

North East Region Cost Benefit Analysis and Lessons Learnt From Supporting People

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Outcome data for the following client groups:

- People with alcohol problems
- People with drug problems
- Women fleeing domestic violence
- Homeless families
- People with mental health problems
- Offenders
- Single homeless people
- Teen parent
- Young people at risk
- Young people leaving care

Economic status by client group – client record data

Single homeless – economic status by authority

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1. Summary

Project Brief

- 1.1. The brief for this project was to evaluate both the cost-benefits of the Supporting People programme in the North East region and the potential efficiencies that are achievable through the use of common commissioning practices. One of the original drivers for the project was the inclusion of Supporting People funding in the area based grant, however, with the new government, the context has changed and an additional driver is the need to manage considerable financial cuts across local government.

Methodology

- 1.2. For the cost-benefit analysis the model created by Cap Gemini for the Department of Communities and Local Government in 2009 has been used as a starting point and spreadsheets created for the regional and each of the thirteen authorities¹. Local data on the SP provision has been used and local social care costs have been used from PSS EX return for costs of registered care, home care and day care for adult social care clients. This has provided local data for key elements of the analysis.
- 1.3. Current practice in commissioning in the North East region in both Supporting People and Adult Social Care has been researched though interviews with commissioners in each authority. This has been further supplemented through identification of good practice and innovative ways of working across the country from the consultants' experience, internet research and a trawl for good practice amongst practitioners. Good practice examples have been made available via a website.

The changing context

- 1.4. There are several changes to the context of service delivery that will impact significantly over the next few years.
 - The government has made it clear that there will be a very significant cut in public spending and initial cuts have included the Supporting People administration grant.
 - The abandonment of the Comprehensive Area Assessment by the Audit Commission changes the way in which the programme will be assessed, with a consequent change to local rather than national scrutiny of services and a greater emphasis on local rather than national targets and priorities.
 - The roll out of personalisation and personal budgets will have an increasing impact, initially on those services linked to adult social care provision but there is likely to be a gradual change in culture more generally and a more personalised approach across the board.

¹ The Model has been used with 2008/9 data for SP services and social care costs but other assumptions have not been inflated for technical reasons. This is not considered to have any material impact as the figures used in the model are not actuals but are broad assumptions.

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- A further change that may impact on commissioning both Supporting People and adult social care are proposals for a radical shake up of the NHS. The government is proposing that the PCT's current commissioning role is passed to GPs.

Findings

Cost-benefit analysis

- 1.5. This exercise clearly demonstrates that taking money out of the Supporting People programme will result in increased expenditure elsewhere. Much of the impact is generated in reduced criminal justice and health costs and these sectors will benefit particularly from continued provision of the Supporting People services. In the context of constraints in public expenditure it will be important to continue to maximise these benefits and this is likely to require joint working with and support from other sectors on delivery.
- 1.6. Applying the Cap Gemini Model at the regional and individual authority level illustrates the difficulty in applying average assumptions to services which are quite different; low cost services always produce a better result from the calculations but without understanding in detail the level of needs of the clients and the actual outcomes generated this hugely oversimplifies the position. High cost services working with very complex clients may have considerably more impact.
- 1.7. When looking at their individual spreadsheets it is recommended that the outputs from the model are used as 'can openers' to look more closely at services rather than accurate indicators of the expenditure avoided.
- 1.8. It is also very important to consider the un-costed benefits particularly when looking at services for excluded groups, young people and homeless families. Many of these services work within local strategies to deliver local priorities, however, discussions at the project work groups highlighted weaknesses with the national outcome data which consequently did not always help identify how services delivered on key priorities.
- 1.9. The impact of SP services is very different for those clients for whom there is no statutory duty to provide a service compared to those for whom the authority will have an ongoing responsibility. Where there is no on-going duty the assumption is that in the absence of SP funded services no alternative will be provided. This applies to single homeless people, homeless families, women fleeing domestic violence, young people (except those leaving care) and some people in mental health services.
- 1.10. Overall withdrawal of these services will contribute to;
 - increased costs for the criminal justice system
 - increased homelessness and evictions
 - increased health costs
 - failure to reduce substance misuse
 - failure to address social exclusion
- 1.11. The impact for clients is an inability for many to escape cycles of homelessness, deprivation, offending and substance misuse. Because the

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model does not capture the impact of long term benefits of such reductions in costly behaviour, such as offending or substance misuse, the overall impact of these services is underestimated. An over-reliance on strictly financial data will not reflect the overall contribution of these services to the local area and local strategies.

- 1.12. The picture is different for services linked to a statutory duty for the provision of adult social care as authorities will need to consider how to meet a client's needs in the absence of SP funding. Although the original Cap Gemini report suggested that Supporting People funding resulted in a pattern of services that would be inherently different if SP funding is withdrawn, in reality SP funding is used to contribute in the main to the services that are the preferred option. The challenge for authorities, if SP funding is reduced is to deliver the same service for less.
- 1.13. Supporting People services also help authorities with their duty to provide accommodation for 16 & 17 year old care leavers and in the absence of SP funding these services would still be required.
- 1.14. The model demonstrates that, for older people services that prevent or delay admission to registered care, there are significant financial benefits. The challenge with Supporting People funding is to target funding as services that genuinely deliver such outcomes. Widespread expansion of services will dilute the outcomes.

Applying the lessons learnt from Supporting People

- 1.15. Key learning points from the Supporting People programme are set out below. The research into commissioning practices in the North East shows that the authorities are in different places in relation to different aspects of the practice discussed and will therefore make individual assessments of what is applicable locally.
- 1.16. There have been considerable benefits from collaboration in the Supporting People programme. It has enabled sharing of costs, expertise and data. There will continue to be opportunities for benefiting from collaboration. These include :
 - Developing new areas of work in housing related support services and adult social care:
 - Measuring outcomes being achieved by housing related support (HRS) services is an area that is still developing nationally. It was clear from workshops held during this project that the national SP framework does not fully meet local requirements and there is an opportunity to share costs, information and expertise through collaboration in developing more local outcomes for both SP services and for adult social care services.
 - Personalisation in SP funded services is also currently underdeveloped and again there will be benefits for looking at this together.
 - Assessment of providers that work across more than one authority either through accreditation or through the PQQ stage of tendering or Framework Agreements.

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- There will be ongoing benefits from procuring jointly with groups of authorities or other agencies.
- 1.17. Collaboration between council departments is also important, for example on delivering both support and care services to older people. Reducing the number of agencies involved in service delivery to a single individual should be achievable with greater collaboration.
- 1.18. Section three highlights the reductions in spending that SP services bring for other parts of the public sector, especially the criminal justice system and health services. It is important that the contribution that SP services is recognised by these other public services and collaborative working across public sector agencies improved to reflect the shared benefits.
- 1.19. In order to get maximum benefit from collaboration, authorities should consider the extent to which they will benefit individually as the benefits will vary between authorities. When an ongoing commitment will be needed to deliver the benefits, authorities will also need to be sure that this is understood and planned for.
- 1.20. The benchmarking of costs has proved extremely useful for SP and adult social care services when it is done well, takes account of service quality, performance and outcomes and is consistently applied. Continuing to invest in benchmarking will continue to support efficient service delivery. The cost-benefit exercise has demonstrated the limitations of looking separately the different funding streams in joint funded services and developing a benchmarking approach to these services would be beneficial.
- 1.21. As cost is only one element of value for money, performance monitoring of contracts remain crucial and further developing this in terms of outcomes for clients in both SP services and adult social care should be prioritised, including assessing how this can be achieved with personalised services.
- 1.22. The application of quality standards has proved hugely beneficial in SP funded services and has delivered demonstrable quality improvements. The North East has already developed its own approach to quality in care services and the implementation of the North East Care Standards should bring similar benefits to the SP QAF.
- 1.23. To deliver the benefit of continuous improvement authorities should maintain an on-going programme of quality review but bearing in mind restricted resources, these should be targeted at poorer performing services.
- 1.24. Contract and performance management are also key tools to delivering quality as they can highlight problems as they occur and keep a focus for both providers and commissioners on service delivery during the contract period. Again cost effectiveness can be delivered through targeting of resources on services that carry the most risk because of cost, client group or returns indicating poor performance.
- 1.25. Applying the same contracting arrangements to in-house as well as external providers not only supports quality improvements within these services but

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also reduces the risk of challenge from external providers regarding the lack of a level playing field.

- 1.26. With the removal of the SP administration grant to local authorities efficiency in administration is more important than ever. Reducing duplication to improve efficiency is an important step. Several authorities have already taken steps to bring the SP and ASC teams together; streamlining processes and pooling funding to deliver a single process for commissioning, procurement and contract management seems a logical step.
- 1.27. Targeting resources through risk management is another sensible step and, with reduced resources, will become increasingly important. SP teams have focussed on the highest cost contracts, the most vulnerable clients or those where clients pose the highest risk to others or those where performance indicators highlight a cause for concern.
- 1.28. With the increasing personalisation of adult social care service authorities will want to ensure that clients can be offered good quality services at a reasonable price. Some authorities in the North East and elsewhere have developed framework agreements to deliver a list of approved providers with agreed prices for their adult social care services. SP teams may also want to look at this approach which has been used elsewhere in England to purchase housing related support services. Framework Agreements allow authorities to continue to monitor quality of service, stability and capacity of provider and costs. This is an area where collaboration can reduce costs. It can also increase the range of providers by bringing together providers from across a wide area into a single process.

Authority checklist

- 1.29. The authorities in the region have a wide range of practices and have taken different approaches to many aspects of the work discussed above. Below is a checklist of good practice which can be used to identify areas for improvement:
- 1.30. Authorities should:
 - have a system in place for the regular review of quality of all services it funds regardless of funding stream; the frequency of review should reflect current quality and on-going performance indicators, applying either the newly developed North East Care standards or SP QAF as appropriate;
 - have a robust system of contract and performance management for all the services that it funds that reflects risk;
 - have processes in place to benchmark costs that compares costs, quality, performance and outcomes with comparable authorities or others in the region, that takes account of the type of service so that comparisons are made on a like for like basis;
 - streamline commissioning, procurement and contract management processes to eliminate duplication and bring joint funding arrangements into a single process;

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- identify opportunities for working collaboratively with other authorities or agencies where this will reduce costs and/or improve the quality of work through access to wider information and expertise;
- identify opportunities for collaborative working between departments to achieve efficiencies and service improvements; and
- review their procurement processes against the full range of practices to establish whether there are alternatives that are more cost effective, including joint procurement and framework agreements.

Recommendations

- I. Authorities should review the checklist in paragraph 6.21 above to assess their own performance on each of the elements; they should make use of the experience of other authorities in the region that have used different approaches to determine how to improve performance.
- II. Individual authorities should consider whether there is potential for collaboration on developing personalisation and an element of personal budgets within SP block contracted services.
- III. Authorities may use the cost-benefit spreadsheet to help them identify which services are most effective locally. It is critical however that any such process should take account of limitations of the standard assumptions within the spreadsheet. They should consider the nature of the services, the needs level of clients and un-costed benefits as well as the financial indicators from the model. Where other public sector organisations are identified as benefiting from reduced expenditure as a result of SP services, authorities should seek to develop joint working and where possible joint funding of the relevant services by partner agencies.
- IV. The authorities in the region should investigate developing a regional approach to monitoring outcomes that will help in more clearly identifying how SP funded and adult social care funded services help the authority and its strategic partners deliver their priorities. Specific outcomes for individual service types can be developed to show more specifically how services contribute to the delivery of local targets.
- V. The authorities in the region should explore whether their approaches to the procurement of services would be more efficient if groups of authorities developed a joint approach to the assessment of potential providers and whether there is scope for the use of framework agreements for future contracts.
- VI. The project group should consider how to take forward the recommendations in this report relating to collaborative working.

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2. Introduction

Project Brief

- 2.1. The brief for this project was to evaluate both the cost-benefits of the Supporting People programme in the North East region and the potential efficiencies that are achievable through the use of common commissioning practices. One of the original drivers for the project was the inclusion of Supporting People funding in the area based grant however with the change of government the context has changed and an additional driver is the need to manage considerable financial cuts across local government.
- 2.2. There are three key outputs for the project:
- A cost-benefit analysis of the SP programmes in the North East region building on the Cap Gemini reports for the CLG in 2007 and 2009. This analysis should use local data as far as possible and focus on the cost comparison of the SP service cost being directly compared against the cost of the service(s) that have been foregone.
 - An analysis of what an increase in spending on housing support services through the SP Programme would cause, in terms of an accurate projected further saving in Social Care and Health budgets. However, the emphasis has changed on this element because of the change of context emphasis on cuts in the public sector.
 - A report summarising the commissioning practices used in the SP Programme which recommends which of these practices can be used in social care commissioning with either a cashable efficiency in staff time or practice. The study should also identify how good practice in the commissioning of Outcomes Based Models can be used in social care commissioning.

Methodology

Cost-benefit analysis

- 2.3. We have used the Cap Gemini Model² as a starting point and created a regional spreadsheet and one for each of the thirteen authorities³. Local data on the SP provision has been used and local social care costs have been used PSS EX return for costs of registered care; home care and day care for adult social care clients. This has provided local data for key elements of the analysis. However care must be taken when making comparisons as the basis for the SP and social care data are not the same; social care data

² Research into the financial benefits of the Supporting People programme, 2009, Department for Communities and Local Government July 2009.

³ The Model has been used with 2008/9 data for SP services and social care costs but other assumptions have not been inflated for technical reasons. This is not considered to have any material impact as the figures used in the model are not actuals but are broad assumptions.

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includes central costs whilst SP service costs only include the contracted price.

- 2.4. The assumptions within the model were explored with the North East local authorities and where they were considered not to apply locally the model has been adjusted. The detail of the adjustments is covered in the relevant section.
- 2.5. Additional information on the impact of some of the client groups has been reviewed and where relevant included in the text. The aim has been to only include robust information to ensure that conclusions are reasonable.
- 2.6. The information has been further analysed alongside Supporting People outcome data and client record data to look at wider aspects of the services and compare with the national picture.

Lessons learnt from Supporting People

- 2.7. We have researched current practice in commissioning in the North East region in both Supporting People through interviews with commissioners in each authority. We have further supplemented this through identification of good practice and innovative ways of working across the country from the consultants' experience, internet research and a trawl for good practice amongst practitioners. Good practice examples have been made available via a website.
- 2.8. The areas covered are:
 - An outcome based approach to commissioning
 - The common quality framework called the Quality Assessment Framework (QAF)
 - The use of common contract monitoring measures
 - The pass-porting of accreditation of service providers
 - The pass-porting of quality scores across Local Authorities
 - The benefits of regional and sub-regional cost benchmarking clubs
 - The use of a common approach towards assessing services' Value for Money
 - The use of common procurement methods where identified.

Supporting People Quality Assessment Framework analysis

- 2.9. In addition to the review of how the SP teams in the North East have used the Quality Assessment Framework (QAF), a further assessment of the impact to the QAF has been carried out. The outcome of the reviews of randomly selected services has been compared and improvements tracked. Scores have been awarded to each element of the review ranging from 1 for a level D (lowest) to 4 for level A (highest). The average scores for services from a number of authorities were analysed for successive rounds of reviews.

The changing context

- 2.10. There are several changes to the context of service delivery that will impact significantly over the next few years. Firstly, the government has made it clear

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that there will be very significant cuts in public spending and initial cuts have included the Supporting People administration grant. An additional focus of this project is therefore to help authorities understand what the Supporting People programme delivers locally and which aspects are the most cost effective in meeting local priorities.

- 2.11. The abandonment of the Comprehensive Area Assessment by the Audit Commission changes the way in which the programme will be assessed, with a consequent change to local rather than national scrutiny of services and a greater emphasis on local rather than national targets and priorities. In the past an element of the assessment of SP services has been their contribution to meeting national targets but this is likely to be of lower importance in the future.
- 2.12. The roll out of personalisation and personal budgets will have an increasing impact, initially on those services linked to adult social care provision but there is likely to be a gradual change in culture more generally and a more personalised approach across the board. This will mean less block purchasing of services and more individual purchasing from a much wider range of providers. This will bring challenges for commissioners in ensuring service quality, value for money and safeguarding individuals from abuse and neglect. It is important to assess the lessons learnt from the block purchasing arrangements of the current supporting people programme against this changing landscape.
- 2.13. A further change that may impact on commissioning both Supporting People and adult social care are proposals for a radical shake up of the NHS. The government is proposing that the PCT's current commissioning role is passed to GPs. There is no detail on what this might mean at the moment but it calls into question the ongoing involvement of PCTs in any joint commissioning; pooled funding or joint funding of services.

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3. Costs and benefits of SP programme in the North East region

The model used in this exercise uses average data to assess the expenditure that has been avoided through the Supporting People funded services. The use of average data in this way means that the outputs of the models are indicators of the potential impact of services but are not accurate calculations. Further investigation should be undertaken before any decisions are made about the future of services.

Benefits that have not been costed should also be considered in the decision making process.

The Cap Gemini Model

- 3.1. In July 2009, Cap Gemini produced a report commissioned by the Department for Communities and Local Government (CLG) into the benefits of the Supporting People which built on an earlier report by Matrix, published in 2006. The model developed by Matrix and refined by Cap Gemini compares the total annual cost to the public purse for a client in receipt of an SP service with an assumed counterfactual scenario of alternative provision in the absence of SP services. The costs include adult social care; housing; costs to the criminal justice system; health costs and welfare benefit costs.
- 3.2. The model sets out to capture public expenditure that would occur if the Supporting People service were not available. This can occur in two ways:
 - expenditure avoided by public sector organisations because clients change their behaviour, an example of this is reduced offending which leads to less expenditure in the criminal justice system;
 - or, where people have needs that are covered by a statutory duty or could result in hospital admission, the model explores the cost of alternative accommodation or a stay in hospital and also adjusts behaviour costs to the changed setting i.e. people who are in hospital will not be able to commit crime.
- 3.3. In some cases the alternative is calculated to cost more than the 'with SP' scenario, in others the calculation shows a reduced cost. The reasons for this are explored in more detail in the sections below.
- 3.4. Inevitably the model works on average costs and average clients and there are many scenarios which diverge from the average. The comparison is between a year with SP services and the same period without SP services and cannot take account of any long term benefits; there are numerous benefits which are not costed because it is too difficult to do so. These weaknesses notwithstanding, the model has been used to demonstrate the cost benefits of the SP programme on a national basis; it provides a consistent framework for comparing between authorities and regions and in reality measures most of the elements for which it is possible to provide a credible figure.

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- 3.5. When we looked at some of the assumptions in the model for alternative, 'without SP' scenarios, local SP leads considered some of them to be unrealistic and where possible we have made adjustments to the model or have covered this in the text. For example, it is not considered likely that all clients currently in an SP service for drug users would be placed in residential rehab or hospital care in the absence of the SP service, although that is the basis of the Cap Gemini Model. Where adjustments have been made to the model these are set out in the sections below where the findings are discussed in more detail.
- 3.6. The un-costed benefits are often very important but may be due to a range of inputs so they are difficult to attribute. For example, supporting homeless people to acquire qualifications or work-like experience to equip them to enter employment will, in the long run, improve their health and well being as well as potentially decreasing benefit payments and increasing tax payments. However, assessing the specific contribution of supported housing, in what can be a long personal journey, is difficult, although we do know how important it is to have a stable home to enable personal journeys of this nature.
- 3.7. The negative impact of homelessness and temporary housing on children has been documented, and support to prevent repeat homelessness and help families reduce the negative impact of temporary accommodation, can have long term benefits on very young lives. Enabling young people at risk to develop a positive pathway is hugely beneficial if they can be diverted from criminality and chaotic lifestyles. But costing the potential contribution from Supporting People services to successful outcomes is not possible in absence of comparative studies over a period of time.
- 3.8. In exploring the benefits of services we have used the nationally gathered outcome data which provides information on both the proportion of clients with specific needs and the extent to which these needs have been met. For example, we have looked at the proportion of people with mental health problems and substance misuse problems in single homelessness services as this gives a better picture of the needs of clients than the descriptor 'single homeless'. There are limitations to this data as, for example, for people with a substance misuse problem it reports on whether their substance misuse has reduced but does record whether clients have accessed treatment or whether their use has ceased. For people with debt problems it records whether their debt has reduced but does not cover key issues such as people in temporary accommodation paying off rent arrears that have been preventing a move to permanent accommodation. Some authorities e.g. the East Midlands have introduced additional local outcomes for services to gather more specific local data to help assess the local impact of services.
- 3.9. We have also used client record data which provides details on clients as they enter services, for example the proportion of people entering mental health services who are subject to a Care Programme Approach (CPA).

Benefits of Supporting People funded services in the North East region

- 3.10. This section looks at the projected public expenditure avoided through the

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use of SP services for groups of clients at a regional level and picks out authorities that have a significantly different output from the average. The summary output from the regional model is attached at Appendix B and this sets out the detail of the amount spent and expenditure avoided under each heading for each client group. Each authority has received a spreadsheet with their local data and will be able to compare the local outcome with the regional average. Appendix C sets out the calculated expenditure avoided as a percentage of SP spend by client group and local authority.

Socially excluded clients

- 3.11. This group includes single homeless people, people with a substance misuse problem and offenders. There is considerable overlap between these groups with many homeless clients and offenders having a substance misuse problem, or having a history of offending and all four groups have significant levels of mental health problems recorded in the outcome data. The full outcome data for each of these client groups are set out in detail at Appendix D.

Table 1: needs and outcomes for socially excluded clients

Client group	Paid work	Education/training	Mental health	Substance misuse	Statutory orders
% with need/% having need met e.g 33% of homeless clients needed paid work and 19% of this 33% were successful in finding some.					
Homeless	33/19	51/66	33/74	43/52	24/72
Drugs	30/14	61/46	35/66	90/74	36/76
Alcohol	24/11	43/52	41/72	91/67	24/85
Offender	39/17	57/51	64/62	31/84	77/79

- 3.12. Compared with national data there is a greater need for training and education in the North East; more clients with a substance misuse problem want to find work, physical health needs in these groups are higher and a greater proportion of single homeless clients and offenders have a substance misuse problem than the national average.
- 3.13. Overall the model produces the following:

Table 2: cost-benefit summary for socially excluded client groups

Client group	Number of units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Single homeless settled	1,811	£7.5m	£2.9m	38
Single homeless temporary	605	£4.0m	£4.9m	123
Offenders	426	£2.7m	£2.0m	74
People with an alcohol problem	287	£1.4m	£2.3m	163
People with drug problems	221	£1.6m	£1.1m	68
Total	3,365	£17.3m	£13.2m	72

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- 3.14. Regionally the largest proportion of funding in this group is spent on services classed as 'single homelessness settled'; 'single homeless temporary'; and 'offenders', with smaller amounts on people with drug or alcohol problems. The key expenditure avoided captured in the model for this group as a whole is a reduction in costs to the criminal justice system of £13m, from reduced offending and a reduction in the cost of residential rehab and hospital care for people with a substance misuse problem of £6.3m [see Appendix B].
- 3.15. The original model assumed that all clients with a drug problem would either be in hospital or residential rehab in the absence of SP services and 60% of clients with an alcohol problem would be in residential rehab. The financial benefits from these assumptions were enormous and suggested huge amounts of expenditure were avoided. However, these are not considered to be realistic scenarios within the North East region. For clients with a drug problem it was also assumed that their offending would be reduced by 5% and this was considered too low. The model has been adjusted on the following basis:
 - For clients with an alcohol problem the assumption is that that 80% will stay where they are and cope to some extent without an SP service, 10% will be admitted to rehab and 10% to hospital. This is based on estimates agreed by the project group.
 - For clients with a drug problem the same assumptions about rehab and hospital admissions have been applied and SP services have been assumed to support clients in reducing their offending by 20% on the basis that people in SP services are likely to be some of the more problematic drug users and that being in an SP service will help them manage their drug usage e.g. by staying on methadone. Not having an SP service would mean that they are more likely to relapse and those that commit crime to pay for their habit will go back to it.
- 3.16. Additional financial benefits are seen in housing and homelessness with reduced homelessness presentations, lower housing costs and reductions in tenancy failure events. £4.4m of expenditure is calculated to have been avoided on homelessness presentations and tenancy failure.
- 3.17. Many of this group of people will fit the criteria for statutory homelessness and the closure of Supporting People services would result in homelessness services acquiring the responsibility for housing and placing people in temporary accommodation such as B&Bs. Client record data (2008/9), Appendix D, shows that 44% of single homeless service clients are statutorily homeless and just over 50% of clients are referred or nominated by housing authorities. The other 50% of clients may not have been assessed for homelessness as many were self referrals or referrals through voluntary agencies. Across the region 62% of moves from single homelessness services were planned, indicating that a high proportion was being helped to avoid repeat homelessness, reducing the demand on housing and homelessness services.
- 3.18. The high level of needs of this group are illustrated through the outcome data (Table 1, Appendix D) which records which needs clients have as well as

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whether these needs have been met. There are high proportions of clients with mental health problems and substance misuse problems across the group. Not surprisingly very few are in work. On entry to the services approximately 10% are employed, with no significant change between entering and leaving services; a far higher proportion have a need for training as opposed to work, and outcome data shows that meeting this need is more successful than meeting the need for work.

