

Haringey's
Housing Related
Support
Commissioning Plan
2012 - 2015

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1. Introduction and Overview

Haringey's Housing Related Support (HRS) Commissioning Plan 2012 – 2015 outlines our commissioning intentions for the next three years. This Plan sets out our vision, establishes the key priorities for development and details the framework within which the vision and priorities will be delivered. The intention is to have services which are based on evidenced need; meet current and future requirements; give value for money and improve outcomes for service users.

The Supporting People programme (now called Housing Related Support in Haringey) began on 1 April 2003, bringing together seven housing-related funding streams from across central government. It is now a wholly decentralised programme, administered through 152 top-tier authorities who have complete discretion over where to direct their funds to best meet local needs. Services are delivered by the voluntary and community sector, registered providers and through in-house local authority services.

1.1. What is housing related support?

Housing related support is support that helps vulnerable citizens improve their quality of life and wellbeing by enabling them to live as independently as possible in their community. This support can be provided in fixed locations (accommodation based such as hostels) or wherever the service user may live in the borough, regardless of tenure (floating support). Support can be short or longer term depending on need and what type of accommodation people live in. For example, older people living in sheltered housing is long term. Housing related support is provided to prevent people from requiring a more intensive or institutional form of care or support. It is also provided as a means of addressing an emergency situation (e.g. domestic violence refuge and homeless hostel).

Nationally, HRS services help around one million people at any one time, including approximately:

- 826,600 older people with support needs
- 38,600 single homeless people
- 37,300 people with mental health problems
- 12,000 women at risk of domestic violence

1.2. Future challenges

The next three years that this plan covers, will pose a number of significant challenges. Already there has been a significant cut in the programme budget due to the reduction in funding for local authorities following the Comprehensive Spending Review in 2010 and the potential for further reductions from national government. The proposed welfare benefit changes will impact negatively on Haringey and potentially increase the number of homeless households and increase the demand for housing related support; the increase in unemployment particularly in younger people and the general decline in health and wellbeing that these changes may bring.

This Commissioning Plan builds on the successes of the previous 5 – year Supporting People strategy and will continue to deliver high quality and outcome focused support services to residents of Haringey but with a far greater emphasis on the development of flexible, preventative provision.

2. Achievements since the last strategy

The SP Strategy 2005 -10 set the direction for the programme and resulted in some changes to the way in which services were delivered in order to fit more strategically with local need. Alongside this strategy, a clearer framework for commissioning and monitoring of contracts was developed which enabled better understanding of costs and assessing value for money of services. The national Quality Assessment Framework (QAF) was adopted as the primary tool for assessing quality and improving performance. Overall these measures have improved quality and more importantly the outcomes for service users.

It is now appropriate that these tools are now reviewed and amended if required.

Although the strategy ceased in 2010, ongoing work has continued to improve services and link to local and emerging need especially as a result of priorities in related strategies and plans. This has led to a remodeling or tendering of services; changes to policies such as the Housing Allocation policy or addressing issues of move-on through the non-priority rent deposit scheme.

3. Vision

Haringey Council is committed to reducing inequalities. By commissioning and funding high quality and cost effective needs led services, informed by our joint strategic needs assessment and benchmarking against local, sub-regional and national information, and by focusing on agreed key priorities this will be achieved.

With this Plan we have in effect, a blank sheet of paper on which to shape the services we now need, not necessarily the ones inherited in 2003. Changes in government priorities reduced public spending and impact of this locally will determine our priorities.

We recognise the value that different types of organisations bring to the market and would wish to continue to have variety. To meet Haringey Council's strategic priorities, preventative services are needed that are flexible to deliver support regardless of tenure.

4. Changes to Housing Related Support

4.1. Nationally

There have been many changes nationally to the Programme since its implementation in 2003, such budget reductions, removal of national government reporting requirements and amendments to the Quality Assessment Framework. Local authorities and providers have adapted services to meet these. Changes will continue and this Commissioning Plan needs to address these.

4.2. Budget

The national budget has been reduced year on year from its original level of £1.8bn. Most authorities have seen significant reduction to their 'pot' although there has been limited re-aligning from more favourable settlements to those with less.

Although not a statutory service, from the inception of Supporting People in 2003 the budget for each local authority was ring fenced to ensure it was spent on housing related support. This ring fence was removed in 2009 and authorities could use the money as they wished. Haringey Council, as many others have chosen to keep its commitment to spending on this sector and not absorb into other budgets.

4.3. Removal of national requirement for reporting

From April 2011, Government removed the requirement for local authorities to collect Key Performance Indicators (KPI's) and submit to Department for Communities and Local Government as well as the Client Record Data forms for when services move in and out of services.

Haringey Council, like many local authorities has agreed to keep this performance monitoring framework as it is a proven tool by which to manage contracts and monitor the effectiveness of services and outcomes for service users.

4.4. Housing Benefit reform for supported housing

In autumn 2011 the Government consulted on proposals to change the way housing benefit helps those living in supported housing within the social and voluntary sector with their rent. They were seeking views to inform policy development to re-design the way in which housing benefit helps with the higher rents sometimes faced by those needing support to live independently, such as the elderly or those with disabilities.

With the introduction in 2013 of Universal Credit the Government wants to consider how supported housing costs can be met and whether they should be based on Local Housing Allowance (LHA) principles. If this is the case then there is likely to be a significant impact on this sector in Haringey.

The consultation has now closed. It is expected that changes will be announced later in 2012.

4.5. Payments by results

Payment by results in the public sector is being promoted by Government as an important element in their programme for public service reform and greater efficiencies in funding those services. It is being rolled out by many departments and DCLG is investigating how payment by results might be used in the housing related support sector. There are a number of pilots schemes, one of which is in Islington, where the Council is paying 80% of the contract price with a up to a further 20% to be paid on the achievement of agreed outcomes. A key component of this approach is the development of an outcomes focused service specification, which gives the provider greater freedom in the way that services are delivered.

We shall be evaluating the outcomes and benefits of the pilots to see if we want to consider this approach for future commissioning.

4.6. Local changes in Haringey

There have been significant changes to the Supporting People programme in Haringey.

Following the Comprehensive Spending review in 2010 the overall funding has reduced from £17m to £12m with a further £1.5 reduction planned for 2013/14. The £5m reduction to date has been achieved by reducing values of contracts and decommissioning services.

Supporting People, now termed *housing related support* (HRS), has moved from Adult Social Care to Community Housing Services. These two services have merged to form one Directorate.

It is timely therefore, to review the processes involved in managing contracts; payments and strategic priorities.

5. Benefits of housing related support

Housing Related Support Services focus on improving health, housing, education and employment prospects for residents. Its overall aim is to prevent homelessness and provide people with the tools and skills to move to independence, reducing reliance on statutory services.

A recent report, 'Promoting Independence: the future of housing related support' undertaken by the Local Government and Information Unit and Circle Housing Group¹ into housing related support services, stresses the importance of this type of service.

Commissioned by the Government, CapGemini developed a tool for local authorities to use in order to quantify the net financial benefits that housing related support investment brings for their area and reduce reliance on statutory services. The tool calculates the costs of counterfactual scenarios and produces an illustration of the net savings which are likely across sectors as a result of HRS services. The tool does not include modelling for Rough Sleepers, Refugees, People with HIV/AIDS, Travellers and the 'Generic' client group.

¹ Promoting Independence: the future of housing related support, LGiU December 2011

Promoting Independence: the future of housing related support

Key findings:

1. Independent living will become an increasing priority for local authorities. The pressure on services is rising, while budgets are shrinking. It is vital that councils tackle the prevention agenda and develop their ability to keep people independent for longer. Supporting People has important lessons for this area of work
2. It is cost effective and there is significant evidence of the value of this programme.
 - A 2008 Capgemini report concluded that the best overall estimate of net financial benefits from Supporting People is £2.77bn per annum against an overall investment of £1.55bn.
 - Seven councils who undertook local research regarding the impact of the programme found that it saved them an average of £13.5m a year
3. It is proven to deliver social outcomes

Savings through Housing Related Support (HRS)

For this Commissioning Plan we have used this tool for the first time in Haringey. Based on 2011/12 spending the Housing Related Support programme is likely to produce a net benefit of almost £23 million for the Borough.

Table 5-1 below provides an illustration across client groups (numbers have been rounded)

Client Groups	Cost Category Totals (£M)		
	With Housing Related support	Without Housing Related Support	Net Benefit
Offender and Substance Misuse*	£3.8	£10.2	£6.3
Domestic Violence	£5.8	£10.5	£4.7
Mental Health	£8.2	£9.9	£1.7
Young People*	£4.5	£4.6	£0.1
Homeless households	£34.7	£39.9	£5.2
Learning Disabilities	£7.7	£9.4	£1.6
Physical Disabilities and sensory impairment	£5.0	£5.5	£0.4
Older People *	£59.8	£62.5	£2.8
Total	£129.6	£152.4	£22.8

Table 5-1 SCENARIO FINANCIAL SUMMARY

While this modelling demonstrates the monetary value in funding Housing Related Support Services, the benefits to the individual and our community in relation to improved health and wellbeing, should not be overlooked.

