

## Process of Engagement - Supporting People Three Year Strategic Plan

Item No.	Activity	Date	Action Summary	Action
1	<p><b>Planning Event</b> with Regional Thematic Groups (RTGs) &amp; Strategic Advisory Board (SAB) Representatives including DfC, Provider and CRISPP Representatives</p>	April 2019	<p>Key Points from this event include:</p> <ul style="list-style-type: none"> <li>• Approach to the strategy development</li> <li>• Aims of the strategy</li> <li>• Timeline</li> <li>• Key objectives and deliverables agreed</li> </ul>	The Strategy Development Team progressed the Three Year Strategy according to the agreed items.
2	<p><b>Face-to-face meetings and Workshops</b> with Providers &amp; Statutory Partners</p>	June – Aug 2019	<p>A series of engagements with stakeholders during the summer of 2019 presented an opportunity to listen to and understand the current issues, emerging pressures and the aspirations and visions held by the Provider Sector.</p> <p>This engagement stage included over <b>30 individual meetings</b> with voluntary and statutory sector stakeholders from across the four thematic groups of the Supporting People (SP) Programme.</p>	Feedback gathered which assisted in the development of the document. There was an overarching general appetite for change from within the Provider sector.

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<b>3</b>	<b>Draft Strategy approved</b> by NIHE Board	Oct 2019	The Draft Strategy was approved by the NIHE and Programme Board, with some feedback to be incorporated.	The Strategy was redrafted and referred from the Strategy Development Team to the Supporting People Team for further progression.
<b>4</b>	<b>Draft shared</b> with Providers, SAB & RTG by email	Feb 2020	<p>Supporting People shared the Draft Strategy and circulated an online survey link for feedback with all 85 SP Providers. As part of the survey SP provided a series of questions for Providers to answer. Over a period of four weeks SP received a total of 25 responses.</p> <p>The keys areas raised by Providers were:</p> <ul style="list-style-type: none"> <li>• Importance of the inclusion of a strategic needs assessment</li> <li>• Lack of evidence and secondary research alignment</li> <li>• Challenges posed by static budget and funding implications along with lack of clarity around standardised rates</li> <li>• Considerable Focus on homelessness to the detriment to other thematic areas.</li> </ul>	<p>The Three Year Strategy was rewritten to include.</p> <p><b>Delivery Framework</b> A delivery Framework with a refreshed Purpose, Vision, Values and Objectives linked into PfG outcomes.</p> <p><b>Secondary Research</b> Following on from the primary data in the SNA, a significant amount of research materials relating to each of the thematic areas were added along with references.</p> <p><b>COVID-19</b> The document was drafted to account for the impact of COVID-19 on the Supporting People Programme.</p> <p><b>Corporate Approach</b> An Executive summary, Chief Executive introduction and Chairman foreword</p>

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				<p>added to the document and a statement from DfC to be added as appropriate.</p> <p><b>Thematic Balance</b> The Strategy was rebalanced to reflect the significance of all thematic areas with flexible Action Plans.</p>
5	<b>Updated draft shared</b> with SAB, including CRISPP representation	May 2020	At the SAB meeting of 4 <sup>th</sup> May 2020 it was expressed that the SP Team were editing the document further, and it was agreed to share the document with SAB before public consultation. It was also agreed that the document be shared with the RTGs for discussion over the period of June, July and August.	Three Year Strategy was shared with SAB and RTGs over the period of Summer 2020, this included DfC. Provider and CRISPP Reps.
6	<b>Updated Draft discussed</b> at RTG meetings including Provider representatives	Summer 2020	<p>The RTG discussions focused on:</p> <ul style="list-style-type: none"> <li>• Facilitating the integration of Strategic Needs Assessment</li> <li>• Revising the timeline due to COVID-19</li> <li>• The key objectives and housing needs</li> <li>• Sharing of research and relevant statistics</li> <li>• Closing date for written feedback from RTGs</li> </ul>	<p>Feedback from RTG meetings was collated and considered.</p> <p>Any appropriate/necessary changes were made regarding COVID-19.</p> <p>The high level findings of the Strategic Needs Assessment (SNA) were included.</p>
7	<b>Updated Draft shared</b> with SAB	Aug – Sept 2020	On 27 <sup>th</sup> August 2020, SAB members and attendees were provided with an updated Draft Strategy and a set of discussion questions.	Feedback provided via the discussion questions was fed into the Strategy. An action was taken at SAB for SP to

