offer” from the Council at an individual or community level – “for this level of need you are allocated this level of resource”
- An assumption that the starting point will be time-limited services that normally can be withdrawn by promoting independence, reablement and the use of localism.

How this context drives the Supporting People programme is outlined at the end of Appendix 1. There is a clear role for the programme to complement higher level statutory services by targeting lower levels of need, thus preventing, reducing or delaying the need for statutory services. Hence, this forms the underlying vision for the programme.

Transforming Adult Social Services

'Putting People First'⁴ outlines four, linked areas on which councils and their partners should focus:

- Universal services (including transport, leisure, education, health, housing, community safety, and access to information and advice)
- Early intervention and prevention (supporting people at an early stage to stay independent for as long as possible)
- Self-directed support (services available tailored to individuals' needs, rather than individuals adapting to the services available)
- Social capital (how society works to make sure everyone has the opportunity to be part of a community)

Supporting People contributes to all of these. As Cambridgeshire's Transformation Strategy “Transforming *Our Future*”⁵ states, not only do early interventions make sure people can stay in their own homes for as long as they want, they are also the best way of keeping the costs down in the future. Such services promote independence and reduce the requirement for longer term interventions. To achieve this requires a bringing together of resources wherever possible to realise maximum efficiency, effectiveness and hence value for money. The role of housing-related support within the early intervention and prevention agenda (and SP as a specific funding stream contributing to this) is presented in detail in Figure 1 above.

Personal outcomes for the residents of Cambridgeshire

Personal outcomes as a result of the support provided by the SP programme, that people in Cambridgeshire have specifically highlighted as important, include⁶:

'Maximising income'

⁴ A shared vision and commitment to the transformation of adult social care, HM Government December 2007

⁵ <http://www.cambridgeshire.gov.uk/council/depts/community/adultsupport/transformation.htm>

⁶ As identified from the 'housing related support' needs analysis conducted for Cambridgeshire in 2009.

'Maintaining accommodation/avoiding eviction'

'Accessing external groups and services, friends and family'

Other personal outcomes specified and measured by the programme include:

- Increasing independence
- Better managing health and well-being
- Participating in leisure, cultural, faith and informal learning activities
- Complying with a statutory order
- Participating in training/education
- Reducing debts
- Participating in work-like activities
- Avoiding harm from others

Clearly the SP programme has a key part to play in achieving many of the broader strategic objectives within Cambridgeshire

The total value of services currently commissioned in Cambridgeshire is approximately £12.5m⁷.

Evidence base

The SP programme is one where the concept of investing to save is realised. Evidence suggests that through investing in housing support it is possible to make savings elsewhere in public services. The evidence basis for this is demonstrated by the CLG Supporting People Financial Benefits Model. This shows that for every pound spent on housing support £1.78⁸ is saved elsewhere in public services. Robust financial modelling by Capgemini (March 2009) has demonstrated a net financial benefit from the Supporting People programme of £3.41bn per annum, against an overall investment of £1.61bn.

In December 2010, Eric Pickles, the Communities Secretary, pointed out that £1 spent on Supporting People will probably save local authorities £5 or £6 further down the line.

Sitra produced a major piece of work entitled Prevention and personalisation: The case for Housing Related Support. This highlights the contribution of Housing Related Support to the achievement of positive outcomes for vulnerable people. The study focused on how housing related support:

- Enables individuals facing multiple disadvantage to improve their wellbeing
- Complements the strategic objectives of a wide range of stakeholders involved with supporting vulnerable individuals
- Offers good value for money, by preventing the need for expensive crisis interventions and long term institutional solutions
- Promotes independence, by enabling service users to take control of their own lives
- Provides a platform for the development of wider service choice.

⁷ As at 2010/11

⁸ This is an average figure so may be significantly greater or lower for other client groups.

They found that housing related support provides a cost effective way of delivering services to a wide range of vulnerable people. It achieves positive outcomes in line with people's personal circumstances and prevents demand for more expensive options. The full report is available at:
http://www.sitra.org/prevention_and_personalisation/?dm_i=F3O,E37C,2DO2Y7,14CT8,1

Other evidence includes a recent report on the value/financial benefit of handyperson services. This can be viewed at:
<http://www.communities.gov.uk/publications/housing/handypersonevaluation>

Communications / engaging service users

This commissioning strategy has been produced as a result of the consultation conducted during summer 2010 on the high level Vision, Priority Aims and Strategic Outcomes for the Supporting People programme in Cambridgeshire. Additional consultation has and will take place in relation to the individual streams of work.

There will be a greater emphasis moving forwards on gathering insights from existing and potential service users and their communities and engaging them in both design and delivery. Gathering and sharing information will not be done in isolation, but in collaboration with other colleagues and stakeholders to make best use of resources. Examples include accessing partnership boards, working with the Cambridgeshire User Led Organisation, linking in with the Adult Social Care Information and Advice Project, and working closely with providers. For example, some of the larger sheltered housing providers in Cambridgeshire are carrying out a needs assessment with their tenants which includes questions about the types of services they value. Information on what will really make a difference to individuals and communities is key to realising our challenge (see below) and delivering the objectives of personalisation.

Current provision

Current provision is detailed in Appendix 2.