- 3.19. There are considerable benefits in reducing the offending of problematic drug users, who have been calculated to cost the public purse £44,000 per year, mostly through crime and the costs to the criminal justice system. In 2008 the DoH estimated that the cost to the health services of alcohol misuse is £2.7bn (2006/7 prices).
- 3.20. Benefits not included in the model for clients in this group as a whole are:
 - The long term health benefits of reducing or ceasing substance misuse
 - The long term reduction in criminal justice cost associated with problematic drug users reducing or ceasing their drug use and ceasing to commit crime to support their habit
 - The long term reduction in criminal justice costs when offenders are supported to cease or reduce their offending
 - Reductions in fear of crime and anti-social behaviour
 - The long term social benefits for people with multiple problems, currently wholly dependent on benefits, to improve their chances of employment, reduce their reliance on benefits and pay some tax when in a stable living environment and supported to improve their independent living skills.
- 3.21. There is little research into the long term impact of supported housing. However a local provider that works with offenders, Foundations, has very recently completed research into the repeat offending of people who have been through their services. Working with the police and probation service they compared the level of offending before entry to the service within two years after leaving. The result were that of 75 clients:
 - 39 customers ceased/maintained a cessation in their offending altogether (52%)
 - 18 customers decreased their offending (24%)
 - 2 customers had no change in their offending (3%)
 - 16 customers increased their offending (21%).
- 3.22. Further information can be found in *Housing Support and Reducing Re-offending. A longitudinal study in the impact of housing support provision on reducing and tackling social exclusion*, Foundation, 2010.
- 3.23. Not all residents of these services will achieve the outcomes identified above but the benefits to those that do are considerable. Supporting People services cannot deliver all these outcomes alone but stable accommodation and developing independent living skills are an essential element in making progress.
- 3.24. Overall these services contribute to:
 - reduced re-offending
 - reduced homelessness

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- steps to increase the employability of the clients, albeit that for many this is a very long term benefit
 - reductions in substance misuse
 - improved health and well being
 - improved social inclusion
- 3.25. In a time of recession this group of people are also likely to have increased difficulties in accessing work as they compete with people who have recently lost their jobs.
- 3.26. Although the pattern of calculated expenditure avoided is fairly consistent and shows a positive outcome in most authorities for all clients in this group, some authorities show comparatively low gains for their 'single homeless settled' services. Gateshead has a negative figure for their 'single homeless temporary' clients and Middlesbrough has a small negative impact for their offender schemes whilst Hartlepool's is neutral. Since the model makes standard assumptions about the outcome from services, higher cost services automatically show lower or negative financial outcomes.
- 3.27. Services for people with alcohol problems show considerable variations reflecting very different service types. Hartlepool shows a negative outcome at -47% whilst Sunderland shows a positive 335%. Hartlepool has a small, 6 unit accommodation-based service at £24,000 per unit per week, whilst most of Sunderland's provision is a 100 unit floating support service at £2,000 per unit. These services are very different in nature and the needs of the clients will be different. It is likely that the model overestimates the benefits in Sunderland and underestimates them in Gateshead.
- 3.28. There is a similar pattern with drug services where Gateshead shows the highest positive expenditure avoided but has a low cost (£2,300 p.a.) floating support service, whilst North Tyneside with a seven unit much higher cost floating support services at £13,000, shows a negative figure.
- 3.29. For services where the calculated expenditure avoided is low or negative, authorities should look at the nature of the schemes to establish if their higher than average costs are meeting the needs of clients with particularly high needs. For instance, the outcome data for offender schemes in Hartlepool and Middlesbrough show the highest levels of substance misuse problems. It is also notable that the authorities with the lowest positive outcomes demonstrated for 'single homeless settled' do not have temporary schemes for this client group and may therefore be providing support for people with needs more similar to those assumed for single homeless people in temporary accommodation.
- 3.30. Equally where very high benefits are generated by the model authorities should assess the level of needs of clients and take this into account when considering the service as large numbers of clients with very low needs may have skewed the data.

Young people

- 3.31. This group includes services for young people leaving care; young people at risk and teenage parents. The model does not generate positive expenditure

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avoided for the majority of service types. Reasons for this are:

- long term benefits from investing in the lives of young people are not captured
- SP funding may be underpinning other support services e.g. parenting support in teenage parent schemes.

Table 3: services for young people

Client group	Number of units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Teenage Parents	223	£1.6m	-£1.3m	-78
Young People at Risk Settled	1163	£5.2m	£4.3m	83
Young People at Risk Temporary	242	£2.6m	£0.6m	22
Young People leaving care	165	£1.2m	-£0.2m	-16

- 3.32. For example, concern around teenage parents includes parenting skills; the early years of children of teenage parents; preventing repeat pregnancies and the long term aim of ending the cycle of the children of teenage parents becoming teenage parents themselves. These are not issues covered by Supporting People funding and may be delivered though, for example, health visitors or Sure Start. SP funded services for teenage parents show a negative expenditure avoided except in Redcar and Cleveland but this is likely to be the consequence of SP contributing to wider aims that the model does not capture.
- 3.33. Equally, children leaving care have been highlighted as being at risk of homelessness, poor educational outcomes and offending; the responsibility of councils towards children in their care was extended by the Children Leaving Care Act 2000, so that accommodation now has to be provided for 16–18 year olds and some ongoing support up to age 21. There are National Indicators on the number of care leavers with accommodation and care leavers in education or employment. Supporting People funded services are part of an overall approach to meet these needs. At a regional level SP funded services for care leavers show a small negative expenditure avoided figure, with authority figures showing a 50/50 split between positive and negative.
- 3.34. Services for young people at risk show a positive expenditure avoided calculation for clients in settled accommodation largely linked to assumptions around reduced offending. 10% of clients in these schemes are under a statutory order from the Youth Offending Team (YOT) but less than 2% are referred to the service by the YOT. There are National Indicators on youth re-offending, young people who are NEET (not in employment, education or training) and first time entrants aged 10 -17 to the Youth Justice System, for which the North East region performs relatively badly.
- 3.35. Services for young people at risk in temporary accommodation show a net positive expenditure avoided figure across the region but within authorities

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there are mixed outcomes reflecting the varying cost of services with Middlesbrough showing a negative figure of 46%, Sunderland one of 28% and South Tyneside showing a positive figure of 170%. The Middlesbrough and Sunderland services cost over £20,000 per unit per annum, whilst the South Tyneside provision is predominantly floating support at approximately £3,000 per unit.

Homeless families

- 3.36. The model identifies expenditure from services for homeless families in temporary housing through:
 - reductions in the cost of temporary accommodation, as families are assumed to move more quickly into permanent tenancies,
 - and reduced health care costs as there are assumed to be a greater incidence of admission to A&E and general health issues as well a greater frequency of GP visits and other health 'events' for families in temporary accommodation.
- 3.37. Compared with the national average, homeless families in the North East have a greater need for support in income maximisation; debt management; accessing leisure activities; making contact with external agencies and with family and friends; and improving physical health. There are considerable differences between the circumstances of homeless households in different parts of the country; in areas of high housing stress families can become homeless through inability to afford accommodation, whilst in areas like the North East many will have complex histories of ASB and tenancy failure.
- 3.38. For homeless families on settled accommodation the model calculated that no overall expenditure is avoided; the support service is considered to reduce expenditure in health costs, tenancy failure cost and homeless applications but at a lower rate than the cost of the support service. Some authorities are using the service as part of a Family Intervention Programme which targets problematic families and works on a much wider basis than the remit of housing support. In these circumstances there may be additional benefits not captured by the Supporting People model. Significant benefits have been reported for Family Intervention Programmes and are set out in the Think Family Toolkit, Improving support for families at risk, Feb 2010. However, Family intervention projects: a classic case of policy-based evidence, Centre for Crime and Justice Studies June 2010 is more cautious about the impact.
- 3.39. Some authorities in the North East are joint funding services with the housing department and where the focus is on avoiding tenancy failure the support may be considered more directly a housing responsibility.

Table 4: homeless households

Client group	Units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Homeless Families settled	133	£0.5m	-£0.10m	-19
Homeless families temporary	173	£1.3m	£0.7m	52

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Women fleeing domestic violence

- 3.40. This is the client group where the highest and most unequivocal expenditure avoided figures are identified. Supporting women to leave violent partners avoids the health costs resulting from serious injury from an extreme event and the criminal justice costs of a prosecution for a serious violent crime. The model calculates high positive figures for all authorities with South Tyneside the highest due to having a low cost floating support service only. Sunderland has the lowest figure as it has accommodation services only. At £17,000 per unit p.a. this is not the highest cost but is at the higher end. Other authorities also have floating support services that lower the average cost.
- 3.41. Un-costed benefits include improved health and well being for the partners and children of an abusive relationship when the family manage to leave the abusive partner.

Table 5: women fleeing domestic violence

Client group	Units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Women fleeing domestic violence	428	£3.2m	£7.6m	237

Older People

- 3.42. There are three categories of service for older people; sheltered housing, extra care sheltered and 'floating and other services'. The assumption in the cost-benefit model is that all three types of services prevent older people from needing to move into registered care.

Table 6: services for older people

Client group	Number of Units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Older sheltered	19,088	£13.0m	£23.0m	177
Older very sheltered	2,077	£1.6m	£5.1 m	312
Older floating & other (8% move to registered care)	66,213	£14.1m	£120.5m	853
Older floating & other (5% move to registered care)	66,213	£14.1m	£83.1m	588
Older floating & other (2% move to registered care)	66,213	£14.1m	£45.7m	323

See paragraph 3.44 for explanation of client group variations.

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- 3.43. For older people in sheltered housing we have assumed that 15% of clients are in receipt of homecare and day care services based on current and previous analysis in sheltered housing in a number of authorities. The model assumes that in the event of the withdrawal of the support services 10% of sheltered housing residents would soon need to move into a registered care home, either because of an incident after which they were unable to return home or because of a level of frailty that required more input than was possible without the support service. The 10% figure is considered reasonable by local SP teams. Because the SP services in sheltered housing are low cost and registered care is much more expensive, preventing even small numbers from moving into a care home indicates that the SP funded sheltered housing avoids considerable additional costs. North Tyneside shows the lowest level of return with the highest sheltered housing costs. Durham has the lowest SP service cost and consequently the highest return.
- 3.44. The 'floating and other services' category is slightly more problematic. This includes community alarm services and home improvement agencies and general assumptions are not equally applicable in all circumstances. To manage this we have made three calculations with the model based on 8%, 5% and 2% of SP service recipients needing to move into registered care if the service is not available. However, the three variations in the model reflect the fact that the more widely these services are provided, the higher the proportion of users who are independent and fit and the smaller the proportion that will have been prevented from moving into registered care. This assumes that where services have a smaller number of clients these are targeted at those most at risk. All three models show significant expenditure avoided through the prevention of admissions to registered care.

Extra care services

- 3.45. Considerations for this group of services are more similar in some instances to those for services for people with a learning disability (see below). Although extra care is frequently based on a distribution of clients on the basis of one third high needs/one third medium needs/one third low needs, some services are only available to people meeting FACS⁴ criteria for services and thus are predominantly housing high needs clients. In such circumstances all the clients would be receiving their services following a FACS assessment and the authority would need to continue to provide a comparable package. In these schemes Supporting People funding will be contributing to the delivery of a statutory service and authorities would need to consider, in the absence of Supporting People funding, how best to continue to meet the client's needs.
- 3.46. For this group the link to FACS eligibility for some, if not all clients means that adult social care services would need to consider how best to continue to meet clients' needs in general and the option of simply withdrawing services in the absence of SP funding does not hold true. Solutions are likely to involve remodelling services within existing resources to meet clients' needs and may require a switch to clients with higher levels of need to maintain the service.

⁴ Fair Access to Care

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- 3.47. Transferring some clients to a registered care home would remain a possibility, although this is considered a less desirable option as it is less independent. Whilst the model suggests that registered care is a more expensive option, this is based on average homecare and day care costs, if clients in extra services have high needs the social care costs may be higher and cost of the extra care service underestimated.

Social care groups

- 3.48. This section covers services for people with a mental health problem, people with a learning disability and people with a physical disability. The issue facing authorities regarding services for clients for whom there is a statutory duty to provide a social care or mental health service are very different to the majority of services outlined above as there would remain a duty to provide a service if Supporting People funding was reduced or removed.
- 3.49. Many of the existing services are likely to have been designed as a whole to meet the needs of clients and the Supporting People element is neither an add-on nor a separately identifiable entity within the operation of the service. In reality, once a service has been designed commissioners seek to find funding from any available source and the fundamental funding arrangement was often set up prior to the introduction of Supporting People. There will have been some adjustments since the SP programme commenced to ensure compliance and in some but not all authorities there will be separate contracts. However, if authorities are faced with a reduction in funding they will have to consider how they can continue to meet their statutory obligations for these clients. The model developed by Cap Gemini suggests that registered care is often the alternative, with this assumed to be the case for 65% of learning disability clients, however in reality this will depend on local strategies and is not likely to be a preferred option where the authority has worked hard to deliver more independent services.

Learning disability

- 3.50. Services for this client group were always the most problematic for Supporting People teams because the funding from adult social care and Supporting People was combined to deliver a unified service whilst Supporting People teams have been obliged to consider the SP element as delivering a separate aspect of the service.
- 3.51. Adult social services have been focussing in recent years on increasing independent living and reducing the use of registered care. Partly as a result of this where clients with high needs are living in supported housing, the costs can be higher than registered care. The model shows that for learning disability clients the SP funded model is frequently higher cost. Unless authorities change strategy and revert to use of registered care, it is likely that they will be considering how to continue to deliver the existing services. This will be more problematic and time consuming if two funding streams are looked at separately and, where it has not already happened, managing the solutions within a single process (single commissioning, contract and contract management) would make sense at this stage.

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Mental Health

- 3.52. For mental health clients the original model still shows that SP funded services avoid additional expenditure as the alternative is assumed to be a hospital admission for 33% of clients with 8% moving to registered care and 59% remaining in the existing setting. However, local SP leads did not consider that these figures were universally applicable and we have included two additional models with 25% and 15% of clients being admitted to hospital.
- 3.53. Choosing the right model depends on the level of needs of the client and this is likely to be linked to the proportion of clients managed by the Community Mental Health Team through CPA (care programme approach).
- 3.54. The table below shows the percentage for each authority of clients entering mental health services known to be on CPA. Where the proportion of clients on CPA is below the national average, there may be a smaller proportion of clients at risk of an early hospital admission and one of the models with lower assumptions used. Where the majority of clients are on CPA, the PCT and adult social care services may be more dependent on these services for working with their client with a consequent greater involvement in decision making in the absence of Supporting People funding. The proportion referred by the CMHT is also an indicator of the proportion with severe mental health problems.

Table 7: proportion of clients in mental health services in CPA and referred by CMHT teams

Authority	Clients on CPA	Total Clients	% on CPA	% CMHT referrals
Darlington	12	43	27.9	79
Durham	Data not available			
Gateshead	12	26	46.2	50
Hartlepool	56	65	86.2	96
Middlesbrough	31	41	75.6	51
Newcastle	53	130	40.8	42
North Tyneside	31	65	47.7	43
Northumberland	Data not available			
Redcar and Cleveland	8	19	42.1	37
South Tyneside	13	39	33.3	36
Stockton	5	13	38.5	23
Sunderland	10	33	30.3	18
Region	227	612	37.1	37
England	8427	19921	42.3	35

Data for Durham and Northumberland was returned as zero

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Table 8: proportion of mental health clients moving to registered care/hospital or rehab

Admin Authority	Residential care home %	Hospital %	Residential rehabilitation service %	Total Departures
Darlington	0.0	5.9	0.0	34
County Durham	0.0	2.0	2.0	49
Gateshead Metropolitan	0.0	0.0	0.0	8
Hartlepool Borough	0.0	0.0	0.0	8
Middlesbrough	0.0	6.9	3.5	29
Newcastle Upon Tyne	1.5	0.0	1.5	67
North Tyneside	2.2	4.4	0.0	90
Northumberland	0.0	0.0	0.0	14
Redcar and Cleveland	0.0	0.0	0.0	7
South Tyneside	0.0	5.0	0.0	20
Stockton Borough	0.0	0.0	0.0	2
Sunderland City	0.0	13.3	0.0	15

- 3.55. All authorities in the region have a mixture of accommodation based and floating support services with the exception of Hartlepool which has floating support only. Generally, a range of services for people with mental health problems allows for a pathway into independent living with reduced input as clients progress. Supporting People funded services to help prevent re-admission to hospital and help patient throughput by providing a pathway from high dependency services.
- 3.56. The table above shows the proportion of clients with mental health problems being admitted to hospital, residential care or rehab from SP services by authority. Sunderland has the highest hospital admission rate by some way but a below average proportion of clients on CPA. Overall, SP services have very low levels of hospital admission or move to a care or rehab setting.

Physical disabilities

- 3.57. The assumptions within the model for people with physical disabilities are that 30% would move to registered care and there would be a significant increase in health costs for those remaining in the existing circumstances without their SP support. The model produces quite different results for authorities in the region which are a result of large variations in cost for both SP services and adult social care service. For North Tyneside the model suggests that SP services are more expensive than registered care because day care costs in North Tyneside for people with a physical disability are above average and registered care costs are below average. This means that the costs of an SP package which is assumed to include average day care and homecare costs are high whilst the alternative is low.

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- 3.58. Newcastle on the other hand has a large number (500) of low cost (218 p.a) floating support units and this results in the model generating a high level of expenditure avoided by SP services.

Table 9:social care client groups with three variations for mental health clients

Client group	Units	Regional spend	Regional expenditure avoided	Expenditure avoided as % of SP spend
Learning disability	1,569	£18.2m	-£3.8m	-21
Mental health 33% hospital admission	2,002	£12m	£14.1m	175
Mental health 25% hospital admission	2,002	£12m	£13.9m	116
Mental health 15% hospital admission	2,002	£12m	£5.1m	72
Physical disability	1053	£2.2m	£3.1m	139

Conclusions on the use of the model

- 3.59. This exercise clearly demonstrates that taking money out of the Supporting People programme will result in increased expenditure elsewhere. Much of the impact is generated in reduced criminal justice and health costs and these sectors will benefit particularly from continued provision of the Supporting People services. In the context of constraints in public expenditure it will be important to continue to maximise these benefits and this is likely to require joint working with and support from other sectors on delivery.
- 3.60. Applying the Cap Gemini Model at the regional and individual authority level illustrates the difficulty in applying average assumptions to services which are quite different; low cost services always produce a better result from the calculations but without understanding in detail the level of needs of the clients and the actual outcomes generated this hugely oversimplifies the position. High cost services working with very complex clients may have considerably more impact.
- 3.61. When looking at their individual spreadsheets it is recommended that the outputs from the model are used as 'can openers' to look more closely at services rather than accurate indicators of the expenditure avoided.
- 3.62. It is also very important to consider the un-costed benefits particularly when looking at services for excluded groups, young people and homeless families. Many of these services work within local strategies to deliver local priorities, however, discussions at the project work groups highlighted weaknesses with the national outcome data which consequently did not always help identify how services delivered on key priorities.

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- 3.63. The impact of SP services is very different for those clients for whom there is no statutory duty to provide a service compared to those for whom the authority will have an ongoing responsibility. Where there is no on-going duty the assumption is that in the absence of SP funded services no alternative will be provided. This applies to single homeless people, homeless families, women fleeing domestic violence, young people (except those leaving care) and some people in mental health services.
- 3.64. Overall withdrawal of these services will contribute to;
 - increased costs for the criminal justice system
 - increased homelessness and evictions
 - increased health costs
 - failure to reduce substance misuse
 - failure to address social exclusion
- 3.65. The impact for clients is an inability for many to escape cycles of homelessness, deprivation, offending and substance misuse. Because the model does not capture the impact of long term benefits of such reductions in costly behaviour, such as offending or substance misuse, the overall impact of these services is underestimated. An over-reliance on strictly financial data will not reflect the overall contribution of these services to the local area and local strategies.
- 3.66. The picture is different for services linked to a statutory duty for the provision of adult social care as authorities will need to consider how to meet a client's needs in the absence of SP funding. Although the original Cap Gemini report suggested that Supporting People funding resulted in a pattern of services that would be inherently different if SP funding is withdrawn, in reality SP funding is used to contribute in the main to the services that are the preferred option. The challenge for authorities, if SP funding is reduced is to deliver the same service for less.
- 3.67. Supporting People services also help authorities with their duty to provide accommodation for 16 & 17 year old care leavers and in the absence of SP funding these services would still be required.
- 3.68. The model demonstrates that, for older people services that prevent or delay admission to registered care, there are significant financial benefits. The challenge with Supporting People funding is to target funding as services that genuinely deliver such outcomes. Widespread expansion of services will dilute the outcomes.

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4. Lessons learnt from delivering the SP programme

- 4.1. When Supporting People was introduced in April 2003 the government put considerable effort into developing national approaches to the programme; encouraged collaboration in regional and sub-regional groups and funded projects to develop good and innovative practice. The introduction of a nationwide programme presented opportunities for a nationally driven consistent approach. The need to rapidly build capacity in authorities for the delivery of a completely new programme generated a considerable volume of support and guidance. When the programme was introduced, transferring funding from a range of sources to one local authority managed pot, little was known about either the cost or quality of services or the extent to which they met local needs. Much of the guidance focussed on understanding and improving quality and value for money and developing the commissioning cycle.
- 4.2. As the programme has bedded in and the ring fence for the funding been removed central government has reduced its input and many authorities have mainstreamed their SP teams. It is worth considering the legacy of the many initiatives and assessing which were peculiar to the introduction of Supporting People and which have useful ongoing application both within Supporting People and more widely.

Collaboration

- 4.3. An important feature of the roll out of the Supporting People programme was the extent to which authorities collaborated to learn together, share and develop expertise and share costs. The SPKweb also provided opportunities for staff to discuss issues on line and calls for advice or examples of how others had addressed problems were common. The benefits of joint working are reduced costs, access to wider expertise, information and data, and the ability to fund services and projects that individual authorities cannot afford.
- 4.4. Some groups of authorities worked together to share costs of work such as accreditation of providers either by sharing standards and accepting each other's accreditations or by jointly funding an external organisation to carry out the work. This is highly beneficial where providers work across several authorities in a group and repeat accreditations are avoided.
- 4.5. Other examples of collaboration are the sharing of information to benchmark services and joint development of processes for contract and performance management. Framework agreements have allowed authorities to work together to share the costs of procurement and widen the pool of providers. There are also examples of two or more SP authorities commissioning and procuring services together where there is insufficient demand within one authority. Examples of collaborative practice occur throughout the next sections.

The Commissioning Cycle

- 4.6. The commissioning cycle involves a set of process to assess which services are needed, provide the services, monitor the provision, subsequently review what has happened and re-assess the provision. The terms 'procurement'

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and ‘commissioning’ are often used interchangeably but for the purpose of this report commissioning refers to the overall strategic approach of planning provision and reviewing its operation whilst procurement is the process of selecting service providers from whom to purchase the services.

- 4.7. Considerable emphasis has been placed on developing the commissioning cycle in Supporting People, partly because the whole process was new to many in Supporting People teams. Guidance was provided on the cycle on the whole – assessing needs, comparing with provision, deciding on the services needed, procuring services and monitoring the subsequent contracts. Collaboration in commissioning and procurement have been highlighted by central government as areas where efficiency savings can be generated and the Gershon Report, published by the Treasury in 2004, pointed to considerable saving possibilities.

Commissioning and Joint Commissioning

- 4.8. The importance of taking a strategic approach to commissioning, assessing needs and provision in relation to national and local strategic priorities has been a strong theme. Commissioning decisions are expected to be made following a comprehensive assessment of the local picture and where possible different organisations or divisions within local authorities are encouraged to work jointly.
- 4.9. Joint commissioning within Supporting People has been developed where there is joint funding of services, most often with adult social care departments and with learning disability services. Where two arms of one organisation fund the same service it is difficult to argue that separate commissioning cycles with separate purchasing and contract management arrangements is efficient and assessing value for money for individual funding streams is highly problematic.