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			At the SAB meeting of 10 <sup>TH</sup> Sept 2020, a significant discussion was held on the strategy with endorsement that it should progress to Board and Programme Board subject to Health input.	contact Health Representatives, to arrange a workshop or meeting to allow them to provide feedback on the Three Year Strategy.
8	<b>Service User Engagement Survey:</b> Service User Voice (181 responses)	August – Sept 2020	<p>Common points from the Service User feedback:</p> <ul style="list-style-type: none"> <li>• Additional support with housing options and a quicker move-on</li> <li>• Services to continue as they are and continued support for mental health</li> <li>• Increased support/staff hours and more time for service users with staff</li> <li>• Increased Supporting People engagement with service users</li> <li>• Better communication between professionals</li> <li>• More funding and continuation of funding to services</li> <li>• More places made available and better accessibility for supported accommodation</li> <li>• Clear achievable aims in strategy</li> </ul>	<p>The feedback from the Service User Engagement Survey was collated and analysed.</p> <p>Feedback from 181 Service Users over the summer of 2020 was added to enrich the document with the significant presence of the Service User Voice.</p>
9	<b>Strategy Discussion Workshop</b> with	Oct 2020	<p>Key discussions with Health Reps:</p> <ul style="list-style-type: none"> <li>• Need additional reference to Learning Disability (LD)</li> </ul>	The feedback from the Strategy Discussion Workshop was collated and the Strategy was updated.

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	SAB Health representatives		<ul style="list-style-type: none"> <li>• There is concern with regards to ageing carers for those with Learning Disabilities</li> <li>• Queried if the independent sector has had input and if this was going to be picked up as part of the consultation</li> <li>• Attendees advised they could provide additional feedback in writing</li> </ul>	
10	<b>NIHE Board Approval</b>	Oct 2020	The Strategy was agreed by the NIHE Board; to be shared with DfC Minister for approval and progress to Public Consultation.	The Strategy was amended to reflect some minor NIHE Board recommendations regarding the proximity of the Service user Voice and the addition of a Chairman Preface.
11	<b>Programme Board Approval</b>	Oct 2020	Strategy agreed by Programme Board; to be shared with DfC Minister for approval and progress to Public Consultation	The Strategy was amended to reflect some minor recommendations.
12	<b>Draft Agreed</b> by SAB, including CRISPP representation	Dec 2020	There was general endorsement of the Draft Strategy by SAB. The CRISPP Representative highlighted the potential risk of the Strategy consultation running over the festive period.	The query regarding the timeline of the consultation was noted.
13	<b>Strategy shared for Ministerial approval</b>	Dec 2020	Ministerial feedback reflected a lack of co-design in developing the document.	A co-design schedule of workshops was established.
14	<b>Provider Meeting</b> - Simon	Feb 2021	Both the SNA and the Three Year Strategy Document were shared with Providers.	The main points of the meeting were carefully considered and the Strategy