In summary, total service investment for 2011/12 is expected to be £11.5m, broken down by the following clusters:

- £2.2m on older people
- £104k on handypersons
- £169k on Home Improvement Agencies (HIAs)
- £7.3m on all other accommodation-based services, of which
 - £2m on socially excluded (offenders, people with alcohol problems, single homeless – clustered to avoid major change between these groups)
 - £327k on domestic violence
 - £979k on learning disabilities
 - £930k on mental health
 - £217k on physical disabilities
 - £221k on homeless families
 - £139k on teenage parents
 - £2.2m on young people at risk
- £1.7m on floating support, of which
 - £584k on specialist provision (mental health, HIV/Aids, sensory impairment, domestic violence, gypsies and travellers)

- £1.2m on multi-disciplinary floating support

Expenditure on administering the programme is anticipated to be £266 k in 2011/12, reduced from £401k in 2010/11.

Future provision & capital requirements

Future provision is detailed in Appendix 3. Figures are indicative at this stage and will be refined as actual in-year expenditure is known and annual budgets confirmed. Budgetary allocations may also change between client group clusters as needs information is enhanced and service changes realised.

The proposed change in provision can be summarised as:

- Meeting 87% of the need identified by the Supporting People needs analysis (this is the level of need able to be met financially)
- Increasing older people provision
- Increasing handyperson provision
- Maintaining/increasing Home Improvement Agency provision
- Reducing accommodation-based services in order to increase provision in floating support and balance the budget. (Commissioning Body decided on 6 August 2009 to take the strategic direction of reducing accommodation based services by not less than 19% and not more than 24% in order to fund floating support services. It was also decided to meet equal percentages of need across floating support and accommodation based services – currently set at 87% of need. This means reducing current levels of accommodation based services and increasing current levels of floating support). Physical disabilities and mental health accommodation services are to be reduced by the greatest percentages as informed by the needs analysis.
- Increasing floating support

Some of these increases will be funded by providing services in alternative ways that are more efficient. Others will be funded by reducing expenditure in existing services. Increases will not be commissioned until the funds are available.

Further detail on service changes by client group are presented at Table 1 in the following section “Recommendations for change over the next 5 years”.

Capital requirements

At present registered providers i.e. Registered Social Landlords are formulating 'packages' to bid for Homes and Communities Agency (HCA) funding to develop new affordable housing, including the development of new supported housing. The basis for bidding for capital funding has changed significantly and one example of this is that the bids for HCA funding will be assessed nationally rather than regionally. Also bids will only be accepted for the new "affordable rent" housing product, rather than the traditional social rent or shared ownership of the past.

Initially it is unlikely there will be many bids submitted for supported housing schemes through the new package system. However, where new schemes do arise, districts councils have expressed a desire to continue to use the priority matrix (the regionally developed capital allocations model) to assess schemes. This is to ensure that any schemes developed are in line with the Supporting People Strategy, and to help make sure capital (HCA) and revenue (e.g. SP) funding are allocated in harmony. It is possible that other capital funding streams, for example from health, may be

available in future to develop specific schemes and we would hope to utilise those opportunities as they arise.

The Extra Care Commissioning Strategy has been reviewed and includes priority locations for the future development of extra care schemes based on a mapping exercise of:

- The pattern of home care use
- The numbers of people over 75 years of age
- The numbers of people with long term limiting conditions
- The numbers of people claiming Disability Living Allowance.

When this data was analysed it was clear there were certain areas where demand for extra care is likely to be high and supply relatively limited. These areas were shown to be mainly in Huntingdonshire, South Cambridgeshire and Fenland.

The last annual statement agreed by the Supporting People Commissioning Body in February 2010 included a general aspiration across any client group to re-model shared units into independent accommodation where opportunities arise and where this would be desirable.

Recommendations for change over the next five years

Positioning the Supporting People programme

Housing is a key determinant of health and well-being. Supporting People is focused on supporting people to establish a tenancy, and working with those that have a tenancy by supporting them to maintain it. Examples include developing the skills required for independent living and avoiding the actions that put the tenancy at risk.

It is essential that the focus of the programme is clearly communicated to ensure the services that are commissioned complement rather than duplicate those commissioned elsewhere. The greatest added value will be to support those whose needs are not prioritised by other services to prevent the need for these more intense interventions.

The services funded by the Supporting People programme could be well-positioned between those that are primarily funded by Social Care and the National Health Service and those community services primarily funded by Public Health. Joint commissioning arrangements across all commissioners would enable the full spectrum of needs to be provided for as a whole. This would also enable seamless provision from the point of view of those accessing and providing services.

Rationalising funding arrangements

To achieve this aim there needs to be a shift from funding services from a variety of funding streams for historical reasons, to funding the services most related to the strategic objectives of the funding stream, or streams, concerned. This needs to be a gradual process, and one that is well planned and managed financially. It requires all commissioners to work together on the changes to be made to existing services and those that are being planned for the future. It may require the commissioners involved reaching a compromise in some cases, but once historical funding

arrangements have been unpicked and agreed for the future it will enable considerable progress to be achieved as services will be funded in line with commissioning plans.

It should also be explored whether more preventative services may be a more appropriate alternative to more traditional services, both as a means of better meeting individuals' outcomes and making better use of available resources. It may be possible to introduce a more preventative service prior to implementing significant change in order to facilitate the transition. Examples include using the recently commissioned Supporting People floating support framework agreement where this may be a more appropriate alternative to accommodation-based services; introducing mediation to prevent homelessness in the first place.

