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**MEMORANDUM E (20) 106 (C)**

**FROM: DEIRDRE HARGEY MLA  
MINISTER FOR COMMUNITIES**

**DATE: 18 May 2020**

**TO: EXECUTIVE COLLEAGUES**

**FINAL EXECUTIVE PAPER: EXECUTIVE PAPER – SUPPORTING PEOPLE  
PROGRAMME – COSTS OF COVID-19**

**Introduction**

1. Colleagues will be aware that the RAG status on priority work stream 1.10 (to 'Maintain and enhance housing solutions during the Covid 19 crisis') of the Covid 19 Executive Strategy and Plan remains at Red because bids to relieve pressures on the Supporting People (SP) Programme, totalling £13.8m have not yet been met. The Northern Ireland Housing Executive (NIHE) has bid through my Department for £13.8m to alleviate pressures being experienced in the SP Programme as a result of Covid19 (detail at Annex A).
2. This paper makes the case for the Executive to fund this bid, potentially in part from the £10M being held by the Department of Finance for interventions to support vulnerable groups. SP services support and complement Health services and are an important part of our public health effort.

**Background**

3. The SP Programme provides housing support for approximately 19,000 vulnerable individuals to support them in living independently. Vulnerable groups who receive housing support include: homeless people, older people,

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young people, and people with physical disabilities, learning disabilities and mental health issues. Typically the services provided may include help with developing domestic/life skills, assistance and supervision in the use of domestic appliances, developing social skills/behaviour management, assistance with shopping or personal errands. Support can be provided in a number of settings (including hostels, sheltered housing, other types of supported housing accommodation or in a person's home through 'floating support' services).

### **Health and SP Services**

4. Over a quarter of the 800 SP services are jointly funded with Health (in receipt of 'Statutory Funding for Care') covering young people, older people and mental health & disability services. Approximately a third of SP funding is currently to jointly funded schemes (£26.8m). Health and Social Care Trusts provide a care element, whilst SP provides funding for housing related support.
5. Many housing support services are very similar in nature to domiciliary care services. They have similar characteristics in terms of physical setting - clients are located typically in a shared confined space such as supported housing accommodation. Clients accessing domiciliary care services or receiving support through the Supporting People programme also share similar profiles in that they come from vulnerable groups within society, particularly older people and people with disabilities. Clients in these groups often receive both domiciliary care and supported housing services in the same facility.
6. In recent years there has been increasing collaboration between Housing and Health in this area of service. This has provided the basis for some very effective collaboration in tackling this emergency in Supported Housing schemes and with vulnerable client groups. For example the Public Health Agency has provided a nurse-led team to work with the homeless sector and

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NIHE and the Department of Health has worked together to house rough sleepers. Homeless Schemes have had early access to testing. The Department of Health has recently agreed to extend into SP Schemes the model for testing for Covid-19 that it has applied to domiciliary care units. This is recognition of the similarity of risk in terms of infection, the criticality of service-continuity and the need to track the spread of Covid-19, particularly where vulnerable individuals are concerned. I am very grateful for this assistance and the spirit in which it has been offered.

7. I wish to emphasise to Executive colleagues that any service failure in SP schemes will place pressure on health services in particular. SP services maintain models of housing and living that pre-empt hospitalisation, institutional care or homelessness.

### **SP Services, Covid-19 and Funding Pressures**

8. Covid-19 has already had a serious effect within SP schemes. As of the 12 May 2020, SP service providers have reported that 55 service users have tested positive for the virus, of whom 20 have sadly died. In addition they have reported 221 SP clients self-isolating. Fifty-three services are at 'amber' status, i.e. they have staff absence rates of 30% or more.
9. As the NIHE bids reflect, service continuity in the face of these challenges presents significant extra costs. Staffing shortages require solutions such as overtime costs for existing staff and / or bank/agency/temporary staffing - expensive but necessary if services are to be maintained. Additional cleaning is required.
10. Lockdown has stalled other sources of income that supported SP Providers. The closure of social enterprises has meant significantly lost income for many voluntary and community sector providers. The need to reduce occupancy to

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maintain social distancing and self-isolation has led to a reduction in income funded by Housing Benefit.

11. The SP Programme was already in straitened financial circumstances before Covid-19 increased its costs and reduced its complementary income. The budget for SP has remained unchanged since 2015 and is currently £72.8m per annum. This protection of the budget during a period of significant constraints on departmental budgets demonstrates DfC's aim to protect SP services as far as possible, similar in principle to the Executive's prioritisation of the Health budget. However, a frozen budget over five years has had an impact on service providers, with many voluntary and community sector providers now in weakened and critical positions.
12. SP Providers have raised their concerns with NIHE. They are currently funding their increased and unexpected costs and have been doing so for several weeks. This may very soon leave them in a position where they may not be able to continue delivering their services. Hence the RAG status.
13. It should be noted that the bid does not cover the cost of PPE. DoH will supply PPE to all SP providers until 15<sup>th</sup> May. After that, the quarter of SP schemes that are co-funded by Health will continue to receive supply but the remainder will not. The NIHE is working to put a procurement route in place for these providers, but it has received no funding to cover this cost and its bids to my Department do not yet include it.
14. **Granville Manor** is an example of what an SP Service is, how it supports our current Health effort in the face of severe challenges and of the extra costs that involves. Granville Manor in the Southern HSCT area is a SP and Health jointly-funded scheme which provides housing support and domiciliary care for up to 25 adults with a learning disability aged 24 to 64 years of age. The SP Programme provides up to £406K in funding to Granville Manor, paid in respect of the number of clients residing in the service who are also in receipt

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of Housing Benefit. All the staff members funded through Supporting People are Trust employees.

15. The NIHE has advised DfC that the Covid-19 outbreak at this scheme now extends to 8 positive service users (1 of whom is now deceased) and 18 positive staff members. In the absence of any additional SP funds to cover, for example, additional staffing costs for housing support services, it appears likely that the impact of any shortfall in SP funding will be primarily felt by the Trust.

### **Conclusion**

16. There is a clear case that the extra costs and pressure that are involved in maintaining the SP Programme at this time should have the same priority as Health costs, or a related level of priority. The impact of financial pressures on SP providers could see their vital services cease and ultimately they could close. This will weaken and reduce the network of provision that supports our most vulnerable citizens and that complements, and pre-empt demand on, our Health services.

### **Recommendation / Decision sought**

17. I recommend that the Executive consider addressing the current 'red' status of priority work stream 1.10 (to 'Maintain and enhance housing solutions during the Covid 19 crisis') by agreeing to award Covid-19 funds to the Supporting People programme, to ameliorate the costs incurred and those anticipated in consequence of Covid-19, on the basis that these bids are essentially part of the health response to the crisis.

**Deirdre Hargey MLA**  
**Minister for Communities**

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### ANNEX A

The total amount of funding needed:

Department	Key Deliverable	Resource or Capital	2020/21 £'000
DfC (NIHE)	Bank/temporary Supporting People staffing	Resource	6,369
	Contingency planning	Resource	450
	Cleaning costs in affected schemes	Resource	689
	Loss of provider income from lower density accommodation requirements (loss of Housing Benefit and Supporting People income)	Resource	2,052
	Loss of fundraising (shops and other income) and social enterprise (cafes etc) income	Resource	4,200
	TOTAL		<b>13,760</b>

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