6. Use of Housing Related Support resources

6.1. Spending on Housing Related Support Services

Table 6-1 details the funding of HRS services in January 2012. The sectors are broken down into accommodation and floating support and the table gives the total annual spend for each group. For ease, we have grouped some similar sectors together e.g. Care Leavers, Teenage Parents and Youth Offending into Young People.

Client Group	HRS Units			Total Annual Spend	% of Total HRS funding
	Supported Housing	Floating Support	Total HRS Units		
Black and minority ethnic groups and Refugees	0	273	273	£421,525.00	4%
Domestic violence	31	134	165	£361,590.00	3%
Generic Floating Support (Families, Singles and single homeless)	144	843	987	£2,908,039.00	25%
Older people	2041	910	2951	£2,713,483.00	23%
Home Improvement agency	0	318	318		
Learning Disabilities	69	91	160	£1,217,822.00	10%
Mental Health	188		188	£2,343,394.00	20%
Offenders and Substance Misuse	65	60	125	£591,126.00	5%
Physical Disabilities/ Sensory Impairment and HIV	35	85	120	£195,915.00	2%
Young People (TP, CL and YO)	66	80	146	£928,049.00	8%
Total	2639	2794	5433	² £11,680,943.00	100%

Table 6-1 Number of units and spend per sector, January 2012

² This figure includes the potential full subsidy contract values totalling £1,351,380.00. Historically housing Related Support funding is not required on the full amount of subsidy contracts as some service users are self funding.

6.2. Value for money and spending comparisons

The HRS landscape has drastically altered since the Comprehensive Spending Review in 2010. Research by the LGiU found that 54% cent of Housing Related Support Budgets had been cut by between 1% and 25% and 22% said that their budgets had been reduced by more than 25%.

Benchmarking by the North London Strategic Alliance is currently underway and will provide an accurate picture of services. Headline indications are that between £17-19 per hour appears to be the current norm for commissioning new services. Compared with this many of our services are funded at a higher level.

Analysis of data from the St Andrews Client Record data (national collection of local authority HRS data), provides a comparison with London as a whole and shows that we spend significantly more on the older people with support needs group, homeless families with support needs group and refugees. Other groups where spending is slightly above London levels include; people with mental health problems, people with physical or sensory disability and people with drug problems.

7. Housing Related Support needs and demand

7.1. National Trends

The Supporting People Clients Records and Outcomes – 2009/10 Annual Report is based on analysis from records of 239,366 clients entering services between 1st April 2009 and 31st March 2010 and includes comparisons with Client Record data from 2003/04 onwards.

The report states that service provision has remained constant over time, with voluntary organisations accounting for the largest share, followed by Registered Providers (Housing Associations and Registered Social Landlords) and housing authorities. The report also confirms that since 2003/04 clients have most commonly accessed three service types; floating support, support housing and direct access hostels. The pattern of access has however changed with floating support accessed more commonly and a decrease in the proportion of clients accessing direct access hostels.

Single homeless, women at risk of domestic violence, mental health problems, young people at risk, people with generic needs and homeless families make up 70% of all clients. There has been a decrease trend in the proportion of clients with drug problems since 2003/04.

Over the past 7 years the most common age range for clients has been 18-24 years.

The proportion of clients who were accepted as statutorily homeless and owed a main homelessness duty has steadily decreased over time.

The most common types of accommodation clients occupied prior to accessing services include: general needs local authority tenancy (decreasing trend), living with

family, private sector tenancy (increasing trend), Housing Association tenancy (increasing trend), living with friends and sleeping rough (decreasing trend).

For outcomes for short term services, the two most identified needs were the same for 2008/09 and 2009/10, maximising income and achieving more choice and control. The third most frequently identified need for 2009/10 was securing settled accommodation, which was a new indicator (introduced in 2009/10). Possibly due to effects of the recession, a decline was observed in the clients who had received support in obtaining paid work, being in paid work on exiting the service or who had participated in paid work whilst in receipt of the service.

The proportion of clients identified as needing support to participate in training and education and the proportion who went on to achieve this outcome had remained the same, although there was a slight increase in the proportion who achieved a qualification in the previous year.

Increases were seen in the proportions of outcomes relating to the staying safe and three of the four outcomes of being healthy.

For long term services, the most frequently identified needs remained the same as for previous years, namely maximising income, physical health and aids and adaptations.

7.2. Haringey

For this Commissioning Plan we have developed a similar needs assessment to that of the Review of Housing Need 2011 used to inform the Homelessness Strategy 2012-15. This will ensure we have the evidence base for future commissioning. We have also used findings from reviews of services; consultation with stakeholders, service users and commissioners; together with agreed Council priorities identified in other strategies and plans in order to shape our commissioning priorities (section 9).

The Housing Related Needs Assessment is summarised below. This is divided into 2 sections; the first covers all the sectors and includes the overarching outcomes from all service reviews undertaken from 2011 onwards; the second section focuses on each sector together with the individual findings from those reviews.

7.3. Homelessness in Haringey

From the Review of Housing Need 2011, homelessness is identified as a major problem for the borough.

- The level of homelessness acceptances in Haringey reflects the level of poverty and deprivation in the borough. In 2010/11 Haringey accepted 494 households, the 4th highest in London
- Just over a third of all households accepted became homeless because they were asked to leave by a parent, family or friends; 17% had their private sector assured shorthold tenancies brought to an end. In 75% of these cases, landlords ended the tenancy without declaring any grounds relating to a breach of tenancy
- In 2010/11 41% of applicants were of black origin, compared with 16% of the population in Haringey

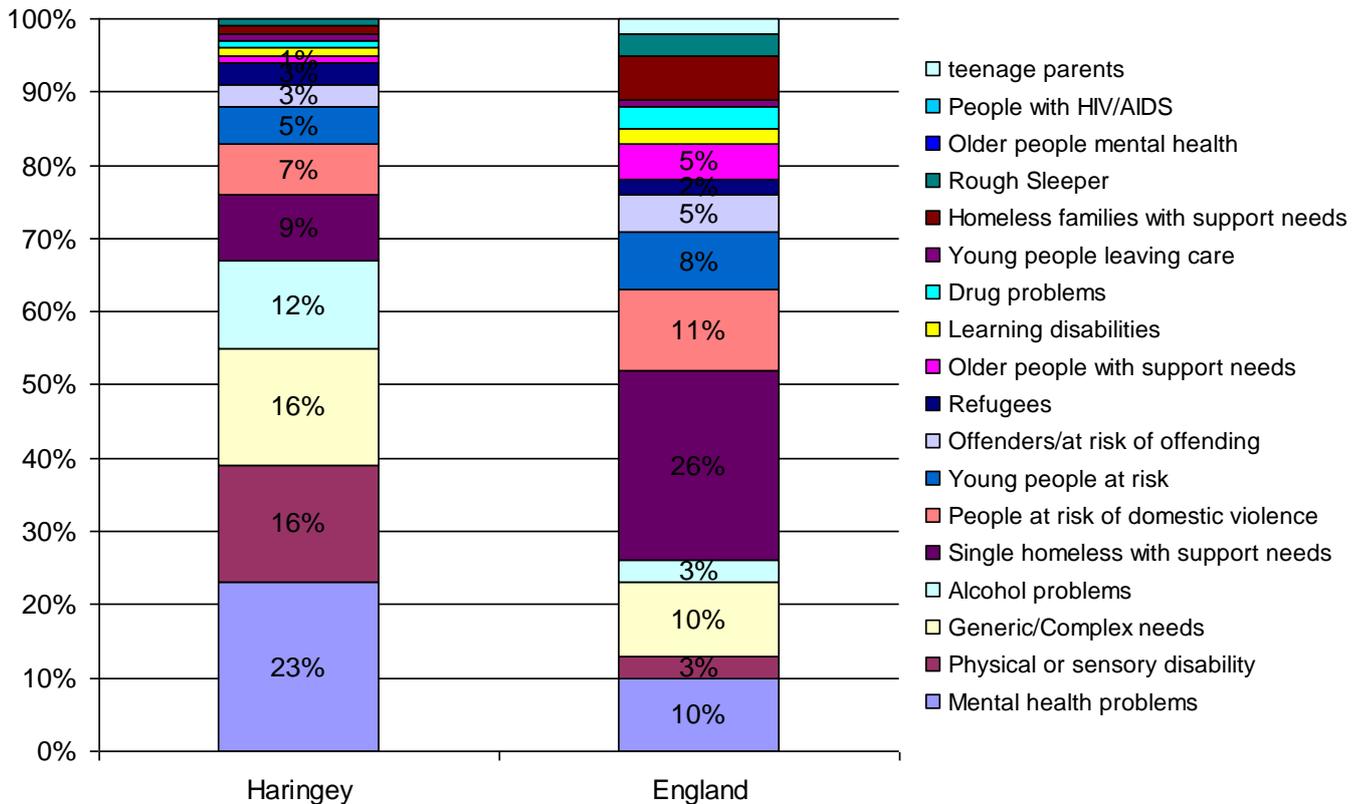
- Half of the households accepted were lone parents and almost 60% of all households had dependant children
- Single vulnerable people made up 39% of all accepted applicants
- In October 2011 there were 3110 households in TA (2339 fewer than in January 2008)
- In 2010/11 Social Services assisted 105 16/17 years olds who said they had nowhere to live
- The Housing Advice and Options teams were able to prevent homelessness in 780 cases in 2010, with more than 70% of these households being helped into private rented accommodation
- In 2010/11, there were more than 800 social housing lettings in Haringey, of which 23% related to housing association homes. Just over half (54%) of the offers made via the Housing Register were made to homeless households living in temporary accommodation
- Recognising the high levels of need, the Home and Communities Agency has invested more than £139 million in Haringey since 2007, most of which has been used to provide new housing
- Since April 2011, the Local Housing Allowance has been set at the 30th percentile of rents and has been 'capped'. This means that only 3 properties in every 10 will be let at rents that are at or below the amount that can be taken into account in the calculation of Housing Benefit
- The most significant financial impact will be felt by large families currently living in homes that have more than four bedrooms because of the introduction of the Local Housing Allowance Cap of £400pw. For a seven person household, the average loss in Haringey will be £58 per week
- Analysis of Haringey's Housing Benefit data has revealed that 846 single claimants aged between 25 and 35 will see a reduction in their housing benefit entitlement when the Shared Accommodation Rate is applied to claimants under the age of 35. In Haringey, 88% of claimants will lose more than £50 per week