Balancing the budget

Expenditure (£12.5m at 2010/11) on services funded by the Supporting People programme across the county currently exceeds the Communities and Local Government (CLG) grant (£10.8m in 2010/11). This has been a result of the grant being cut by 20% in Cambridgeshire from its original allocation when the programme launched in 2003. These reductions have been managed in previous years through the development of a financial management fund. However, this "buffer" will be used up during 2011/12. It is therefore essential that the budget balances in that time. (For further detail see Priority Aim 4 of the high level strategy for the Supporting People programme.)

The base budget for the programme, set through the County Council's integrated planning process, is £10.3m for 2011/12.

The Commissioning Body in Cambridgeshire has acknowledged that it is no longer viable for the programme to keep reducing funding to existing services and still maintain the outcomes required. A workshop was held in November 2010⁹ to explore a range of radical ideas for change. This was facilitated by the Head of Radical Efficiency from the Innovation Unit¹⁰ in London. The key principles of the Radical Efficiency¹¹ approach are:

- Doing things differently
- Doing things better
- Doing things at a lower cost

The ideas produced from the workshop are being developed in partnership with all relevant commissioners and in collaboration with all stakeholders. The main focus is on:

- Establishing the real needs of Cambridgeshire's vulnerable residents and how they can best be met, regardless of how we are currently trying to address them

⁹ Funded by Improvement East

¹⁰ The Innovation Unit is a not for profit social enterprise with a strong track record of supporting innovation in the third sector, education and children's services, and local government. Its mission is to enable practitioners in public services to generate innovation that is radical, scalable and delivers significantly better outcomes for significantly lower costs.

¹¹ Radical efficiency is not about tweaking existing services. Rather, it is about generating new perspectives on old problems to ensure a genuine shift in the nature and efficiency of the services on offer and to transform.

- Establishing a whole range of ways in which the needs can be met to ensure the service offering is truly personalised and to maximise choice and control for vulnerable residents
- Ensuring the services are only provided for as long as is needed and in the way that best meets the need
- Taking forward the principles of localism such that services can be designed and delivered by residents themselves and their communities

Our challenge

It was agreed at the November 2010 Commissioning Body workshop that our “challenge” moving forward is about re-framing individuals housing related support needs such that we focus on asking residents:

“What is the most important thing that you need to:

- Help you live independently
- Enable you to access your own support in a self-sustaining manner?”

The following sections outline ways in which the identified challenge can be met.

Community engagement and localism

What individuals need must be at the forefront of the services that are designed and delivered in response. It is essential that the individual is the starting point. Individuals should be involved throughout the commissioning process e.g. design, procurement, delivery. Previously, individuals have not been the first point of call. We have sought feedback on existing services and consulted at the point of drawing up a service specification and when evaluating providers, but we need to be more precise at the beginning about what exactly it is that individuals need, rather than having our starting point as what exists already. It was agreed at the Commissioning Body workshop that we need to identify new ways of understanding individuals.

We also need to work more closely with community groups who have a broad understanding of individuals needs and significant experience and expertise in meeting those needs in innovative ways. We need to look at the best way of complementing the services that these groups are already providing and build on what they have already established.

There is a significant government drive regarding localism. We will be working closely with other parts of the County Council and all partners to deliver on this agenda. Supporting People is part of a recently initiated CAS-wide prevention and localism group.

Different ways of providing services

By taking a different perspective of trying to understand what individuals really need, the following modes of support provision are being considered (see also Table 1):

Skills Transfer (ST) / coaching / development - for peers / volunteers / friends / family / other key contacts. This approach could be targeted for those with low level support needs, for example those in long-term accommodation services. This is based on the knowledge that what many individuals are wanting is to know someone is looking out for them and/or someone is there they can call on that can meet a

straightforward need. The focus would be on early intervention / prevention training. It could also include other ways of meeting straightforward needs, such as:

- Support in developing networks
- Identifying a mentor/co-ordinator (key contact)
- Early warning signs

Floating Support (FS) - targeted at needs that are less straightforward and therefore not appropriate to be met by the above. This approach could also be drawn on as a top-up to the above. Investment should be prioritised for those whose needs are not met elsewhere, examples include:

- Those with no statutory involvement
- Newly identified groups e.g. those on the autistic spectrum
- Those with more complex / one-off needs
- Move-on from statutory provision, especially where this is considered to be a more appropriate alternative

The emphasis is on enabling people to reach their greatest level of independence at the earliest opportunity.

Integrated Prevention (IP) – The emphasis of this approach is for all professionals involved in supporting the individual to work together throughout the whole process, rather than supporting them separately at different points in their pathway to independence / recovery. This ensures the individual is only required to access the system once. It could be targeted at, for example:

- Those with higher level / more complex needs, especially where a range of stakeholders are involved in supporting the individual. Examples include:
 - Integrated offender management
 - Chronically excluded adults
- Low cost high value services, where there is a range of commissioners. Examples include:
 - Home Improvement Agencies (HIAs)
 - Handypersons
 - Falls prevention
 - Re-ablement
- Move-on from statutory provision
- Bringing together similar services commissioned by the voluntary sector to complement and enhance them via a joint commissioning approach

With the Integrated Prevention approach, Supporting People could be part of the integrated solution (i.e. physically within the multifaceted team); or purely a financial contribution (with no physical presence), depending on the people being supported.