Contracting and contract monitoring

- 4.10. The introduction of contracting, instead of funding through grants and welfare benefits, brought a number of improvements as the contractual relationship brings higher expectations of the provider organisation and tools for improving delivery. Where the contracting requirements have been fully implemented for in-house services as well as external providers these improvements have been realised in the council’s own services and external providers are more satisfied that there is a level playing field between different sectors.
- 4.11. A crucial process for contracting organisations is contract management – regular monitoring of the provider’s performance against performance indicators. A national set of performance indicators and national monitored KPIs were developed for Supporting People as well as a standard workbook to facilitate quarterly returns. Authorities have developed a range of monitoring processes. Walsall updated its processes last year and produced a single set of guidance for providers, Contract Management Framework 2009, available at www.walsall.gov.uk/supporting_people.

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- 4.12. Increasingly authorities have targeted their contract monitoring on the basis of risk judged on contract size, client group and performance indicators reducing the administrative burden for both authorities and providers.

Quality Assessment

- 4.13. A major element of the central guidance for SP was the Quality Assessment Framework (QAF). CLG developed a comprehensive approach to services' quality which has been widely implemented by authorities. The QAF was revised in 2009. Many authorities continue to use the framework to regularly review their services with a risk assessment used to identify priority services. Some authorities have only carried out a single quality review but the majority have an ongoing programme.
- 4.14. In order to assess the impact of the QAF in the North East we have carried out an assessment of the extent to which services have improved over time through the application of the SP QAF. The findings demonstrate that quality as defined by the framework has improved over time (see para 4.10 for details).

Benchmarking

- 4.15. Benchmarking is used to compare costs and or performance between services or organisations. Providers often use the approach to assess how they compare to others in the field whilst commissioners can use it to compare the services that they fund both within the local area and with other authorities.
- 4.16. When Supporting People was launched national data was released for services by client group identifying upper and lower quartile costs. However this was considered by many to be too crude as very different services were included within groups. Subsequent national work developed a more sensitive analysis using further breakdown of service types. Many regions (e.g. Yorkshire and Humberside), sub-regions and individual authorities have carried out benchmarking exercises looking at hourly costs, unit costs and the proportion spent on non-staff costs and overheads. The result of this has been:
 - Improved understanding of costs by commissioners which has informed procurement and contracting processes
 - Improved understanding of competitive costs by providers
 - Hourly cost limits set by SP teams
 - Weekly unit cost limits set by SP teams
 - Contract price reductions for provider falling outside of locally defined limits
 - Increased contract prices in a small number of cases
- 4.17. For providers SITRA/House Mark and the NHF were commissioned to deliver a benchmarking tool that looks at costs, staffing and quality. For a fee providers can submit their data and receive a report comparing their performance with other similar providers in the region. A summary of the national picture is published annually. Sunderland have purchased this model and used it locally with their providers.

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- 4.18. Overall benchmarking has resulted in lower prices but this must be seen in the context of inherited services that were not priced by the Supporting People teams and where there had historically been no tool for examining value for money. Not all the gains achieved through benchmarking for supporting people will be replicable in services with a different history. However, benchmarking is less useful in joint funded services unless all the funding is taken into account.

Value for money

- 4.19. Assessment of value for money (VFM) takes account of more than just the cost of a service. VFM takes account of relative importance of price, strategic relevance, quality and outcomes. The CLG issued considerable amounts of guidance on VFM assessments and many authorities developed systematic frameworks for assessing the VFM of SP services.

Accreditation of providers

- 4.20. Delivering quality services requires good quality providers. Authorities set out to accredit providers, with guidance from CLG. Some authorities worked together to do this, developing a joint approach and then accepting each other's accreditation. The North West region has an ongoing joint accreditation approach with one authority accrediting a provider within the region.
- 4.21. The East Midlands regional group developed an early joint approach including accepting each other's accreditations but the regional operational group which established the practice no longer meets regularly and the joint approach has fallen into disuse. The shared approach was considered very effective and delivered savings through avoiding duplication of work although authorities did retain independent financial assessment of providers.
- 4.22. The West London sub-regional group joint funded an external agency to carry out all their accreditations for a five year period. New providers are expected to acquire contracts through a tender process which included a similar assessment through the PQQ, although there remains an option for new accreditation from host authorities but for a shorter period of time.
- 4.23. The introduction of Supporting People required authorities to carry out a major accreditation exercise of often large numbers of providers over a relatively short period of time. Groups of authorities have effectively worked together to share the costs and workload. However, where services are tendered the process can supersede the need to accredit providers. Where contracts are not tendered the benefits of shared accreditation processes depends largely on the number of providers delivering in more than one of the authorities working together.
- 4.24. A joint approach to price and quality across three main funding streams is demonstrated by the Care Funding Calculator produced by the South East Improvement and Efficiency Partnership (available from <http://www.southeastiep.gov.uk/toolkits>) which is a powerful tool to determine the level of care and support that a service user requires. This is then used as

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the starting point for tendering individual services with providers invited to submit proposals to meet individual needs.

Procurement and joint procurement

- 4.25. There are really big differences in the degree to which authorities have tendered services and this can depend on different legal advice regarding EU legislation or different local thresholds for the tendering of services. Some authorities have tendered the majority of services whilst others have re-negotiated contracts. Sheltered Housing services have been least subject to tendering. A recent workshop in London however identified that in those scenarios where TUPE applies contracts of three years are problematic for providers taking on staff as the opportunity for savings is limited (because staff retain their terms and conditions for two years).
- 4.26. Some of the gains from procurement in Supporting People are due to rationalising a patchwork of inherited services. In many authorities several small schemes run by multiple providers have been replaced by a single service or much smaller number to generate both cost reductions from the contract price and contract management efficiencies.
- 4.27. Competitive tendering methods include restricted tenders where a pre-tender qualifying questionnaire is advertised and providers that are successful in this process are invited to tender, framework agreements where providers bid to be included on an approved list and competitive dialogue where there are negotiations with prospective providers.
- 4.28. Procurement has been identified in the public sector generally as an area where efficiencies could be generated through greater joint working. This could be a single purchasing function within a large organisation for items that are currently purchased separately or the grouping together of several organisations to negotiate cheaper prices than individual organisations can achieve. Within Supporting People, authorities have grouped together to create a framework agreement for service providers. Providers are invited to tender to be included on a list of approved providers for a single or group of authorities. Only this list of providers will be able to bid for new services or continue to provide existing services and a pricing framework is agreed. Authorities working together share the administration work and costs, increases the pool of providers and reduces bureaucracy for providers who only have to go through the process once for a number of authority areas. The ongoing efficiency saving comes through the reduced tender work required for selecting a provider from the approved list.
- 4.29. The London Borough of Hammersmith and Fulham have used a framework agreement (developed with other West London Boroughs) extensively and have made significant savings through mini-tenders and call off contracts. Providers have tendered at prices below those agreed within the framework delivering greater savings than expected. Benefits in administration are a reduced time frame for tendering with five weeks achievable and the ability to work closely with a defined provider market (see Appendix A for more detail). The downside of joint working of this nature can be the volume of work involved as the process itself is a huge procurement exercise. For an authority working with a small proportion of the providers, or one that does

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little subsequent tendering, efficiency savings are lower. Authorities that benefit most are those with large numbers of providers and a significant tendering programme.

- 4.30. The framework approach can be applied to adult social care services whether though joint working or a single authority. The West London Alliance of authorities is now planning to deliver homecare and housing support services through a framework agreement, with clients offered a choice of provider from those included within the agreement. This approach will have further applicability with personal budgets.
- 4.31. Jointly procuring and contracting services between different organisations such as social care and health enables a single approach to the delivery of services that meet shared objectives of the organisations and reduce administration and duplication. This can also apply to different departments within the same organisation. Joint procurement is also beneficial where individual authorities or departments cannot fund a service individually either because they do not have sufficient funding or because the need is insufficient in a single authority to make a service cost effective.

Using Outcomes

- 4.32. There has been an increasing emphasis on measuring outcomes of programmes in the public sector over recent years, rather than measure inputs and processes. A national set of SP outcomes measures was developed by CLG and providers have been submitting the results of these to a central point (University of St. Andrews) where data is collated and published at the administering authority, at regional and national level. Outcomes are measured by identifying goals through the support planning process and recording whether these were met at the point when the service user left. It is also possible to measure the proportion of clients leaving on a planned basis and the economic status of clients. There is some criticism of the terms outcomes for the SP data set as some are considered to be outputs e.g. the fact of whether a client completed some training is recorded but there is no scope to identify what the training was intended to achieve and whether this was delivered; or the number of people moving on in a planned way.
- 4.33. SP teams are able to compare the outcomes of their services and look more widely at services within the region or nationally. It is, however, important to look at outcomes in the context of the services as those taking more complex clients are likely to have a higher failure rate and good monitoring will support providers to take these clients.
- 4.34. Some authorities have added local indicators to the national set. The East Midlands RIG have developed a local approach to outcomes and are gathering additional schemes specific measures via the SP workbook used for gathering PI data. An analysis of the first year's data is due shortly (see Appendix A for more detailed information).
- 4.35. The London Borough of Camden has taken a similar approach and has also developed an approach to commissioning using outcomes. Providers are asked to specify how they will deliver specific outcomes rather than specifying

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inputs (see Appendix A for more detailed information). As yet, few other authorities have developed this approach.

- 4.36. The Care Quality Commission (CQC) published a new Outcomes framework in December 2009. There are five sets of outcomes for different service types. The outcomes are used in inspection reports to include a description of the outcome that people using services should expect. This is intended to change the focus of inspection so that when assessing the quality of care services, the outcomes allow the CQC to focus on the experiences of people who use services and what's important to them. Inspectors make judgements about the quality of services against each of the outcome areas and use these judgements to work out the overall quality rating for a service.

Collaboration with the client

- 4.37. Under the heading of service user involvement there has been a very strong drive to involve service users in all aspects of Supporting People service delivery. This includes delivery of the services; quality reviews of individual services; strategic reviews of different aspects of the programme; drawing up service specifications and selection of providers. There is a wide range of practice within the North East region.
- 4.38. This is set to evolve further to meet the agenda of personalisation and Southampton Council has been involved in some innovative work on the use of personal budgets within Supporting People (see Appendix A for more detailed information). The Housing Network of the Association of Directors of Social Services has published '*Personalisation - what's it got to do with housing?*' highlighting the relevance for a range of housing issues including housing support.
- 4.39. Local provider feedback on the introduction of personal budgets within short-term SP services highlights the varying needs of service users and the complexity of applying personal budgets in some circumstances.

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5. *Summary of current practice in the North East region in Supporting People and Adult Social Care*

- 5.1. In May and early June 2010, the lead contacts for each local authority in the North East were contacted by telephone to discuss commissioning practices and efficiencies identified by that local authority in housing related support services and Adult Social Care services. In total, 19 interviews took place.

Collaboration

- 5.2. Authorities within the North East have collaborated in a number of ways and examples are given below and include joint commissioning; benchmarking; joint development of contract monitoring processes; and joint development of the North East Quality Assessment Framework.

Commissioning and Joint Commissioning

- 5.3. Where the joint commissioning of support takes place, it is mostly between adult social care and supporting people for learning disability and mental health services. Many services, although based in the same accommodation, continue to be funded separately and with two separate contracts. However, there are examples of local authority departments jointly commissioning housing support services. Stockton Council works closely with North Tees PCT to commission a range of social care services and North Tyneside Supporting People has jointly commissioned a refuge for women and their children who have experienced domestic abuse with North Tyneside Children's Service, for example.
- 5.4. Newcastle Supporting People have jointly commissioned services with Public Health, including a mental health and housing hub service for people with mental health problems and a service for adults facing chronic exclusion. The services are purchased under contract between Newcastle Supporting People and the service provider, under which the joint investment is administered. Newcastle Supporting People administer the contract and monitoring requirements and a Memorandum of Understanding exists between SP and the PCT which sets out the roles and responsibilities of the commissioners.
- 5.5. Some services have been commissioned services across authorities. Hartlepool, Middlesbrough, Stockton, Redcar & Cleveland jointly commission community equipment. Durham and Darlington have jointly commissioned a housing support service for offenders and Newcastle, Northumberland and Gateshead have commissioned a tier 4 substance abuse service.

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Good Practice Note

STRATEGIC COMMISSIONING IN DURHAM

As part of mainstreaming the SP programme Durham have disbanded the Commissioning Body and aligned future commissioning to other relevant partnership priorities, including those of the LAA/LSP.

The Adult Health and Well Being partnership incorporates mental health, substance misuse and learning disability services, teenage pregnancy and older people's services commissioning. Domestic abuse services and services to reduce offending are commissioned through the Community Safety group. Following LGR and the creation of a new, single housing department homelessness services will be commissioned through the Adults Wellbeing and Health Services/Housing joint commissioning group.

Good Practice Note

CROSS AUTHORITY COMMISSIONING

A TIER 4 SERVICE – NEWCASTLE, NORTHUMBERLAND AND GATESHAED

Newcastle City Council, Gateshead Council and Northumberland County Council were jointly awarded £1.3m capital funding from the National Treatment Agency (NTA) to provide a cross authority Newcastle-based service for women (with children) with drug and/or alcohol problems. Revenue has been committed by Newcastle and Gateshead Supporting People.

The service, due to open in November 2010, aims to provide safe and illicit drug and alcohol free accommodation for mothers (whilst continuing to care for their children) who have had drug and/or alcohol problems and are committed to moving to recovery and abstinence.

An Overarching Steering Group is in operation to coordinate the development of the project comprising representatives from supporting people, drug action teams and children's services.

Gateshead led on the procurement of the project, with Newcastle responsible for administering the contract and monitoring requirements on behalf of the partners, with the Overarching Steering Group providing the overall governance for the project.

A Partnership Agreement is being drafted which sets out the roles and responsibilities of the partner authorities. The successful provider is required to meet the Quality Assessment Framework standards and deliver a range of outcomes including Every Child Matters outcomes and outcomes that deliver locally agreed priorities and drug treatment outcomes.

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Contract Monitoring

- 5.6. The Durham and Tees Valley Cross Authority Group have developed a contract monitoring tool to be used across the sub-region to reduce the administration burden for providers and improve communications.
- 5.7. A number of local authorities have developed joint commissioning of supporting people and adult social care contracts. The monitoring of these contracts varies with some authorities maintaining separate adult social care and supporting people contract teams on the one hand and other authorities have fully integrated teams with a contracts officer who has responsibility for managing both adult social care and housing support contracts. Some, such as North Tyneside, have contract officers within the adult social care but have separate roles; some monitor adult social care only and others, housing support only.
- 5.8. Middlesbrough local authority acts as lead commissioner on behalf of the PCT and monitors contracts on their behalf with the PCT monitoring specialist health services such as medications management. South Tyneside has outsourced their contract management of housing related support to BT (South Tyneside).
- 5.9. Establishing one contract across housing support and adult social care contracts has the potential to create commissioning efficiencies as there is a reduction in the duplication of effort. For example, one set of returns will be required from providers rather than monitoring from each partner. It also helps to avoid inconsistencies that may be present if more than one team is monitoring the contract.

Quality Assessment

- 5.10. All housing related support services across the North East have been asked to demonstrate the level of quality their service reaches through the Quality Assessment Framework (QAF) by their local authority commissioners. Efficiencies brought about by the QAF include the driving up of standards. The contract management team can act as a 'critical friend' when validating the QAF. Most authorities have an ongoing programme of quality assessment but a small number have either carried out only one review or have restricted repeat reviews to poorer performers.
- 5.11. An exercise to assess the impact of QAF was carried out. Six North East authorities provided data on the outcome of service reviews since the QAF was implemented. The data was restricted to use of the original framework, and reviews carried out under the revised framework which was issued in 2009 have been excluded. Services were selected at random from a list provided by the authority and the QAF scores compared. Points were awarded on the following basis; 1 for a level D, up to 4 for level A and a percentage score for each service calculated. Most authorities only have two rounds of reviews under the original framework, however Darlington has three. The average for each authority for each round of reviews is set out in the table below:

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Authority	Number of services	Average score round 1	Average score round 2	Average score round 3
Darlington	6	60	79	83
Gateshead	8	39	55	
Middlesbrough	6	64	78	
Northumberland	7	50	76	
Newcastle	13	44	56	71
Sunderland	9	59	76	

- 5.12. There has been a consistent pattern of improvement and of those services included in the exercise none had deteriorated and six of the 36 services showed no improvement. Only one service with an element assessed as D showed no improve in that aspect of the service.

Good Practice Note

USING THE QUALITY ASSESSMENT FRAMEWORK IN NEWCASTLE

The common Service Quality Framework (SQF) is used to assess standards in:

- Housing related support services
- Adult social care services
- Drug and alcohol team commissioned services
- Community and voluntary services receiving grant aid funding (SQF Lite)

The SQF and SQF Lite quality framework have evolved from the refreshed SP Quality Assessment Framework. The purpose behind developing the SQF was to develop a single set of core objectives/standards, which links to Newcastle's corporate priorities, against which all services could be measured. The first 5 standards mirror those of the refreshed QAF. An additional standard has been added covering organisational wide issues such as workforce planning, staff training and development, recruitment and selection, confidentiality, privacy and dignity. Providers were closely involved and consulted throughout the development of both SQF and SQF Lite.

The SQF framework was implemented from September 2009 and we are now approaching the end of the monitoring timetable. Providers have had the opportunity to give their views on the application of the framework and suggest improvements for the future. This feedback will be invaluable to further develop the SQF standards.

There have been a number of benefits from applying SQF standards including:

- establishing a baseline for future SQF monitoring visits to enable future improvements to be measured.
- Promoting closer working with providers particularly grant funded organisations and some social care providers not previously monitored using the QAF.
- Improved benchmarking opportunities
- A more consistent approach to quality monitoring loped and agreed jointly with providers.

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Findings from the initial round of SQF monitoring visits suggest that considerable improvements can be made particularly in terms of care and support planning and greater consistency/clarity in terms of health and safety.”

- 5.13. Because the same quality assessment is used across all housing support services, pass-porting quality scores across local authorities is one method of commissioning that may produce efficiencies for the commissioner and the service provider. A key advantage of using this approach is that authorities do not need to carry out detailed validation visits and assessments of quality for each provider. The authority simply accepts the level of quality assessed by another authority where that provider works. For some, large providers demonstrating quality to many authorities can be a particularly time consuming and therefore costly task.
- 5.14. However, the majority of councils (all except one) in the North East have chosen not to passport providers' Quality Assessment Scores. The rationale for this is that an organisation may have policies and procedure in place but the commissioning authority still needs to check that they being implemented and that local staff understand them and are being trained. Furthermore, authorities are at different stages of implementation with the new QAF so the standards may not be like for liked at the moment.
- 5.15. In Newcastle, all residential and nursing homes are graded from 1-4 on environmental standards and the quality of the care is monitored against 14 standards which are based on the National Minimum Standards for residential care. The 14 standards are linked to the payments received via monitoring visits. Failure to achieve all 14 standards results in a reduction in payments until the minimum standards are achieved.
- 5.16. Some adult social care departments link the quality of services (and in some case the environment) to the fees that are paid. For example, Darlington calculates scores for residential care based on 70% quality of services provided and 30% the standard of the environment. Gateshead have a 4 tier payment system. Middlesbrough's annual quality assessment is graded on a score of 1-5. There is a report for each service and the quality score is linked to the charge for the service.
- 5.17. Residential Care Homes; 45% of the assessment is about the building and is aligned to Care Quality Commission standards, 45% talking to service users and 10% based on the findings of a survey to assess the quality of staff. Home Care is 15% staff survey and 60% service user and advocate, 25% timely response and stay, the duration which uses electronic device measures.
- 5.18. Some authorities have adopted the Supporting People QAF for non-regulated services. Middlesbrough has minimum standards for day services and a few authorities require social care providers to complete self assessments.
- 5.19. The North East Quality Standards Framework draws on the best of the QAF and the requirements of the Quality Standards Commission. The Joint

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Improvement Partnership (JIP) Programme Board has commissioned the development of the Framework. The Framework aims to minimise duplication of CQC inspection activities by incorporating a risk appraisal element and ability to passport high quality services and includes a ‘QAF style’ self assessment/continuous development tool. The Framework also recognises existing quality assurance frameworks and good practice examples and uses the same format for non regulated services. Standards are collated from wide range of sources, including existing Frameworks. It has been piloted in North Tyneside for all older people’s residential care and nursing homes in Durham for ten Learning Disability and Mental Health residential care homes and in Middlesbrough for all day services.

Good Practice Note

QUALITY STANDARDS FRAMEWORK – THE PROCESS

Stage 1

- Risk Appraisal to prioritise high risk services: allows local flexibility
- Numbers of Service users/contract value
- Adult protection issues
- Current CQC rating
- Complaints
- Financial Issues
- Care Manager Feedback

Stage 2: Self Assessment

- Uses revised CQC standards adapted to each service type
- Includes examples of excellent practices gathered from national/regional frameworks
- Enables providers to prepare for local review and at the same time CQC inspections (if regulated) consistent approach.

Stage 3: Desk Top Analysis of information provided by Services

Stage 4: Review questionnaire: allows local flexibility additional questions can be added/different weightings. Incorporates scoring methodology.

Stage 5: Service Monitoring Visit by Contract officers using above

Stage 6: Peer Group Review Visit: focus groups or 1:1 local flexibility

Stage 7: Service Monitoring Visit Report

Stage 8: Feedback from provider

Stage 9: Appeals procedure

Stage 10: Final rating linked to fee payment

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Benchmarking

- 5.20. All commissioners of housing related support services have used benchmarking with other local authorities at some time since 2003 to help them to assess the relative cost of services in their local authority compared to others in the region. The Durham and Tees Valley Contract Monitoring Group continues to meet and update sub regional benchmarking. One local authority used the House Mark/Sitra benchmarking to compare costs of services on a wider, national scale.

Good Practice Note

BENCHMARKING HOUSING RELATED SUPPORT AND ADULT SOCIAL CARE MIDDLESBROUGH

Middlesbrough have benchmarked a range of adult social care services and housing related support services across the authority.

Good Practice Note

BENCHMARKING HOUSING SUPPORT IN SUNDERLAND

Sunderland has benefited from using the House Mark/Sitra/NHF benchmarking toolkit particularly for benchmarking specialist and small providers. A total of 5236 services have been included in these national assessments, providing a very broad and representative basis against which to benchmark local services. Using the benchmark, efficiencies of £250,000 were gained and an increase of 100% of service provision for telecare services.

The benchmark toolkit was developed with and for providers to give participants key, anonymous comparisons on financial, performance, quality, and user satisfaction issues.

Sunderland purchased the tool and used data from their SPLS system about their providers which enabled them to benchmark all types of services against national and regionally submitted data www.sitra.org/benchmarking/

- 5.21. Benchmarking across Adult Social Care departments is also carried out across the region in a variety of ways. Adult Social Care departments submit the Personal Social Service Expenditure PSS EX1 annual return. The process allows for 'nearest neighbour' comparisons to be highlighted.
- 5.22. CIPFA use the PSS EX1 data to offer four benchmarking clubs for Adult Social Care including;
1. Older People
 2. Adults with learning disabilities

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3. Adults with physical disabilities
 4. Adults with mental health needs
- 5.23. The questionnaires and reports cover:
- Costs comparisons: unit costs, profiles, comparison to population
 - Client analysis: by age, type of care, and recent trends
 - A wide range of other process and quality comparisons: e.g. national indicators, transition from children's services, analysis of overheads, services for carers etc.
- 5.24. The Association of Directors of Adult Social Services (ADASS) has a Resources Network. The Northern branch examines the financing of adult social care across the region.
- 5.25. The most often cited example of efficiencies brought by benchmarking is the information it provides about the cost range that can be expected when procuring of new services. It provides a basis for new or remodelled service design. Benchmarking can also be a useful tool in discussing costs with existing providers as it can be used to iron out discrepancies and contractual issues.
- 5.26. There were some weaknesses identified in cost benchmarking. Most significantly these related to the limited nature of the information gained from benchmarking and the need to see this in the wider process of assessing value for money. Limitations of the model include:
- Not always comparing like for like
 - Some service that look low cost may be low support and/or low quality
 - The models used did not allow comparisons between hourly rate commissioning and units based contracts.

