

Evidencing the financial benefits of the Supporting People programme in Torbay

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1. Introduction

Supporting People (SP) provides support to help people live independent lives. Services include supported housing, sheltered housing, supported lodgings, a woman's refuge and floating support where workers visit people in their own homes. Support includes developing independent living skills, helping with finance and budgeting, helping people access education and employment, enabling people to maintain their tenancies and mortgage conditions and move on to more independent living arrangements if necessary.

Supporting People is a partnership commissioning programme. Services promote the independence of vulnerable, or disadvantaged, people against the following outcomes:

- **Economic well-being:** Reducing poverty through assisting and enabling access to employment, debt management and budgeting
- **Enjoy and achieve:** Encouraging and providing access to training, education and lifelong learning
- **Be healthy:** Supporting health improvement through self-management of conditions and responsible use of more intensive services when necessary
- **Stay safe:** Minimising risk of harm including, support for people who have experienced abuse and crime, as well as working with ex-offenders and people with anti-social behaviour to reduce offending and increase community safety and
- **Make a positive contribution:** Supporting people to be involved in their local community and local decision-making

It is estimated the SP programme in Torbay realises **£8.19M** worth of savings in other public sector spend. This is an excellent example of 'spend to save' with current annual spend on SP at just £5.39M.

In addition to the cashable savings evidenced in this report the benefits to health improvement; homelessness prevention; increased public safety; economic well-being and; the success of the programme in involving people in their services, are harder to quantify and too numerous to mention in detail here.

This financial evidence, combined with the programme's track record in contract management and procurement, demonstrates the value of SP in delivering the efficiency agenda. Over the last 6 years the programme in Torbay has made almost £2M worth of savings within the SP Grant while at the same time improving quality and devolving choice and control to people who use services. The case studies in this report provide examples of how SP can change lives.

The report provides some real food for thought on the pattern of service provision in Torbay. Worthy of particular attention is expenditure on day services. The report highlights Torbay's spend in this area as out of kilter with the national pattern of spend (see Fig2, page 6). Application of the national financial benefits model shows the amount Torbay spends on day care for people with poor mental health is more than 6 times the national figure. Spend on day care for the elderly is calculated to be more than 10 times the national figure. In contrast Torbay spends just over half what is spent nationally on residential care for people with learning disabilities but more on domiciliary care. These figures strongly indicate the opportunity for further savings through the development of more personalised day time activities for people. To make this happen funding really needs to be aligned.

This report, coupled with the current economic climate, underlines the urgent need to increase and improve joint commissioning initiatives; reduce waste and duplication and; to focus services where they will have most impact on reducing inequality and poverty.

Some of the other Torbay SP initiatives do not appear in this report but have influenced the success of the programme and exemplify how a small amount of investment: alongside commitment and leadership, can yield big results. For example:

- The success of Torbay Voice in providing a voice for service users, ensuring they are fully involved in decisions about their services
- The launch of Quest to provide a local service user/ community member perspective on the quality of services, peer support and expert input to service design
- The jointly funded and managed Link Workers who provide the bridge between strategy and operations
- Re-construct training and access to employment
- Referral Hub- central point of access to services
- Support for user led organisations
- Work with the provider sector to develop and shape the market
- Jointly funded and managed posts across a range of disciplines making up the diverse range of skills and experience that is the SP team

The aim of this report is to collate and evidence the financial benefits provided through the investment in the SP programme in Torbay. It shows how investment in SP services saves money and avoids costs elsewhere through reducing incidents such as hospital admissions or preventing the use of more costly alternative services such as residential care.

2. Calculating the financial benefits of Supporting People

2.1 Supporting People financial benefits model

Financial benefits of SP in this report are evidenced using the SP Financial Benefits Model (hereby referred to as the Model) built by Cap Gemini for the Central Government department of Communities and Local Government (CLG) in 2006 and updated in 2009. The model was built following extensive research using the most up to date sources and consulting with experts in the specialist areas.

The Model is designed to calculate an approximate estimate, for each client group (i.e. learning disability, mental health etc), of the financial benefits of SP funded services. It does this for each client group by considering two alternative scenarios:

- A scenario where people in the client group are supported with SP services and
- An alternative scenario, where these people are not supported by SP services.

Assumptions are made in the Model about the most likely alternative scenario for people with the need for an SP service if this service is not available. This could be the use of more expensive packages (such as residential care) or the individuals being exposed to more risk of negative incidents (such as prolonged hospitalization, being the victim of crime, needing an ambulance etc). The cost of the scenario which includes SP is typically lower than that of the alternative scenario without SP. The difference is the “net benefit” of SP; and this is the benefit that the Model calculates.

The Model examines all costs surrounding the individual including costs in the areas of Housing, Homelessness, Social services care, Residential care, Health, Benefits, and Crime (see Fig1 below). The scenario where all the individuals receive an SP service includes the costs of the SP service as well as approximate costs to these cost types in Fig1. The alternative scenario where the individuals are not receiving an SP service also includes the costs in these areas (see Fig1) with a calculated reduction or increase in these costs depending on the assumed impact of not receiving an SP service.

Fig1 Cost types used in the Model (colour coded as they are in section 3. The findings)

Cost type	Description
SP services	The cost of providing SP services
Residential care package	The cost of providing residential or nursing care to people who might otherwise be SP clients
Housing costs	The cost of housing (rent costs) for people who are not in residential care arrangements. The costs may accrue to the Exchequer or the individuals themselves
Homelessness	The costs arising from failure to maintain stable housing- emergency housing and social costs, i.e. the incremental costs of providing health, education and social services that arise from homelessness
Tenancy failure costs	The costs of failure of tenancies; including costs to local authorities such as administration and legal costs, lost rent and repairs to the empty property
Health service costs	The costs to the NHS and hence to the Exchequer, including costs of stays in hospital, mental health services, visits to Accident and Emergency, and use of primary care and treatment services
Social services care costs	The costs of social services care, including domiciliary care, services for looked after children and day care, but not any services provided to people in residential care
Crime costs	The costs associated with being a crime victim and with re-offending, mainly costs to the Exchequer, Criminal Justice Service, and for domestic abuse and older people the social costs of crime are also added
Benefits and related services	The costs associated with Benefits and living costs including costs of administering benefits. No allowance has been made for the fact that some people may have private means to support themselves so costs will come from a combination of the Exchequer and the individuals themselves
Other services	This consists of non NHS nursing costs associated with accommodation