Table 1 – how different client groups might be supported in the future

Client Group	Future route of service provision		
			Direction of travel / Accommodation needs
*Drug and Alcohol abuse	IP		FS
Frail Elderly	IP		
			Some likely; drop-in crisis hub; peer support. Ensure a whole range of services are able to work with people with substance misuse issues. Possible remodelling
			Extra care – community hubs. One

				scheme to be commissioned per year
Older People		ST	FS	Sheltered as community hubs, but not necessarily dedicated support workers; more support out into the community; complement existing voluntary & community services; menu of services; handypersons services
Learning Disabilities (Shift focus to those not meeting social care eligibility criteria)		ST	FS	Move away from shared housing to independent flats; move away from specific accommodation schemes to people living in their own homes with their own friends and family
Physical Disabilities (Shift focus to those not meeting social care eligibility criteria?)		ST	FS	Move away from shared housing to independent flats; move away from specific accommodation schemes to people living in their own homes with their own friends and family; handypersons services
Mental Health (Ensure inclusion of those not meeting social care eligibility criteria; 4 tiers of support across all funding streams)	IP	ST	FS	Move away from shared housing to independent flats; move away from specific accommodation schemes to people living in their own homes with their own friends and family; drop-in crisis hubs; peer support; remodelling
*Homeless (single)	IP?	ST	FS	Emphasis on supporting to independence, not just a roof over their heads. Remodelling e.g. night shelter to Assessment Centre. Floating support as alternative provision
Homeless (families)	IP?	ST	FS	Emphasis on supporting to independence, not just a roof over their heads. Ensuring children are not put at risk (e.g. accommodated with offenders); drop-in crisis hubs; possible remodelling, including floating support as an alternative
Gypsies and travellers		ST	FS	Supporting bricks and mortar as well as sites; complementing statutory responsibilities; travellers supporting each other
Young People at risk / care leavers	IP	ST	FS	Designing a pathway of support. Ensuring those with more complex behaviours are appropriately supported. Some accommodation services e.g. supported lodgings; youth foyers; smaller homeless hostels
Teenage parents	IP	ST	FS	Drop-in crisis hub; some remodelling, including floating support provision
*Offenders	IP		FS	Working with individuals prior to them leaving prison so that support is

				established prior to their release. Ensuring accommodation is available to them
Domestic Violence	IP	ST	FS	Refuges essential; outreach workers into community – intervening earlier than floating support; link with county DV advocacy service
Refugees / migrants	IP?	ST	FS	Often short-term support / signposting
HIV/Aids	IP?	ST	FS	Peer support
Sensory Impairment	IP	ST	FS	Often very short-term support / signposting; peer support

IP = Integrated Prevention

ST = Skills Transfer (i.e. not relying on trained professionals for every element of support)

FS = Floating Support

* Those marked with an asterisk are part of a broader “socially excluded” cluster (or supergroup) as their needs overlap (also includes rough sleepers). This group’s needs are therefore looked at as a whole, rather than viewing each element in isolation.

In order to give providers greater freedoms and flexibilities to meet the needs and wants of individuals using their service there will be a clearer emphasis on the outcomes required when awarding contracts (rather than inputs) and contracts will be more flexible to allow for this. This approach will also enable greater personalisation (see below). Wherever possible, greater freedoms and flexibilities will be enabled within existing contracts for this purpose.

Accommodation-based services

The need for accommodation-based services for each client group is being addressed by a separate project led by the Supporting People team. Table 1 will be updated accordingly as this project reports. Overall, the level of accommodation-based services will be reduced and replaced with alternative service provision where the alternative is felt to be a more effective approach. This is in line with the strategic direction set by the Supporting People Commissioning Body.

The project will determine which services need to be accommodation-based, because of the nature of what they provide, and which could be replaced with alternative service provision. It may be, for example, that Supporting People only invests in those accommodation-based services where the accommodation is part of the housing-related support solution.

An example might be domestic violence refuges, where those receiving support need to be accommodated whilst receiving the support, which will then enable them to move-on. In addition, there will be those at risk of domestic violence that are able to receive support without the need for a refuge. We will be looking to ensure both are provided for. Where individuals reside in an accommodation-based service for reasons not directly related to housing support needs, for example because they have longer-term care needs or they are accommodated because they have a housing need but not all require housing support, then we will consider whether one

of the service provision options above is a better alternative means of complementing the services already in place. This will be explored with all relevant stakeholders.

Assistive technology

Assistive technology is clearly a highly cost-effective alternative to traditional support services. Existing use of assistive technology funded by Supporting People will be reviewed alongside new opportunities, with the aim of increasing its use. We will work closely with the Commissioner for the Integrated Community Equipment Service (ICES), as well as other relevant stakeholders, to achieve this aim. The use of assistive technology will be explored in its broadest sense (including, for example, specialist equipment and telecare, as well as alarm and monitoring devices, amongst others).

Different focus of services

As is clear from the broader context of social care services, services will have a different focus moving forwards. Examples of a change in focus for services include:

- Ensuring services enable / re-enable in the shortest time possible
- Enabling individuals to move on to the next level of independence as quickly as possible
- Focusing investment in prevention and early intervention as far up-stream as possible
- Preventing people from requiring social care services (i.e. reaching substantial and critical levels of need) in the first place
- Reducing reliance on public services
- Making better use of community resources e.g. by complementing what already exists
- Long-term conditions no longer automatically equating to long-term services.