Value for Money

- 5.27. All authorities have applied VFM assessments of housing related services in the North East although some are further down this process than others. Some authorities established 'benchmarks' in this process to establish what were acceptable indirect costs. One authority expects to see a direct cost of at least 85% whilst another would want to see direct costs to be at least 80% of the overall service cost.
- 5.28. Contract monitoring seeks to confirm Value for Money by reference to compliance with contract terms and a council's wider policy on VFM. A VFM assessment of housing related support services in North Tyneside resulted in £304,500 efficiency savings from an £8.4m spend. They did this by considering;
- That services are delivered as described/commissioned;
 - SP payments are applied to the service identified under the contract.
 - The true costs of a service can be identified and audited;
 - Unspent funding and whether this should be returned to the council;
 - Compliance with financial regulations and standing orders;

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- Whether the service is 'fit for purpose' and continues to meet the accreditation criteria and stated objectives;
- Ongoing identification of efficiency savings and planned actions to take to realise identified savings;

Good Practice Note

VALUE 4 MONEY IN SUNDERLAND

The Value for Money model produced an overall Value for Money (VFM) rating for Sunderland Supporting People services based on price, quality, effectiveness and efficiency and outcome measures.

- 50% price
- 25% quality
- 12.5% outcomes
- 12.5% contract management

These indicators were compared to national averages derived from the SITRA/NHF/HouseMark national support benchmarking exercise and graded according to their positive or negative variation from these national averages. Two years' national data was used to provide direct comparisons with Sunderland funding levels.

Of the 20 services in the 'Social Exclusion' sector that were included in the VFM exercise, 16 were rated as either good or excellent. The three services that were rated as fair and the one service that was rated as poor were set review recommendations set to improve their VFM rating over the coming months.

Of the 'Care and Support' Services included, only five services were rated as excellent value for money, 15 as good, 32 as fair and two were rated as poor.

Of the 40 services in the 'Independent Living' sector that were included in the VFM exercise, 35 were rated as excellent the remaining five as fair.

The process enabled Sunderland to enter into a dialogue with providers who accepted the process as one which was fair and transparent. More realistic contract payments were implemented turning a £2.5m overspend into a balanced budget.

- 5.29. Few adult social care departments have robust value for money processes in place. Some use benchmarking to compare price and as highlighted above, quality of the service and the environment is a factor taken into consideration when setting some residential care home fees. A key challenge for the Adult social care sector will be in the measurement of outcomes to be able to carry out value for money assessment. (See outcomes below).

Accreditation

- 5.30. Middlesbrough pass-ported 12 of their 27 housing support providers with neighbouring authorities Gateshead also carried out substantial pass-porting.

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However, most other authorities do not passport accreditation based on geographical location. The predominant reason for this is, as with quality scores, authorities preferred to look at provision within their locality.

- 5.31. Newcastle carries out a risk analysis which is used to inform pass-porting arrangements considering, but not limited to, value of contract, organisational size, quality of service, risk factors, etc
- 5.32. The use of external quality standards and regulation by other bodies such as the TSA allows some providers to be pass-ported through in part or in full, reducing administrative time for the authority. This assumes that the external process fully meets the requirements of the accreditation process. Stockton has pass-ported most aspects of the accreditation process other however they require providers to demonstrate their financial viability. Sunderland, Newcastle and Northumberland have pass-ported organisations where other external quality standards have been met and following the guidance issued by CLG. Of their 32 housing support providers Sunderland pass-ported all but eight providers. No provider in these authorities has subsequently caused the authority any concern.
- 5.33. Adult social care departments do not usually accredit providers of existing services. Some have 'preferred provider' lists which involves an accreditation process. New services are accredited through the PQQ where there this has gone to the market. As there is no requirement on authorities to accredit providers there may be no move to passport the accreditation of providers of housing support services to deliver adult social care services. Residential Care facilities can continue to operate without accreditation or recommendation from the local authority although they will not be able to access funding for residents who may otherwise be eligible.

Procurement

- 5.34. Most local authorities in the North East have commissioned new or replacement housing related support services and adult social care services through procurement. Many have commissioned thorough and competitive tendering methods including;
 - Restricted
 - Framework agreement
 - Competitive dialogue
- 5.35. Most local authorities have used the restricted method which is characterised by an advert of the intention to tender, a pre-qualification questionnaire and a shortlist is then invited to submit a proposal. There has been a learning experience since the implementation of Supporting People and some early exercises were not fully compliant with procedures.
- 5.36. Newcastle ran a restricted tender for the procurement of floating support services for young people. The competition saw a reduction in the cost of floating support whilst capacity was increased by 14%. Furthermore there was an increase in the level of complexity of the needs of the service users met and a more efficient service in service in the context of the wider sector system.

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- 5.37. North Tyneside used a restricted procedure to procure a decommissioned women's refuge. The refuge had previously provided support to eight women and their children at a unit cost of £439 in a service where the support was tied to the accommodation. Following the restricted tender, the service now offers floating support and an accommodation based service to 16 women and their children at a unit cost of £270. A restricted tender of all of their floating support services saw a decrease in the contract from £1.89m to £1.78m and with an increase in capacity to 726 from the previous level of 614 units.
- 5.38. There are a number of authorities who have used the Framework Agreement as a method of procurement although this was most often likely to happen for learning disability services. As with the restricted method, the intention to tender is advertised. A PQQ or other existing accreditation method is used to check the organisational viability. The main terms are set out and the preferred provider list can be "called off" (invited to deliver a service on terms already set out) to submit a proposal to deliver a specified service. Alternatively, those selected for inclusion in the agreement can be invited to be involved in a mini competition. A Framework Agreement should be for a maximum of four years.
- 5.39. South Tyneside adult social care has a framework agreement for domiciliary care which includes 10 providers. Darlington, Newcastle and Middlesbrough have Framework Agreements which are available for users of learning disability services to choose their care and support provider. This model has been particularly useful in working towards the personalisation agenda and direct payments. The framework gives service users the option of using an accredited provider of a service that they purchase themselves through direct payments thereby giving them some degree of confidence in the provider.
- 5.40. There has been little use of competitive dialogue to procure housing support and adult social care services in the North East. As with the other procurement processes; the intention to tender for a service is advertised. Those interested are asked to complete a PQQ and organisations selected for the next stage are invited to enter into a dialogue with the commissioner to contribute their specialist knowledge to the development of the specification of the new service. When the specification is finalised, those shortlisted are invited to submit a tender.

Good Practice Note

PROCUREMENT OF SERVICES THROUGH COMPETITIVE DIALOGUE IN MIDDLESBROUGH

Adult Social Care in Middlesbrough is purchasing an IT system through Competitive Dialogue. ASC nominated process champions were involved in working with the organisations to specify the brief in detail.

An advantage of this approach is a control on the costs as the brief was developed over time and in dialogue between the provider organisation and the council.

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- 5.41. All councils are members of the North Eastern Purchasing Organisation NEPO, which is a purchasing consortium that aims to maximise bulk purchasing power and reduce administrative costs
- 5.42. The Tees Valley Joint Procurement Group have a contract programme to coordinate contracts on behalf of all members; one member Authority takes the lead for the tendering procedure, helping to reduce tender costs. The group's aim is to share information, identify collaborative procurement opportunities, deliver efficiency savings and develop a joint procurement plan for goods and services.
- 5.43. Provider feedback has emphasised that short contracts can make life difficult for provider organisations as uncertainty deflects attention from delivering quality and the are considerable costs involved in tendering for provider organisations.

Outcomes

- 5.44. All local authorities in the North East have required their housing support providers to measure outcomes and make regular returns to St. Andrews where the information is collated and returned to providers and commissioners. The use of this data varies across authorities. Some have begun to analyse the outcomes data and feed this back to providers whilst others have built outcomes and targets into contracts.
- 5.45. Darlington has introduced the CLG outcomes into their contracts and service plans as well as local indicators. They use the outcomes data to enter into dialogue with providers about their effectiveness and have particularly focused on outcomes related to health and worklessness.
- 5.46. Durham mental health providers report their employment and training outcomes and targets which link to LAA and the draft Mental Health Employment Strategy to the Mental Health Joint Commissioning Group. outcomes evidence will link to performance management of contracts and are seen as a key tool for moving service users through to "recovery" rather than just being maintained.
- 5.47. Sunderland aim to have outcome based contracts by 2011. CLG outcomes will be used as well as local outcomes that are relevant to the service. Future decommissioning decisions will be based on outcomes. Outcomes are seen as the heart of what service users want from housing related support.
- 5.48. North Tyneside report outcomes data to the SP Commissioning Body and Provider Forum and benchmark outcomes against regional and national outcomes data. Training on outcomes has been delivered to providers and outcomes are improving. They are currently looking at including outcomes in their tendering documentation. Outcomes have been linked to contracts and performance is monitored.
- 5.49. Northumberland have focused on debt management and income outcomes and are targeting these with providers. Barclays recently ran a workshop for providers on debt management. Targets for move on have also been set with providers of short term support services.

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- 5.50. None of the authorities in the North East links outcomes to payment of contract. Where it is linked to the contract it is seen as part of the picture of contract management which includes outputs (staff hours, quality scores, performance indicators, move on, etc).

Good Practice Note

ACHIEVING POSITIVE OUTCOMES IN HOUSING SUPPORT SERVICES NEWCASTLE

- A Housing and Employability Compact has been developed by Newcastle City Council, Newcastle Futures, Supported Housing Providers and Homeless Link. The Compact sets out a framework for the help to be offered by supported housing providers working in Newcastle to residents of their supported housing provision, to help them to sustain or improve their employment prospects. Through the City Council's Employability Action Plan, this Compact is aligned with the Regional Employability Framework as well as the City's Sustainable Community Strategy.
- Newcastle's Prevention Network comprises a range of agencies that are committed to working together to prevent and reduce homelessness in Newcastle. The Network provides a number of tools, policies and protocols aimed at preventing homelessness., for example protocols such as:
 - Pathways into independence and preventing homelessness
 - Preventing evictions protocols
 - Clean Homes protocol
 - Hospital discharge and homelessness prevention protocolSupporting People contracts include a requirement to participate in these protocols and other new initiatives put in place, such as the Supported Housing Gateway which aims to better match service users' needs to accommodation.
- Evidence of improved outcomes include:
 - reduced evictions from supported housing, from 347 cases in 2004 (17%) to 148 cases in 2009 (12%);
 - homelessness prevention increased from 642 cases in 2006/07 to 2890 cases in 2009;
 - reduced use of statutory temporary accommodation – usage reduced from 405 in 2008 to 380 in 2009;
 - £8.4m capital attracted since 2006 to improve accommodation standards for 9 projects;
 - repeat homelessness reduced from 12 cases in 2008 to 8 cases in 2009.

Collaboration with the client

- 5.51. Many councils include clients of housing support and adult social care services however there is a wide variation in the level of this activity and clients are involved at different stages of the commissioning cycle. Client involvement however, does not happen at all stages of commissioning in any authority. Some have moved further away from the traditional model of

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developing strategy or policy and putting it out for consultation when it's completed to involving clients early on and working together for change. Stockton Supporting People remodelled their sheltered housing after working closely with the clients who use the services. In the early stages, local councillors were receiving complaints about the changes and the sheltered housing residents were unhappy with what was happening. The commissioners began a dialogue with service users directly and service users came up with ideas for a new service.

- 5.52. Sunderland council wanted to review its housing support provision to young homeless people and through talking to them directly they found that young people were confused about where they need to go to access services. As a result, access to young people's housing support services was coordinated from the same place and young people could make one application for support rather than many applications to different providers.
- 5.53. Durham has an established framework for client involvement which is supported by a PCT funded officer and service user engagement post within Supporting People. The worker is employed by DISC, which links with SP services. Service users have been involved in the Mental Health Provider Forum and the countywide Mental Health LIT, each of the locality LIGs and in specific service development groups. Clients have been involved in the development of a Mental Health Employment Strategy.
- 5.54. Youth Voice is a local advocacy organisation in Newcastle which helps young people develop the skills they need to become meaningfully involved in service review and design. It is part of Your Homes Newcastle, the Council's arms length management company. Supporting People have worked with Youth Voice to refine their existing service review procedures to take account of SP quality and monitoring requirements. This means that all organisations which sign up to Youth Voice's Code of Conduct for young people and agree to be inspected by the organisation's young volunteers will be assessed against these criteria from a young person's point of view. A DVD pack and an information pack, Homelessness: A Youth Guide, communicate these principles to providers, service users and other stakeholders.
- 5.55. Some authorities involve clients in the evaluation of tenders such as Darlington adult social care and Hartlepool Supporting People, for example. Middlesbrough has recently carried out a mystery shopping exercise with clients. All authorities have a Learning Disability Partnership board and local involvement networks linked to the LSP. How they are involved in the development of local strategy and service design varies across authorities.

Good Practice Note

INVOLVING CLIENTS IN COMMISSIONING – NORTHUMBERLAND

Northumberland have established a network of service user groups that link into a core group service user group. The group is involved in the commissioning process in a variety of ways;

- **Peer reviews of service quality**

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- Service user editorial group set up to agree content of quarterly service user newsletter
- Service users involved in scheme visits to discuss supporting people issues
- Formulation of Service User Interest Group, where service users' views can feed into governance arrangements
- Development of Northumberland Service User Charter
- Involved in the review of the Third Sector Compact
- Local indicators on the involvement of service users have been agreed included in housing support contracts
- Service Users are involved on Procurement Panels
- Service user representation on the Core Strategy Group

- 5.56. Clients are involved at a greater level where they are in receipt of personalised budgets. The move towards personalised services is varied across the North East. The Putting People First agenda had driven the transformation of adult social care in many authorities.
- 5.57. Hartlepool has 1400 personal budgets set up and aims to have 70% of all Adult Social Care provision commissioned in this way by 2011. Durham are working towards developing links direct payments/individual budgets are not yet established, but a sub group of MH providers are working through the implications of personalisation with a member of the personalisation team to identify issues/options/benefits.

Good Practice Note

RIGHT TO CONTROL TRAILBLAZER – REDCAR & CLEVELAND

Redcar & Cleveland is one of eight councils to be selected as a Trailblazer, testing the Right to Control, which gives disabled adults more choice and control over the state funding they receive

Disabled people in the Trailblazer areas can expect a more personalised service joining up housing, support into work and community care. There will also be extra support and advice to help people choose services and decide how to spend their money.

Jobcentre Plus will work closely with the council to help to deliver this greater independence that disabled people want.

Conclusions - which practices have the most impact?

- 5.58. Collaboration has been a strong feature of Supporting People. It was strongly encouraged by central government to help address capacity issues in the early stages when authorities took on a new area of work and has continued in many areas as authorities appreciated.

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- 5.59. The QAF is a key strength of the Supporting People programme and may have had the biggest impact on the housing support sector over the last seven years as the quality of services has been driven up.
- 5.60. Value for money assessments and benchmarking have brought about efficiency savings though reduced contract prices and increased capacity. SP teams have very significantly improved their understanding of cost and value for money and this has enabled on-going savings to be achieved. The use of cross authority benchmarking has been a very common feature of Supporting People and has been very useful in helping authorities to understand costs. However, many of the large gains from inherited services have now been made.
- 5.61. Linked to value for money, has been the focus on contract management and performance. SP teams have generally developed a comprehensive approach supported by the drive for good practice from CLG. A focus on risk management has reduced the work load and targeted resources on specific services and providers. For providers that work across a number of authorities, common practices are helpful in keeping costs down. Reducing duplication within authorities generates efficiency savings in administration.
- 5.62. Joint working on accreditation has happened less in the North East than in some other areas. However, the original need for efficiency savings – a large volume of new work - has largely disappeared and accreditation may in many instances be replaced by elements of procurement. Should there be a need for accreditation of a significant number of providers which work across a number of authorities a joint approach would be cheaper.
- 5.63. The move to measuring outcomes has focused the sector to a greater extent on what it is people want to get out of housing support and as a consequence services are starting to reflect client need and aspirations more clearly. Support planning has become more focused on what people want to achieve rather than a narrative of activities undertaken (inputs and outputs). This approach is still developing in Supporting People in terms of commissioning.

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6. Applying the lessons learnt

- 6.1. A major benefit of the Supporting People programme has been the introduction of local authority management and a strategic approach to SP funded services. Prior to the introduction of the programme there was no overview of the provision housing support services; needs were not necessarily assessed when developing services nor was the contribution to local strategies and priorities; no organisation had responsibility for assessing quality or value for money; and the contribution of the sector was poorly understood. Since the introduction of the SP programme the management and understanding of the sector has been transformed. Much of this was supported by national guidance and support for local authorities and providers from central government in the early years of the programme.
- 6.2. The research into commissioning practices in the North East shows that the authorities are in different places in relation to different aspects of the practice discussed and will therefore make individual assessments of what is applicable locally.

Overview

- 6.3. Commissioners of housing support and adult social care will face significant challenges over the next few years. The impact of personalisation will be a decrease in block purchasing by councils and increase the need to enable individual clients to purchase their own services at a reasonable price, at a quality standard from a reputable provider. All authorities are likely to have significant cuts both to their programme budgets for SP services and adult social care and to the administrative teams. It will be vital to keep costs down on both fronts, but as programme budgets are far greater than administration budgets the greatest cost savings inevitably come from programmes.
- 6.4. In the immediate future block purchasing is likely to remain a tool for delivering supporting people accommodation based services for non FACS eligible client groups and for core elements of accommodation based services for FACS eligible clients. The Southampton initiative illustrates how an element of personal budgets may be introduced to SP services for client groups not covered by adult social care services.
- 6.5. For FACS eligible clients with a personal budget it is possible that many will seek help from the local authority in identifying suitable providers. Some older people, for example, report concerns about accessing reputable traders for many services and this anxiety will apply to services purchased through a personal budget, especially home care and personal care where there will be regular contact and access to the home. Local authorities will therefore continue to have an interest in monitoring the quality of services, the stability of provider organisations and the price of services. Authorities may want to maintain a register of providers where service quality is checked and prices are transparent. Clients would not be required to use these approved providers, but the process would also serve to establish prices for comparison with alternatives (see paragraph 4.20 and Appendix A).
- 6.6. Authorities will need to:
 - Ensure that they get value for money

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- Keep a focus on service and provider quality
- Minimise their administrative costs
- Move to managing a market for individual purchasers

Collaboration

- 6.7. There have been considerable benefits from collaboration in the Supporting People programme. It has enabled sharing of costs, expertise and data. There will continue to be opportunities for benefiting from collaboration:
- Developing new areas of work in housing related support services and adult social care:
 - Measuring outcomes being achieved by HRS services is an area that is still developing nationally. It was clear from workshops held during this project that the national SP framework does not fully meet local requirements and there is an opportunity to share costs, information and expertise through collaboration in developing more local outcomes for both SP services and for adult social care services.
 - Personalisation in SP funded services is also currently underdeveloped and again there will be benefits for looking at this together.
 - Assessment of providers by authorities working in a group, either through accreditation or through the PQQ stage of tendering or Framework Agreements, can reduce administration costs. In deciding how to work together authorities will need to take account of spread of providers and decide whether there are most benefits with groups of authorities or across the region as a whole.
 - Joint procurement and contracting between different departments within a single authority, between groups of authorities, and between different public sector agencies can deliver ongoing benefits by reducing costs or by funding services an individual authority or department cannot afford alone. There are already strong examples locally such as the Tees Valley cross authority framework agreement for forensic learning disability services; joint commissioning by Newcastle Northumberland and Gateshead of a 4 tier service for women with alcohol and drug problems and the Tees Valley Joint Procurement Group.
- 6.8. Collaboration between council departments is also important, for example on delivering both support and care services to older people. Reducing the number of agencies involved in service delivery to a single individual should be achievable with greater collaboration.
- 6.9. Section three highlights the reductions in spending that SP services bring for other parts of the public sector, especially the criminal justice system and health services. It is important that the contribution that SP services is recognised by these other public services and collaborative working across public sector agencies improved to reflect the shared benefits.
- 6.10. In order to get maximum benefit from collaboration, authorities should consider the extent to which they will benefit individually as the benefits will

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vary between authorities. When an ongoing commitment will be needed to deliver the benefits authorities will also need to be sure that this is understood and planned for.

Getting value for money

- 6.11. The benchmarking of costs has proved extremely useful for SP and adult social care services, and when it is done well, takes account of service quality, performance and outcomes and is consistently applied. Continuing to invest in benchmarking will continue to support efficient service delivery. The cost benefit exercise has demonstrated the limitations of looking separately at the different funding streams in joint funded services and developing a benchmarking approach to these services would be beneficial. Where services continue to be contracted the current approaches will continue to apply. Where services are purchased through personal budgets, the standard unit price approach currently applicable in SP services will not apply, however this already an issue that applies to benchmarking in adult social care.
- 6.12. As cost is only one element of value for money, performance monitoring of contracts remain crucial and further developing this in terms of outcomes for clients in both SP services and adult social care should be prioritised, including assessing how this can be achieved with personalised services. Within SP performance management developed around national indicators which many authorities are now evolving to include outcomes. Extending this to adult social care services will require the development of sets of outcome data applicable to different contract types against which providers can report on a regular basis. The outcomes developed by the CQC do not lend themselves to this type of reporting and further work will be required to develop this.

Delivering Quality

- 6.13. The application of quality standards has proved hugely beneficial in SP funded services and has delivered demonstrable quality improvements. The North East has already developed its own approach to quality in care services and the implementation of the North East Care Standards should bring similar benefits to the SP QAF.
- 6.14. To deliver the benefit of continuous improvement authorities should maintain an on-going programme of quality review but bearing in mind restricted resources, these should be targeted at poorer performing services.
- 6.15. Contract and performance management are also key tools to delivering quality as they can highlight problems as they occur and keep a focus for both providers and commissioners on service delivery during the contract period. Again cost effectiveness can be delivered though targeting of resources on services that carry the most risk because of cost, client group, or returns indicating poor performance.
- 6.16. Applying the same contracting arrangements to in-house as well as external providers not only supports quality improvements within these services but also reduces the risk of challenge from external providers regarding the lack of a level playing field.

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Minimising administrative costs

- 6.17. With the removal of the SP administration grant to local authorities efficiency in administration is more important than ever. Reducing duplication to improve efficiency is an important step. Several authorities have already taken steps to bring the SP and ASC teams together, streamlining processes and pooling funding to deliver a single process for commissioning, procurement and contract management seems a logical step.
- 6.18. Targeting resources through risk management is another sensible step and with reduced resources will become increasingly important. SP teams have focussed on the highest cost contracts, the most vulnerable clients or those where clients pose the highest risk to others, or those where performance indicators indicate a cause for concern. The approach could be replicated in adult social care in authorities where it is not already applied. This links into effective performance management so that high and poorly performing providers can be identified and resources targeted accordingly.

Managing the market

- 6.19. With the increasing personalisation of adult social care services, authorities will want to ensure that clients can be offered good quality services at a reasonable price. Some authorities in the North East and elsewhere have developed framework agreements to deliver a list of approved providers with agreed prices for their adult social care services. SP teams may also want to look at this approach which has been used elsewhere in England to purchase housing related support services. Framework Agreements allow Authorities to continue to monitor quality of service, stability and capacity of provider and costs. This is an area where collaboration can reduce costs when authorities group together to produce an agreement. It can also increase the range of providers by bringing together providers from across a wide area into a single process.

Authority checklist

- 6.20. The authorities in the region have a wide range of practices and have taken different approaches to many aspects of the work discussed above. Below is a checklist of good practice which can be used to identify areas for improvement:
- 6.21. Authorities should:
 - have a system in place for the regular review of quality of all services it funds regardless of funding stream; the frequency of review should reflect current quality and on-going performance indicators, applying either the newly developed North East Care standards or SP QAF as appropriate;
 - have a robust system of contract and performance management for all the services that it funds that reflects risk;
 - have processes in place to benchmark costs that compares costs, quality, performance and outcomes with comparable authorities or others in the region, that takes account of the type of service so that comparisons are made on a like for like basis;

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- streamline commissioning, procurement and contract management processes to eliminate duplication and bring joint funding arrangements into a single process;
- identify opportunities for working collaboratively with other authorities or agencies where this will reduce costs and/or improve the quality of work through access to wider information and expertise;
- identify opportunities for collaborative working between departments to achieve efficiencies and service improvements; and
- review their procurement processes against the full range of practices to establish whether there are alternatives that are more cost effective, including joint procurement and framework agreements.