7.4. Client profile, performance, and trends

Graph 7-1 provides a breakdown of the proportion of people entering Housing Related Support services in 2010/11 across England and Haringey. The top four groups for England are single homeless people (26%), people at risk of domestic violence (11%), people with mental health problems and people with generic/complex needs (each 10%).

The data indicates that in Haringey there is a greater demand from people in the mental health, physical or sensory disability, generic/complex needs and alcohol problems groups. It is however, not possible to draw firm conclusion from this data, as a small number of providers are not required to submit returns and of those that are, only 66% of returns were received for this period.

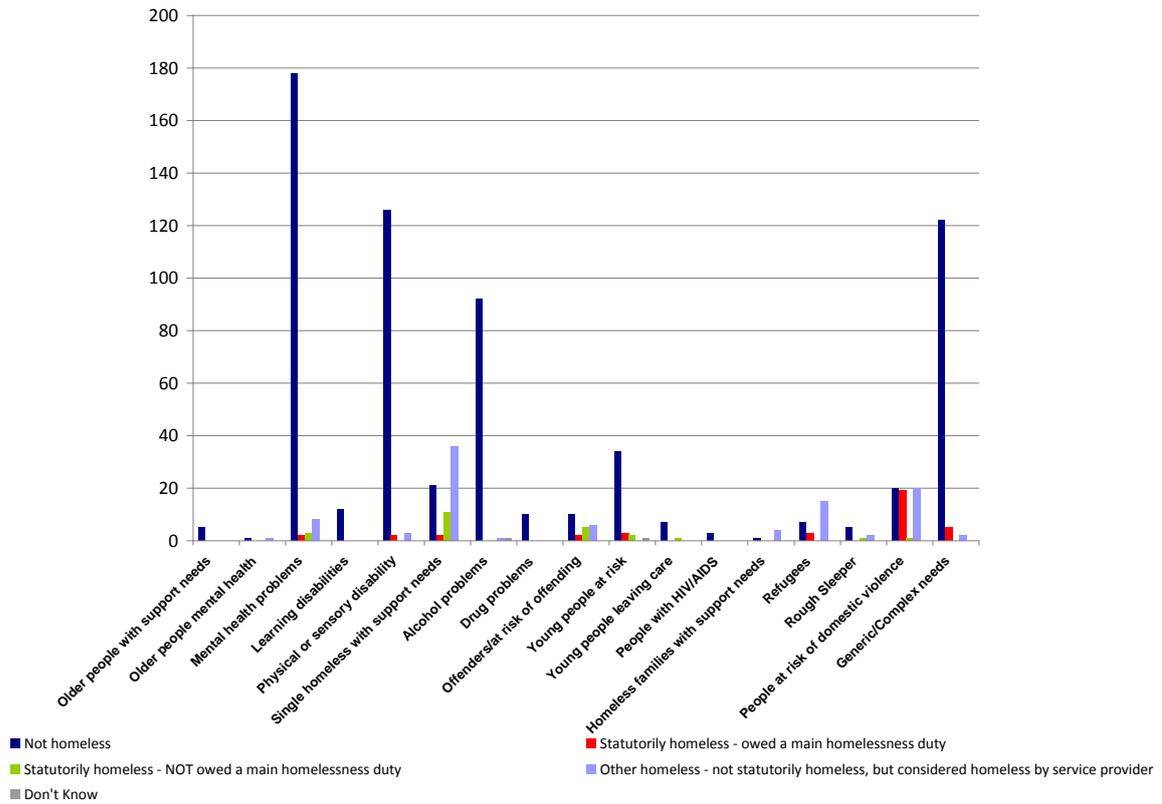
Clients accessing SP/HRS Services 2010/11



Graph 7-1 Clients accessing services

In the year 5 client data submission for Haringey, to the national centre (St Andrew's), the number of HRS clients who were considered statutorily homeless and owed a duty was 38 (5% of all clients) with the largest number coming from the 'people at risk of domestic violence group'. Overall providers considered that 160, 20% of all clients were homeless, this included people that were not statutorily homeless and those who were but the local authority did not have a duty to house.

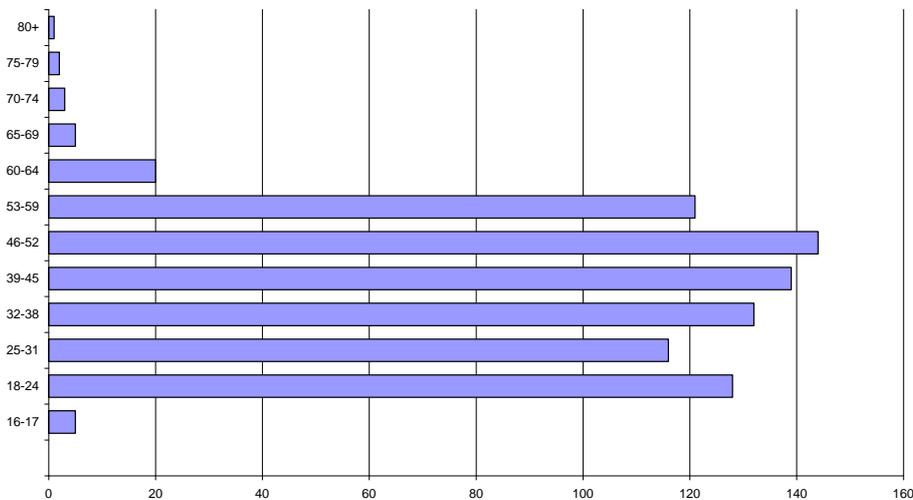
Homelessness by Client Group - Haringey Apr - Dec 2011



Graph 7-2 Homelessness by client group

Of the 816 clients, 50% were between the ages of 32 and 52, 15% between 53 and 59 years and 4% were over 60 years. Just under a third were 32 or younger, 0.6% of these were 16 or 17 years of age.