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	Community NI, First Housing, De Paul and Extern		<p>Key Points from this meeting include:</p> <ul style="list-style-type: none"> <li>• There is a policy alignment and chronology of Homeless Strategy</li> <li>• COVID-19 has changed everything</li> <li>• Connectivity needs to be strengthened between the Three Year Strategy and other areas of NIHE</li> <li>• Lack of co-production and design</li> <li>• In terms the SNA, current service provision isn't meeting demand</li> <li>• The Strategy needs to have a stronger commitment to the intent to compel Government to make legislative and strategic changes</li> <li>• There should be a consideration to benchmark beyond our sector</li> </ul>	<p>was updated where possible.</p> <p>It was agreed to run 4 thematic workshops and to refresh the Three Year Strategy to include a 'COVID-19 Recovery Plan'.</p>
<b>15</b>	<b>Workshop Planning session between NIHE and DfC</b>	Feb 2021	Scope and parameters of the Workshops were agreed along with potential areas for change within the strategy.	The contents and structure of the Workshops was agreed.
<b>16</b>	<b>Four Strategy Co-Production Workshops</b> with 104 Providers and Statutory Partners	March 2021	<p>Key Points from this meeting include:</p> <ul style="list-style-type: none"> <li>• COVID-19 has changed everything and there is a need to understand full impact going forward</li> <li>• Greater focus on collaborative working and partnership</li> <li>• Better alignment across policies and strategies</li> <li>• Contract flexibility and agility</li> </ul>	<p>The feedback from the Strategy Co-Production Workshops has been analysed and consolidated and the Strategy has been redrafted to reflect the views of Providers where possible.</p> <p>A small number of Providers were unable to attend the workshops and 2</p>

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			<ul style="list-style-type: none"> <li>• Additional funding streams and Equity of funding</li> <li>• Staffing retention issues, training and salary levels</li> <li>• Innovative use of Information Technology</li> </ul>	'Mop-Up' Meetings were facilitated in April 2021.
17	<b>'Mop-Up' Meeting with Inspire</b>	April 2021	<p>Key Points from this meeting include:</p> <ul style="list-style-type: none"> <li>• COVID-19 pressures</li> <li>• More/dedicated support for Service users coming from Prison with drug/MH issues</li> <li>• Presents an opportunity for ICT applications and digital change</li> <li>• Build flexibility into the strategy</li> <li>• The Strategy should reflect the efforts made to increase the throughput of mental health services</li> <li>• Needs analysis to shape the service better to meet the need</li> </ul>	The feedback from the Strategy Co-Production Workshops has been analysed and consolidated and the Strategy has been redrafted to reflect the views of Providers where possible.
18	<b>'Mop-Up' Meeting with 5 Providers</b>	April 2021	<p>Key Points from this meeting include:</p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Increased complexity of SUs</li> <li>• Standardised Regional Payment Rates</li> <li>• Positive views around the PIF</li> <li>• General positive feedback on the strategy and collaborative approach</li> </ul>	The feedback from the Strategy Co-Production Workshops has been analysed and consolidated and the Strategy has been redrafted to reflect the views of Providers where possible.
19	<b>Update at Client reference Group</b>	11 May 2021	<p>Wide selection of the providers representatives attended</p> <ul style="list-style-type: none"> <li>• Update on process of development on the strategy</li> </ul>	

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			<p>so far</p> <ul style="list-style-type: none"> <li>• High level feedback from the 4 recent workshops</li> <li>• Clarification of key points</li> <li>• Outline next steps</li> </ul>	
20	<b>Email to providers from Grainia Long</b>	May 2021	<p>Update Email from Grainia</p> <ul style="list-style-type: none"> <li>• Update on what we have been doing</li> <li>• setting out “you said ...we did” and</li> <li>• outlining next steps and indicative timeframe</li> </ul>	
21	<b>shared final draft with providers</b>	June 2021	Considered feedback	