The duration of the support should be dictated by the support need, with the intention that the support reduces over time as the individual's level of independence increases. Clearly there will be instances where a certain level of on-going support may be required but the frequency should reduce. Similarly, services should be designed to allow for individual needs to fluctuate, but equally the level of support should fluctuate in response. There needs to be more "one-off" support available that can be tapped into by anyone as needed, such as floating support, skills transfer (as defined above) or crisis hubs. This will suit where only a short intervention or sign-posting is needed to enable people to get back on track. This could be provided by a whole range of different means and will not always require a physical visit, especially where support relationships have already been established. Included in this are other low-cost, high value interventions, such as handyperson services and the use of assistive technology, that prevent the need for more costly, longer-term interventions.

Part of this shift in focus will require an understanding of what may be preventing this approach now. For example, is there the understanding, will and encouragement amongst those involved, including the individuals themselves? Is there housing available for the individual to move on to? Are existing contracts flexible enough?

The shift from a long-term to a more preventative approach will be enabled by reducing Supporting People investment in those services that sustain/maintain reliance on public services (where appropriate) and investing instead in those lower cost services that enable people to support themselves / develop greater

independence. This will have to be managed effectively, with alternative more cost-effective provision replacing existing services wherever possible. This will be achieved by working closely with the relevant commissioners. It may be in some cases that a certain level of Supporting People investment is committed long-term for existing services, as individuals have resided there for many years and alternative provision would not be appropriate. In these cases it may be more appropriate to delegate the funding that can be made available longer-term to the commissioner for that area for them to manage the overall portfolio of longer-term accommodation-based services rather than funding streams be managed separately. Examples include mental health and learning disabilities. (See also section on **Rationalising funding arrangements** above.)

Similarly, some funding responsibilities could be delegated to Supporting People to manage groups of comparable services on behalf of other commissioners. Where this is an approach to be adopted, agreements need to be reached as early as possible to allow for budgets to be managed accordingly. As funding levels are established, in addition to reducing expenditure overall to balance the budget, some of the funding that is currently committed in long-term accommodation services will instead be invested in more preventative services as an invest to save approach. This transition may require a phased approach, depending on the degree of change needed and the associated budgetary implications.

Personalisation

Ultimately, personalisation is about ensuring that services are individualised i.e. adapting services to meet individual needs rather than requiring individuals to adapt to services.

The fundamentals of personalisation are:

Choice

Choice could be the ability to choose the service required from a range of providers. This can be difficult for those services that are tendered since the tendering process often reduces the number of providers in the market place. For this reason we want to encourage providers to partner together to provide the services tendered. Funding constraints also limit the number of services available overall, with choice being further limited if individuals are only able to travel a short distance in order to receive the service needed. Also, where specialist services are required there may be less choice due to limited need and/or providers.

An alternative means of ensuring choice is encouraging providers to provide a range of services. For example, allowing individuals to choose from a menu of services. This could be achieved by broadening the service offering and/or partnering with other providers to broaden the choice. Partnering will also maintain diversity in the market.

A third means of providing choice is enabling individuals to commission their own services from an unlimited market place encompassing any organisation or person able to meet the individual's required outcomes. This could be achieved by providing the individual with a budgetary allocation to invest in the way that best suits them, as long as it meets their outcomes.

This leads us to a second important aspect of personalisation:

Control

Control is primarily about ensuring individuals are in control of their lives: how they live them; how they access and manage the support they need themselves.

For Supporting People, individual budgetary allocations will not be feasible for all services. Examples include:

- Very short-term interventions where the cost of administering would outweigh the individual budgetary allocation itself
- Supporting People services that are free to everyone who needs them (tend to be short-term of 2 years or less)
- Crisis interventions at the point where the individual is not concerned about how much money is available and what all the different choices available to them are, until their immediate need has been met

We will explore other means of enabling greater control, such as allocating hours of support, where budgetary allocations are not feasible. This might apply to those services that are free but are more than a few months in duration.

Rather than introduce a resource allocation system specifically for housing related support, so as to avoid introducing an additional layer of bureaucracy, it is likely that alternative means will be explored. One example is to identify an allocation of hours based on broad categories of need, such as low, medium, high. For those services that are chargeable, this allocation of hours can quickly be turned into a budgetary allocation by applying a standard hourly rate (i.e. hours x hourly rate).

We will also be exploring other ways of increasing choice and control for individuals and will be taking this forward with stakeholders. For example, a key element of choice and control is ensuring individuals are aware of the support available and how to access it. To this effect, Supporting People is part of the transformation of adult social care Information and Advice Project.

Our prime focus will be to ensure services are tailoring the support offered to individuals' needs. Ultimately this must be driven by the individual – what is the most important thing they need to enable them to live independently? Does what is needed actually exist? If not, what are the different ways in which it can be provided?

Provider market

The provider market is likely to change significantly. We are keen for providers to collaborate in providing services in order to maintain diversity and preserve the value of the voluntary and community sector. There are likely to be new providers entering the housing related support market. Housing providers may extend into other markets, for example by broadening their service offering or partnering with other organisations that are already operating in other markets, thus better meeting individuals' holistic needs. Providers will also need to market their services, particularly to those that may have personal health budgets or social care personal budgets wishing to purchase their services.

Those providing services are likely also to include friends, family members, volunteers and community groups. Consequently services will be commissioned in

different ways (e.g. competitive tendering, grants, personal/individual budgets) and by different people (e.g. commissioning authorities, community groups, individuals themselves).