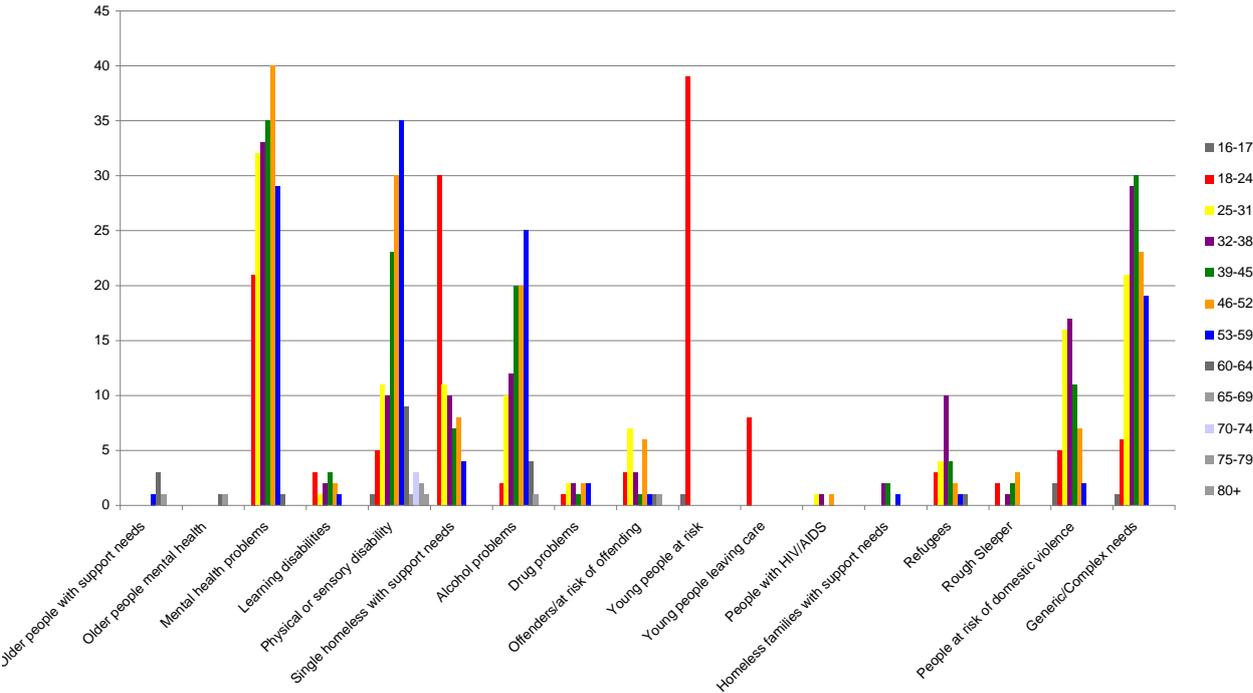
Age of Clients - LBH HRS - April-Dec 2011



Graph 7-3 Age of clients

The returns also show that across the primary presenting need, mental health problems, are more prevalent in 46-52 year old clients and that physical or sensory disability and alcohol problems are more common in the 53-59 year olds age range. Leaving Care, single homelessness and young people at risk are also more frequent among clients under the age of 24 years of age. It should however be noted that not all providers are obliged to submit returns therefore there will be an under representation for some age ranges and certainly for older people’s housing providers.

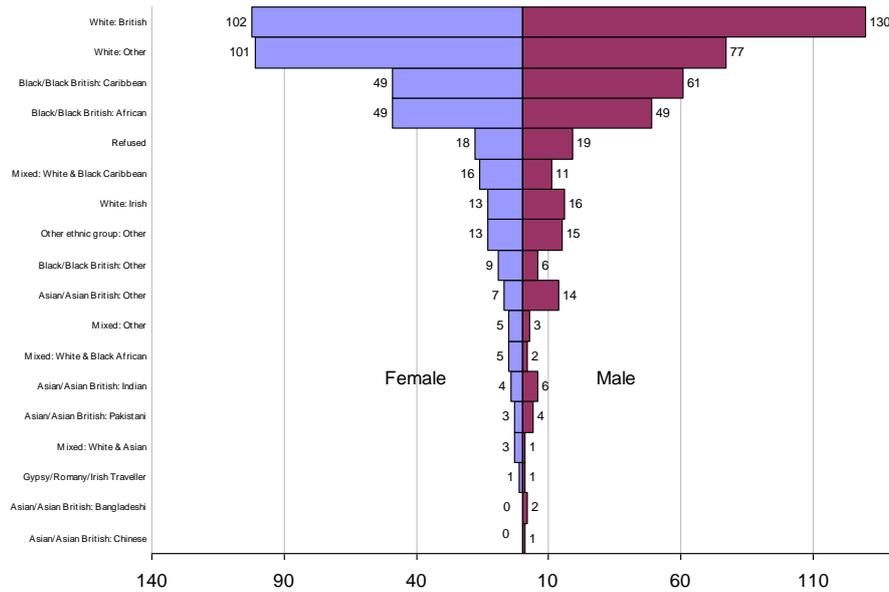
Client group by Age - Haringey - Apr - Dec 2011



Graph 7-4 Client group by age

Of the clients presenting a HRS need between April and Dec 2011 (Yr5), 28% were white, this is a lower proportion compared with Haringey as a whole. The next two highest groups were people of black origin (27%) compared with 16% of all Haringey residents and 22% were from the white other group (12% of Haringey’s population according to ONS Mid year estimates).

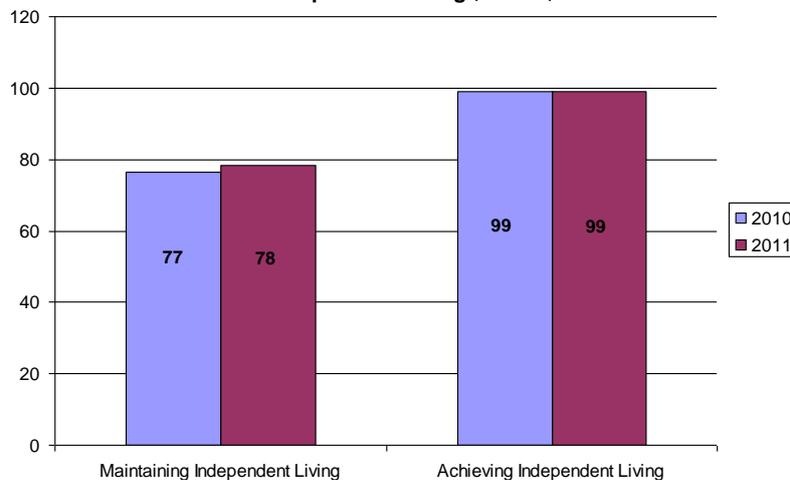
Ethnicity of HRS Clients - April -Dec 2011



Graph 7-5 Ethnicity of HRS clients

Graph 7-6 below shows the outcomes for Haringey HRS providers for national indicators NI141 (achieving independent living) and 142 (maintaining independent living) over in 2010 and 2011 and confirms consistent performance over this period.

Haringey Year Average - Achieving and Maintaining Independent Living (NI 141/142)



Graph 7-6 Numbers achieving independent living

Since 2007/08 Haringey’s HRS services have assisted almost 7,000 vulnerable people. The data over the last five years indicates that services supported a higher number of clients in 2008/09 and 2010/11.

Data indicates that the most prevalent need (maximising income 65-77%) has remained consistent since 2008. The second most frequent need in 2010-2011 (introduced as an indicator in 2009/10) was securing settled accommodation at 54 and 59% in the last 2 years), and External Contacts (49 and 47% in years 4 and 5) was the third.

While the type of presenting needs have not changed considerably over time, there has been an increase in the numbers of clients requiring support to maximise income, maintain and secure accommodation and with assisted technology.

In 86% (18 of the 21) of the outcomes, the proportion of clients with their needs met, increased in year 5 compared with the previous year and for the last 3 years performance has either remained stable or improved year on year in 12 of the outcomes.

Effectiveness in all years across the types of need being met, varied considerably, the highest proportion of needs met was within the 'maximising income' need (at between 83 and 90%) and the lowest being for support to enter paid work (at between 26 and 47% across the two outcomes for that need).

7.5. Findings from service reviews

Over the last year the Housing Related Support team has and continues to review commissioned services to ensure high quality outcomes and value for money. The findings of the reviews for each sector are detailed in the 'sector update' sections set out below, however some common issues applied across commissioned services. These have helped inform our priorities.