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Topic area	What you said	What we did
<b><u>COVID-19</u></b>		
	<ul style="list-style-type: none"> <li>▪ We have yet to understand the full impact or timeline of Covid</li> <li>▪ COVID-19 has changed everything and the future is unknown, it will take longer than 3 years to recover</li> <li>▪ COVID- 19 leads to increased complexities, behaviours, risks are all escalated.</li> <li>▪ Huge impact on staff absences and resources, staff are exhausted with burn out</li> <li>▪ The pandemic has had an impact on the mental health (all thematic areas especially Young and Old)</li> <li>▪ Increase in clients having mental health, addictions and general increasing complexities</li> <li>▪ Significant Domestic Violence cases over the past year</li> <li>▪ Young people disproportionately impacted by homelessness</li> <li>▪ People with low incomes hit the worst – struggling to pay rent and feed children</li> <li>▪ Do not lose sight of what we have learned through Covid - Maintain the agile and responsive approach</li> <li>▪ The response and flexibility has resulted in very positive practice e.g. collaborative working</li> <li>▪ Training and funding required for recovery and to build resilience</li> <li>▪ IT needs and funding should to be reflected</li> </ul>	<p>Review the strategy through a COVID 19 lens, include a COVID 19 Plan and refocus the strategy to include COVID 19 recovery for the next three years and added a Covid 19 specific objective.</p> <p>Continue to seek additional funding for staff, PPE etc. for delivery during the pandemic and for recovery and resilience. Facilitate flexibility around the funding where appropriate and possible.</p>
<b><u>Partnership and Collaboration</u></b>		
	<ul style="list-style-type: none"> <li>• A greater focus on collaborative working with other departments and at a local level, whilst recognising that SP can't fix all issues alone- starting point is a policy position at PFG level</li> <li>• Enhance links between housing, health and justice to prevent people getting pushed from pillar to post</li> </ul>	<p>Added an objective regarding collaboration and strengthening strategic relationships. Develop and embed the good practice around collaboration and decision making that has been presented as an</p>

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	<ul style="list-style-type: none"> <li>• There should be a better exchange of information between providers</li> <li>• Welcome opportunities for skill sharing and joint working e.g. share training and benchmarking across providers</li> <li>• Setting up a group/forum for SP providers, to include a shared training forum– would create a platform for open communication between providers, can share training with each other etc. This would require facilitation by an oversight body such as SP</li> </ul>	<p>opportunity through COVID 19. Explore efficiencies that can be achieved through working better together including facilitating providers to share resources and training.</p>
<b><u>Alignment</u></b>		
	<ul style="list-style-type: none"> <li>▪ New PfG draft outcomes should be reflected – as should Homelessness Strategy/other relevant strategies. Not all relevant strategies have a synced timeframe</li> <li>▪ Clarify connection and alignment with other policies. Should be a 10 year strategy</li> <li>▪ There are a number of other evaluations going on, for example temporary accommodation and day centres. The outputs from these are relevant to the SP Strategy</li> </ul>	<p>Reviewed the strategy to ensure it aligns with other relevant policies and strategies including redrafted PfG outcomes, mental health strategy and NIHE Covid 19 Reset Plan. Added strategic alignment section into separate appendix.</p>
<b><u>Contracts</u></b>		
	<ul style="list-style-type: none"> <li>▪ Composite and flexibility around contracts is welcomed</li> <li>▪ Providers to be given greater control over managing surpluses and deficits</li> <li>▪ Less standards and more flexibility and dynamic contracts</li> <li>▪ More dynamic contract management</li> <li>▪ Maintain funding flexibility to scale up or scale down where necessary</li> <li>▪ Consolidation of smaller providers would reduce backroom staff, economies of scale</li> </ul>	<p>Added an objective to include innovation and invest to save models e.g. Provide block gross grants to low unit rates e.g. sheltered.</p> <p>Included flexibility in contracts and composite contracts where a provider holds a single contract for a number of similar services.</p>