Recommendations

- I. Authorities should review the checklist in paragraph 6.21 above to assess their own performance on each of the elements; they should make use of the experience of other authorities in the region that have used different approaches to determine how to improve performance.
- II. Individual authorities should consider whether there is potential for collaboration on developing personalisation and an element of personal budgets within SP block contracted services.
- III. Authorities may use the cost-benefit spreadsheet to help them identify which services are most effective locally. It is critical however that any such process should take account of limitations of the standard assumptions within the spreadsheet. They should consider the nature of the services, the needs level of clients and un-costed benefits as well as the financial indicators from the model. Where other public sector organisations are identified as benefiting from reduced expenditure as a result of SP services, authorities should seek to develop joint working and where possible joint funding of the relevant services by partner agencies.
- IV. The authorities in the region should investigate developing a regional approach to monitoring outcomes that will help in more clearly identifying how SP funded and adult social care funded services help the authority and its strategic partners deliver their priorities. Specific outcomes for individual service types can be developed to show more specifically how services contribute to the delivery of local targets.
- V. The authorities in the region should explore whether their approaches to the procurement of services would be more efficient if groups of authorities developed a joint approach to the assessment of potential providers and whether there is scope for the use of framework agreements for future contracts.
- VI. The project group should consider how to take forward the recommendations in this report relating to collaborative working.

Case study good practice

This section provides additional detail and links for good practice examples from across the country referred to in the main text.

East Midlands Outcomes Framework

The East Midlands regional group has introduced a regional outcomes framework which builds on the national SP framework. The local basket of indicators uses the national categories and provides a number of additional indicators which can be agreed with individual service providers. The framework was worked up with local providers and piloted before being rolled out across the region. The detail of the scheme is set out in '*East Midlands Region Comprehensive Outcome Framework for Supporting People*' and is available on the website of each East Midland authority.

As with the national framework, the local basket is linked back to strategic outcomes (achieve economic wellbeing, enjoy and achieve, be healthy, stay safe, make a positive contribution) and have been developed to support LAA priorities within the region. For example, service for teenage parents will be reporting on the number of service users who have an unplanned pregnancy. Providers are also expected to have a 'distance travelled' outcome model to use with individual service users. The intention is to use the data as part of the contract monitoring arrangements and commissioning processes.

The aim has been to keep the impact as low as possible for both providers and authorities; the data is submitted by providers using an extended version of the PI work book. Authorities that cannot upload this data into their SPLs systems are waiting for the initial evaluation before deciding whether to invest in IT improvements to make this possible.

The project has now been running for a year and the authorities in the region will shortly be reviewing the findings from the first 12 months of operation to establish the outputs and learning points from the exercise.

Benefits

Using a local basket of outcomes in addition to the nationally collected data enables commissioners to focus on locally important targets and identify how services contribute to meeting these.

Having scheme specific outcomes enables authorities to focus down on particular aspects of a service that more general approaches miss.

Working on a regional basis minimises the work for providers and enables a pooling of experience the potential for benchmarking between a wider range of services.

Case study good practice

Outcome Based Commissioning in Camden

The London Borough of Camden has been developing outcome based commissioning with funding from the Government's Invest to Save Budget.

There are two key elements of the approach:

- Explicitly specified social, economic and environmental outcomes to be accounted for in procurement and delivery
- Establishing effective ways to measure and report on outcomes.

The first pilot procurement using this approach was the tendering of a contract mental health day services. The Supporting People team have adopted this approach for commissioning and are also using a similar approach to the East Midlands with an additional basket of local indicators submitted via the PI workbook.

Further details of the Camden experience and approach can be found in the attached documents:

- Commissioning Outcomes and Recovery can be found at www.camden.gov.uk
- Outcomes Camden Sp Guidance for Providers is available at www.commissioningsupport.org.uk

Framework Agreements

A number of authorities in London and elsewhere have established Framework Agreements for housing support services. The purpose of such Agreements is to establish a list of providers for each category of housing support activity (e.g. accommodation-based provision for people with mental health problems) who have been successfully assessed against quality and value for money criteria. A fixed price per hour of housing support is agreed from each provider over the duration of the Agreement. The Framework Agreement is then used to procure the services being procured or re-commissioned in this category of activity.

Framework Agreements typically, have had some, or all, of the following characteristics:

- Undertaken jointly between a number of authorities
- Established for four year periods
- Independent support paid for by commissioners and offered to current and potential providers in relation to the process (e.g. [http://www.sitra.org.uk/index.php?id=leishamandsouthwark](http://www.sitra.org.uk/index.php?id=lewishamandsouthwark))
- Covered most, but not all, categories of housing support activity. Typically specialist provision (e.g. for travellers) is not procured in this way
- All tenders anonymous, allowing for objective assessment
- A multi-disciplinary approach to assessment and moderation of tenders involving relevant practitioners and commissioners
- A strong focus on service user involvement in the tender evaluation process
- Detailed feedback offered to unsuccessful applicants

Appendix A

Case study good practice

- The Agreement list can either be used for mini-tenders for new/re-commissioned services or a provider can be selected from the list on the basis of agreed “most economically advantageous” criteria
- Passport arrangements to other social care Frameworks in some cases.

Benefits

The Framework Agreement approach has a number of advantages for commissioners of housing support and/or social care services:

- Challenges the local market in a way that is transparent, robust and defensible
- Evaluates both quality and price
- Clear decision making process
- Understood internally and externally
- Meets the requirement for publicly funded services to be procured in an open, competitive and transparent manner
- Allows for proper benchmarking of price and quality
- Once in place Framework Agreements allow for much more rapid remodelling of provision
- The approach could also act as a Council approved list for use by Personal Budget holders.

From a provider perspective, in addition to the above, such Agreements are far less resource intensive over the long term than tendering individually for each contract.

Learning points/disadvantages

The main disadvantage is that the process of establishing Framework Agreements can be a major logistical task for both commissioners and, to some extent, providers. There are also significant costs involved although these can be shared amongst Authorities. However there is an argument that this approach merely truncates into a shorter timeframe commissioning activity that would have needed to take place in any case.

Although there is a danger that such arrangements can favour larger providers this is not the experience reported from those London authorities that have established Framework Agreements: they report that, in some cases, they have ended up with more diverse provider markets as a consequence. To what extent this is true will depend partly on how much support is offered to providers.

A more substantial point is that the process can be seen to rely on authorities having a very clear view of the types of services that they wish to purchase. In a context of funding cuts and personalisation of support and care services this may not be realistic.

Case study good practice

Application of framework agreement – LB Hammersmith and Fulham

The West London sub-region was one of the first to set up framework agreement for Supporting People services. Hammersmith and Fulham Council have made extensive use of the agreement to re-tender its SP programme in full.

The Framework Agreement has created a list of approved providers who reach quality thresholds with agreed prices for services for specific client groups and service types. A large tendering exercise was carried out to select the providers to be included in the Framework Agreement.

When seeking a provider for a new service or re-tendering services, the authorities that are parties to the agreement may either hold a mini-tender exercise or ‘call off’ a single provider to deliver under the pre-agreed framework. The boroughs of Kensington & Chelsea and Hammersmith & Fulham have published guidance on how this works [The Commissioning Support Community](#) (http://www.rbkc.gov.uk/systempages/search.aspx?sb_q=framework%20agreement%20protocol).

Setting up the Framework was resource intensive for the lead authorities – Hammersmith and Fulham contributed approximately 1.5 days per week for 18 months. Working with a number of boroughs increased the work to some extent as each party needed to agree documentation and be involved in the procurement exercise. For Hammersmith and Fulham the investment delivered considerable returns with programme savings of £2.5 million.

Hammersmith and Fulham Supporting People team have made extensive use of the agreement to re-tender for services. There have been over 20 procurement exercises and over 60% of their SP programme has been remodelled. The following benefits have been identified:

- Tendering timeframe reduced to five weeks instead of nine months (six to eight weeks where TUPE is involved as prices are re-calculated to take account of transferred terms and conditions)
- There is a ready made market of providers that meet a good quality standard with a known price
- Working across a number of boroughs increased pool of providers
- There is better engagement with the market as all the potential tenderers are known – pre tender engagement allows for provider input to specification
- Substantial savings – providers delivering at prices below framework level when mini-tender conducted due to greater creativity.

Next Steps

The West London Alliance of Authorities is now completing a framework agreement for homecare and housing support for older and disabled people. Providers will tender to provide home care; housing support; or an integrated service. Service users will then be offered a choice of providers from the successful organisations. This will enable choice from providers of good quality at a known price.

This type of approach may be applicable for use with personal budgets where the clients seek advice and support from the authority in selecting providers.

Case study good practice

Personalisation in SP contracts – Southampton

Southampton have introduced an element of personalisation into Supporting People contracts. Initially eight contracts have been let with 10% of the budget for personalised support. In the future the SP team intends that all contracts will be let on this basis.

A personalisation resource has been established to promote the concept of personalisation within SP services. Individuals and groups can bid for funds to help them achieve specific outcomes. A panel meets monthly to consider applications.

Joint tendering of supported living for adults with learning disabilities

A number of authorities in London have established joint approaches to the tendering of supported living for adults with learning disabilities.

Typically such services have a variety of funding mechanisms involving Supporting People, Adult Social Care or Health funding either on their own or in combination. Often there is limited correlation between the funding source and what activity is being funded. Usually Supporting People will be used to fund some but not all of the housing support activity being commissioned by the Authority, with the consequence that very similar services are procured, assessed for quality and monitored in quite different ways. There is also often concern that levels of funding for individual services and service users can reflect historic decisions more than current levels of need.

Resolving these issues requires a joint approach to price and quality across the three main funders. The Care Funding Calculator produced by the South East Improvement and Efficiency Partnership (available from <http://www.southeastiep.gov.uk/toolkits>) is a powerful tool to determine the level of care and support that each service user requires. This is then used as the starting point for tendering individual services with providers invited to submit proposals to meet individual needs.

Such arrangements typically have had the following characteristics:

- Undertaken jointly between the main funders
- Use of Framework Agreement approach to identify providers [[link to Framework Agreement Good practice](#)]
- A strong focus on service user and carer involvement in the tender evaluation process
- Providers are invited to distinguish between core costs (e.g. those required to maintain the safety and security of the building and the service users) and those costs that relate to personal development of the service user
- Once a provider is identified, detailed planning work is undertaken between them and the person with Learning Disability/their families to shape their day to day living experiences and opportunities
- Quality assessment and monitoring of services developed from SP quality assessment process

Case study good practice

- All service users have the option of using agreed funding as Individual Budget and/or Direct Payments.

Benefits

The approach has a number of advantages for commissioners of housing support and/or social care services:

- Develops much clearer links between individual costs and service users, thus allowing much more personalised service
- Clear role for service users and carers in the commissioning process
- Challenges the local market in a way that is transparent, robust and defensible
- Meets the requirement for publicly funded services to be procured in an open, competitive and transparent manner
- Allows for proper benchmarking of price and quality
- Ensures consistent monitoring of quality, outcomes and performance across all supported living services

Summary of Regional Cost Benefit Spreadsheet

The model used in this exercise uses average data to assess the expenditure that has been avoided through the Supporting People funded services. The use of average data in this way means that the outputs of the models are indicators of the potential impact of services but are not accurate calculations. Further investigation should be undertaken before any decisions are made about the future of services.

Benefits that have not been costed should also be considered in the decision making process.

The table below sets out for each client group the full public expenditure package and the calculated impact on each element of withdrawing SP services.

		Baseline	Counter-factual	Net Benefit
All client groups	SP Package	£ 94.132	£ -	-£94.132
	Residential Package	£ -	£349.178	£349.178
	Housing Costs	£ 448.953	£405.052	-£ 43.901
	Homelessness	£ 2.133	£6.805	£4.672
	Tenancy failure costs	£1.993	£5.491	£3.498
	Health service costs	£126.471	£146.154	£19.682
	Social services care	£187.860	£142.434	-£45.426
	Crime costs	£112.416	£135.965	£23.549
	Benefits & Related Services	£338.524	£317.602	-£20.922
	Charitable Services	£ -	£ -	£ -
	Other Services	£14.448	£12.162	-£2.286
	-	£ -	£ -	£ -
	TOTAL	£1,326.930	£1,520.842	£193.912
Benefit as a % of SP funding				206
Socially excluded groups - residential package refers to hospital and rehab	SP Package	£17.343	-	-£17.3
	Residential Package	£ -	£6.3	£6.3
	Housing Costs	£ 19.976	£23.1	£3.2
	Homelessness	£1.128	£4.3	£3.2
	Tenancy failure costs	£0.453	£1.6	£1.2
	Health service costs	£9.817	£13.1	£3.3
	Social services care	£0.292	£0.4	£0.1
	Crime costs	£76.111	£89.4	£13.3
	Benefits & Related Services	£13.112	£13.1	-
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£ 138.232	£151.5	£13.3
Benefit as a % of SP funding				76

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
All services for young people	SP Package	£ 10.541	-	-£10.5
	Residential Package	£ -	£5.6	£5.6
	Housing Costs	£10.705	£11.6	£0.9
	Homelessness	£0.493	£1.5	£1.0
	Tenancy failure costs	£ 0.228	£0.9	£0.7
	Health service costs	£3.758	£4.5	£0.7
	Social services care	£0.065	£0.1	£0.0
	Crime costs	£27.589	£32.5	£4.9
	Benefits & Related Services	£7.345	£7.5	£0.2
	Charitable Services	£ -	-	-
	Other Services	£0.075	£0.1	£0.0
	-	£ -	-	-
	TOTAL	£ 60.798	£64.3	£3.5
Benefit as a % of SP funding				
All services for older people	SP Package	£28.773	-	-£28.8
	Residential Package	£ -	£220.1	£220.1
	Housing Costs	£ 387.538	£348.1	-£39.4
	Homelessness	£-	£0.0	£0.0
	Tenancy failure costs	£ -	£1.1	£1.1
	Health service costs	£ 98.352	£106.1	£7.8
	Social services care	£70.871	£84.5	£13.6
	Crime costs	£6.778	£6.6	-£0.2
	Benefits & Related Services	£290.315	£267.1	-£23.2
	Charitable Services	£ -	-	-
	Other Services	£14.373	£12.1	-£2.3
	-	£ -	-	-
	TOTAL	£897.000	£1,045.7	£148.7
Benefit as a % of SP funding				
All services for adult social care groups	SP Package	£32.417	-	-£32.4
	Residential Package	£-	£117.2	£117.2
	Housing Costs	£23.755	£13.4	-£10.4
	Homelessness	£0.309	£0.4	£0.1
	Tenancy failure costs	£1.200	£1.6	£0.4
	Health service costs	£9.966	£12.5	£2.5
	Social services care	£116.632	£57.4	-£59.2
	Crime costs	£0.419	£0.4	£0.0
	Benefits & Related Services	£21.708	£23.8	£2.1
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£ 206.406	£226.7	£20.3
Benefit as a % of SP funding				

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Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Alcohol Problems residential package refers to hospital and rehab	SP Package	£1.399	-	-£1.399
	Residential Package	£ -	£3.5	£3.473
	Housing Costs	£1.090	£1.1	-£0.019
	Homelessness	£-	£0.0	£0.039
	Tenancy failure costs	£0.074	£0.1	£0.025
	Health service costs	£0.457	£0.6	£0.135
	Social services care	£ -	-	-
	Crime costs	£ 0.097	£0.1	£0.022
	Benefits & Related Services	£ 1.118	£1.1	-
	Charitable Services	£-	-	-
	Other Services	£-	-	-
	-	£-	-	-
	TOTAL	£4.235	£6.5	£2.3
		Benefit as a % of SP funding		163
Domestic Violence	SP Package	£3.205	-	-£3.2
	Residential Package	£ -	-	-
	Housing Costs	£ 3.482	£4.2	£0.7
	Homelessness	£-	£0.1	£0.1
	Tenancy failure costs	£0.092	£0.2	£0.1
	Health service costs	£ 2.174	£6.5	£4.3
	Social services care	£ -	-	-
	Crime costs	£1.370	£6.9	£5.5
	Benefits & Related Services	£ 3.525	£3.5	-
	Charitable Services	£-	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£ 13.848	£21.4	£7.6
		Benefit as a % of SP funding		237
Drug Use Residential pacakge refers to rehab or hospital	SP Package	£1.615	-	-£1.61
	Residential Package	£ -	£2.86	£2.86
	Housing Costs	£0.896	£0.88	-£0.02
	Homelessness	£ -	£0.03	£0.03
	Tenancy failure costs	£0.076	£0.08	£0.01
	Health service costs	£1.216	£1.05	-£0.17
	Social services care	£0.017	£0.01	-£0.00
	Crime costs	£1.635	£1.64	£0.00
	Benefits & Related Services	£ 0.920	£0.92	-
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£6.375	£7.47	£1.09
		Benefit as a % of SP funding		68

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Homeless Families Settled	SP Package	£0.521	-	-£0.5
	Residential Package	£ -	-	-
	Housing Costs	£1.106	£1.2	£0.1
	Homelessness	£0.005	£0.0	£0.0
	Tenancy failure costs	£0.020	£0.1	£0.1
	Health service costs	£0.506	£0.7	£0.2
	Social services care	£-	-	-
	Crime costs	£ 0.031	£0.0	£0.0
	Benefits & Related Services	£ 1.095	£1.1	-
	Charitable Services	£-	-	-
	Other Services	£-	-	-
	-	£-	-	-
	TOTAL	£ 3.285	£3.2	-£0.10
Benefit as a % of SP funding				-19
Homeless Families Temporary	SP Package	£ 1.333	-	-£1.3
	Residential Package	£ -	-	-
	Housing Costs	£ 2.392	£3.4	£1.0
	Homelessness	£ 0.197	£0.4	£0.2
	Tenancy failure costs	£ -	-	-
	Health service costs	£1.897	£2.7	£0.8
	Social services care	£ -	-	-
	Crime costs	£0.117	£0.2	£0.0
	Benefits & Related Services	£1.425	£1.4	-
	Charitable Services	£-	-	-
	Other Services	£-	-	-
	-	£ -	-	-
	TOTAL	£7.362	£8.1	£0.7
Benefit as a % of SP funding				52
Homeless Single Settled	SP Package	£7.546	-	-£7.5
	Residential Package	£-	-	-
	Housing Costs	£ 7.054	£7.8	£0.7
	Homelessness	£ 0.158	£0.8	£0.6
	Tenancy failure costs	£0.275	£1.4	£1.1
	Health service costs	£3.879	£5.6	£1.7
	Social services care	£0.105	£0.1	£0.0
	Crime costs	£26.731	£33.0	£6.3
	Benefits & Related Services	£7.057	£7.1	-
	Charitable Services	£-	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£52.804	£55.7	£2.9
Benefit as a % of SP funding				38

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Homeless Single Temporary	SP Package	£4.034	-	-£4.0
	Residential Package	£ -	-	-
	Housing Costs	£9.320	£11.3	£2.0
	Homelessness	£ 0.970	£3.4	£2.4
	Tenancy failure costs	£-	-	-
	Health service costs	£3.722	£5.3	£1.6
	Social services care	£0.101	£0.1	£0.0
	Crime costs	£ 28.191	£31.1	£2.9
	Benefits & Related Services	£2.357	£2.4	-
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£48.695	£53.6	£4.9
Benefit as a % of SP funding				
Learning Disability	SP Package	£18.184	-	-£18.2
	Residential Package	£ -	£56.1	£56.1
	Housing Costs	£5.956	£2.1	-£3.9
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£ -	£0.1	£0.1
	Health service costs	£3.294	£4.2	£0.9
	Social services care	£60.538	£21.4	-£39.1
	Crime costs	£0.132	£0.1	£0.0
	Benefits & Related Services	£6.329	£6.6	£0.2
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£94.433	£90.6	-£3.8
Benefit as a % of SP funding				
Mental Health	SP Package	£12.008	-	-£12.0
	Residential Package	£ -	£49.4	£49.4
	Housing Costs	£10.423	£6.1	-£4.3
	Homelessness	£0.309	£0.4	£0.1
	Tenancy failure costs	£1.200	£1.4	£0.2
	Health service costs	£ 3.964	£4.1	£0.2
	Social services care	£35.604	£21.2	-£14.4
	Crime costs	£0.169	£0.2	£0.0
	Benefits & Related Services	£8.075	£10.0	£1.9
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£71.750	£92.8	£21.1
Benefit as a % of SP funding				

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Offenders	SP Package	£2.749	-	-£2.7
	Residential Package	£ -	-	-
	Housing Costs	£1.617	£2.1	£0.5
	Homelessness	£ -	£0.1	£0.1
	Tenancy failure costs	£0.028	£0.1	£0.0
	Health service costs	£0.543	£0.6	£0.0
	Social services care	£0.069	£0.1	£0.0
	Crime costs	£19.456	£23.6	£4.1
	Benefits & Related Services	£1.660	£1.7	-
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£26.122	£28.2	£2.0
Benefit as a % of SP funding				
Older Sheltered	SP Package	£13.013	-	-£13.0
	Residential Package	£ -	£48.9	£48.9
	Housing Costs	£116.628	£105.0	-£11.7
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£ -	£0.2	£0.2
	Health service costs	£21.167	£22.8	£1.7
	Social services care	£35.585	£39.0	£3.4
	Crime costs	£1.459	£1.4	-£0.0
	Benefits & Related Services	£62.479	£57.2	-£5.3
	Charitable Services	£ -	-	-
	Other Services	£12.159	£10.9	-£1.2
	-	£ -	-	-
	TOTAL	£262.490	£285.5	£23.0
Benefit as a % of SP funding				
Older V Sheltered	SP Package	£1.634	-	-£1.6
	Residential Package	£ -	£32.6	£32.6
	Housing Costs	£14.527	£7.3	-£7.3
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£ -	£0.0	£0.0
	Health service costs	£2.303	£2.4	£0.1
	Social services care	£30.322	£15.6	-£14.7
	Crime costs	£0.159	£0.1	-£0.0
	Benefits & Related Services	£6.798	£3.9	-£2.9
	Charitable Services	£ -	-	-
	Other Services	£2.214	£1.1	-£1.1
	-	£ -	-	-
	TOTAL	£57.957	£63.1	£5.1
Benefit as a % of SP funding				

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Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Older Floating & Other	SP Package	£14.126	-	-£14.1
	Residential Package	£ -	£138.5	£138.5
	Housing Costs	£256.384	£235.9	-£20.5
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£ -	£0.8	£0.8
	Health service costs	£74.882	£80.9	£6.0
	Social services care	£4.963	£29.8	£24.9
	Crime costs	£ 5.161	£5.1	-£0.1
	Benefits & Related Services	£221.037	£206.0	-£15.0
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£576.553	£697.1	£120.5
Benefit as a % of SP funding				
Phys. or Sens. disabilities	SP Package	£2.225	-	-£2.2
	Residential Package	£ -	£11.7	£11.7
	Housing Costs	£7.376	£5.2	-£2.2
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£ -	£0.1	£0.1
	Health service costs	£2.709	£4.2	£1.4
	Social services care	£20.490	£14.8	-£5.7
	Crime costs	£0.118	£0.1	£0.0
	Benefits & Related Services	£7.304	£7.2	-£0.1
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£40.222	£43.3	£3.1
Benefit as a % of SP funding				
Teenage Parents	SP Package	£1.582	-	-£1.6
	Residential Package	£ -	-	-
	Housing Costs	£1.814	£2.0	£0.1
	Homelessness	£ -	£0.0	£0.0
	Tenancy failure costs	£0.036	£0.0	£0.0
	Health service costs	£0.585	£0.7	£0.1
	Social services care	£0.065	£0.1	£0.0
	Crime costs	£0.019	£0.0	£0.0
	Benefits & Related Services	£1.265	£1.3	-
	Charitable Services	£ -	-	-
	Other Services	£0.075	£0.1	£0.0
	-	£ -	-	-
	TOTAL	£5.441	£4.2	-£1.2
Benefit as a % of SP funding				

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Young People at Risk Settled	SP Package	£5.203	-	-£5.2
	Residential Package	£ -	£3.9	£3.9
	Housing Costs	£4.530	£4.7	£0.2
	Homelessness	£0.102	£0.5	£0.4
	Tenancy failure costs	£0.177	£0.8	£0.7
	Health service costs	£1.864	£2.2	£0.4
	Social services care	£ -	-	-
	Crime costs	£15.814	£19.7	£3.8
	Benefits & Related Services	£4.532	£4.7	£0.2
	Charitable Services	-	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£32.221	£36.5	£4.3
Benefit as a % of SP funding 83				
Young People at Risk Temporary	SP Package	£2.586	-	-£2.6
	Residential Package	£ -	£0.8	£0.8
	Housing Costs	£3.728	£4.4	£0.7
	Homelessness	£0.388	£0.9	£0.5
	Tenancy failure costs	£ -	-	-
	Health service costs	£1.112	£1.3	£0.2
	Social services care	£ -	-	-
	Crime costs	£11.046	£11.9	£0.9
	Benefits & Related Services	£0.943	£1.0	£0.0
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£19.802	£20.4	£0.6
Benefit as a % of SP funding 22				
Young People Leaving Care	SP Package	£1.170	-	-£1.2
	Residential Package	£ -	£0.9	£0.9
	Housing Costs	£0.633	£0.5	-£0.1
	Homelessness	£0.004	£0.0	£0.0
	Tenancy failure costs	£0.015	£0.0	£0.0
	Health service costs	£0.198	£0.2	£0.0
	Social services care	-	-	-
	Crime costs	£0.710	£0.8	£0.1
	Benefits & Related Services	£0.605	£0.6	-
	Charitable Services	£ -	-	-
	Other Services	£ -	-	-
	-	£ -	-	-
	TOTAL	£3.335	£3.1	-£0.2
Benefit as a % of SP funding -16				