Findings:

- On the whole, contracted providers continue to provide high quality services and are open to recommendations for further improvement. Providers are well aware of the financial constraints and have worked with the Council to reduce costs and where possible with the minimum impact on service users
- Many providers have sought or are now seeking, new innovative ways of providing services to meet changing needs or in response to wider Government legislation. This is encouraged, as long as it is in agreement with the HRS team so that need and strategic priorities are met
- Our reviews of some sectors found duplication and where efficiencies can be made. This will be addressed through our priorities
- Within some sectors there are wide differences in costs, even for similar levels of support. Our current benchmarking work will allow us to undertake reliable comparison
- There has been an improvement in 2011/12 in the percentage of quarterly key performance indicator submissions. From a low of 63% in 2010 this has risen to 90%. This response rate needs to be sustained and the HRS team will be monitoring non returns and performance each quarter

7.6. Summary of each of the Housing Related Support Sectors

Homelessness/ generic floating support services

- Nationally each year 58% of homeless cases accepted, are households with dependant children, 11% are pregnant and 25% are one person households. Lone females make up on average almost half of all applicants
- In Haringey (2010/11) 55% of household had dependant children, 4% were pregnant and 39% were one person households. Lone females make up 62% of all applicants

- A third of all households became homeless from family or friends accommodation and 17% due to loss of private rented accommodation
- Between October 2010 and Sept 2011 of the single male applicants, 16% were homeless following discharge from hospital and 13% following a successful asylum application, 7% were either discharged from prison, left care or were evicted from private rented accommodation rendering them homeless. 48% had mental or physical health problem, 27% were vulnerable for some other reason and 21% were either 16 or 17 years old when they applied (10%) or had formerly been in Care (11%)
- Rough sleeping is a concern in Haringey and is the most harmful form of homelessness. Although the majority of new rough sleepers spend one night on the street, those that remain are at risk of developing complex issues which can significantly affect their life chances
- While estimates and actual street counts over the last two years put the snapshot of rough sleepers in Haringey at around 8 on any one night, Chain data released by Broadway shows that 54 people were bedded down during 2010/11, 46 of whom were seen once and 8 were seen twice. There were 11 fewer people seen on the streets last year compared to the year before (65 in 2009/10)

Conclusions from reviews, needs assessment and consultation

Reviews

- Services are performing well and responding to the national changes in welfare benefits. They are responsive to new challenges and are innovative in their approaches to service delivery
- One service has piloted a mediation service for young people and their families to reduce homelessness from within existing resources

Needs assessment and consultation

- The national changes to welfare benefits has increased the demand for services
- A priority from Haringey's Homelessness Strategy 2012-2015 is to develop a mediation service for young people and their families. Therefore the pilot needs to be reviewed and consider longer term funding
- This sector needs to be included in the pathway model
- We need to consider how the housing related support needs of households living in temporary accommodation are met

BME and Refugees

- There has been an increase in Eastern European migrants
- 48.7% of LBH population are non-white – 8.2% higher than London average
- Top four groups are White (51%), Other white (12%), Black African (8.1%) and Black Caribbean (6.6%)

- Mid year estimates (2009) show that certain groups are over represented compared with the rest of London, these Irish residents (1% higher in Haringey), Other White residents (11.9% compared with 8% across London) and Black Caribbean and Black African residents (14.7%, compared to 9.3% in the rest of London)
- Large number of people from overseas into Haringey (4,950 – 13th highest in London)
- Top three nationals registering for a National Insurance number in Haringey are Polish, Hungarian and Bulgarian nationals
- Large numbers of Haringey residents moving overseas (4644 - 10th highest in London)
- Research shows (NLSR) that the reasons for settlement are to find work or for a place of safety. Areas of existing deprivation disproportionately absorb migration and settlement can be due to presence of labour hungry industries or grow around first settlers. In the 50's, 60's and 70's settlers entered the private sector accommodation but more recent communities tended to settle in public sector accommodation. Help is often provided by non-experts within the community who do not know the system or what is available

Conclusions from reviews, needs assessment and consultation

Reviews

- In the last year one service was decommissioned for non contract compliance
- Issues around what are the actual HRS needs of established community groups and there needs to be clearer parameters around length of time people are supported for. Therefore the eligibility criteria for this sector will be reviewed

Needs assessment and consultation

- There are newer or emerging BME/Refugee groups that housing related support services are not provided for. This needs to be considered when planning future services for this sector alongside the actual need for housing related support in established community groups
- The Black African category is broad for local commissioning intentions and further work needs to be undertaken to undertaken to break this down further as we know for example that there is a sizeable Somali population in Tottenham
- The sector has commissioned a feasibility study into developing a consortia approach to delivering these services. The final report will influence future commissioning for this group

Domestic Violence

- Cost of DV £27.6 million (health care, criminal justice, social services, housing and refuges, civic legal costs and lost economic output) and an estimated £47.6 million human and emotional cost
- At risk groups; females, long term ill/disabled, drug/alcohol, married before, pregnant (teenage mums and just after having a child), in a gay lesbian or bisexual relationship, frequent visitor to a nightclub
- Often a hidden crime
- Potentially 21,170 woman in Haringey and 12,736 have experienced domestic violence since they were 16
- DV rates are seven times higher in the deprived parts of east Haringey than in the west of the borough
- DV constitutes 30% of all violent crime in Haringey (6% of total recorded offences)
- 2010/11 (E&W) 7% of women interviewed and 5% of men were victims of domestic abuse. (5110 women and 3980 men)
- 54% of perpetrators of serious sexual assault were the partner or ex-partner of the victim. 36% were believed to be under the influence of drugs and 9 % believed to be under the influence of drugs at the time of the incident.11% of victims reported serious sexual assault to the police
- Prevalence of serious sexual assault is lower than other forms of intimate violence (0.4% of women and 0.1%) of men
- 19% of women (E&W) had experienced stalking (39% of perpetrators were partners or ex-partners)
- DV more likely to escalate during pregnancy and is prime cause of miscarriage
- At least 750,000 children and young people are exposed to DV, 75% exposed to actual incidents – many traumatised by event itself or the emotional and physical effects
- 19.9% of children subject to a child protection plan (as at Sept 2011) had DV identified as a presenting need.
- 58% of referrals had children aged 0-4 years
- Women who experience DV are 15 times more likely to abuse alcohol, nine times more likely to abuse drugs and five times more likely to attempt suicide
- Heathstone – 2010/11, 443 clients – average age 34.4 – 96% female, 70% had at least one child, 21% were pregnant, 22% said the perpetrator had issues with alcohol, 29% cited drugs and 11% had mental health issues. In 41% of cases the perpetrator was an ex-partner and 29% the husband

Conclusions from reviews, needs assessment and consultation

Reviews

- In the last year one service has been decommissioned for poor performance and the service was then successfully tendered
- Value for money has been analysed and as a result costs have been reduced
- In future commissioning there needs to be clear parameters for the length of time support is expected to be delivered for and the level of support. Therefore the eligibility criteria needs to be reviewed for this sector

Needs assessment and consultation

- There is a growing need for DV services
- The type of service we need in the future i.e. accommodation based or floating support, needs to be assessed. Currently HRS primarily funds accommodation based refuges
- A Domestic and Gender Based Violence commissioning strategy has been developed as a result of the Joint Strategic Needs Analysis (JSNA) and we will work closely with this to meet its objectives when planning future services.

Learning Disabilities

- Learning disabilities are not predicted to increase, however it is predicted that there will be a significant increase in the numbers of people with LD aged over 45
- 1265 adults currently known to HLDP of which 580 are receiving LD services
- 189 are in independent sector residential care, 117 attend independent sector day services, 64 receive in-house day services and 50 supported living
- More males access the service and the two largest ethnic groups are 59% white and 26% Black or Black British
- Based on national estimates that 1% of the population will have autism, this equates to 2,300 children and adults with autism in Haringey. PANSI estimates however state that there are 1602 people now rising to 1721 by 2030

Conclusions from reviews, needs assessment and consultation

Reviews

- All services have been reviewed and as a result, Adult Social Care have undertaken individual needs assessments on all service users to establish the actual level of housing related support required
- Work continues to ensure that care and support are funded appropriately
- There are issues with voids and as a result the referral process for this sector has been amended

Needs assessment and consultation

- There is demand for lower level housing related support for people who do not have additional care needs
- Evidence indicates that there is an increasing need for people with learning disabilities who are growing older and have the issues that older people in general experience e.g. mobility, dementia and that existing accommodation based services cannot always provide the required physical environment
- The eligibility criteria for this sector needs to be reviewed
- For future contracts we will be working with Adult Social Care to determine if joint commissioning is appropriate. Where it is this will be undertaken through a procurement process

Mental Health

- Nationally in 2010/11, 7% of homeless applicants accepted due to Mental illness being the priority need
- In Haringey there were twice as many cases (14%) in 2009/10 and 11% in 2010/11
- 34% of homelessness following discharge from an institution was discharge from hospital
- Factors which increase risk of mental illness includes; deprivation, employment, age, ethnicity, drugs and alcohol, crime
- Some groups (refugees and asylum seekers are more likely to have a mental health diagnosis. 1 in 4 patients come from a BME group
- In the UK at least 1 in 4 people will experience a mental health issues at some point in their life, 1 in 6 adults at any one time
- 15,275 people in Haringey registered with a GP with a common mental health diagnosis (mainly anxiety or depression) – half will seek help and women more likely to be diagnosed with this issue
- High levels of severe mental illness 74% concentrated in the east of the borough – with the third highest rate of psychotic disorder in London
- In 2009 46% of people that had an inpatient spell, included a period of detainment under the Mental Health Act of 1983, an 8% increase on the previous year
- Black or black British groups accounted for 46% of all admissions for schizophrenia and 39% of all admission for bipolar disorder/mania
- People with mental illness are more likely to suffer from chronic diseases