We are keen to explore the benefits of peer support, both in terms of volunteering and as employees. It is felt that services and outcomes are likely to be significantly enhanced by involving those that have a greater understanding from the individual's perspective. We will draw on the experience of others in relation to this (e.g. Cambridgeshire User Led Organisation's peer mentor scheme; the County Council's Voluntary Organisations Forum; Cambridgeshire's SDS Provider Champions Group).

We acknowledge the need for capacity building amongst stakeholders as a result of all these changes. We will work alongside corporate colleagues (e.g. in Adult Social Care & Supporting People Procurement; Quality & Transformation) to manage this.

New roles for commissioners

As well as impacting residents, providers and communities, the changes proposed will influence a changing role for commissioners. As individuals increasingly commission services for themselves, the commissioner role is likely to change from a purchaser of services to one that jointly develops strategies and then facilitates their implementation through collaboration with all stakeholders. The commissioner role needs to be explored further, but could include:

- Facilitation – ensuring individuals are aware of and understand the services available; helping individuals access what is available; establishing and communicating what individuals need; supporting and enhancing what is already provided by community groups and the voluntary sector
- Capacity building – working with the market to develop providers' capacity to better meet individuals needs and market their services; helping to change the market in preparation for new generations of individuals

Other areas that need to be considered are

- Brokerage, i.e. independent advisors – a role that could also be developed in the market place
- Needs assessors – who is best placed to carry out the assessment of need to determine the individual's allocation of hours? For Supporting People, needs assessments are currently conducted by the provider
- The resource required within the county council to administer the programme longer-term. As services are modernised, contracts streamlined and commissioning increasingly conducted by individuals themselves, we need to explore what impact this has, such as:
 - Where are administrative requirements reduced as a result of proposed changes?
 - Where will they increase?
 - What further reductions in administration can be achieved?
 - What new administrative requirements might be needed?
 - What is the overall effect compared to now?

Overall, the administrative requirements will need to reduce to lessen budget pressures. Actions that have already been taken, or are being considered, include:

- Streamlining processes
- Collaborating with colleagues to achieve efficiencies

- Reviewing performance management requirements
- Reviewing governance arrangements
- Implementing more cost-effective commissioning
- Seeking combined commissioning solutions with other commissioning colleagues
- Making use of temporary and part-time posts
- Holding vacancies
- Avoiding the use of consultants

Some of these actions will also reduce the administrative burden for providers. We will need to distinguish between the administrative resources required to enable the transformation of the programme from that required once the programme has been transformed.

Performance management

The national performance management requirements for the programme are changing. Requirements for the financial year 2011/12 onwards are not yet known. We will be reviewing our local performance management requirements to minimise the reporting requirements for providers. In the past we have found it helpful to demonstrate how the programme contributes to the performance measures collated by other commissioners. To this effect we will review any overlap with other national outcomes frameworks e.g. the NHS, Public Health, Social Care and Mental Health. Our performance management approach is likely to encompass:

- Performance indicators (particularly where they are a national requirement)
- Outcomes (our prime measure for commissioning and evaluating services)
- Quality monitoring (on a risk-based approach).

Integration with areas of development common to commissioners and other colleagues

One of the reasons for producing a strategy is to help us collaborate better with our colleagues/partners conducting similar work to avoid duplication and make better use of resources. Examples of areas where we are, or will be, working alongside others, include:

- GP commissioning
- Volunteering and time-banking
- Community engagement, co-production and localism
- Information and advice
- Peer mentoring
- Prevention
- Common, consistent and streamlined consultation and commissioning approaches

Summary of recommendations

In summary, the recommendations for change, in priority order, are:

- Better positioning the programme to make more effective use of resources
- Rationalising funding arrangements and balancing the budget
- Different ways of providing services (including community engagement, localism and personalisation to ensure choice and control), to result in a different focus
- Developing the provider market and supporting capacity building

- Implementing revised performance management arrangements
- Improving integration with others to achieve the same objectives and make better use of resources
- Reviewing the role of commissioners and developing commissioner capacity to better support the newly developed provider market

Supporting People Commissioning Strategy Action plan

Action	Purpose	Target date	Responsibility	Comments / Progress
Delivering the strategic priorities				
<ul style="list-style-type: none"> Review reference to the Supporting People high level strategy 	<ul style="list-style-type: none"> To ensure it is meaningful 	May 2011	Supporting People Commissioning Manager	
<ul style="list-style-type: none"> Regularly review this action plan 	<ul style="list-style-type: none"> To ensure it is on track, current & relevant and continues to relate to the strategic outcomes 	Quarterly	Supporting People Commissioning Manager	Exception reporting to Commissioning Body / Strategy & Commissioning Management Team
Providing services when & where needed				
<ul style="list-style-type: none"> Promote the Supporting People strategies Raise awareness of housing related support services & how to access them 	<ul style="list-style-type: none"> To enable change To raise the importance of housing to an individual's health and well-being To enable people to help themselves To avoid duplicating resources 	April/May 2011 onwards Ongoing	Supporting People team Providers Other commissioners Other stakeholders	Promote internally & externally to all stakeholders
<ul style="list-style-type: none"> Increase more innovative ways of providing support 	<ul style="list-style-type: none"> To ensure support is provided at the earliest opportunity and in the most accessible way 	Annually & in line with savings targets	Supporting People team Providers	
<ul style="list-style-type: none"> Work closely with other commissioners to plan the full spectrum of support 	<ul style="list-style-type: none"> To ease the process for those accessing services To identify and support those not 	2013	All commissioners	