The 'alternative scenario' in the Model (where the household units/ individuals are not receiving an SP service) allocates for each client group what is felt to be the most likely alternative provision which does not involve SP. For example, a researched estimate is made that the most likely alternative scenario for mental health clients is:

- 59% of household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service
- 8% of household units/ individuals receiving residential care
- 33% of household units/ individuals receiving long term hospital care

For the latter two groups it is felt that they would not be able to maintain any level of independence in the community without SP

The Model also calculates the financial costs for a wide range of incidents and interventions that may occur. These include for example:

- Becoming a victim of crime
- Re-offending
- Entering an acute mental health ward
- Suffering tenancy failure
- Visiting Accident and Emergency
- Calling an ambulance
- And so on...

The Model calculates the impact SP services are likely to have in reducing the likelihood of these incidents happening, and hence the financial costs.

The Model calculates the costs types in Fig1 as well as the incident/ intervention costs (mentioned above) for each client group for the scenarios with and without an SP service. The impact of SP is calculated and the difference between the two scenarios is the financial benefit of SP.

Further information and explanation of the Model can be found by viewing the CLG Supporting People financial benefits model documentation and user guide, July 2009, at www.communities.gov.uk/publications/housing/financialbenefitsguide

2.2 Local costs

Where possible comparable local Torbay costs have been entered into the Model to make the calculations as accurate and relevant as possible. Local costs have been broken down for each client group area.

Local costs were obtained from the relevant organizations (Torbay Care Trust; Devon Partnership Trust; Drug, Alcohol and Sexual Health Team). Torbay costs have been used for:

- Residential and nursing care, including rehab for people with drug/alcohol problems
- Hospital provision for people with drug/alcohol problems
- Domiciliary and day care

It must be noted that in some cases there are wide variations between the national costs and the local Torbay costs. The costs, highlighting the variations are shown below:

Fig2: Torbay and national costs, where local costs are used in the Model

Type of cost	Cost period	National cost	Torbay cost	Wide variation	Source
Residential care (rehab)-drug/alcohol users	Week	£790	£534		Torbay Care Trust
Cost of NHS inpatient treatment- drug users	Day	£219	£243		Torbay Drug, Alcohol and Sexual Health Team (DASHT)
Residential care- learning disability	Week	£1346	£777	√	Torbay Care Trust
Domiciliary care- learning disability	Year	£8372	£11,180	√	Torbay Care Trust
Day care- learning disability	Year	£9308	£11,856		Torbay Care Trust
Residential care- mental health	Week	£465	£450		Torbay Care Trust
Day care- mental health	Year	£2184	£13,884	√	Torbay Care Trust
Residential care- older person	Week	£467	£372		Torbay Care Trust
Residential nursing care- older person	Week	£678	£402		Torbay Care Trust
Day care- older person	Year	£200	£1924	√	Torbay Care Trust
Residential care- physical disability	Week	£734	£568		Torbay Care Trust
Domiciliary care- physical disability	Year	£8372	£5564		Torbay Care Trust
Day care- physical disability	Year	£2184	£2288		Torbay Care Trust

Methods of calculating national and local costs do differ and costs will not always be completely accurate but it was felt it was still more useful to include local costs where possible.

3. The findings

3.1 Using the financial benefits model for Torbay

This section shows the estimated financial benefits of the SP programme in Torbay per year. Financial benefits of the SP programme as a whole are shown, and then separated by client group. Each client group section in the Model was populated with the number of units and the cost of services specialising in supporting the particular client group, using contract values as at March 2010. Units and costs of generic services (non client group specific) have been allocated to the most appropriate client group section, based on a proportional representation of client groups using these generic services.

The financial benefits are shown by comparing the cost for the number of units of support funded by Torbay SP for each client group, compared with the cost if these people did not receive an SP service. The Model shows potential costs and benefits. It is a well researched estimate and therefore has to be taken as such.

Each section below contains a chart and table showing the costs with, and the costs without, an SP service. The different cost types are colour coded as in Fig1. An explanation of savings, and in some cases additional costs incurred, are included in each section as well as case studies demonstrating potential savings made and benefits to real people.

All figures are sourced from the Model unless stated otherwise.

3.2 Summary of financial benefits of Torbay Supporting People

Torbay Supporting People as a whole

Estimated savings because of SP of **£8.19M** for 1822 units per year
This equals a saving of **£4495.06 per unit** per year

Savings separated by client group:

Domestic abuse

Estimated saving because of Torbay SP of **£1.84M** for 81 units per year- 14 units of supported housing and 50 units of floating support specialising in domestic abuse- and 17 units of generic floating support estimated as used for domestic abuse issues

This equals a saving of **£22,716.05 per unit** per year.

Homeless families

Estimated saving because of SP of **£0.37M** for 55 units per year- 21 units of supported housing specialising in supporting homeless families and 34 units of generic floating support estimated as used for homeless families

This equals a saving of **£6529.32 per unit** per year

Mental health

Estimated saving because of Torbay SP of **£3.11M** for 256 units per year- 111 units of supported housing and 99 units of floating support specialising in mental health- and 46 units of generic floating support estimated as used for mental health. (This also includes 48 units where mental health clients are using services for learning disability)

This equals a saving of **£12,148.44 per unit** per year

Older people

Estimated saving because of SP of **£0.27M** for 960 units per year- 854 units of sheltered housing, 12 units of extra care and 70 units of floating support for older people- and 24 units of generic floating support estimated as used for older people

This equals a saving of **£281.25 per unit** per year

Learning disability

Estimated saving because of SP of **£0.31M** for 106 units per year- 62 units of supported housing and 32 units of floating support specialising in learning disability- and 12 units of generic floating support estimated as used for learning disability (48 units for learning disability which are being used by mental health clients have been taken away from this section and included within the mental health section)