- Around 1 in 3 with heart failure and diabetes and 1 in 5 people with coronary disease and chronic pain will experience depression

Conclusions from reviews, needs assessment and consultation

Reviews

- The review of this sector has not yet been completed, but will be in summer 2012 and the findings will inform future commissioning of this sector
- Initial findings indicate that there may be some ineligible tasks being funded by HRS

Needs assessment and consultation

- There is an increased demand for services in this sector in general
- The needs assessment evidences an increased demand for a higher level of housing related support for this sector. Some of these service users will also have associated care and health needs. Consultation has confirmed this
- Mental health services need to form part of the proposed pathway model
- The eligibility criteria for this sector needs to be reviewed

Offenders and Substance misuse

Alcohol Misuse

- Alcohol related hospital admissions in Haringey have doubled between 2002 and 2011
- Nationally there is an upward trend in Alcohol related hospital admissions, which is likely to continue in the short to medium term
- Haringey's alcohol specific and alcohol attributable mortality rates for males is higher than both London and England averages, the same applies to male death from chronic liver disease
- In Haringey the majority of alcohol related and alcohol specific hospital admissions come from the East of the borough
- There are higher alcohol related ambulance calls outs in the more deprived East of the borough
- In 09/10 LB Haringey and NHS Haringey funded £819,077 for alcohol services
- The most deprived fifth of the UK population suffer two to three times greater loss of life attributable to alcohol
- Males are more at risk than females due to higher rates of liver disease, alcohol related admissions and alcohol related mortality
- In November 2011 576 adults were accessing specialist alcohol treatment services, with 430 currently in treatment

Offenders

- In February 2012, 75% (1010) of offenders in Haringey, supported by the London probation trust had identified accommodation (22%), drug (31%) or alcohol (22%) issues
- 89.5% of the total offender caseload were male
- 83% of offender with accommodation needs also had either a drug or alcohol issue
- The top four ethnic groups of Haringey offenders with accommodation needs are of Caribbean Origin (29.4%), followed by the White British (18.2%), White Other (15.5%) and African (12.6%)

Drug Misuse

- Haringey has higher rate of problematic drug use than the London and England average
- The majority of people in drug treatment are from the east of the borough.
- A significant majority of the drug treatment population use crack cocaine (75%) with opiate use at a slightly lower level
- Combine crack and opiates use is common
- Just under a third (31%) of people accessing haringey adult drug treatment services have a housing problem (12% having no fixed abode)
- 26% came to treatment via the criminal justice system
- Nearly a quarter of service users were identified as having co-existing mental health and substance misuse problems
- Haringey is rated in the top quartile in the country for crack and opiate users leaving treatment free of drug dependence
- Women consistently make up a quarter of the drug treatment population, which is on par with the national and regional average
- The largest groups in treatment in 2010-11 were White British (35%) followed by Other White (18%) and Black Caribbean (14%).

Conclusions from reviews, needs assessment and consultation

Reviews

- The review for this sector is not yet complete but findings will feed into future commissioning
- The contract for Multi Agency Public Protection Arrangements (MAPPA) is jointly commissioned and funded by the North London sub regional local authorities and managed by the London Probation Service. This service is currently being reviewed and we will seek to continue this arrangement as it offers very good value for money and delivers the required outcomes
- There is a consortia contract in place to provide a substance misuse and offender pathway. The contract is monitored by Housing Related Support team and the Drug and Alcohol Action team (DAAT). This ensures it is fulfilling the requirements of both stakeholders/funders. Good practice learned will feed into the pathway model for homelessness. Again this type of contracting delivers the required outcomes
- There is potential duplication between providers, the HRS funding given to the Council's Youth Offending Service and the Vulnerable Adults team. This needs to be addressed

Needs assessment and consultation

- There is increased demand for these services in this sector
- Services provided for this sector will continue to be delivered through joint working with relevant stakeholders

Older People

- It is estimated that in 2009 there were around 21,200 people aged 65+ in Haringey, 9.4% of the total population (Mid Year estimates)
- As with the rest of London the population of over 65's declined slightly between 2001 and 2007
- In 2026 the wards with the highest number of residents of retirement age will be Alexandra, Bounds Green, St Ann's and White Hart Lane
- By 2030 the overall number of people aged 65 and over will increase by 6,800 and of these, 1600 will be over 85 (POPPI). This is the age group that typically requires more support and care than younger age groups
- 2001 Census data showed that 58% of people aged over 50 in Haringey were owner occupiers, 73% of residents in Muswell Hill and 78% in Alexandra Wards owned their own homes, while only 38% in White Hart Lane and 40% in Northumberland Park do
- The proportion of home ownership declines as people become older for example 58% of people aged 65-74 own their own home compared with 41% of people aged 85+
- Life expectancy is rising generally in line with national trends; however men in the west of the borough will live on average 6.5 years longer than those in the east. Women's life expectancy is above the national average

- The number of people living alone is predicted to rise to 9,096 by 2025 and of this number; those living alone with a limiting long-term illness is predicted to increase to 5,521 over the same period
- Haringey currently has 2106 units of sheltered and community good neighbour schemes (more than twice the London average) and 40 units of extra care housing (with a further 40 due to become available in 2012)
- The use of assisted technology can greatly enhance independence and give security to older people in their own home whether rented or owned

Conclusions from reviews, needs assessment and consultation

Reviews

- External services were reviewed in 2011/12 and the Council's sheltered and Community Good Neighbour schemes are being reviewed in 2012/13
- We need to ensure that HRS is not paying for domiciliary or personal care that can be funded from more appropriate sources e.g. Attendance Allowance

Needs assessment and consultation

- Following these reviews there will be changes to services in order to reflect the Council's strategic priorities; the evidence from the needs analysis for this sector; feedback from stakeholder and service users; plus further development of the remodelling work already undertaken by external providers. This will include:
 - Proposals to recommission the Council's sheltered and Community Good Neighbour support services
 - Remodelling where appropriate externally provided services
- We need to consider the housing related support needs of older people not living in social rented homes. The impact that cutting the floating support service for older people has had a significant impact. If funding allows, consideration to commissioning a service needs to be given
- Consultation has told us that older people want more focus on social inclusion and ending isolation and loneliness. This needs to be factored into future commissioning for this sector
- Consideration needs to be given to the support needs of people with mental health, learning disabilities and substance misuse who are now growing older
- There is a wide variation in costs for this sector, therefore the benchmarking work currently being undertaken will inform the value of future contracts
- The future funding of housing related support services need be considered for extra care housing
- Recommissioning of the Home Improvement service (HIA) for older and disabled people

Physical disabilities, sensory impairment and HIV

- 24% of the UK's adult population have a disability (20% of the working age population)
- Disability is strongly related to age; 1 in 20 children are disabled, compared to around 1 in 5 working age adults and almost 1 in 2 people over state pension age
- Only 17% of disabled people are born with disabilities
- In March 2010, nationally, there were 56,400 people registered as deaf and 156,500 people registered as hard of hearing. 88,500 people were registered as blind or partially sighted and of these, 25,300 (29%) were recorded as having impairment as their additional disability
- In March 2010, London had 25,290 people registered as deaf or hard of hearing. Haringey had the fourth lowest number among the London boroughs
- Census data (2001) shows that the prevalence of limiting long-term illness in Haringey is similar to the rest of London and slightly lower than in England as a whole
- Haringey's profile guide identifies that in January 2008 the numbers of people receiving a community based service to support them with physical disabilities or sensory impairment was higher in the east of the borough, with the highest concentrations in Noel Park, Bounds Green, Bruce Grove and Northumberland Park
- In 2010, 3,796 adults with a physical disability or a sensory impairment are receiving social care services, 2,687 of whom are aged 65 or above. Of the total number, 3,449 use community-based services, 113 are in nursing care and 234 in residential care. The highest group of users are women aged 65+ (1,789 or 47% of the total in this client group), and the lowest is males aged 18-64 (450)
- In Haringey, 39% of adults aged over 55 reported a limiting long-term illness (confidence interval 18-59%) compared with 8% of those aged 16-34 and 12% of those aged 35-54 years
- In 2011 there were 8,225 Incapacity Benefit and Severe Disablement Allowance claimants in Haringey, representing 5% of the working age population. This claim rate is the same as England, but significantly higher than the London rate (3.9%). The majority are long term claimants with 79% having received this for five or more years (compared with 78% in London and 76% in England)
- The highest proportions of claimants are from Northumberland Park, White Hart Lane, Tottenham Green, Noel Park, Tottenham Hale and West Green, with claims rates of 7-8%.
- In 2011 there were 10,855 claimants in Haringey in receipt of Disability Living Allowance, with 34% having received this for 5 or more years. The highest proportions of claimants are from Bruce Grove, Noel Park, Northumberland Park, Tottenham Green and Woodside Wards, all each representing 7% of all claims
- In 2008 NHS Haringey had the 11th highest prevalence of diagnosed HIV in people aged 15 and over across London. There were 51 young people aged between 16 and 24 living with HIV, as well as twelve 11-15 year olds who may soon be sexually active. Two-thirds of the population living with HIV reside in the eastern wards