Action	Purpose	Target date	Responsibility	Comments / Progress
	targeted by other provision			
<ul style="list-style-type: none"> • Monitor and encourage move-on and reducing levels of support wherever possible • Review and manage any barriers to the above 	<ul style="list-style-type: none"> - To enable people to reach/regain their highest level of independence at the earliest opportunity 	On-going as per contract monitoring arrangements	Supporting People contract officers Providers	
<ul style="list-style-type: none"> • Consider the safeguarding implications of the changes proposed • Conduct community impact assessments as required 	<ul style="list-style-type: none"> - To ensure safeguarding is considered and that actions are proportional to the risk - To ensure equity of provision when commissioning 	As needed	Supporting People contract officers Supporting People commissioning officers	Work closely with county council safeguarding colleagues
Enabling independent living				
<ul style="list-style-type: none"> • Increase the personalisation of services <ul style="list-style-type: none"> ○ Encourage provider creativity ○ Consider menus of services for individuals to select from ○ Increase flexibility of contracts ○ Procure for outcomes 	<ul style="list-style-type: none"> - To increase choice and control for individuals - To achieve better outcomes for individuals 	During 2011/12 Within existing contracts As existing contracts end As new services are commissioned Ongoing	Supporting People team Providers	
<ul style="list-style-type: none"> • Capture and share the housing related support needs of Cambridgeshire residents (ref. "our 	<ul style="list-style-type: none"> - To achieve better outcomes for individuals - To make better use of 	Throughout 2011/12 Ongoing	Supporting People team All stakeholders	Work closely with community groups, user-led organisations, voluntary sector; those

Action	Purpose	Target date	Responsibility	Comments / Progress
challenge") • Assess and address current barriers to independence	resources			closest to those in need of support
• Incorporate changes following the housing benefit consultation into the programme	- To respond to government changes and adhere to government policy	- In line with changing government policy	Supporting People Adult Social Care District Councils	Awaiting feedback on the national consultation (County Council submitted a response)
Capacity building				
• Help build providers' capacity	- To better identify & meet individuals' needs - To preserve a diverse provider market - To ensure not unfairly disadvantaging providers - To ensure providers are operating in line with strategic objectives	Dates to be agreed with Social Care Procurement & Transformation colleagues Ongoing	Commissioning Managers Social Care Procurement Transformation Team Providers	Clarify commissioner expectations
• Help build on the capacity within communities o Further develop e.g. volunteering and peer support practices o Establish understanding of their issues	- To facilitate co-production & localism (the design and delivery of services) - To enable communities to express needs and influence strategies	2013	CAS and other county council colleagues	Work closely with the voluntary sector
• Help build commissioners' capacity	- To learn from those already working closely	2012	All commissioners	Link with GP commissioning

Action	Purpose	Target date	Responsibility	Comments / Progress
	with communities - To determine the role of commissioners longer-term	2014		
Making better use of resources				
<ul style="list-style-type: none"> Establish an understanding / mapping of what services already exist that meet Supporting People strategic objectives Complement existing services and address duplication / non-value added investment 	<ul style="list-style-type: none"> To make best use of resources To learn from the good practice that already exists 	2012 onwards	Supporting People team All commissioners	Link with the multi-agency database being developed as part of the Transformation project
<ul style="list-style-type: none"> Devolve resources to communities e.g. via grants 	<ul style="list-style-type: none"> To facilitate co-production, localism, prevention and personalisation 	Explore options early 2011/12 In line with other activity	Supporting People team All commissioners Other CAS & county council colleagues	Link with broader localism work
<ul style="list-style-type: none"> Identify areas for early intervention / prevention i.e. low-cost high value alternatives (could include mediation, education, assistive technology, handypersons) Increase investment to those not supported by other means 	<ul style="list-style-type: none"> To reduce need for more costly, intensive services To introduce more radically efficient ways of achieving better outcomes for individuals 	In line with savings targets Ongoing	Supporting People team Providers	Work closely with all stakeholders

Action	Purpose	Target date	Responsibility	Comments / Progress
<ul style="list-style-type: none"> • Rationalise funding arrangements, in particular in mental health and learning disability services • Consider whether alternative funding arrangements might be appropriate in other areas in the longer-term e.g. older people, assistive technology 	<ul style="list-style-type: none"> - To make best use of limited resources - To ensure services are commissioned in line with strategic objectives - To streamline the administration of services 	2011/12 2014	All relevant commissioners	
<ul style="list-style-type: none"> • Review resource requirements to deliver the programme in the longer term, including governance arrangements <ul style="list-style-type: none"> ○ Explore internal collaboration opportunities to minimise duplication • Review performance management requirements & framework 	<ul style="list-style-type: none"> - To minimise pressure on budgets - To make best use of resources - To streamline reporting - To more effectively manage the programme - To reduce bureaucracy 	Review end 2011 due to temporary contracts ending Review 2012 re longer-term 2011	Supporting People Commissioning Manager Procurement/Supporting People Contract Officers & Strategic Planning Manager	Work closely with providers & other stakeholders
<ul style="list-style-type: none"> • Reduce accommodation-based services as per the accommodation review project and replace with more appropriate alternatives where relevant 	<ul style="list-style-type: none"> - To better meet individuals' outcomes - To make best use of limited resources 	Start 2011/12 in line with tendering requirements Ongoing as dictated by timescales	Supporting People team	Work closely with all stakeholders
<ul style="list-style-type: none"> • Conduct tendering in relation to Cambridgeshire County Council contract regulations 	<ul style="list-style-type: none"> - To adhere to Council policy - To enable open 	Throughout 2011/12 in preparation for	Supporting People team Social Care Procurement team	Work closely with all relevant stakeholders Streamline