This equals a saving of **£2924.53 per unit** per year

Physical/ sensory disability

Estimated saving by SP of **£0.33M** for 85 units per year- 8 units of supported housing and 46 units of floating support specialising in physical/ sensory disability- and 31 units of generic floating support estimated as used for physical/ sensory disability

This equals a saving of **£3882.35 per unit per year**

Young people

Estimated saving because of SP of **£0.31M** for 126 units per year- 79 units of supported housing and 47 units of floating support- culmination of 24 units for teenage parents and 102 units for young people at risk and 0 units specializing in supporting care leavers. 39 units of these floating support are generic units estimated as used for young people

This equals a saving of **£2401.25 per unit per year**

Drug problems

Estimated saving because of SP of **£0.55M** for 30 units per year- 20 units of supported housing specialising in drug problems and 10 units of generic floating support estimated as used for people with drug problems

This equals a saving of **£18,333.33 per unit per year**

Alcohol problems

Estimated saving because of SP of **£0.37M** for 17 units per year- 5 units of supported housing specializing in alcohol problems and 12 units of generic floating support estimated as used for people with alcohol problems

This equals a saving of **£21,764.71 per unit per year**

Single homelessness

Estimated saving because of SP of **£0.31M** for 43 units per year- 24 units of supported housing specializing in supporting single homeless people and 19 units of generic floating support estimated as used for single homeless people

This equals a saving of **£7209.30 per unit per year**

Offenders

Estimated saving because of SP of **£0.43M** for 63 units per year- 10 units of supported housing and 53 units of floating support specializing in supporting offenders

This equals a saving of **£6825.40 per unit per year**

3.3 Financial benefits of Torbay Supporting People

Estimated savings because of SP of **£8.19M** for 1822 units per year
This equals a saving of **£4495.06 per unit per year**

Fig3

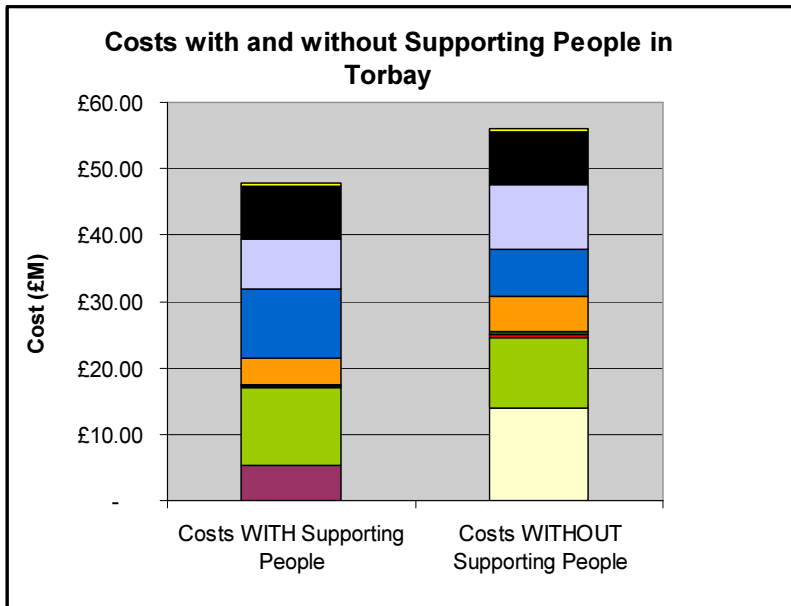


Fig3 shows the estimated savings made because of Torbay SP programme per year. SP costs and units are as in March 2010.

The savings equal the right minus the left column

Fig4 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefits column in Fig4 shows savings and also additional costs (shown by a minus figure) incurred when an SP service is in place. Savings and additional costs are explained on the next

page.

Fig4: Table version of Fig3 Estimated costs and benefits of Torbay SP programme per year

Cost types	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£5.39	£0	-£5.39
Residential package	£0	£14.00	£14.00
Housing costs	£11.76	£10.56	-£1.19
Homelessness costs	£0.18	£0.51	£0.34
Tenancy failure costs	£0.22	£0.37	£0.14
Health costs	£3.85	£5.31	£1.47
Social services care	£10.40	£7.13	-£3.26
Crime costs	£7.54	£9.70	£2.16
Benefits and related services	£7.94	£7.93	-£0.01
Other services	£0.60	£0.54	-£0.06
Total	£47.87	£56.06	£8.19

Figures may not sum due to rounding. Source: SP Financial Benefits Model, CLG, 2009

Savings shown in Figs3 and 4:

- Residential care packages- SP services prevent people from entering residential/ nursing care, residential rehabilitation and longer term hospital care
- Crime costs- SP can reduce re-offending as well as reducing the likelihood of a person becoming a crime victim
- Health costs- SP improves general health and prevents its deterioration. This results in lower use of Accident and Emergency, GPs and community mental health services, and fewer admissions to hospital for physical and mental health problems
- Homelessness and tenancy failure costs- SP services help people maintain tenancies, progress to settled housing and obtain housing stability.

The main area of savings is residential care and health costs. This shows the benefits of helping people to remain independent in their own homes.

Additional costs shown in Figs3 and 4:

Some of the cost types show additional costs when an SP service is in place (those showing a minus figure):

- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Benefits and related services- these include costs of administering Benefits and the living costs of individuals. These costs are incurred because the SP package is preventing people from entering residential care so increasing their Benefits and living costs
- Other services costs include non NHS nursing costs at home. As with social services care costs these costs are not incurred when people are in residential care. As SP services prevent people from entering residential care, the amount of nursing at home increases

3.4 Financial benefits- separated by client group

The following sections show the costs and benefits of the SP programme in Torbay separated by client group area.

3.41 Domestic abuse

Estimated saving because of Torbay SP of **£1.84M** for 81 units per year- 14 units of supported housing and 50 units of floating support specialising in domestic abuse- and 17 units of generic floating support estimated as used for domestic abuse issues

This equals a saving of **£22,716.05 per unit per year**.