Conclusions from reviews, needs assessment and consultation

Reviews

- All providers were reviewed in 2011/12, with one provider as a result of poor performance and non contract compliance not having their contract extended. The services users are now receiving support from another provider

Needs assessment and consultation

- Although there are specific providers delivering support to service users with physical disabilities, it is clear from other sector reviews and the needs assessment that this type of disability can span across many sectors such as learning disability and older people. Providers and stakeholders have told us that this can pose significant challenges and this needs to be considered in future contracting
- There needs to be further work on assessing the type of support service users require and the length of time it is required for this sector. Therefore the eligibility criteria will be reviewed

Young People

- It is estimated than 1 out of 100 young people across the UK aged 16-24 experience some form of homelessness annually
- Young homeless people are likely to have experienced family disruption, witnessed or experienced violence within the home, had difficulty getting on with parents, lived in a family that experienced financial difficulties, run away from home, spent time in care, been involved in crime or anti-social behaviour, had their education severely disrupted
- Conflicts within the home may predate the young person leaving home by many years
- Research has shown that more than half of young people seen by Centrepoint reported they had to leave home because of arguments, relationship breakdown or had been told to leave and that the extra strain caused by lower standards of living, homelessness due to relationship breakdown is likely to intensify
- From 2008-2010 16% of the total number of households that approached Haringey Council were 16-21
- In February 2012 there were 1,468 16-25 year olds living in temporary accommodation, 433 of these were homeless applicants
- The top five reasons for homelessness for female applicants in TA aged 16-24 years includes:-
 - Homeless from family or friends accommodation (58%)
 - Other (8%)
 - Evicted- private landlord (6%)
 - Leaving Care (5%)
 - Emergency or referral from the National Asylum support service (4%)
- The top five reasons for homelessness for male applicants in TA includes:-
 - Homelessness form family friends accommodation (47%)
 - Leaving Care (11%)
 - Emergency (10%)

- 16/17 years (8%)
- Discharge from prison (6%)
- In February 2012 there were 33 female applicants aged 16-24 who were expecting a child. 4 were aged 16-18 years of age, 9 were aged 19-20 years of age, 6 were 21-22 years of age and 14 were 23-24 years of age.
- Mediation is considered good practice in preventing homelessness

Conclusions from reviews, needs assessment and consultation

Reviews

- Services have been reviewed which demonstrates the need for a pathway model in order to streamline processes, improve efficiencies and outcomes for young people
- Reviews highlighted the need to improve move-on. Some young people have unrealistic expectations of their longer term housing options. The Council's Vulnerable Adults team are working with this young people and their support providers to manage these expectations and move on those ready to do so
- The reviews have highlighted potential duplication between providers, the Council's Care Leaving team and the Vulnerable Adults team. This needs to be addressed

Needs and assessment and consultation

- This sector needs to be included in the proposed pathway model. This pathway will eliminate duplication between providers and stakeholders (both internally and externally to the Council), improve outcomes for service users, minimise voids and achieve efficiencies
- For future contracts in this sector, we will have clear parameters for the length of time housing related support will be delivered and not just based on the general two years for short term contracts
- There is evidenced need for a foyer type service for this sector
- As stated in the sector review of homelessness/generic floating support, one service has piloted a mediation service for young people and their families to reduce homelessness and the potential of become homeless from within existing resources. This links to a key priority in Haringey's Homelessness Strategy 2012-15. Consideration needs to be given to the longer term funding of this service

8. Links to other plans and strategies

The purpose of this Commissioning Plan is to develop services that we need in Haringey to improve outcomes for our current and future service users through a partnership approach.

This Plan cannot be viewed in isolation and there are direct links to the objectives and priorities in other Haringey plans and strategies. We need to ensure that these

are aligned to the work within this plan so that housing related support reflects wider priorities.

8.1. Housing Strategy 2009-19

Haringey's overarching Housing Strategy includes an objective of 'meeting housing need through mixed communities which provide opportunities for our residents and to provide people with the support and advice they need in order to prevent homelessness'.

8.2. Homelessness Strategy 2012-14

Priorities that are relevant to this Commissioning Plan are:

1. Preventing homelessness and sustaining tenancies
 - Improving long term outcomes for young people by developing mediation services
 - Enable people to sustain their tenancies by developing pre-tenancy training for Care Leavers, people moving on from short term supported accommodation and those entering the private rented sector through Council schemes
 - Through the Housing Related Support Practitioners Group enable all agencies to share good practice, ensure a consistent approach to tenancy sustainment and help to deliver associated actions in council plans
 - Ensuring that commissioned housing related support services are accessible to, and meet the needs of, vulnerable people
2. Working in partnership
 - Seeking opportunities to pool resources, co-locate and avoid duplication to make the best use of our resources; ensuring services are delivered in the most effective way that gives value for money
 - Working together to address the impacts of national and local changes and their implications for service delivery
3. Mitigating the impacts of welfare reforms
 - Mitigating the impacts of the changes to the single room rate by maximizing the availability of good quality, well managed single rooms for rent for the under 35's, e.g. supported lodgings
4. Increasing the supply of affordable housing
 - Seeking to develop new housing options for young people such as a foyer or a supported lodgings scheme
 - Work with Children's Services and Adults services to bring about a co-ordinated approach for the supply of accommodation for vulnerable people in need of housing
5. Improving the life chances of homeless people

- Increasing the number of people attaining and maintaining independent living through housing related support services
- Ensure that the health inequalities faced by homeless households are addressed through the forthcoming Health and Wellbeing Strategy
- Reduce the impact of moves due to violence by developing and linking services in Haringey and across London

8.3. Move on Strategy 2011-16

This strategy was developed in order to address the issues arising from moving people on from short term supported accommodation. Where service users remain in supported housing for too long, they will not only be denied the opportunity to achieve independence but will also prevent other people from accessing, and benefiting from, supported accommodation.

The priorities from this strategy will help inform our action plan. However, as a result of the evidence from the MOPP audit used to identify barriers and quantify the numbers of service users ready to move on, Haringey Council has amended its Housing Allocation Policy and developed a non priority Rent Deposit Scheme.

What our research has told us about move-on in Haringey

Headline data from the audit indicated that out of 499 in 2010/11 clients in short term accommodation, 176 were ready to move out of short-term supported housing but accommodation was unavailable for them to do so.

It was estimated that a further 242 clients would , at some point in 2011, be ready to move out of short term supported housing, with only 181 available tenancies expected to come forward by providers. These results indicated that there would be a significant shortfall of available accommodation. Using the results of the audit there was an existing shortfall of 176 units rising to a potential 237 over 2011/2012.

Barriers to Move-on

As part of the audit we asked providers to identify significant barriers to effective move-on. The exercise demonstrated that the identified barriers were the right ones although some were shown to be more significant.

The following table shows those barriers that were identified by over 70% of respondents as being significant.

Barrier	Yes	No	Unanswered	%
Lack of schemes in place to enable clients to access private rented accommodation (i.e. rent-deposit and/or lettings management and support schemes)	18	3	3	85.7%
Unrealistic expectations of clients, e.g. if I wait long enough I will get a social housing tenancy.	18	4	2	81.8%
Lack of priority given to clients waiting to move on by LA/HAs	17	5	2	77.3%
Lack of information about accommodation availability	16	5	3	76.2%
Lack of (appropriate) floating support	15	5	4	75.0%
Housing Benefit does not meet local private sector rent levels	15	5	4	75.0%
No clear cross authority agreements for people placed by outside boroughs	14	6	4	70.0%

Table 8-1

Move-on Strategy Outcomes

Two outcomes were identified in the strategy:

1. The annual availability of short term supported housing is increased for those who need it
2. No one remains in short term supported housing for longer than they need

8.4. Older People's Housing Strategy 2011 -2012

This recently developed strategy informs our priorities for housing related support for this sector. The outcomes are to enable Haringey's older people to live independently for as long as possible; to improve the quality of older people's housing and to offer real housing choices to meet the needs of today's and tomorrow's older people.

This will be achieved through 4 key priorities of which 2 relate specifically to this commissioning plan:

- Develop a range of housing options that enable people to live independently for as long as possible
- Ensure specialist housing and support is targeted to those most in need

8.5. Rough Sleepers Strategy 2010-12

The aim of the strategy through a zero tolerance approach to rough sleeping, is to reduce and sustain the numbers of people sleeping rough on the streets of Haringey to as close to zero as possible by 2012.