Action	Purpose	Target date	Responsibility	Comments / Progress
○ Explore alternative commissioning solutions	competition for the provision of services	contracts ending 2011 and 2012		commissioning as much as possible Adhere to strategic direction

Appendix 1 – How the SP Programme contributes to CCC priorities

Priority One: Supporting and protecting people when they need it most

This means:

- Supporting people until they are able to support themselves
- Intervening early to prevent the need for longer-term / more intensive involvement
- Helping people to access their own support, to stay in their own homes for longer and to regain independence following setback
- Targeting those most in need, working with others to support those with other needs
- Emphasis on supporting people to independence
- Focus on reducing incidences of harm or abuse

The Supporting People programme can help by:

- Ensuring everyone is aware of the housing related support services that are available and that they are provided and accessed in a way that enables people to support themselves
- Increasing the availability of services to people in their own homes so they do not have to move home, either to receive support or because support has not been provided early enough
- Working closely with others to ensure a complete service offering is available across the full spectrum of need. Re-focusing investment over time on those lower needs that are not targeted by others to prevent them from reaching a higher level of need
- Ensuring people are enabled to move on to the highest level of independence they are able to achieve at the earliest opportunity
- Ensuring appropriate safeguards are in place
- Ensuring sufficient services are in place that support the reduction of harm/abuse

Priority Two: Helping people to live independent and healthy lives in their communities

This means:

- For people to be in control of their own lives, to choose what's right for them, to help them help themselves
- To enable people to be more active in the community, support them to design and deliver services
- Work with voluntary and community organisations to make best use of their expertise and experience
- To promote fairness and reduce inequalities
- To achieve improvements in emotional, physical and mental well-being and a reduction in health inequalities
- Improve people's quality of life and reduce their reliance on public services

In addition to the above, the Supporting People programme can help by:

- Ensuring services are truly personalised to meet people's identified needs and wants in the most effective and efficient way wherever possible. Ensuring there are service options available to meet a whole range of identified needs. Ensuring information is readily available for people to help themselves

- Working with people in the community, either directly or via others, to develop their capacity and increase opportunities for them to design and deliver services
- Working closely with voluntary and community organisations to fully understand how each others' roles can be complemented and to make best use of resources
- Ensuring services are accessible to all Cambridgeshire residents regardless of e.g. geographical location, type of need, background or tenure
- Promoting the contribution that housing, maintaining a tenancy and the ability to live independently makes to health and well-being

Priority Three: Developing our local economy for the benefit of all

This means:

- To work with business and other partners to promote economic growth and employment opportunities and enable people to access them

The Supporting People programme can help by:

- Emphasising the services available that help people into employment, education and training. Ensuring all services are able to provide this support where it is identified as a need.

Cambridgeshire County Council has identified the following ways of delivering on its priorities:

Being a genuinely local council

Examples of particular relevance to the Supporting People programme include:

- Understanding the aspirations of local communities
- Using local resources as the way in which to structure and create preventative services
- Devolving existing resources, measures and services to communities

Making sure the right services are provided in the right way

Examples of particular relevance to the Supporting People programme include:

- Procuring more specifically for agreed outcomes with individuals, families and communities; and managing and creating markets (in line with localism and prevention)
- Integrate commissioning across CCC and with partners and remove duplication

Investing in prevention

Examples of particular relevance to the Supporting People programme include:

- Greater focus on services that help people early. This will help to increase their independence and choice – helping them to help themselves. This will improve people's quality of life and reduce their reliance on public services whilst also reducing costs

Working together

- Collaborative working is key to the delivery of prevention, localism and commissioning

All of these are relevant to the Supporting People programme.

Cambridgeshire County Council's Community and Adult Services (CAS)

The Supporting People programme is delivered from within Community and Adult Services (CAS) in the County Council. CAS has highlighted the following as ways of meeting the Council's priorities.

- Identify opportunities and share services; work together where efficiencies can be achieved
- Work closely with partners and communities to ease the process for those using services
- Lead on personalisation
- Work more locally
- Ensure suitable community hubs
- Build community and volunteer capacity
- Develop social markets

For individuals their first point of reference will be more and more local and preventative in terms of gaining access to information, advice and support. This will be through a network of community\parish based and run services: GP surgeries; schools and children's centres; libraries, community hubs and library access points (LAPs); and the Contact Centre. The emphasis will be on independence and individuals\communities articulating and finding their own solutions, as well as developing their own capacity. Choice and control, in terms of services and budgets will be delegated over time to individuals and community groups.

These in turn will drive how the Supporting People programme delivers.

Appendix 2 – Current provision

Supporting People Service provision as at 2011/12

[Excel spreadsheet](#)

Appendix 3 – Future provision

Anticipated Supporting People Service provision to meet 87% identified need and balance the budget

[Excel spreadsheet](#)