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<u>Funding and Rates</u>		
	<ul style="list-style-type: none"> <li>▪ Consider greater use of alternative funding streams. Liaise with other public sector organisations to make the financial pot bigger</li> <li>▪ £72.8m budget is not enough for the services demanded, so, how do we grow the pot</li> <li>▪ Strategy should be based on the priority areas of SNA</li> <li>▪ Strategy to consider how funds can be best used</li> <li>▪ Joint funding element would benefit from further consideration</li> <li>▪ Services are under resourced.</li> <li>▪ Standard rates are welcome but need to consider similar services and account for rurality, specialist services etc, not comparing like with like, there is a strong rationale as to why some cost more.</li> <li>▪ Gap is getting bigger and the funding envelope is not changing</li> <li>▪ SROI- is useful indicator as Provider services are not just SP it's the wider social return providers deliver</li> <li>▪ PIF should be extended over a longer period of time</li> <li>▪ Often lowest paid doing most complex work</li> </ul>	<p>Added a specific objective to close the 14% gap between need and supply. Developed a refreshed and up to date SROI research to enhance the SP profile.</p> <p>Further develop and influence relationships with other departments and organisations.</p> <p>Identify outliers across services with a view to rebalancing and redistributing funding.</p>
<u>Staffing</u>		
	<ul style="list-style-type: none"> <li>▪ Staff retention is an issue and staff have not had a salary increase</li> <li>▪ Have to look at staffing levels and training and support</li> <li>▪ Health and Well- being of staff and service users – fatigued; coming out of lockdown – coping mechanisms, specialist training, specialist accommodation in the right locations</li> <li>▪ Staff need protected time away for training to recover and rebuild from Covid19</li> <li>▪ Salary level of staff – staff receive lower rates of pay, support workers are tired, organisations cannot reward them financially which may result in difficulty in retaining</li> </ul>	<p>Developed a refreshed and up to date SROI research piece with a view to raising SP profile. Continue to seek additional funding for staff, PPE etc. for delivery during the pandemic and for recovery and resilience.</p>

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	<p>experienced staff.</p> <ul style="list-style-type: none"> <li>▪ A service needs to be able to attract the right type of staff for the type of work. The pay needs to reflect the challenges</li> <li>▪ Strategy references complex needs and the fact that people are presenting with much higher needs - housing Support staff are taking on the role of a lot of other agencies.</li> </ul>	
<b><u>Strategic Direction</u></b>		
	<ul style="list-style-type: none"> <li>▪ Strategy should be a driver, enabler, and reflect aspiration</li> <li>▪ Strategy to be a live and dynamic document – not constrained by funding pot</li> <li>▪ SNA is a fundamental.</li> <li>▪ Action plan – can it be updated as a rolling plan and updated across the 3 years</li> <li>▪ There could be stronger link between SP, homeless and supply strategy</li> <li>▪ Strategies should be longer and maybe look at a 10 year strategy. Longer strategies can have a better roll out and long milestones</li> <li>▪ Welcome the opportunity for further co-production/co-design.</li> <li>▪ The strategy could be more focused.</li> <li>▪ Strategy to consider how to protect budget but still deliver on new and different models</li> </ul>	<p>Maintain dynamic approach. Further co-design and co-production.</p> <p>Condensed the document and removed research into Appendix. Refined the operational actions. Redrafted to be more ambitious and not constrained by funding restrictions.</p>
<b><u>Service models</u></b>		
	<ul style="list-style-type: none"> <li>▪ Floating Support has been a great success</li> <li>▪ Need more floating support and need it now, there is a massive and increasing backlog</li> <li>▪ Strategy to consider how to protect budget but still deliver on new and different models</li> <li>▪ Agreed that while additional floating support was important there is still an unmet need for accommodation for service users – capital development needed</li> <li>▪ Older People reluctant to go into care and health tell us that demand for sheltered will</li> </ul>	<p>Explore gaps in service provision and fund new, extended or reconfigured services.</p> <p>Maintain close contact with Health regarding changes in Care Home demand.</p>