The strategy contains six priorities and two of these are relevant to this Commissioning Plan:

1. Provide targeted advice and accommodation options for rough sleepers.

While joint working is a key factor in eliminating rough sleeping, we also need to provide targeted advice, plans and accommodation options to prevent people reaching the streets; and to move them off the streets.

Key actions are to:

- Ensure that Housing Advice Services are equipped to offer advice to people sleeping rough
- Develop prevention and option plans for people discharged from hospital
- Establish adequate provision of emergency accommodation and ensure that effective referral mechanisms are in place
- Ensure the Severe Weather Emergency Protocols (SWEP) is in place and can be implemented quickly

2. Develop accommodation and support pathways.

We will develop initiatives and pathways to ensure that rough sleepers have access to accommodation with support when they need it and a move to more independent accommodation when they don't.

Key actions are to:

- Make sure that rough sleepers have appropriate support networks
- Ensure adequate provision and effective move on from short term supported accommodation through Haringey's Move-on Strategy
- Develop initiatives to encourage rough sleepers into the private rented sector.
- Ensure effective use of the London Clearing House

These two priorities are explored further in the section on homelessness

8.6. Health and Wellbeing Strategy

There is a national requirement for local authorities to have a Health and Wellbeing Board from 2012/13. Haringey, alongside other authorities have had in place a shadow Board since April 2011.

The Board has commissioned a wide ranging Health and Wellbeing strategy which will form the basis of its work. The strategy has now been developed and agreed. Work has commenced to implement the priorities.

It is imperative that housing related support features within the work of the Health and Wellbeing Board and as such a response to the consultation has been submitted.

When the final strategy is agreed, we will ensure that the priorities are considered in this Commissioning Plan

8.7. Haringey Council Voluntary Sector Strategy

Haringey Council is committed to supporting the Voluntary Sector in the borough. This strategy details how we will find new, innovative and efficient ways to make the

best use of resources. The future funding of the Voluntary Sector will be delivered through a commissioning approach that is evidenced based with specified outcomes. Housing related support is commissioned through some of the voluntary organisations in the borough and the needs data within this plan allows us to procure services based on evidence of need.

This Plan links directly to Outcome 1 of the Voluntary Sector Strategy which is to have 'a commissioning and funding framework that is needs led and offers value for money; by establishing a robust financial relationship alongside innovative ways of funding services, supported by quality assurance and monitoring

8.8. Borough Investment Plan

The Haringey Borough Investment Plan (BIP) provides a strategic framework that details the Council's and our partner's priorities and principles of investment. It is underpinned by local, sub regional, London and national strategies and provides a structure for future investment from the Homes and Communities Agency and other partners that are integrated with all aspects of regeneration and growth. This comprehensive investment approach will ensure the delivery of a sustained regeneration of the borough creating places where people want to live and work.

The Haringey BIP sets out the local and strategic context for future investment in housing and regeneration and as such includes the potential development of a foyer scheme for young people and extra care housing for older residents.

9. Priorities

The needs assessment, findings from reviews and consultation on the Commissioning Plan have shaped the priorities for future commissioning. The key themes are:

- (a) Target HRS at those who are most vulnerable and in need;
- (b) Continue to use HRS commissioning to fund preventative support services;
- (c) Improve interventions to prevent homelessness e.g. family mediation for young people;
- (d) Develop a pathway model for targeted client groups;
- (e) Improve support for homeless households living in temporary accommodation;
- (f) Remodel services for older people;
- (g) Commission new services to meet emerging needs;
- (h) Look at commissioning HRS in line with personalisation and joint commissioning;
- (i) Encourage innovation in support practices and methods;
- (j) Use benchmarking data to inform commissioning priorities and optimise the allocation of resources across sectors;
- (k) That HRS funding is only used for eligible tasks.

From this we have identified 4 overarching priorities which will be delivered through a number of key commissioning actions. Investment decisions will be based on agreed priorities.

Priority 1

We will provide HRS services that will assist people to help themselves to live independently within their own communities and neighbourhoods. We will work with partners to achieve this.

Priority 2

That HRS services are targeted to those people who require it most and that services are commissioned on evidenced need. Services must contribute to the Council's priorities.

Priority 3

That HRS resources are invested appropriately to achieve the maximum benefit for people who use our services.

Priority 4

Revise the management and contract monitoring processes to make there sure there is consistency and transparency across all services.

Priority 1

We will provide HRS services that will assist people to help themselves to live independently within their own communities and neighbourhoods. We will work with partners to achieve this.

Task	Action	By when	RAG status
1.1	Work with providers, Housing Benefit and stakeholders to implement any changes to and mitigate the impacts from the national changes to supported housing benefit	Timescale not known yet	
1.2	Involve service users in reviews and in planning improvements to services	31.3.13 and ongoing	
1.3	Consider how the personalisation agenda fits with commissioning HRS	31.3.14	
1.4	To make full use of new innovations and improved support practices such as Telecare and Healthcare to improve outcomes and efficiencies	31.3.15	

Priority 2

That HRS services are targeted to those people who require it most and that services are commissioned on evidenced need. Services must contribute to the Council's priorities.

Task	Action	By when	RAG status
2.1	Review older people's housing related support services delivered by external providers and the Council's internal service	30.6.12	
2.2	Use findings from reviews and needs assessment to remodel older people's services to include: <ul style="list-style-type: none">recommissioning the Council's Sheltered and Community Good Neighbour serviceremodel where appropriate, older people sheltered housing services to include people	1.4.13	

Task	Action	By when	RAG status
	<p>living in surrounding communities</p> <ul style="list-style-type: none"> • if funding allows commission a floating support service for older people who are owner occupiers or living in private rented housing • ensure HRS is only paying for eligible services 		
2.3	<p>Develop a pathway model for homeless, young people and mental health, offender and substance misuse sectors and commission required services.</p> <p>This will be achieved by remodelling or tendering for services</p> <p>Ensure that there is no duplication between internal Council provision and external services</p>	1.4.13	
2.4	<p>Develop services that address the HRS needs of vulnerable households living in temporary accommodation</p>	1.4.13	
2.5	<p>Review the pilot project for mediation for young people and their families to prevent homelessness and consider longer term funding</p>	1.4.13	
2.6	<p>Work with providers to increase provision for same contract value</p>	31.3.13 and ongoing	
2.7	<p>Decommission services that do not meet the Council's priorities, are meeting HRS eligibility criteria, have poor performance or not deliver value for money</p>	31.3.13 and ongoing	
2.8	<p>If funding allows commission new services to meet emerging needs (for example, Eastern Europe nationals, low level learning disabilities, foyer type service and longer term/high needs mental health services)</p>	1.4.13 and ongoing	

Priority 3

That HRS resources are invested appropriately to achieve the maximum benefit for people who use our services.

Task	Action	By when	RAG status
3.1	Develop a savings plan to reduce HRS budget by £500,000 in 12/13 and by a further £1.5m in 13/14 and ensure the HRS function is delivered within a balanced budget. This will be achieved by: <ul style="list-style-type: none"> • complete benchmarking exercise across the North London Strategic Alliance and using outcome to financially remodel services to achieve savings • identify where HRS is funding ineligible tasks and reduce funding accordingly • decommission services that are not strategically relevant or poor performing • develop pathway to reduce duplication • if savings not achieved by above then identify services to be cut 	31.3.13	
3.2	Use benchmarking outcomes to review our Value for Money methodology	31.3.13	
3.3	Develop a procurement timetable for those contracts ending in 2013	1.10.12	
3.4	Where appropriate use joint commissioning across Haringey Council and other local authorities to achieve efficiencies and improved outcomes	31.3.13 and ongoing	
3.5	Review outcomes of payment by results pilots and consider implementation in Haringey	31.3.14	
3.6	Promote joint working between providers to rationalise services, promote best practice and deliver efficiencies	31.3.13 and ongoing	

Priority 4

Revise the management and contract monitoring processes to make there sure there is consistency and transparency across all services.

Task	Action	By when	RAG status
4.1	Develop a risk based approach to managing contracts. Those providers achieving a higher rating will have a 'lighter touch' monitoring framework	1.4.13	
4.2	Vary the frequency of contract monitoring meetings and service reviews based on providers risk rating	1.4.13	
4.3	Produce a timetable for contract monitoring meetings and service reviews	1.4.13	
4.4	Introduce flexible contracts for those providers achieving a lower risk rating	31.3.14	
4.5	Review eligibility criteria for each sector and define length of time support should be delivered for	31.12.12	
4.6	Develop local outcome indicators to demonstrate success of support	31.3.14	