Appendix B

Summary of Regional Cost Benefit Spreadsheet

Older People floating and other res care 5%	SP Package
	Residential Package
	Housing Costs
	Homelessness
	Tenancy failure costs
	Health service costs
	Social services care
	Crime costs
	Benefits & Related Services
	Charitable Services
	Other Services
	-
	TOTAL

Baseline	Counter-factual	Net Benefit
£14.1	£ -	-£14.1
£ -	£86.6	£86.6
£256.4	£ 243.6	-£ 12.8
£ -	0.0	£0.0
£ -	£0.9	£ 0.9
£74.9	£81.1	£ 6.2
£5.0	£30.7	£25.8
£5.2	£5.2	-£ 0.0
£221.0	£211.7	-£ 9.4
£ -	£ -	£ -
£ -	£ -	£ -
£-	£ -	£ -
£576.6	£659.7	£ 83.1

Older People floating and other res care 2%	SP Package
	Residential Package
	Housing Costs
	Homelessness
	Tenancy failure costs
	Health service costs
	Social services care
	Crime costs
	Benefits & Related Services
	Charitable Services
	Other Services
	-
	TOTAL

Benefit as a % of SP funding	588
£14.1	£ -
£-	£34.6
£256.4	£251.3
£ -	£ 0.0
£ -	£ 0.9
£74.9	£81.3
£5.0	£31.6
£5.2	£5.3
£221.0	£217.3
£ -	£ -
£ -	£ -
£ -	£ -
£576.6	£622.2
	£45.7

Mental health 25% hospital admissions	SP Package
	Residential Package
	Housing Costs
	Homelessness
	Tenancy failure costs
	Health service costs
	Social services care
	Crime costs
	Benefits & Related Services
	Charitable Services
	Other Services
	-
	TOTAL

Benefit as a % of SP funding	323
£12.0	£ -
£ -	£38.7
£10.4	£ 7.0
£0.3	£ 0.4
£1.2	£ 1.6
£4.0	£ 4.3
£35.6	£24.1
£0.2	£0.2
£8.1	£9.4
£ -	£ -
£-	£ -
£ -	£ -
£71.8	£ 85.7
	£13.9

Benefit as a % of SP funding 116

Appendix B

Summary of Regional Cost Benefit Spreadsheet

		Baseline	Counter-factual	Net Benefit
Mental health 15% hospital admission	SP Package	£12.0	£ -	-£12.0
	Residential Package	£ -	£25.3	£25.3
	Housing Costs	£10.4	£8.0	-£2.4
	Homelessness	£0.3	£ 0.5	£ 0.2
	Tenancy failure costs	£1.2	£1.8	£ 0.6
	Health service costs	£4.0	£4.5	£ 0.5
	Social services care	£35.6	£27.7	-£7.9
	Crime costs	£0.2	£ 0.2	£ 0.0
	Benefits & Related Services	£8.1	£8.7	£0.7
	Charitable Services	£-	£ -	£ -
	Other Services	£-	£ -	£ -
	-	£ -	£ -	£ -
	TOTAL	£71.8	£76.8	£ 5.1

Benefit as a % of SP funding

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Appendix C

Percentage benefits by client group and authority

The table below shows expenditure avoided as a percentage each client group in each authority and regionally. For instance, for all services in the region the benefit is 196% of the Supporting People Investment, i.e. for every £100 of SP funding £196 of other public expenditure is estimated to have been avoided. Negative figures indicate that the scenario with SP costs more than the assumed alternative. The full information is set out in Appendix B

The model used in this exercise uses average data to assess the expenditure that has been avoided through the Supporting People funded services. The use of average data in this way means that the outputs of the models are indicators of the potential impact of services but are not accurate calculations. Further investigation should be undertaken before any decisions are made about the future of services.

	Regional totals	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton	Sunderland
All client groups	206	253	204	134	204	98	174	147	229	456	208	269	443
Alcohol Problems	163		61		-47		202	247			113	284	335
Domestic Violence	267	383	138	248	230	168	322	414	159	85	933	206	47
Drug Use	68	75		436		40	187	-16	102		174	27	
Homeless Families Settled	-19	-42	-37	-32	4					-70		-44	39
Homeless Families Temporary	52	84		105		-8	18	28	489				-2
Homeless Single Settled	38	62	12	13	9	49	57	24	47	-6		131	138
Homeless Single Temporary	123	133		-26		125	60	433	307		296	282	113
Learning Disability	-21	221	13	4	-38	-21	-59	64	-63	-142	-44	-78	89
Mental Health 33% admission	175	269	168	183	50	68	376	102	288	204	235	201	50
Mental Health 25% admission	116	188	109	126	5	32	272	57	205	138	162	136	17
Mental Health 15% admission	42	87	35	54	-51	-13	143	2	102	57	70	56	-24
Offenders	74	110	116	114	1	-6	283	106	49	52	53	1042	23
Older Sheltered	177	735	1029	254	371	168	312	107	229	888	598	491	179

Appendix C

Percentage benefits by client group and authority

	Regional totals	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton	Sunderland
Older Very Sheltered	312	2606	442	118	538	410	608	68	538	1177	4669	1019	164
Older Floating & Other 8% res care	853	651	637	104	448	1152	291	729	1275	1093	62	667	3053
Older Floating & Other 5 % res care	588	451	434	48	303	827	182	503	906	735	14	464	2206
Older Floating & Other 2% res care	323	251	251	-7	158	502	73	277	536	377	-34	260	1358
Phys. or Sens. disabilities	140	42	-46	243	-55	525	3582	-185	-7	158	118	1077	347
Teenage Parents	-77	-76	-83	-89	-86			-46	-9	55	-73		-83
Young People at Risk Settled	83		34	230	129	153	170	72	74	93		86	82
Young People at Risk Temporary	22	42				-46	-7			68		170	-28
Young People Leaving Care	-16	-32	-58	34	-29	185	-20		111			25	

Appendix D

This appendix consists of data downloaded from the **Supporting People Client Records and Outcomes website** which can be found at www.spclientrecord.org.uk. The following sets of data which are referred to are included here:

Outcome data for the following client groups:

- People with alcohol problems
- People with drug problems
- Women fleeing domestic violence
- Homeless families
- People with mental health problems
- Offenders
- Single homeless people
- Teen parent
- Young people at risk
- Young people leaving care

Economic status by client group – client record data

Single homeless – economic status by authority

Appendix D

SP Short-Term Outcome Data for Alcohol Services (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington Borough Council	34	67.65	86.96	50	82.35	44.12	13.33	20	41.18	64.29	28.57	52.94	77.78
Durham County Council	34	82.35	96.43	44.12	66.67	17.65	0	0	58.82	45	15	32.35	100
Gateshead Metropolitan Borough Council	14	57.14	87.5	35.71	80	7.14	0	0	0	0	0	7.14	0
Hartlepool Borough Council	7	100	100	57.14	100	0	0	0	14.29	0	0	14.29	0
Middlesbrough Council	4	75	100	75	66.67	0	0	0	75	66.67	0	50	100
Newcastle Upon Tyne City Council	34	91.18	87.1	64.71	63.64	26.47	22.22	11.11	61.76	66.67	33.33	61.76	85.71
North Tyneside Council	31	74.19	91.3	64.52	55	29.03	11.11	22.22	38.71	50	8.33	45.16	85.71
Northumberland County Council	8	100	75	100	75	25	0	0	25	50	0	50	50
Redcar and Cleveland Borough Council	4	75	100	75	66.67	25	0	0	25	0	0	50	100
South Tyneside Metropolitan Borough Council	34	50	88.24	44.12	73.33	20.59	0	0	35.29	41.67	25	32.35	72.73
Stockton Borough Council	11	72.73	100	63.64	85.71	27.27	33.33	33.33	45.45	60	20	54.55	83.33
Sunderland City Council	17	82.35	64.29	52.94	44.44	17.65	0	0	52.94	33.33	0	70.59	50
North East	232	74.57	88.44	55.17	68.75	24.14	10.71	12.5	43.1	52	19	44.4	77.67
England	6123	66.98	88.59	48.28	73.34	15.37	20.94	28.06	32.06	62.05	18.29	30.62	76.96

Appendix D

SP Short-Term Outcome Data for Alcohol Services (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
		2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Admin Authority	Total													
Darlington Borough Council	34	23.53	62.5	79.41	70.37	62.96	76.47	69.23	50	70.59	97.06	57.58	0	0
Durham County Council	34	38.24	53.85	64.71	81.82	81.82	79.41	77.78	38.24	69.23	100	64.71	2.94	100
Gateshead Metropolitan Borough Council	14	28.57	25	42.86	50	100	57.14	75	35.71	100	78.57	81.82	14.29	100
Hartlepool Borough Council	7	0	0	57.14	100	75	42.86	100	71.43	80	100	71.43	14.29	100
Middlesbrough Council	4	25	100	75	100	100	100	100	25	100	75	66.67	0	0
Newcastle Upon Tyne City Council	34	58.82	75	82.35	82.14	82.14	85.29	75.86	26.47	77.78	100	64.71	2.94	100
North Tyneside Council	31	22.58	42.86	70.97	90.91	72.73	61.29	73.68	29.03	44.44	93.55	65.52	6.45	100
Northumberland County Council	8	37.5	0	62.5	20	60	87.5	71.43	50	100	75	66.67	0	0
Redcar and Cleveland Borough Council	4	0	0	100	100	75	75	100	25	100	100	100	0	0
South Tyneside Metropolitan Borough Council	34	14.71	20	85.29	93.1	65.52	58.82	70	38.24	84.62	79.41	70.37	2.94	100
Stockton Borough Council	11	36.36	50	63.64	85.71	85.71	27.27	100	63.64	85.71	63.64	100	9.09	0
Sunderland City Council	17	29.41	60	70.59	83.33	83.33	82.35	57.14	76.47	46.15	100	58.82	5.88	100
North East	232	30.17	54.29	72.84	81.66	75.15	70.26	74.23	41.81	72.16	91.38	66.98	4.31	90
England	6123	24.58	59.47	58.09	82.79	58.98	59.51	72.2	43.23	71.21	85.01	62.96	6.37	88.21

Appendix D

SP Short-Term Outcome Data for Alcohol Services (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington Borough Council	34	70.59	58.33	32.35	90.91	20.59	57.14	29.41	60	14.71	80	61.76	80.95
Durham County Council	34	50	70.59	23.53	100	23.53	87.5	5.88	100	11.76	75	67.65	95.65
Gateshead Metropolitan Borough Council	14	78.57	81.82	0	0	0	0	0	0	7.14	100	64.29	77.78
Hartlepool Borough Council	7	71.43	80	0	0	14.29	100	0	0	14.29	100	42.86	100
Middlesbrough Council	4	75	100	25	100	25	100	0	0	25	100	100	75
Newcastle Upon Tyne City Council	34	82.35	57.14	32.35	81.82	14.71	60	2.94	100	29.41	70	76.47	92.31
North Tyneside Council	31	90.32	67.86	19.35	100	6.45	50	9.68	100	16.13	60	58.06	83.33
Northumberland County Council	8	75	50	50	50	25	100	12.5	100	37.5	100	62.5	80
Redcar and Cleveland Borough Council	4	50	50	25	0	0	0	0	0	25	0	75	100
South Tyneside Metropolitan Borough Council	34	61.76	90.48	20.59	85.71	8.82	100	14.71	80	14.71	100	70.59	87.5
Stockton Borough Council	11	36.36	100	9.09	100	18.18	100	0	0	18.18	100	63.64	100
Sunderland City Council	17	76.47	76.92	29.41	80	17.65	100	11.76	100	11.76	50	88.24	86.67
North East	232	69.83	70.37	23.71	85.45	14.66	79.41	10.34	79.17	17.24	77.5	68.1	87.97
England	6123	64.76	71.15	16.56	78.3	14.96	75.66	11.56	73.45	19.22	75.87	61.39	79.54

Appendix D

SP Short-Term Outcome Data for Drugs Services (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
Admin Authority	Total	1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Darlington Borough Council	23.0	73.9	88.2	39.1	55.6	39.1	0.0	11.1	78.3	38.9	11.1	73.9	82.4
Durham County Council	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0
Gateshead Metropolitan Borough Council	19.0	79.0	80.0	31.6	66.7	10.5	0.0	0.0	26.3	40.0	0.0	21.1	75.0
Hartlepool Borough Council	6.0	50.0	100.0	66.7	100.0	0.0	0.0	0.0	33.3	0.0	0.0	33.3	100.0
Middlesbrough Council	9.0	100.0	100.0	77.8	100.0	44.4	0.0	0.0	66.7	66.7	16.7	77.8	100.0
Newcastle Upon Tyne City Council	39.0	87.2	91.2	74.4	82.8	43.6	23.5	41.2	82.1	56.3	37.5	66.7	80.8
North Tyneside Council	24.0	66.7	75.0	29.2	42.9	25.0	0.0	0.0	54.2	30.8	7.7	50.0	66.7
Northumberland County Council	4.0	100.0	50.0	50.0	0.0	25.0	0.0	0.0	75.0	66.7	0.0	25.0	100.0
Redcar and Cleveland Borough Council	4.0	50.0	50.0	25.0	0.0	25.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0
South Tyneside Metropolitan Borough Council	28.0	35.7	80.0	42.9	66.7	17.9	20.0	20.0	35.7	60.0	20.0	10.7	100.0
Stockton Borough Council	38.0	68.4	100.0	55.3	81.0	26.3	40.0	30.0	60.5	52.2	17.4	34.2	76.9
Sunderland City Council	11.0	90.9	40.0	72.7	37.5	72.7	0.0	12.5	90.9	30.0	10.0	72.7	37.5
North East	206.0	70.9	84.3	51.5	70.8	30.6	14.3	20.6	61.2	46.0	18.3	45.6	76.6
England	5664.0	69.3	86.1	48.1	66.0	18.0	20.1	26.8	38.7	55.5	15.9	30.2	75.9

Appendix D

SP Short-Term Outcome Data for Drugs Services (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington	23.0	21.7	40.0	91.3	85.7	66.7	73.9	82.4	43.5	80.0	100.0	69.6	0.0	0.0
Durham County	1.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0
Gateshead Metropolitan Borough	19.0	15.8	66.7	36.8	57.1	85.7	42.1	87.5	10.5	100.0	89.5	94.1	10.5	0.0
Hartlepool Borough	6.0	0.0	0.0	100.0	100.0	100.0	66.7	100.0	50.0	100.0	100.0	83.3	0.0	0.0
Middlesbrough	9.0	66.7	66.7	100.0	100.0	88.9	88.9	100.0	44.4	100.0	100.0	77.8	0.0	0.0
Newcastle Upon Tyne	39.0	59.0	82.6	76.9	86.7	83.3	84.6	81.8	46.2	66.7	97.4	81.6	2.6	100.0
North Tyneside	24.0	16.7	50.0	58.3	71.4	64.3	37.5	77.8	25.0	33.3	87.5	57.1	0.0	0.0
Northumberland	4.0	25.0	0.0	50.0	50.0	100.0	50.0	50.0	50.0	0.0	100.0	50.0	0.0	0.0
Redcar and Cleveland	4.0	25.0	0.0	25.0	0.0	0.0	50.0	50.0	25.0	0.0	100.0	75.0	0.0	0.0
South Tyneside Metropolitan	28.0	14.3	100.0	78.6	81.8	50.0	35.7	90.0	25.0	57.1	71.4	75.0	0.0	0.0
Stockton	38.0	29.0	54.6	68.4	92.3	65.4	57.9	86.4	39.5	73.3	84.2	78.1	2.6	100.0
Sunderland City	11.0	63.6	28.6	54.6	50.0	33.3	54.6	50.0	45.5	40.0	90.9	50.0	0.0	0.0
North East	206.0	31.6	63.1	70.4	82.1	69.0	59.2	82.0	35.4	65.8	89.8	74.1	1.9	50.0
England	5664.0	24.5	57.7	56.5	83.0	59.4	49.2	73.8	34.0	70.1	86.8	64.3	3.2	84.9

Appendix D

SP Short-Term Outcome Data for Drugs Services (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington Borough Council	23.0	95.7	59.1	43.5	70.0	8.7	100.0	47.8	72.7	17.4	100.0	47.8	90.9
Durham County Council	1.0	100.0	0.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0
Gateshead Metropolitan Borough Council	19.0	79.0	93.3	15.8	66.7	0.0	0.0	0.0	0.0	5.3	100.0	79.0	73.3
Hartlepool Borough Council	6.0	100.0	83.3	50.0	100.0	16.7	100.0	16.7	100.0	33.3	100.0	50.0	100.0
Middlesbrough Council	9.0	100.0	88.9	77.8	71.4	22.2	50.0	22.2	0.0	33.3	66.7	100.0	100.0
Newcastle Upon Tyne	39.0	82.1	75.0	41.0	75.0	18.0	71.4	10.3	50.0	15.4	66.7	84.6	81.8
North Tyneside	24.0	87.5	66.7	66.7	81.3	8.3	100.0	8.3	0.0	16.7	75.0	62.5	66.7
Northumberland	4.0	50.0	0.0	25.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	50.0	50.0
Redcar and Cleveland	4.0	75.0	66.7	50.0	100.0	0.0	0.0	0.0	0.0	25.0	0.0	25.0	0.0
South Tyneside Metropolitan	28.0	46.4	69.2	7.1	100.0	7.1	100.0	3.6	100.0	21.4	66.7	60.7	76.5
Stockton	38.0	84.2	84.4	26.3	90.0	13.2	100.0	10.5	100.0	13.2	80.0	52.6	85.0
Sunderland	11.0	90.9	30.0	36.4	25.0	18.2	100.0	9.1	100.0	0.0	0.0	54.6	33.3
North East	206.0	80.6	71.7	36.4	76.0	11.7	83.3	12.6	65.4	15.5	75.0	64.6	77.4
England	5664.0	67.7	63.4	30.5	74.3	11.6	73.4	9.7	67.2	16.2	76.4	60.5	76.1

Appendix D

SP Short-Term Outcome Data for Domestic Violence (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington	95	73.68	97.14	13.68	69.23	3.16	33.33	33.33	12.63	83.33	16.67	10.53	100
County Durham	209	78.47	90.24	26.32	78.18	4.78	40	50	9.57	90	25	23.44	81.63
Gateshead	42	92.86	79.49	28.57	83.33	4.76	100	100	16.67	42.86	0	4.76	100
Hartlepool	80	60	75	23.75	94.74	15	0	8.33	25	45	0	40	81.25
Middlesbrough	84	80.95	92.65	13.1	81.82	2.38	0	0	4.76	50	0	13.1	100
Newcastle Upon Tyne	59	81.36	75	20.34	83.33	3.39	0	0	10.17	100	0	33.9	80
North Tyneside	77	85.71	96.97	79.22	93.44	9.09	71.43	42.86	33.77	69.23	15.38	44.16	97.06
Northumberland	31	93.55	100	64.52	50	22.58	57.14	57.14	48.39	80	20	45.16	92.86
Redcar and Cleveland	61	95.08	100	22.95	78.57	1.64	0	0	14.75	100	22.22	60.66	94.59
South Tyneside Metropolitan	86	40.7	88.57	18.6	56.25	5.81	20	20	12.79	63.64	18.18	16.28	64.29
Stockton	69	56.52	97.44	20.29	100	8.7	83.33	83.33	24.64	94.12	29.41	21.74	100
Sunderland	64	93.75	98.33	53.13	91.18	18.75	25	41.67	57.81	89.19	8.11	75	97.92
North East	957	75.65	91.3	29.36	82.21	7.21	36.23	39.13	19.23	77.72	14.13	29.89	89.86
England	16551	64.77	89.29	28.45	73.87	7.81	34.49	38.75	23.09	62.43	15.41	26.52	84.03

Appendix D

SP Short-Term Outcome Data for Domestic Violence (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington	95	6.32	100	32.63	100	90.32	38.95	97.3	30.53	93.1	7.37	71.43	0	0
County Durham	209	2.87	83.33	59.33	82.26	70.97	25.84	90.74	19.62	80.49	10.53	68.18	2.87	100
Gateshead Metropolitan	42	0	0	19.05	62.5	62.5	7.14	33.33	23.81	70	7.14	66.67	0	0
Hartlepool Borough Council	80	21.25	58.82	68.75	72.73	67.27	16.25	76.92	35	67.86	10	75	2.5	100
Middlesbrough Council	84	4.76	50	71.43	93.33	50	5.95	100	15.48	84.62	8.33	85.71	0	0
Newcastle Upon Tyne	59	5.08	33.33	76.27	93.33	28.89	44.07	88.46	23.73	64.29	5.08	66.67	0	0
North Tyneside	77	9.09	28.57	77.92	93.33	76.67	64.94	96	35.06	92.59	22.08	70.59	3.9	100
Northumberland	31	16.13	100	90.32	92.86	71.43	38.71	83.33	51.61	81.25	16.13	60	3.23	100
Redcar and Cleveland	61	6.56	100	72.13	93.18	61.36	59.02	94.44	88.52	96.3	19.67	83.33	3.28	100
South Tyneside Metropolitan	86	3.49	33.33	19.77	88.24	52.94	24.42	95.24	45.35	94.87	12.79	100	2.33	100
Stockton	69	4.35	100	63.77	95.45	72.73	14.49	90	24.64	100	15.94	90.91	0	0
Sunderland	64	42.19	92.59	90.63	96.55	81.03	60.94	97.44	62.5	95	39.06	76	1.56	100
North East	957	8.88	75.29	59.98	89.2	66.55	31.97	92.48	34.27	87.8	13.69	77.1	1.78	100
England	16551	7.91	59.08	58.23	88.49	57.6	30.74	85.67	33.06	79.09	8.59	57.78	3.05	95.05

Appendix D

SP Short-Term Outcome Data for Domestic Violence (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington Borough Council	95	32.63	67.74	1.05	100	7.37	71.43	3.16	100	94.74	86.67	69.47	92.42
Durham County Council	209	34.45	81.94	4.31	66.67	2.87	100	4.31	88.89	87.08	91.21	90.43	89.42
Gateshead Metropolitan Borough Council	42	21.43	77.78	0	0	0	0	0	0	76.19	87.5	71.43	86.67
Hartlepool Borough Council	80	16.25	76.92	1.25	100	3.75	33.33	6.25	60	81.25	69.23	82.5	71.21
Middlesbrough Council	84	65.48	78.18	3.57	100	8.33	71.43	0	0	89.29	84	85.71	94.44
Newcastle City Council	59	28.81	41.18	3.39	0	1.69	100	1.69	100	88.14	92.31	91.53	81.48
North Tyneside Council	77	45.45	65.71	7.79	50	5.19	75	5.19	100	72.73	91.07	85.71	90.91
Northumberland County Council	31	45.16	71.43	19.35	83.33	19.35	100	3.23	100	96.77	90	74.19	91.3
Redcar and Cleveland Borough Council	61	29.51	77.78	3.28	100	14.75	66.67	0	0	93.44	98.25	98.36	98.33
South Tyneside Metropolitan Borough Council	86	16.28	35.71	6.98	100	3.49	66.67	1.16	100	79.07	91.18	54.65	91.49
Stockton Borough Council	69	37.68	92.31	5.8	100	5.8	100	1.45	100	59.42	100	91.3	98.41
Sunderland City Council	64	46.88	83.33	12.5	87.5	20.31	76.92	23.44	86.67	98.44	88.89	98.44	93.65
North East	957	34.9	74.25	5.02	79.17	6.58	77.78	4.18	87.5	84.74	88.9	83.49	89.99
England	16551	33.83	77.5	2.75	75.6	6.39	74.08	4.48	76.92	73.2	84.34	74.24	87.44