Fig5

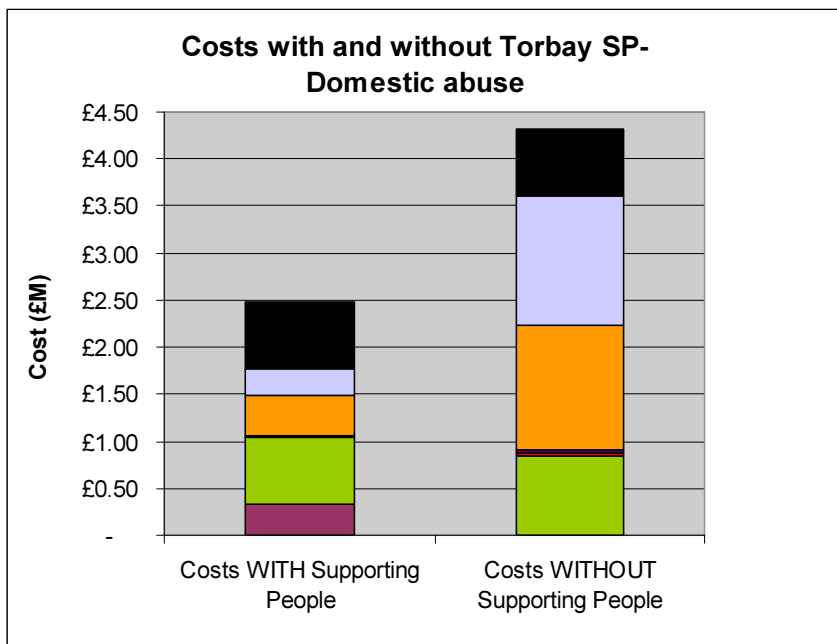


Fig5 shows the estimated costs and the savings made because of Torbay SP per year in the client group of domestic abuse issues

The savings equal the right minus the left column

Fig6 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig6 shows the savings made when an SP service is in place- explained on the next page. The only additional cost incurred (shown by a minus figure) is the SP package

Fig6: Table version of Fig5 Estimated costs and benefits of Torbay SP programme per year- Domestic abuse

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.34	£0	-£0.34
Residential package	£0	£0	£0
Housing costs	£0.70	£0.85	£0.15
Homelessness costs	£0	£0.03	£0.03
Tenancy failure costs	£0.02	£0.04	£0.02
Health costs	£0.44	£1.32	£0.88
Social services care	£0	£0	£0
Crime costs	£0.28	£1.38	£1.11
Benefits and related services	£0.71	£0.71	£0
Other services	£0	£0	£0
Total	£2.48	£4.32	£1.84

Figures may not sum due to rounding. Source: SP Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for people with domestic abuse issues needing an SP service, if SP was not available. This is:

- 100% of household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, incidents of violence etc) that would be more likely to occur without an SP service

Savings seen in Figs5 and 6:

- Crime costs- SP reduces crimes against people who have experienced domestic abuse and their families, primarily providing savings in the Criminal Justice System
- Costs relating to housing, homelessness, and tenancy failure- SP services support people to move from or avoid situations where they are at risk of homelessness
- Health costs- SP reduces violent incidents and helps improve the general health of people who have experienced domestic abuse and their children

SP provides people with emotional support and training in living skills, such as cooking, shopping and budgeting, which can help them if they resettle into a new home, reducing the risk of them becoming homeless. This contributes to reducing future need for support or input from other services. SP services reduce fear and increase involvement in the community, participation in employment, and improve educational attainment of children.

The case study below based on real events (with names changed) is used to illustrate potential savings made and how SP services can improve outcomes for a family with domestic abuse issues:

Ann

Ann came to a supported housing service with her children, after fleeing her home because of the violence and emotional abuse she suffered from her partner. Ann arrived with very few belongings, having had to leave in a hurry. She was frightened for her safety and that of her children.

With support Ann applied for Benefits and got help from other organisations with clothing and food. Ann and her Support Worker discussed housing options and Ann found a new home. Ann was helped with furniture, tenancy issues, utilities, and organizing the move

The children's worker at the service worked with Ann and the children to identify local nurseries and schools, visits from the Health Visitor and registration with a local dentist.

Ann moved in to her new home and was offered ongoing support from a floating support service. This included continuing to support Ann in coming to terms with the abuse she suffered, assisting her to get support through her GP.

Ann was also supported to enroll on training courses to improve her employment prospects.

Ann has been able to move forward with her life and is looking forward to her future with her children.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Serious domestic violence incident- (Hospital and ambulance, cost to Criminal Justice Service)	£27755
Homicide- (Hospital and ambulance, cost to Criminal Justice Service, human/ emotional and economic costs)	£1,717551
Experiencing homelessness- (Social costs to health and services, emergency temporary accommodation costs for 15.86 weeks)	£5430
Tenancy failure- (cost to the local authority)	£2838
Admission to acute mental health ward	£7286
Community mental health nurse visit and follow up visits- (estimated there are 9.9 follow up visits to each initial visit)	£245 (£25 per visit)
Hospital admission due to general health issue per person- (average length of stay for females aged 15-59 is 4.7 days)	£671 (£143 per day)
Visit to GP	£55
If Ann finds employment this will mean reductions to Benefits paid to her such as Job Seekers Allowance, Housing Benefit and Income Support	

3.42 Homeless families

Estimated saving because of SP of **£0.37M** for 55 units per year- 21 units of supported housing specialising in supporting homeless families and 34 units of generic floating support estimated as used for homeless families