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	<p>sky rocket</p> <ul style="list-style-type: none"><li>▪ Need peripatetic support models</li><li>▪ Increased need for temporary accommodation</li><li>▪ There won't be a one size fits all solution</li><li>▪ Housing First will pay dividends – needs a leap of faith and trust</li><li>▪ Services need to adapt - cannot be a 9-5</li><li>▪ Early intervention, housing pathway, good cross departmental working and prevention of youth homelessness.</li></ul>	
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## Service User Voice - Supporting People Three Year Strategic Plan

Listening to service users views and building these into our strategy is essential, therefore central to the approach of developing this strategy, has been stakeholder engagement. We produced a quick read document to share with service users accompanied by short films explaining what the Supporting People Programme does and some examples of recent projects. We provided feedback mechanisms online, Email and paper response options. We received 181 responses proportionately covering the four thematic areas, including accommodation based and floating support services. We have weaved this feedback into the actions in each of the thematic areas. A high level summary of the feedback is summarised below;

95% of respondents said they were happy with their support service. Common themes being happy with the support offered, feeling safe and secure; staff going the extra mile for them, keeping their spirits up during lockdown, helping them with their medication and appointments, help with laundry, and feeling they would have failed without the support.

46 service users, mostly from homeless and young homeless said that they were offered no choice about where they could live and felt they had to take the first available place with support.

Across the thematic areas, service users said they accessed floating support or supported accommodation to have more independence, relationship/family breakdown, mental health issues, safety and security, isolation, struggling to live alone or because they were homeless.

Similarly, across the thematic areas, service users said the best thing about the support provided was feeling safe, maintaining independence, social activities, WiFi, someone to talk to, 24 hour support, feeling well informed, reassurance, meeting other similar people and being treated with respect.

Of the 25 (15%) of service users who said they would make changes to their support said that they would like more support hours, more activities and quicker move on (homeless service users). Similarly, improvements that were suggested were more support hours, better communication, stricter controls on drugs and rules to be updated.

Service users also told us that they would like to find permanent housing quicker and did not like feeling like they were “left in limbo”.

They said they wanted security in the funding to their service, they were anxious hearing about cuts and they wanted to see and hear more about the work of Supporting People.

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In the next three years they said we should;

- Continue support for mental health,
- Engage more with residents (face to face if possible)
- Increase funding and provide stability of funding;
- Increase choice, number of places available and accessibility

	<b>What they like about the service</b>	<b><i>What should we focus on in the next 3 years?</i></b>
<b>Older People</b>	<p>Increased independence and feeling of security</p> <p>Supports with practical things e.g. help with phone calls, picking up medication, the assurance of the Telecare system</p> <p>Social aspects like engaging in social activities, having someone to talk to</p>	<p>More places made available to people that require supported accommodation</p> <p>More flexibility for Floating Support</p> <p>Increased staff hours and face to face contact with services users</p>
<b>Young People</b>	<p>Safe and stable accommodation</p> <p>Support from staff whenever needed – always someone to talk to.</p> <p>Help with managing a home and independent life skills e.g. budgeting, cooking and cleaning, applying for courses</p>	<p>Increase contact with young people, taking their views into consideration</p> <p>Providing more opportunities for young people to engage in activities they can look forward to</p> <p>Support for young people that will prevent recurring homelessness</p>

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<b>Disability &amp; Mental Health</b>	<p>Feeling safe and having a support system in place</p> <p>Being supported to live independently</p> <p>Opportunities to engage in social activities</p>	<p>Continue to provide funding to these services and increase where needed</p> <p>Consider extending time period for accessing Floating Support</p> <p>More accommodation based services</p>
<b>Homelessness</b>	<p>It provides a safe environment to live when getting ready to move on</p> <p>Support from staff in accessing services e.g. support with addictions, counselling, applying for benefits, housing advice</p> <p>Emotional support from staff and having regular contact</p>	<p>Continued funding for Floating Support services to employ extra staff to support those at risk of becoming homeless</p> <p>Increased funding for single person accommodation</p> <p>More permanent housing to be made available</p>