Appendix D

SP Short-Term Outcome Data for Homeless Families (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington Borough Council	14	64.29	100	64.29	88.89	7.14	100	100	35.71	100	20	42.86	100
Durham County Council	18	88.89	93.75	77.78	64.29	22.22	50	75	44.44	75	12.5	33.33	83.33
Gateshead Metropolitan Borough Council	95	91.58	95.4	49.47	76.6	8.42	50	50	17.89	58.82	35.29	31.58	86.67
Hartlepool Borough Council	1	0	0	0	0	0	0	0	0	0	0	0	0
Middlesbrough Council	19	89.47	94.12	84.21	87.5	78.95	6.67	6.67	78.95	26.67	0	57.89	81.82
Newcastle Upon Tyne City Council	32	93.75	96.67	40.63	92.31	9.38	100	100	15.63	60	20	34.38	81.82
North Tyneside Council	203	92.61	91.49	50.25	71.57	3.94	12.5	12.5	7.39	86.67	33.33	58.62	92.44
Northumberland County Council	45	60	96.3	33.33	60	2.22	100	100	8.89	75	25	8.89	50
Redcar and Cleveland Borough Council	22	90.91	95	45.45	70	22.73	40	40	22.73	20	0	13.64	100
South Tyneside Metropolitan Borough Council	11	63.64	85.71	63.64	85.71	18.18	50	50	27.27	33.33	0	0	0
Stockton Borough Council	30	76.67	86.96	30	55.56	6.67	50	50	33.33	60	0	26.67	100
Sunderland City Council	44	88.64	82.05	52.27	65.22	22.73	30	50	25	54.55	9.09	9.09	75
North East	534	86.7	92.22	49.63	73.21	11.05	33.9	38.98	18.35	59.18	16.33	37.83	89.6
England	12212	75.27	91.28	39.65	75.8	8.13	33.94	40.38	18.15	57.45	13.58	15.14	81.56

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SP Short-Term Outcome Data for Homeless Families (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington Borough Council	14	7.14	100	64.29	88.89	88.89	35.71	100	21.43	66.67	14.29	50	0	0
Durham County Council	18	5.56	100	72.22	92.31	92.31	27.78	100	44.44	75	5.56	0	0	0
Gateshead Metropolitan Borough Council	95	5.26	100	41.05	100	48.72	34.74	93.94	26.32	88	6.32	100	1.05	100
Hartlepool Borough Council	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Middlesbrough Council	19	78.95	6.67	89.47	94.12	88.24	36.84	85.71	31.58	83.33	36.84	85.71	0	0
Newcastle Upon Tyne City Council	32	9.38	100	43.75	92.86	64.29	25	87.5	18.75	66.67	9.38	100	0	0
North Tyneside Council	203	1.97	75	62.07	95.24	90.48	45.32	92.39	9.36	73.68	3.94	50	0.99	100
Northumberland County Council	45	2.22	100	31.11	100	64.29	13.33	83.33	26.67	100	4.44	50	0	0
Redcar and Cleveland Borough Council	22	9.09	100	68.18	86.67	66.67	22.73	80	27.27	66.67	9.09	0	0	0
South Tyneside Metropolitan Borough Council	11	0	0	81.82	88.89	66.67	36.36	75	27.27	66.67	0	0	0	0
Stockton Borough Council	30	3.33	100	43.33	100	46.15	30	88.89	26.67	87.5	33.33	80	0	0
Sunderland City Council	44	6.82	33.33	65.91	75.86	41.38	31.82	64.29	45.45	70	27.27	25	2.27	100
North East	534	6.74	52.78	55.81	93.29	73.83	35.21	89.36	21.72	79.31	9.93	60.38	0.75	100
England	12212	4.31	55.51	41.49	89.38	48.88	19.87	87.1	14.96	81.01	6.07	63.7	1.43	89.71

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SP Short-Term Outcome Data for Homeless Families (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
		4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Admin Authority	Total												
Darlington Borough Council	14	78.57	90.91	7.14	100	7.14	0	7.14	0	21.43	66.67	57.14	100
Durham County Council	18	94.44	88.24	16.67	100	16.67	100	27.78	100	16.67	100	77.78	85.71
Gateshead Metropolitan Borough Council	95	46.32	81.82	5.26	100	2.11	50	13.68	100	24.21	95.65	49.47	91.49
Hartlepool Borough Council	1	0	0	0	0	0	0	0	0	0	0	0	0
Middlesbrough Council	19	89.47	82.35	5.26	100	5.26	100	5.26	100	47.37	88.89	89.47	82.35
Newcastle Upon Tyne City Council	32	81.25	96.15	0	0	3.13	100	0	0	9.38	66.67	37.5	83.33
North Tyneside Council	203	28.08	84.21	1.97	100	0.99	0	1.97	75	13.3	92.59	66.01	91.79
Northumberland County Council	45	28.89	84.62	0	0	0	0	4.44	100	8.89	75	46.67	100
Redcar and Cleveland Borough Council	22	81.82	72.22	0	0	13.64	33.33	9.09	50	31.82	57.14	68.18	93.33
South Tyneside Metropolitan Borough Council	11	18.18	100	9.09	100	9.09	0	9.09	0	36.36	100	36.36	100
Stockton Borough Council	30	56.67	70.59	6.67	100	6.67	50	10	100	23.33	85.71	50	93.33
Sunderland City Council	44	68.18	80	4.55	100	9.09	100	18.18	62.5	18.18	75	56.82	88
North East	534	47.19	83.33	3.56	100	3.75	60	7.49	82.5	18.35	86.73	58.43	91.35
England	12212	50.6	86.21	3.39	80.92	2.39	79.79	3.05	74.53	11.6	84.32	51.04	90.98

SP Short-Term Outcome Data for Mental Health (April 2008 - March 2009) Results for North East Region

Admin Authority	Total			(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education				(2b) Leisure/Cultural/Faith/Informal Learning			
		1a % with need 1a-70 outcome achieved	1b % with need 1b-70 outcome achieved	1c % with need 1c-70 outcome achieved	wmt outcome achieved	wmt outcome achieved	wmt outcome achieved	2a % with need 2a-70 outcome achieved	2a % with need 2a-70 outcome achieved	2a % with need 2a-70 outcome achieved	Number with need	2b % with need 2b-70 outcome achieved	2b % with need 2b-70 outcome achieved	2b % with need 2b-70 outcome achieved		
Darlington	34	61.76	90.48	38.24	76.92	11.76	50	75	38.24	69.23	5	38.46	18	52.94	15	83.33
Durham	49	77.55	78.95	51.02	84	16.33	37.5	50	32.65	50	5	31.25	14	28.57	12	85.71
Gateshead	8	87.5	100	50	75	12.5	0	0	12.5	0	0	0	3	37.5	3	100
Hartlepool	8	62.5	80	37.5	100	0	0	0	25	50	0	0	4	50	2	50
Middlesbrough Council	29	55.17	100	24.14	100	10.34	33.33	66.67	51.72	73.33	2	13.33	18	62.07	14	77.78
Newcastle Upon Tyne	67	68.66	93.48	43.28	79.31	5.97	75	75	20.9	85.71	0	0	37	55.22	27	72.97
North Tyneside Council	90	74.44	92.54	48.89	70.45	8.89	25	25	21.11	52.63	4	21.05	42	46.67	31	73.81
Northumberland	14	85.71	91.67	78.57	81.82	7.14	0	0	42.86	100	3	50	7	50	7	100
Redcar and Cleveland	7	85.71	83.33	42.86	66.67	0	0	0	0	0	0	0	5	71.43	4	80
South Tyneside	20	50	80	35	71.43	20	0	0	40	37.5	0	0	7	35	5	71.43
Stockton	2	50	100	50	100	0	0	0	0	0	0	0	1	50	1	100
Sunderland	15	73.33	90.91	46.67	85.71	26.67	50	50	20	100	2	66.67	9	60	9	100
North East	343	69.97	90	44.9	78.57	10.79	35.14	43.24	28.28	64.95	21	21.65	165	48.1	130	78.79
England	15568	69.08	88.41	44.98	77.4	12.04	28.12	34.36	29.03	60.35	696	15.4	5327	34.22	3950	74.15

SP Short-Term Outcome Data for Mental Health (April 2008 - March 2009) Results for North East Region

Admin Authority	(2c) Work-Like Activities				(2d) External Services/Groups/Friends/Family						(3a) Physical Health				(3b) Mental Health			
	2c Number with need	2c % with need	2c Number with outcome achieved	2c % with outcome achieved	2d Number with need	2d % with need	2d (i) Number with outcome achieved	2d (i) % with outcome achieved	2d (ii) Number with outcome achieved	2d (ii) % with outcome achieved	3a Number with need	3a % with need	3a Number with outcome achieved	3a % with outcome achieved	3b Number with need	3b % with need	3b Number with outcome achieved	3b % with outcome achieved
Darlington	5	14.71	3	60	20	58.8	18	90	13	65	21	61.8	16	76.19	32	94.1	22	68.75
Durham	7	14.29	5	71.43	27	55.1	22	81.48	17	62.96	19	38.8	13	68.42	43	87.8	33	76.74
Gateshead	1	12.5	0	0	5	62.5	4	80	0	0	5	62.5	4	80	8	100	4	50
Hartlepool	2	25	1	50	6	75	6	100	4	66.67	2	25	1	50	6	75	5	83.33
Middlesbrough Council	9	31.03	4	44.44	16	55.2	15	93.75	13	81.25	19	65.5	14	73.68	29	100	23	79.31
Newcastle Upon Tyne	13	19.4	7	53.85	45	67.2	38	84.44	31	68.89	29	43.3	22	75.86	65	97	51	78.46
North Tyneside Council	23	25.56	12	52.17	57	63.3	50	87.72	40	70.18	39	43.3	28	71.79	86	95.6	67	77.91
Northumberland	6	42.86	6	100	11	78.6	11	100	6	54.55	6	42.9	6	100	11	78.6	11	100
Redcar and Cleveland	2	28.57	0	0	3	42.9	2	66.67	2	66.67	3	42.9	3	100	6	85.7	5	83.33
South Tyneside	3	15	1	33.33	11	55	8	72.73	5	45.45	10	50	5	50	18	90	12	66.67
Stockton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	100	2	100
Sunderland	2	13.33	1	50	14	93.3	13	92.86	11	78.57	13	86.7	13	100	15	100	15	100
North East	73	21.28	40	54.79	215	62.7	187	86.98	142	66.05	166	48.4	125	75.3	321	93.6	250	77.88
England	3334	21.42	1914	57.41	8254	53	6930	83.96	4366	52.9	6580	42.3	5060	76.9	12954	83.2	10094	77.92

SP Short-Term Outcome Data for Mental Health (April 2008 - March 2009) Results for North East Region

Admin Authority	(3c) Substance Misuse				(3d) Assistive Technology			(4a)(i) Maintaining Accommodation				
	3c Number with need	3c % with need	3c Number with outcome achieved	3c % with outcome achieved	3d Number with need	3d % with need	3d Number with outcome achieved	3d % with outcome achieved	4a(i) Number with need	4a(i) % with need	4a(i) Number with outcome achieved	4a(i) % without outcome achieved
Darlington	10	29.4	5	50	1	2.9	1	100	15	44.1	10	66.67
Durham	11	22.5	5	45.45	5	10	5	100	34	69.4	25	73.53
Gateshead	0	0	0	0	0	0	0	0	4	50	4	100
Hartlepool	2	25	2	100	1	13	1	100	5	62.5	4	80
Middlesbrough Council	5	17.2	3	60	2	6.9	2	100	10	34.5	8	80
Newcastle Upon Tyne	23	34.3	15	65.22	6	9	5	83.33	45	67.2	34	75.56
North Tyneside Council	26	28.9	12	46.15	9	10	7	77.78	75	83.3	66	88
Northumberland	2	14.3	2	100	0	0	0	0	9	64.3	9	100
Redcar and Cleveland	3	42.9	2	66.67	0	0	0	0	5	71.4	5	100
South Tyneside	8	40	3	37.5	1	5	1	100	13	65	5	38.46
Stockton	0	0	0	0	0	0	0	0	1	50	1	100
Sunderland	8	53.3	7	87.5	0	0	0	0	5	33.3	4	80
North East	98	28.6	56	57.14	25	7.3	22	88	221	64.4	175	79.19
England	3863	24.8	2357	61.01	860	5.5	781	90.81	8752	56.2	7163	81.84

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SP Short-Term Outcome Data for Mental Health (April 2008 - March 2009) Results for North East Region

Admin Authority	(4b) Statutory Orders				(4c)(i) Self Harm Issues				(4c)(ii) Causing Harm to Others				(4c)(iii) Risk of Harm from Others				(5) Choice & Control/Involvement			
	4b Number with need	4b % with need	4b Number with outcome achieved	4b % with outcome achieved	4c(i) Number with need	4c(i) % with need	4c(i) Number with outcome achieved	4c(i) % with outcome achieved	4c(ii) Number with need	4c(ii) % with need	4c(ii) Number with outcome achieved	4c(ii) % with outcome achieved	4c(iii) Number with need	4c(iii) % with need	4c(iii) Number with outcome achieved	4c(iii) % with outcome achieved	5 Number with need	5 % with need	5 Number with outcome achieved	5 % with outcome achieved
Darlington	3	8.82	2	66.67	9	26.5	8	88.89	7	20.6	5	71.43	7	20.6	7	100	22	64.7	17	77.27
Durham	5	10.2	3	60	10	20.4	7	70	6	12.2	4	66.67	13	26.5	10	76.92	32	65.3	26	81.25
Gateshead	1	12.5	1	100	0	0	0	0	0	0	0	0	1	12.5	1	100	6	75	5	83.33
Hartlepool	0	0	0	0	0	0	0	0	0	0	0	0	4	50	4	100	8	100	7	87.5
Middlesbrough Council	1	3.45	1	100	11	37.9	8	72.73	5	17.2	5	100	10	34.5	9	90	24	82.8	20	83.33
Newcastle Upon Tyne	7	10.5	7	100	18	26.9	15	83.33	12	17.9	7	58.33	23	34.3	16	69.57	56	83.6	48	85.71
North Tyneside Council	5	5.56	3	60	20	22.2	15	75	19	21.1	14	73.68	28	31.1	23	82.14	71	78.9	58	81.69
Northumberland	3	21.4	3	100	2	14.3	2	100	0	0	0	0	3	21.4	3	100	12	85.7	12	100
Redcar and Cleveland	0	0	0	0	0	0	0	0	0	0	0	0	2	28.6	2	100	6	85.7	4	66.67
South Tyneside	4	20	1	25	7	35	5	71.43	4	20	3	75	6	30	5	83.33	13	65	10	76.92
Stockton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	100	2	100
Sunderland	2	13.3	2	100	7	46.7	6	85.71	1	6.67	1	100	8	53.3	5	62.5	13	86.7	13	100
North East	31	9.04	23	74.19	84	24.5	66	78.57	54	15.7	39	72.22	105	30.6	85	80.95	265	77.3	222	83.77
England	1206	7.75	896	74.3	2845	18.3	2283	80.25	1532	9.84	1173	76.57	3026	19.4	2466	81.49	10502	67.5	8859	84.36

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SP Short-Term Outcome Data for Offenders (April 2008 - March 2009 Results for North East Region)

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
Admin Authority	Total	1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Darlington Borough Council	9	44.44	75	44.44	0	88.89	0	0	88.89	12.5	0	22.22	50
Durham County Council	19	84.21	81.25	47.37	66.67	15.79	0	0	21.05	50	25	26.32	40
Gateshead Metropolitan Borough Council	7	100	100	42.86	100	71.43	80	80	57.14	75	25	57.14	75
Hartlepool Borough Council	12	25	66.67	8.33	0	8.33	0	0	16.67	0	0	33.33	75
Middlesbrough Council	17	100	94.12	100	94.12	70.59	25	25	76.47	46.15	23.08	88.24	73.33
Newcastle Upon Tyne City Council	9	66.67	83.33	100	77.78	22.22	0	0	33.33	66.67	33.33	22.22	100
North Tyneside Council	58	91.38	98.11	81.03	85.11	51.72	20	30	67.24	74.36	41.03	56.9	90.91
Northumberland County Council	32	78.13	80	46.88	60	15.63	20	20	25	37.5	25	12.5	25
Redcar and Cleveland Borough Council	24	100	91.67	12.5	33.33	83.33	5	5	91.67	9.09	4.55	16.67	25
South Tyneside Metropolitan Borough Council	32	65.63	52.38	21.88	57.14	25	12.5	25	59.38	47.37	5.26	9.38	33.33
Stockton Borough Council	1	100	100	100	0	100	0	0	0	0	0	0	0
Sunderland City Council	28	35.71	100	39.29	90.91	10.71	33.33	33.33	67.86	78.95	42.11	60.71	82.35
North East	248	75.4	86.63	51.21	75.59	39.52	17.35	21.43	56.85	51.06	24.11	37.5	74.19
England	6098	75.04	86.45	42.64	66.54	38.52	18.56	28.74	41.26	52.54	17.09	24.2	72.22

SP Short-Term Outcome Data for Offenders (April 2008 - March 2009 Results for North East Region)

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		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington Borough Council	9	55.56	20	55.56	80	80	44.44	25	11.11	100	66.67	16.67	0	0
Durham County Council	19	0	0	42.11	50	75	31.58	33.33	15.79	33.33	68.42	38.46	0	0
Gateshead Metropolitan Borough Council	7	57.14	75	71.43	100	100	85.71	83.33	42.86	66.67	57.14	100	0	0
Hartlepool Borough Council	12	8.33	100	83.33	90	90	33.33	100	0	0	75	55.56	0	0
Middlesbrough Council	17	52.94	33.33	94.12	93.75	87.5	88.24	93.33	47.06	87.5	76.47	46.15	0	0
Newcastle Upon Tyne City Council	9	33.33	100	66.67	100	100	55.56	100	44.44	75	44.44	50	0	0
North Tyneside Council	58	53.45	90.32	89.66	96.15	75	65.52	92.11	43.1	96	70.69	85.37	5.17	100
Northumberland County Council	32	15.63	20	46.88	80	80	50	87.5	53.13	94.12	59.38	52.63	6.25	100
Redcar and Cleveland Borough Council	24	16.67	25	12.5	33.33	100	83.33	95	12.5	100	87.5	80.95	0	0
South Tyneside Metropolitan Borough Council	32	9.38	0	46.88	73.33	60	6.25	50	12.5	50	56.25	44.44	0	0
Stockton Borough Council	1	0	0	100	100	100	0	0	0	0	0	0	0	0
Sunderland City Council	28	7.14	100	42.86	75	75	39.29	100	32.14	66.67	39.29	63.64	0	0
North East	248	27.02	64.18	59.68	85.81	79.05	51.21	87.4	31.05	84.42	64.11	62.89	2.02	100
England	6098	24.57	54.81	52.15	83.55	66.95	40.11	76.53	28.32	69.2	53.82	60.85	3.21	88.78

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SP Short-Term Outcome Data for Offenders (April 2008 - March 2009 Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington Borough Council	9	77.78	28.57	55.56	80	11.11	0	11.11	0	22.22	50	11.11	0
Durham County Council	19	78.95	53.33	68.42	76.92	10.53	50	10.53	50	26.32	20	42.11	62.5
Gateshead Metropolitan Borough Council	7	100	100	85.71	100	0	0	85.71	100	28.57	100	100	85.71
Hartlepool Borough Council	12	83.33	50	83.33	60	0	0	0	0	8.33	100	66.67	75
Middlesbrough Council	17	100	58.82	100	76.47	52.94	77.78	64.71	72.73	52.94	77.78	94.12	81.25
Newcastle Upon Tyne City Council	9	100	66.67	88.89	87.5	11.11	100	66.67	66.67	22.22	100	100	77.78
North Tyneside Council	58	94.83	81.82	93.1	90.74	27.59	87.5	37.93	95.45	39.66	100	91.38	96.23
Northumberland County Council	32	96.88	80.65	65.63	76.19	21.88	71.43	28.13	77.78	56.25	83.33	84.38	77.78
Redcar and Cleveland Borough Council	24	95.83	73.91	33.33	62.5	4.17	100	16.67	0	8.33	0	29.17	42.86
South Tyneside Metropolitan Borough Council	32	50	81.25	81.25	61.54	0	0	18.75	83.33	18.75	83.33	28.13	44.44
Stockton Borough Council	1	100	0	100	0	0	0	0	0	0	0	100	0
Sunderland City Council	28	89.29	88	32.14	100	7.14	50	14.29	100	17.86	60	57.14	100
North East	248	87.1	74.07	71.77	79.21	15.73	76.92	28.63	78.87	30.24	80	65.32	81.48
England	6098	70.89	63.38	69.73	75.28	10.71	76.57	26.83	77.87	21.55	79.91	60.66	79.21

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SP Short-Term Outcome for Single Homeless Data (April 2008 - March 2009) Results for North East Region

	Total	(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work		(2a) Training/Education		(2b) Leisure/Cultural/Faith/Informal Learning			
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority													
Darlington	206	85.44	92.05	41.26	67.06	41.75	22.09	25.58	60.19	69.35	21.77	57.28	85.59
Durham	179	83.24	88.59	26.26	74.47	17.88	40.63	40.63	32.96	71.19	35.59	10.61	73.68
Gateshead	164	82.32	88.89	43.9	52.78	39.02	9.38	10.94	53.05	56.32	20.69	28.66	59.57
Hartlepool	28	50	71.43	14.29	75	17.86	20	20	50	71.43	35.71	14.29	75
Middlesbrough	160	89.38	99.3	85.63	99.27	49.38	2.53	2.53	87.5	95	16.43	77.5	98.39
Newcastle Upon Tyne	689	81.71	94.49	49.2	72.57	29.46	14.29	20.2	47.75	51.67	9.42	44.99	79.68
North Tyneside	231	87.45	88.12	43.29	72	24.24	26.79	44.64	33.33	61.04	29.87	21.21	77.55
Northumberland	56	69.64	89.74	39.29	36.36	10.71	83.33	100	46.43	61.54	7.69	30.36	70.59
Redcar and Cleveland	78	88.46	94.2	34.62	59.26	43.59	8.82	17.65	64.1	74	12	21.79	88.24
South Tyneside	37	56.76	76.19	18.92	28.57	16.22	0	33.33	35.14	38.46	7.69	5.41	50
Stockton	78	83.33	90.77	47.44	78.38	85.9	31.34	35.82	88.46	73.91	37.68	79.49	77.42
Sunderland	175	93.71	89.02	26.86	48.94	26.29	34.78	43.48	44.57	79.49	10.26	25.14	86.36
North East	2081	83.61	91.78	44.4	71.97	32.87	19.01	24.71	51.23	66.42	17.92	39.07	82.04
England	40885	74.92	88.61	39.46	60.69	30.16	24.12	32.58	43.17	60.18	18.34	25.3	76.26

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Short term outcomes for Single Homeless (April 2008- March 2009) Results for North East Region

		(2c) Work-Like Activities			(2d) External Services/Groups/Friends/Family		(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington	206	33.98	74.29	80.1	88.48	91.52	67.96	89.29	48.06	81.82	51.94	57.01	5.34	100
Durham	179	6.15	81.82	44.69	87.5	81.25	17.88	65.63	26.82	64.58	31.28	42.86	1.68	100
Gateshead	164	31.1	29.41	63.41	80.77	72.12	54.88	72.22	35.98	67.8	46.95	41.56	2.44	100
Hartlepool	28	10.71	33.33	53.57	93.33	86.67	25	71.43	28.57	100	42.86	50	7.14	100
Middlesbrough	160	21.88	97.14	90.63	100	98.62	61.88	95.96	29.38	95.74	58.13	97.85	0	0
Newcastle Upon Tyne	689	30.04	39.61	57.91	95.24	70.93	44.99	80	37.45	78.29	53.85	45.55	2.76	94.74
North Tyneside	231	12.55	65.52	44.16	84.31	80.39	33.77	66.67	26.84	69.35	22.51	38.46	0.87	100
Northumberland	56	12.5	57.14	35.71	90	65	25	85.71	16.07	55.56	7.14	25	0	0
Redcar and Cleveland	78	30.77	70.83	43.59	82.35	70.59	33.33	73.08	32.05	76	26.92	47.62	3.85	100
South Tyneside	37	5.41	100	48.65	72.22	77.78	21.62	50	24.32	33.33	35.14	30.77	0	0
Stockton	78	83.33	64.62	64.1	92	80	73.08	71.93	47.44	59.46	60.26	59.57	3.85	66.67
Sunderland	175	18.86	84.85	52.57	65.22	51.09	41.71	86.3	16.57	41.38	28	40.82	0.57	100
North East	2081	25.8	56.8	58.82	89.05	77.61	44.88	80.3	33.16	74.06	43.34	51.66	2.31	95.83
England	40885	21.53	56.41	49.36	82.24	63.93	37.17	77.44	28.83	68.7	35.67	53.26	2.81	88.08