This equals a saving of **£6529.32 per unit per year**

Fig7

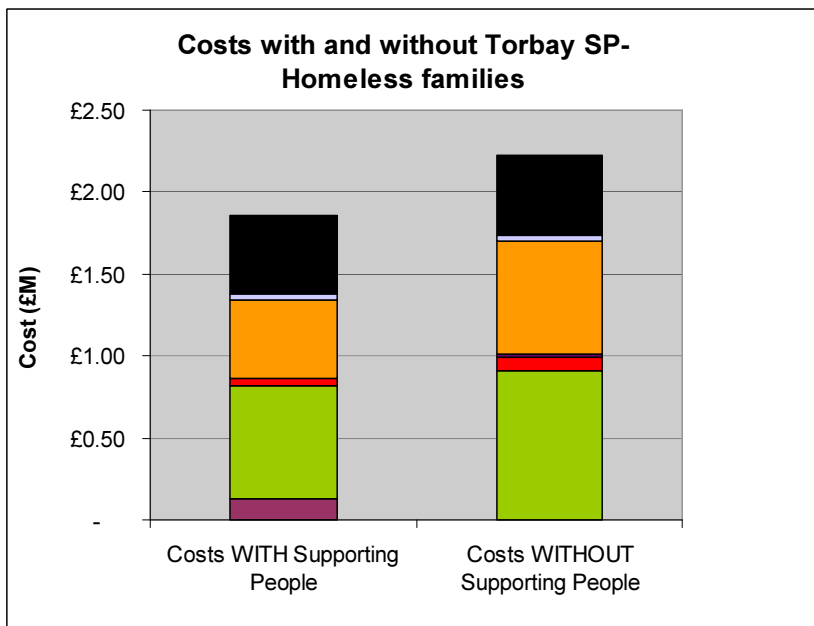


Fig7 shows the estimated costs and the savings made because of Torbay SP per year in the client group of homeless families

The savings equal the right minus the left column

Fig8 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig8 shows savings when an SP service is in place- explained on the next page. The only additional cost incurred (shown by a minus figure) is

the SP package

Fig8: Table version of Fig7. Estimated costs and benefits of Torbay SP programme per year- Homeless families

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.13	£0	-£0.13
Residential package	£0	£0	£0
Housing costs	£0.69	£0.91	£0.22
Homelessness costs	£0.04	£0.09	£0.04
Tenancy failure costs	£0.01	£0.02	£0.01
Health costs	£0.48	£0.69	£0.21
Social services care	£0	£0	£0
Crime costs	£0.03	£0.04	£0.01
Benefits and related services	£0.48	£0.48	£0.00
Other services	£0	£0	£0
Total	£1.86	£2.22	£0.37

Figures may not sum due to rounding. Source: SP Financial Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for homeless families needing an SP service, if SP was not available. This is:

- 100% household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, becoming a crime victim etc) that would be more likely to occur without an SP service

Savings seen in Figs7 and 8:

- Housing, homelessness and tenancy failure costs- SP services help people settle into accommodation so preventing tenancy failure and repeat homelessness
- Health service costs- SP improves health and wellbeing. This reduces use of Accident and Emergency, GPs, community mental health services, and fewer admissions to hospital for physical and mental health problems
- Crime costs- SP gives advice to help people avoid burglary and street crime.

SP services increase the quality of life for families. This is achieved through providing greater housing stability, improving educational achievement and school attendance, decreasing social exclusion, keeping families together, and improving independent living skills (such as cooking and income maximisation) which are then passed on to the children for the next generation.

The case study below based on real events (with names changed) is used to illustrate potential savings made, and how SP services can improve outcomes for homeless families:

Simon and Lois and baby

Simon and Lois were a young couple expecting their first child. Lois left home due to her father's violence and she spent time sofa surfing at friends' houses. Simon too had experienced violence in the home. Their experiences left them with a deep mistrust of statutory services but they agreed to move into a supported housing service run by a Housing Association.

The couple's experience of domestic violence affected their ability to cope with the new baby. They had severe arguments in front of the baby and the police were involved. The couple were supported to discuss their problems and the cause of the arguments. A plan was agreed that involved diffusing arguments, and also allowing both parents time to themselves, and time together without the baby. The couple engaged with services and activities such as play projects and a Dad's group available at the supported housing project.

Simon's engagement in the support process increased; he attended all his support meetings, and became serious about wanting to work. He also had the opportunity to spend time at the group with his son, away from Lois, something that had not happened before due to Lois' insecurity. The couple became more settled and stopped arguing.

Simon found work. They experience the benefits of Simon working, both financially and in terms of their relationship and the prospects for their future are good.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Experiencing repeat homelessness within a year- (social cost to health and services, costs of tenancy failure to the local authority)	£3577
Using emergency temporary accommodation- (cost for 15.86 weeks)	£4698 £296 per week
Failure to progress from temporary to settled accommodation- (social cost to health and services, cost of temporary accommodation for 15.86 weeks)	£5430
Hospital admission due to general health issue per person- (average length of stay is 5.6 days)	£1307 (£233 per day)
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£398
Community mental health nurse visit and follow ups- (estimated there are 8.23 follows up to each initial visit)	£271 (£25 per visit)
Admission to acute mental health ward	£7286
Visit to GP	£55
Becoming pregnant- having child taken into care- (annual cost of child in care)	£39,384
Simon finding employment has meant reductions to Benefits paid to him such as Job Seekers Allowance, Housing Benefit and Income Support	

3.43 Mental health

Estimated saving because of Torbay SP of **£3.11M** for 256 units per year- 111 units of supported housing and 99 units of floating support specialising in mental health- and 46 units of generic floating support estimated as used for mental health. (This also includes 48 units where mental health clients are using services for learning disability)

This equals a saving of **£12,148.44 per unit per year**

Fig9

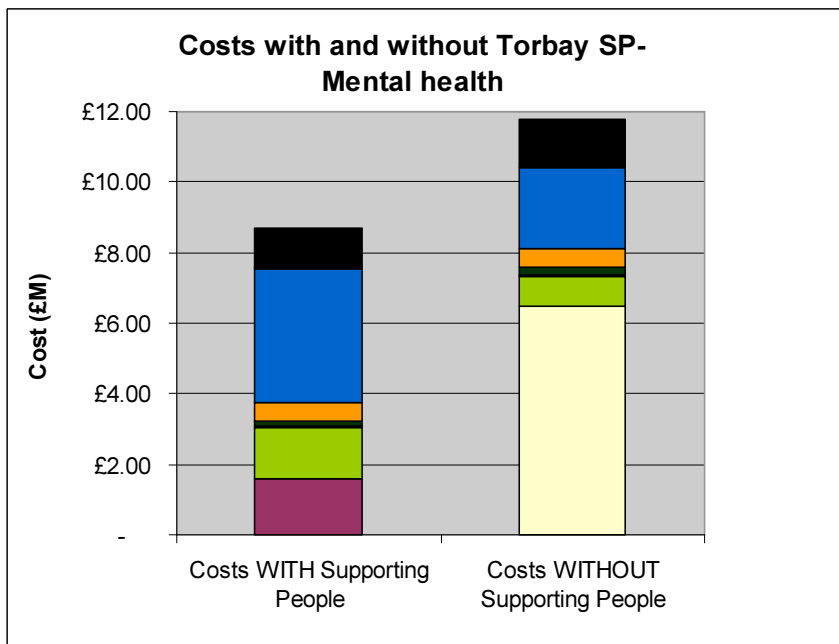


Fig9 shows the estimated savings made because of Torbay SP per year in the client group of mental health.