Short term outcomes for Single Homeless (April 2008- March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington	206	72.82	64.67	24.76	68.63	16.5	88.24	16.02	60.61	18.93	100	68.45	92.2
Durham	179	73.74	64.39	14.53	65.38	7.82	64.29	7.26	69.23	11.73	76.19	41.34	85.14
Gateshead	164	70.12	46.96	21.95	69.44	12.8	66.67	18.29	60	25.61	71.43	63.41	71.15
Hartlepool	28	50	85.71	32.14	77.78	17.86	80	7.14	100	17.86	80	57.14	93.75
Middlesbrough	160	96.25	71.43	8.75	92.86	19.38	100	3.13	100	6.25	90	95.63	100
Newcastle Upon Tyne	689	69.38	68.41	33.67	76.72	10.89	74.67	20.61	83.8	34.54	89.92	53.56	88.62
North Tyneside	231	55.84	58.91	14.72	52.94	13.42	67.74	9.09	66.67	21.65	62	46.32	75.7
Northumberland	56	57.14	65.63	8.93	80	7.14	75	3.57	50	10.71	100	53.57	86.67
Redcar and Cleveland	78	83.33	52.31	19.23	73.33	14.1	72.73	6.41	100	8.97	71.43	64.1	78
South Tyneside	37	43.24	37.5	32.43	58.33	5.41	100	0	0	10.81	50	40.54	66.67
Stockton	78	67.95	33.96	56.41	88.64	19.23	73.33	14.1	63.64	10.26	50	75.64	79.66
Sunderland	175	40	57.14	13.71	45.83	8	35.71	9.71	47.06	12	61.9	57.71	81.19
North East	2081	67.66	62.5	24.12	72.71	12.35	75.49	13.5	74.02	21.67	82.71	58.58	85.89
England	40885	61.85	58.8	17.45	70.75	9.2	72.94	8.73	62.11	13.31	75.65	53.46	80.54

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SP Short-Term Outcome Data for Teen Parents (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington	16	100	81.25	62.5	70	25	50	50	62.5	80	30	75	75
County Durham	40	97.5	97.44	52.5	95.24	15	33.33	66.67	57.5	69.57	21.74	52.5	85.71
Gateshead	15	93.33	85.71	13.33	50	6.67	0	0	53.33	75	25	40	100
Hartlepool	14	100	100	42.86	100	0	0	0	92.86	69.23	7.69	78.57	90.91
Middlesbrough	3	100	100	66.67	100	0	0	0	33.33	100	0	0	0
Newcastle Upon Tyne	10	80	87.5	0	0	0	0	0	20	0	0	30	100
North Tyneside	26	92.31	95.83	3.85	100	0	0	0	38.46	80	20	11.54	100
Northumberland	19	89.47	100	36.84	100	0	0	0	26.32	80	0	26.32	80
Redcar and Cleveland	29	93.1	100	6.9	50	0	0	0	82.76	58.33	45.83	37.93	81.82
South Tyneside Metropolitan	12	91.67	100	25	100	0	0	0	91.67	45.45	0	41.67	80
Stockton	14	100	92.86	57.14	100	28.57	75	75	71.43	80	50	50	71.43
Sunderland City	21	100	90.48	47.62	90	23.81	60	60	95.24	85	5	19.05	75
North East	219	94.98	94.71	32.88	90.28	9.13	50	60	62.56	70.07	21.9	40.18	84.09
England	3353	85.68	91.47	31.43	72.96	8.08	39.48	49.08	41.66	63.42	19.33	27.65	81.01

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SP Short-Term Outcome Data for Teen Parents (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington	16	31.25	40	81.25	84.62	100	87.5	78.57	25	50	18.75	33.33	12.5	0
County Durham	40	25	80	80	90.63	78.13	50	100	15	83.33	7.5	100	0	0
Gateshead Metropolitan	15	6.67	100	60	88.89	44.44	40	83.33	26.67	75	0	0	0	0
Hartlepool	14	35.71	40	92.86	100	100	71.43	100	35.71	100	0	0	0	0
Middlesbrough	3	0	0	66.67	100	50	0	0	0	0	0	0	0	0
Newcastle Upon Tyne	10	10	0	60	83.33	66.67	20	100	10	100	0	0	0	0
North Tyneside	26	7.69	100	34.62	66.67	33.33	3.85	100	7.69	100	0	0	0	0
Northumberland	19	5.26	100	47.37	100	44.44	10.53	100	47.37	77.78	5.26	100	0	0
Redcar and Cleveland	29	0	0	41.38	91.67	83.33	27.59	75	10.34	66.67	3.45	0	0	0
South Tyneside	12	0	0	58.33	100	100	33.33	100	16.67	100	8.33	100	0	0
Stockton	14	0	0	92.86	92.31	84.62	28.57	100	14.29	100	0	0	0	0
Sunderland	21	4.76	100	95.24	90	85	42.86	88.89	4.76	0	0	0	0	0
North East	219	11.87	65.38	66.21	90.34	77.24	36.53	91.25	17.81	79.49	4.11	66.67	0.91	0
England	3353	7.58	61.42	55.68	83.93	57.79	24.63	87.65	16.22	79.41	4.62	61.29	0.92	83.87

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SP Short-Term Outcome Data for Teen Parents (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington	16	100	87.5	6.25	100	0	0	0	0	6.25	100	93.75	86.67
County Durham	40	82.5	90.91	5	100	10	75	12.5	60	45	94.44	87.5	100
Gateshead	15	80	83.33	0	0	0	0	6.67	0	33.33	60	80	83.33
Hartlepool	14	100	85.71	14.29	100	14.29	100	7.14	100	28.57	100	92.86	92.31
Middlesbrough	3	100	100	0	0	0	0	0	0	0	0	100	100
Newcastle Upon Tyne	10	30	66.67	0	0	0	0	0	0	10	100	50	100
North Tyneside	26	30.77	87.5	3.85	0	3.85	100	0	0	3.85	100	34.62	66.67
Northumberland	19	63.16	100	0	0	5.26	0	5.26	100	5.26	100	68.42	100
Northumberland County	19	63.16	100	0	0	5.26	0	5.26	100	5.26	100	68.42	100
Redcar and Cleveland	29	13.79	25	0	0	0	0	0	0	13.79	75	58.62	64.71
South Tyneside Metropolitan	12	8.33	100	8.33	100	0	0	0	0	0	0	50	100
Stockton	14	85.71	83.33	0	0	7.14	100	0	0	7.14	100	100	100
Sunderland	21	85.71	83.33	0	0	0	0	0	0	4.76	0	100	90.48
North East	219	62.1	86.03	3.2	85.71	4.11	77.78	3.65	62.5	16.89	86.49	74.43	90.18
England	3353	56.67	83.53	3.67	86.18	3.13	82.86	4.41	78.38	16.79	81.71	67.28	86.7

SP Short-Term Outcome Data for Young People at Risk (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work			(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning	
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington	15	46.67	100	20	100	40	0	33.33	46.67	85.71	0	13.33	50
County Durham	208	88.46	92.39	50.48	78.1	35.1	30.14	42.47	58.17	71.9	26.45	30.77	96.88
Gateshead	7	100	100	85.71	83.33	85.71	16.67	83.33	71.43	80	40	42.86	100
Hartlepool	29	86.21	96	37.93	81.82	37.93	54.55	54.55	62.07	83.33	22.22	24.14	100
Middlesbrough	70	94.29	93.94	52.86	86.49	27.14	47.37	63.16	58.57	75.61	41.46	21.43	86.67
Newcastle Upon Tyne	112	83.93	87.23	39.29	68.18	31.25	28.57	40	52.68	50.85	15.25	28.57	78.13
North Tyneside	87	91.95	91.25	56.32	83.67	28.74	36	60	44.83	84.62	51.28	16.09	85.71
Northumberland	57	89.47	94.12	42.11	54.17	36.84	33.33	61.9	43.86	72	40	29.82	82.35
Redcar and Cleveland	9	66.67	83.33	44.44	75	11.11	0	0	55.56	60	0	11.11	100
South Tyneside	56	78.57	90.91	26.79	73.33	35.71	15	15	67.86	57.89	5.26	21.43	41.67
Stockton	25	100	76	60	46.67	44	18.18	45.45	72	77.78	11.11	60	86.67
Sunderland City	134	75.37	95.05	42.54	66.67	18.66	40	56	32.09	79.07	23.26	16.42	90.91
North East	809	85.29	91.74	45.74	74.05	31.27	31.23	47.43	51.79	70.88	25.78	25.22	86.27
England	11686	83.7	88.68	44.51	67.76	33.61	30.32	43.51	56.08	67.13	21.67	26.85	82.09

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SP Short-Term Outcome Data for Young People at Risk (April 2008 - March 2009) Results for North East Region

		(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
Admin Authority	Total	2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
Darlington	15	20	100	20	66.67	66.67	6.67	100	20	66.67	20	66.67	0	0
Durham County	208	20.19	83.33	56.25	91.45	91.45	25.96	90.74	31.73	75.76	19.23	62.5	0.96	100
Gateshead	7	71.43	80	100	100	100	85.71	100	14.29	100	71.43	100	0	0
Hartlepool	29	24.14	57.14	44.83	92.31	92.31	31.03	77.78	10.34	66.67	24.14	57.14	6.9	100
Middlesbrough	70	21.43	80	44.29	83.87	70.97	34.29	79.17	14.29	90	20	57.14	1.43	0
Newcastle Upon Tyne	112	18.75	71.43	55.36	90.32	58.06	33.04	70.27	33.04	70.27	25	46.43	0.89	100
North Tyneside	87	16.09	92.86	48.28	92.86	83.33	31.03	88.89	22.99	95	12.64	63.64	0	0
Northumberland County	57	15.79	66.67	56.14	84.38	87.5	28.07	62.5	29.82	76.47	17.54	80	0	0
Redcar and Cleveland	9	0	0	22.22	50	100	22.22	100	22.22	100	11.11	100	11.11	100
South Tyneside Metropolitan	56	21.43	33.33	62.5	68.57	85.71	23.21	38.46	16.07	44.44	12.5	71.43	0	0
Stockton	25	52	69.23	76	73.68	78.95	32	50	36	77.78	8	50	4	100
Sunderland	134	11.94	62.5	30.6	97.56	65.85	20.15	85.19	13.43	72.22	11.94	56.25	0	0
North East	809	19.41	73.25	49.94	87.87	79.95	27.69	78.57	24.1	75.9	17.8	61.11	0.99	87.5
England	11686	21.16	62.92	52.93	83.46	66.9	32.68	80.94	23.52	72.72	19.96	55.25	1.99	87.93

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SP Short-Term Outcome Data for Young People at Risk (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
Admin Authority	Total	4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Darlington	15	53.33	87.5	26.67	75	6.67	0	33.33	60	40	100	46.67	85.71
Durham	208	78.85	82.93	11.54	83.33	12.98	85.19	8.65	55.56	12.98	88.89	71.15	91.22
Gateshead	7	100	71.43	100	100	14.29	100	57.14	100	57.14	100	100	100
Hartlepool	29	86.21	80	13.79	100	0	0	3.45	100	20.69	66.67	48.28	85.71
Middlesbrough	70	91.43	81.25	11.43	75	2.86	100	4.29	100	5.71	100	58.57	87.8
Newcastle Upon Tyne	112	56.25	66.67	15.18	64.71	15.18	52.94	13.39	66.67	26.79	76.67	55.36	87.1
North Tyneside	87	51.72	73.33	12.64	90.91	8.05	85.71	8.05	85.71	20.69	94.44	59.77	94.23
Northumberland	57	64.91	67.57	22.81	84.62	5.26	100	5.26	33.33	14.04	75	56.14	84.38
Redcar and Cleveland	9	77.78	42.86	11.11	100	0	0	0	0	0	0	66.67	83.33
South Tyneside	56	62.5	65.71	12.5	85.71	5.36	66.67	1.79	100	8.93	100	39.29	77.27
Stockton	25	100	72	20	80	8	50	4	0	32	62.5	72	72.22
Sunderland	134	46.27	69.35	6.72	55.56	3.73	100	4.48	50	14.93	95	44.03	79.66
North East	809	67	75.09	13.6	80	8.41	76.47	7.91	65.63	16.81	86.03	57.85	87.18
England	11686	68.52	69.38	12.84	72.35	8.7	78.86	8.7	65.49	17.24	78.61	63.17	84.18

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SP Short-Term Outcome Data for Young People Leaving Care (April 2008 - March 2009) Results for North East Region

		(1a) Maximising Income		(1b) Managing Debt		(1c) Paid Work		(2a) Training/Education			(2b) Leisure/Cultural/Faith/Informal Learning		
		1a % with need	1a % with outcome achieved	1b % with need	1b % with outcome achieved	1c % with need	1c (i) % with outcome achieved	1c (ii) % with outcome achieved	2a % with need	2a (i) % with outcome achieved	2a (ii) % with outcome achieved	2b % with need	2b % with outcome achieved
Admin Authority	Total												
Darlington	2	100	100	50	0	0	0	0	0	0	0	0	0
Durham	24	87.5	80.95	25	83.33	29.17	28.57	28.57	70.83	70.59	41.18	33.33	87.5
Gateshead	7	57.14	100	57.14	100	14.29	0	0	42.86	100	66.67	28.57	100
Hartlepool	4	25	100	0	0	25	100	100	50	50	50	0	0
Middlesbrough	4	75	100	0	0	50	50	100	75	100	66.67	50	100
Newcastle Upon Tyne	2	50	100	50	100	50	0	100	50	100	0	50	0
North Tyneside	5	60	66.67	60	33.33	40	50	50	40	50	50	20	0
Northumberland	8	75	100	12.5	0	25	50	100	75	83.33	16.67	25	100
Redcar and Cleveland	4	50	100	25	0	50	0	50	50	100	0	25	100
South Tyneside	6	100	100	16.67	100	50	0	33.33	83.33	80	20	33.33	100
Stockton	8	87.5	100	37.5	66.67	12.5	100	100	50	50	25	37.5	33.33
Sunderland	8	87.5	100	25	50	12.5	0	0	75	66.67	16.67	25	100
North East	82	76.83	92.06	28.05	65.22	28.05	30.43	52.17	62.2	74.51	33.33	29.27	79.17
England	1413	77.35	88.75	38.92	69.09	39.07	33.15	49.09	61.29	71.25	26.33	30.5	81.9

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SP Short-Term Outcome Data for Young People Leaving Care (April 2008 - March 2009) Results for North East Region

	Admin Authority	(2c) Work-Like Activities		(2d) External Services/Groups/Friends/Family			(3a) Physical Health		(3b) Mental Health		(3c) Substance Misuse		(3d) Assistive Technology	
		2c % with need	2c % with outcome achieved	2d % with need	2d (i) % with outcome achieved	2d (ii) % with outcome achieved	3a % with need	3a % with outcome achieved	3b % with need	3b % with outcome achieved	3c % with need	3c % with outcome achieved	3d % with need	3d % with outcome achieved
	Total													
Darlington	2	0	0	0	0	0	50	0	0	0	50	0	0	0
Durham County Council	24	54.17	61.54	58.33	85.71	85.71	45.83	72.73	20.83	80	25	16.67	4.17	100
Gateshead	7	28.57	100	28.57	100	50	42.86	100	14.29	100	28.57	50	0	0
Hartlepool	4	25	0	25	100	100	25	100	0	0	25	100	0	0
Middlesbrough	4	0	0	75	100	100	75	100	50	100	0	0	0	0
Newcastle Upon Tyne	2	50	0	50	100	0	50	100	0	0	50	100	0	0
North Tyneside	5	20	0	20	100	0	20	100	20	100	20	100	0	0
Northumberland	8	50	100	37.5	100	100	37.5	100	12.5	100	12.5	100	0	0
Redcar and Cleveland	4	50	50	50	100	0	75	33.33	50	0	0	0	0	0
South Tyneside	6	16.67	100	33.33	100	100	16.67	0	0	0	0	16.67	100	
Stockton	8	0	0	37.5	100	100	0	0	12.5	100	37.5	66.67	0	0
Sunderland	8	37.5	66.67	25	100	100	25	100	62.5	80	50	25	0	0
North East	82	34.15	64.29	41.46	94.12	79.41	36.59	76.67	21.95	77.78	24.39	45	2.44	100
England	1413	26.33	66.13	53.57	85.34	71.99	36.87	80.04	22.15	70.29	22.29	55.56	2.55	80.56

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SP Short-Term Outcome Data for Young People Leaving Care (April 2008 - March 2009) Results for North East Region

		(4a)(i) Maintaining Accommodation		(4b) Statutory Orders		(4c)(i) Self Harm Issues		(4c)(ii) Causing Harm to Others		(4c)(iii) Risk of Harm from Others		(5) Choice & Control/Involvement	
		4a(i) % with need	4a(i) % with outcome achieved	4b % with need	4b % with outcome achieved	4c(i) % with need	4c(i) % with outcome achieved	4c(ii) % with need	4c(ii) % with outcome achieved	4c(iii) % with need	4c(iii) % with outcome achieved	5 % with need	5 % with outcome achieved
Admin Authority	Total												
Darlington	2	50	0	50	100	0	0	100	100	0	0	50	100
Durham	24	66.67	56.25	12.5	100	20.83	60	8.33	50	12.5	100	70.83	70.59
Gateshead	7	85.71	66.67	14.29	0	14.29	100	14.29	0	28.57	50	57.14	100
Hartlepool	4	75	33.33	0	0	0	0	0	0	0	0	50	100
Middlesbrough	4	75	33.33	0	0	0	0	0	0	25	100	75	66.67
Newcastle Upon Tyne	2	50	100	50	100	0	0	0	0	0	0	50	100
North Tyneside	5	60	33.33	0	0	20	100	0	0	40	100	20	0
Northumberland County Council	8	75	100	0	0	12.5	100	0	0	25	100	50	100
Redcar and Cleveland	4	75	33.33	0	0	50	0	0	0	50	50	75	66.67
South Tyneside	6	33.33	100	0	0	0	0	0	0	16.67	100	33.33	100
Stockton	8	100	75	25	100	12.5	100	12.5	0	12.5	0	50	100
Sunderland	8	87.5	71.43	25	0	12.5	100	37.5	66.67	25	100	62.5	60
North East	82	71.95	62.71	12.2	70	14.63	66.67	10.98	55.56	19.51	81.25	57.32	78.72
England	1413	71.69	69.89	14.65	72.46	9.55	74.81	10.69	63.58	19.04	72.86	63.34	83.91

Economic Status of Client by Primary Client Group – North East Region

Economic Status of Client	Mental health problems		Learning disabilities		Physical or sensory disability		Single homeless with support needs		Alcohol problems	
	No	%	No	%	No	%	No	%	No	%
Missing	27	4	9	4.0	0	0	16	0.60	5	2
Other adult	14	2	7	3.1	9	2	51	2	4	1
Full-time work (24 hrs or more/week)	9	1	3	1.3	7	2	39	1	4	1
Part-time work (less than 24 hrs/week)	6	1	3	1.3	10	2	48	2	2	1
Govt training/New Deal	3	0	0	0.0	1	0	86	3	3	1
Job seeker	35	6	19	8.4	25	5	1482	55	73	23
Retired	20	3	4	1.8	252	55	13	0	4	1
Not seeking work	75	12	16	7.1	34	7	311	12	43	14
Full-time student	2	0	3	1.3	1	0	118	4	1	0
Long-term sick/disabled	421	69	162	71.7	119	26	514	19	174	56
Child under 16	0	0	0	0.0	0	0	0	0	0	0
Total	612	100	226	100.0	458	100	2678	100	313	100

Economic Status of Client by Primary Client Group – North East Region

Economic Status of Client	Drug problems		Offenders/at risk of offending		Young people at risk		Young people leaving care		Women at risk of domestic violence	
	No	%	No	%	No	%	No	%	No	%
Missing	5	2	3	1	2	0	1	1	5	0
Other adult	7	2	1	0	20	2	4	4	84	6
Full-time work (24 hrs or more/week)	3	1	8	3	36	3	5	5	53	4
Part-time work (less than 24 hrs/week)	2	1	3	1	38	3	1	1	84	6
Govt training/New Deal	4	1	18	6	62	6	10	10	4	0
Job seeker	93	32	171	55	479	43	28	29	195	14
Retired	0	0	4	1	0	0	0	0	8	1
Not seeking work	61	21	38	12	273	25	15	15	780	57
Full-time student	1	0	2	1	127	11	27	28	12	1
Long-term sick/disabled	117	40	61	20	67	6	6	6	147	11
Child under 16	0	0	0	0	2	0	0	0	0	0
Total	293	100	309	100	1106	100	97	100	1372	100

Economic Status of Client by Primary Client Group – North East Region

Economic Status of Client	Homeless families with support needs	Homeless families with support needs %	Teenage parents	Teenage parents %
	No	%	No	%
Missing	29	4	0	0
Other adult	6	1	6	2
Full-time work (24 hrs or more/week)	53	7	8	2
Part-time work (less than 24 hrs/week)	54	7	8	2
Govt training/New Deal	3	0	5	1
Job seeker	143	19	29	9
Retired	2	0	0	0
Not seeking work	427	56	261	77
Full-time student	7	1	22	6
Long-term sick/disabled	32	4	0	0
Child under 16	0	0	1	0
Total	756	100	340	100

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Single homeless economic status (April 2008 - March 2009) by authority

	Darlington		Durham		Gateshead		Hartlepool		Middlesbrough		Newcastle		Northumberland	
Economic Status of Client	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Missing	1.0	0.5	1.0	0.6										
Other adult			27.0	15.1	7.0	4.3	1.0	3.6			20.0	2.9	4.0	7.7
Full-time work (24 hrs or more/week)	4.0	1.9	5.0	2.8	6.0	3.7	1.0	3.6	1.0	0.6	12.0	1.7	7.0	13.5
Part-time work (less than 24 hrs/week)	6.0	2.9	6.0	3.4	4.0	2.4					8.0	1.2	3.0	5.8
Govt training/New Deal	7.0	3.4	2.0	1.1	5.0	3.1			6.0	3.8	8.0	1.2	3.0	5.8
Job seeker	119.0	57.8	76.0	42.5	62.0	37.8	15.0	53.6	102.0	63.8	346.0	50.2	18.0	34.6
Retired	2.0	1.0	1.0	0.6	1.0	0.6	2.0	7.1			7.0	1.0		
Not seeking work	21.0	10.2	24.0	13.4	40.0	24.4			8.0	5.0	56.0	8.1	10.0	19.2
Full-time student	12.0	5.8	16.0	8.9	11.0	6.7	3.0	10.7			13.0	1.9	5.0	9.6
Long-term sick/disabled	34.0	16.5	21.0	11.7	28.0	17.1	6.0	21.4	43.0	26.9	219.0	31.8	2.0	3.9
Total	206.0		179.0		164.0		28.0		160.0		689.0		52.0	

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Single homeless economic status (April 2008 - March 2009) by authority

	North Tyneside		Redcar and Cleveland		South Tyneside		Stockton		Sunderland		Region		Region - client record data	
Economic Status of Client	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Missing											2.0	0.1	16.0	0.6
Other adult	6.0	2.6	1.0	1.3			1.0	1.3			67.0	3.2	51.0	1.9
Full-time work (24 hrs or more/week)	14.0	6.1					2.0	2.6	2.0	1.1	54.0	2.6	39.0	1.5
Part-time work (less than 24 hrs/week)	7.0	3.0	3.0	3.9	1.0	2.7	1.0	1.3	1.0	0.6	40.0	1.9	48.0	1.8
Govt training/New Deal	19.0	8.2	5.0	6.4	8.0	21.6	1.0	1.3	6.0	3.4	71.0	3.4	86.0	3.2
Job seeker	105.0	45.5	42.0	53.9	19.0	51.4	59.0	75.6	107.0	61.1	1,071.0	51.5	1,482.0	55.3
Retired	3.0	1.3									14.0	0.7	13.0	0.5
Not seeking work	33.0	14.3	10.0	12.8	1.0	2.7	3.0	3.9	27.0	15.4	235.0	11.3	311.0	11.6
Full-time student	13.0	5.6	6.0	7.7					3.0	1.7	84.0	4.0	118.0	4.4
Long-term sick/disabled	31.0	13.4	11.0	14.1	8.0	21.6	11.0	14.1	29.0	16.6	443.0	21.3	514.0	19.2
Total	231.0		78.0		37.0		78.0		175.0		2,081.0		2,678.0	100.0