The savings equal the right minus the left column

Fig10 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig10 shows savings and also additional costs (shown by a minus figure) incurred when an SP service is in place- explained on the next page

Fig10: Table version of Fig9. Estimated costs and benefits of Torbay SP programme per year- mental health

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£1.61	£0	-£1.61
Residential package	£0	£6.49	£6.49
Housing costs	£1.42	£0.84	-£0.58
Homelessness costs	£0.04	£0.05	£0.01
Tenancy failure costs	£0.16	£0.19	£0.03
Health costs	£0.54	£0.56	£0.02
Social services care	£3.78	£2.26	-£1.52
Crime costs	£0.02	£0.02	£0.00
Benefits and related services	£1.10	£1.36	£0.26
Other services	£0	£0	£0
Total	£8.68	£11.78	£3.11

Figures may not sum due to rounding. Source: SP Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for people with poor mental health needing an SP service, if SP was not available. This is:

- 59% of household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service
- 8% of household units/ individuals receiving residential care and
- 33% of household units/ individuals receiving inpatient hospital care

For the latter 2 groups, it was felt that this percentage would not be able to maintain any meaningful level of independence without the input provided by SP.

Savings seen in Figs9 and 10:

- Residential care costs- these are eliminated as SP prevents people from entering residential care and long stay hospitals
- Benefits and related services costs- SP prevents the need for people to enter long stay hospital care which would increase these costs
- Health service costs- SP services help people improve their general health. This results in lower use of Accident and Emergency, GPs and community mental health services, and fewer admissions to acute mental health wards
- Costs of homelessness and tenancy failure- SP helps people maintain their tenancies and mortgage conditions, and move on to more suitable stable accommodation if necessary

SP services reduce homelessness and episodes of mental illness and prevent further mental health problems. SP reduces the likelihood of suicide or hospital admission, and reduces the burden on informal carers. Support helps in the self management of conditions, encourages healthy lifestyles and helps people access services appropriately. Support helps to develop life skills such as cooking, shopping and dealing with correspondence, also reducing social isolation and generally improving independence and confidence. This is demonstrated in the case study over the page.

Additional costs seen in Figs9 and 10:

Some of the cost types show additional costs incurred when an SP service is in place (those showing a minus figure):

- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs

The case study below based on real events (with names changed) is used to illustrate potential savings made, and how SP services can improve outcomes for a person with poor mental health:

Jane

Jane presented with depression and is receiving support from an SP mental health floating support service. Due to an episode of mental ill health she failed to open her mail or deal with day to day issues which created problems with her Benefits and a risk of losing her home. Since this episode she has been treated differently by her neighbours adding to her social isolation- she has become increasingly agoraphobic. Rent arrears mounted as her anxiety levels prevented her from managing her finances and budgeting. The bed sit she lived in was tiny and in a bad state of repair which added to her pessimism about herself and life in general. She was not eating or looking after herself properly and her health was deteriorating.

Six months on, with the help of her support worker, Jane has signed up to Cognitive Behavioural Therapy and moved to a new flat, which she is taking great pride in setting up. She has cleared all her arrears and is in credit with her current utility bills. She is taking more pride in her appearance and personal hygiene. Her general health has improved- she is eating more healthily and has arranged an appointment with the dentist. Jane is also taking advantage of the Pathways back to work scheme and is considering new career paths. She is generally feeling more optimistic about life and although there are still dark days she has remained out of hospital. It is likely Jane will make a full recovery in time.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Experiencing homelessness- (social cost to health and services and costs of tenancy breakdown to the local authority)	£3570
Community mental health nurse visit	£25 per visit

Incident prevented	Cost per incident
Admission to an acute mental health ward	£7286
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£399
Hospital admission due to general health issue- (average length of stay is 5.6 days)	£1307 (£233 per day)
Visit to community health services such as psychologists and outpatients	£50 per visit
Visit to GP	£55
Domiciliary care package (Torbay average cost)	£15.05 an hour ¹
Residential care (Torbay average cost)	£450 a week ²
Being a victim of burglary- (social and economic costs)	£1394
If Jane finds employment it will mean reductions to Benefits paid to her such as Job Seekers Allowance, Housing Benefit, Income Support and Disability Living Allowance	

¹ Average hourly rate of a selection of domiciliary care packages provided by Torbay Care Trust contracted providers, May 10

² Source: Torbay Care Trust, 2009

3.44 Older people

Estimated saving because of SP of **£0.27M** for 960 units per year- 854 units of sheltered housing, 12 units of extra care and 70 units of floating support for older people- and 24 units of generic floating support estimated as used for older people

This equals a saving of **£281.25 per unit per year**

Fig11

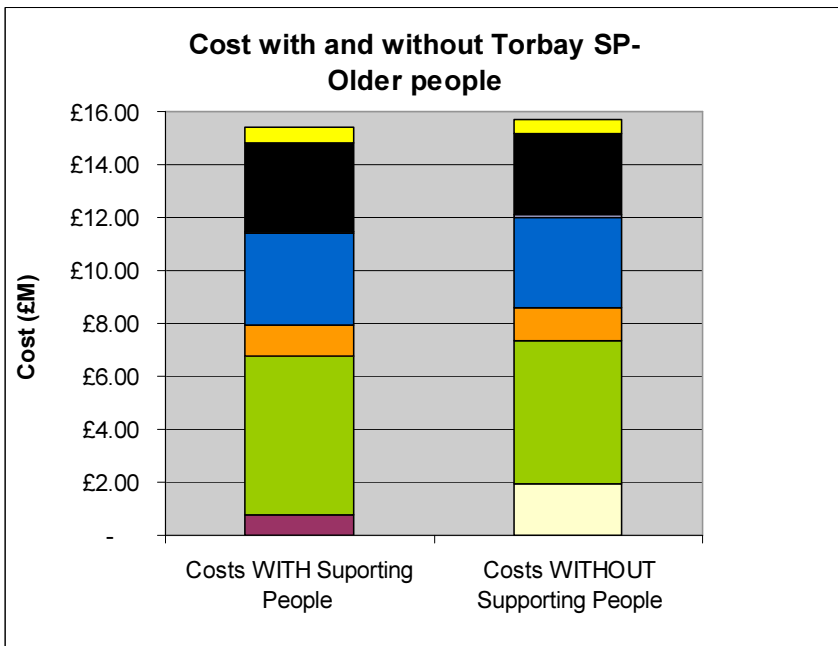


Fig11 shows the estimated savings made because of Torbay SP per year in the client group of older people

The savings equal the right minus the left column

Fig12 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig12 shows savings and also additional costs (shown by a minus figure) incurred when an SP service is in place. Savings and additional costs are explained further on

Fig12: Table version of Fig11. Estimated costs and benefits of Torbay SP programme per year- older people

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.74	£0	-£0.74
Residential package	£0	£1.92	£1.92
Housing costs	£6.04	£5.41	-£0.63
Homelessness costs	£0	£0	£0
Tenancy failure costs	£0	£0.01	£0.01
Health costs	£1.14	£1.23	£0.09
Social services care	£3.48	£3.46	-£0.02
Crime costs	£0.08	£0.08	£0
Benefits and related services	£3.36	£3.06	-£0.29
Other services	£0.59	£0.53	-£0.06
Total	£15.42	£15.69	£0.27

Figures may not sum due to rounding. Source: SP Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for older people needing an SP service, if SP was not available. This is laid out in the table below:

Most likely alternative provision to SP service	Older people in floating support	Older people in sheltered housing	Older people in extra care housing
Household units/ individuals living as independently as they are able to without an SP service- Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service	92%	90%	50%
Residential care- it was felt that this % would not be able to maintain any meaningful level of independence without the input provided by SP.	8%	10%	20%
Nursing care- it was felt that this % would not be able to maintain any meaningful level of independence without the input provided by SP.	0%	0%	30%

Savings seen in Figs11 and 12:

- Residential care costs- these are eliminated as SP prevents people from entering residential and nursing care
- Health service costs- SP services reduce the need for hospital care, community healthcare, outpatient care and GP services through helping to improve general health
- Tenancy failure costs- SP services provide support and guidance to help people maintain tenancies and avoid homelessness

SP services can prevent rapid decline in independence which would require a use of home social care services. Additionally there would be a significant deterioration in health levels requiring the use of additional services, leading to many more people entering residential care or using domiciliary care services. This is prevented by SP improving health and quality of life, reducing dependence on informal carers, increasing participation in the community which in turn decreases social isolation and lessens fear of crime.

Additional costs seen in Figs11 and 12

Some of the cost types show additional costs when an SP service is in place (those showing a minus figure):

- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Benefits and related services- these include costs of administering Benefits and the living costs of individuals. These costs are incurred because the SP package is preventing clients from entering residential care so increasing their Benefits and living costs
- Other services costs include non NHS nursing costs at home. As with social services care costs these costs are not incurred when people are in residential care. As SP services prevent people from entering residential care, the amount of nursing at home increases

The case studies below based on real events (with names changed) are used to illustrate potential savings made, and how SP services can improve outcomes for an older person:

Georgiana

Georgiana broke her wrist following a fall and had been in hospital. After respite care she was due to return home. She received a package of domiciliary care of 3 visits a day. There were concerns raised about her alcohol consumption with regard to her health and further falls. She had also become socially isolated and was lacking in confidence.

An SP floating support service for older people worked with Georgiana to enable her to prepare her own lunch which resulted in her lunchtime care visit being cancelled. It was identified that Georgiana was abusing alcohol in the evenings because she was bored and felt she had no purpose. Via a volunteer programme for older people, wool is delivered to her and she now produces knitting for charity. This has given Georgiana purpose and her alcohol consumption has reduced dramatically, improving her memory, mood and balance- potentially avoiding further falls. Her confidence has greatly increased and she now engages in social activity on a weekly basis.

Georgiana used to get confused about her medication which meant that she did not take her tablets properly- SP initiated them being blister packed and, through liaison with the pharmacy, have produced a simple medication chart with her. This means she is taking the right medication at the right time. Her health and happiness has improved

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Domiciliary care visit of an hour a day (Torbay average cost)	£15.05 an hour ³
Having a second fall (cost to NHS and Social Services)	£2010
Fall leading to a hip fracture operation- (cost of hip fracture operation)	£10,170 ⁴
Potential cost of post hospital care after hip fracture operation	£30,360 per year ⁵
Residential care (Torbay average cost)	£372 a week ⁶
Visit to a community health occupational therapist (estimated 6 contacts including initial contact)	£45 a visit
Community mental health nurse visits- (estimated 24 follow up visits to initial visit in a year for people aged 65+)	£588 (£25 a visit)
Visit to a community health physiotherapist- (estimated 6 contacts including initial contact)	£269 (£45 a visit)
Visit to GP	£55
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£399
Experiencing homelessness (Social cost to health and services and cost of tenancy breakdown to local authority)	£2919
Being a victim of burglary- (social and economic costs)	£3752

Support from SP services can give people the psychological tools to manage long term conditions, saving huge ongoing costs and clinician time as the case studies on the following page show:

³ Average hourly rate of a selection of domiciliary care packages provided by Torbay Care Trust contracted providers, May 10

⁴ Fracture prevention services, an economic evaluation, Department of Health, 2009

⁵ Treatment of established osteoporosis: a systematic review and cost-utility analysis, Health Technology Assessment, Kanis et al, 2002 vol 6, no. 29

⁶ Torbay Care Trust, 2009

Jacinta

Jacinta suffers from Chronic Obstructive Pulmonary Disease (COPD- this disease is a priority for the Integrated Care Organisation) and was regularly relying on oxygen. Jacinta had been assessed as not requiring this oxygen but it was her choice to keep using it. It was felt that she used the oxygen as a barrier to being able to be more independent. She had no motivation and was choosing to spend every day in bed.

She started working with an SP floating support service. With encouragement she was open to the idea of doing more for herself, in particular cooking and baking. Jacinta has now reduced her use of oxygen and is better managing her condition. She now gets up most mornings. The service identified Jacinta's passion for baking and through support she is now baking weekly. Her general health has also improved.

Ahmed

Ahmed was lacking motivation to be able to perform daily tasks and was relying on a friend to help him on a daily basis. Ahmed was diagnosed with diabetes four years ago and knew very little about the condition and was not managing it.

An SP service worked with Ahmed to identify strategies to help him undertake daily tasks without relying on others. His support worker has provided information on diabetes and Ahmed has made appropriate alterations to his diet to help his condition. With support from the worker he is now managing his condition which is preventing it worsening- this could mean potential prevention of blindness, loss of limbs and other effects of untreated diabetes.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Unquantified costs of treatment and clinician time for unmanaged long term conditions such as COPD and diabetes	
Domiciliary care package (Torbay average cost)	£15.05 an hour ⁷
Hospital admission due to general health issue-(estimated length of stay for older person is 7.3 days)	£1074 (£147 per day)
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£399
Residential care (average Torbay cost)	£372 a week ⁸

⁷ Average hourly rate of a selection of domiciliary care packages provided by Torbay Care Trust contracted providers, May 10

⁸ Source: Torbay Care Trust, 2009

3.45 Learning disability

Estimated saving because of SP of **£0.31M** for 106 units per year- 62 units of supported housing and 32 units of floating support specialising in learning disability- and 12 units of generic floating support estimated as used for learning disability (48 units for learning disability which are being used by mental health clients have been taken away from this section and included within the mental health section)

This equals a saving of **£2924.53** per unit per year

Fig13

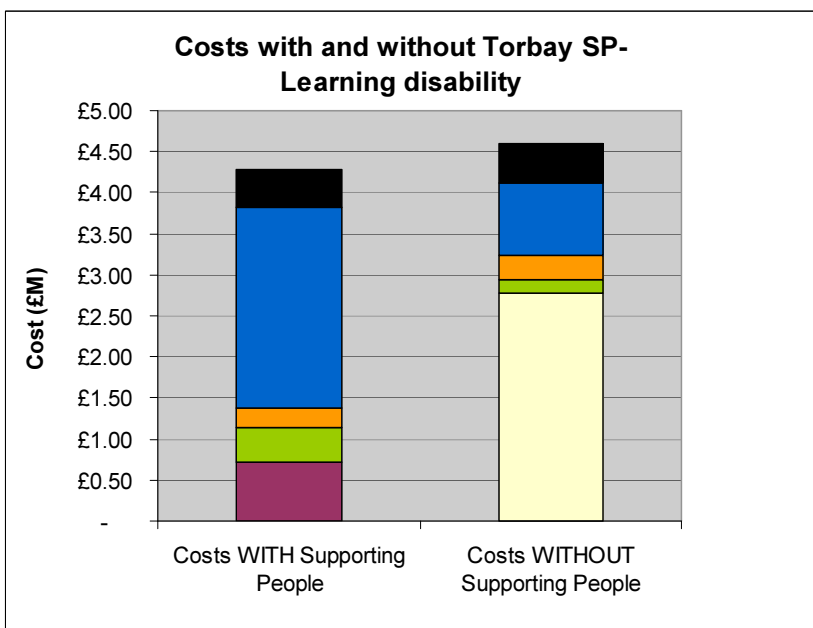


Fig13 shows the estimated savings made because of Torbay SP per year in the client group of learning disability

The savings equal the right minus the left column

Fig14 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column shows savings and also additional costs (shown by a minus figure) incurred when an SP service is in place- explained on the next page

Fig14: Table version of Fig13. Estimated costs and benefits of Torbay SP programme per year- learning disability

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.71	£0	-£0.71
Residential package	£0	£2.78	£2.78
Housing costs	£0.43	£0.15	-£0.28
Homelessness costs	£0	£0.001	£0.001
Tenancy failure costs	£0	£0.01	£0.01
Health costs	£0.24	£0.30	£0.07
Social services care	£2.44	£0.87	-£1.57
Crime costs	£0.01	£0.01	£0
Benefits and related services	£0.46	£0.47	£0.02
Other services	£0	£0	£0
Total	£4.29	£4.60	£0.31

Figures may not sum due to rounding. Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for people with a learning disability needing an SP service, if SP was not available. This is:

- 35% of household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service
- 65% of household units/ individuals receiving residential care as it is estimated that this percentage would not be able to maintain any meaningful level of independence without the input provided by SP.

Savings seen in Figs13 and 14:

- Residential care costs- these are eliminated as SP services prevent people from entering residential care
- Health service costs- SP services improve the health and wellbeing and reduces delayed discharges from hospital
- Costs relating to homelessness and tenancy failure- SP helps clients maintain their tenancies and mortgage conditions, and move on to more suitable stable accommodation if necessary
- Benefits and related services costs- SP reduces these costs because it prevents the need for individuals to enter long stay hospital care which would increase these costs

SP services improve general health and wellbeing through providing emotional support and advice; and helping people to develop living skills such as cooking, shopping and budgeting. SP allows many people with learning disabilities to live relatively independently, lessening the burden of care on their family and friends and allowing them greater choice over where and how to live. SP services prevent decline in independence and deterioration in health which would lead to many entering residential care or using domiciliary care services. SP services reduce fear of crime and increases involvement in the local community.

Additional costs seen in Figs13 and 14

Some of the cost types show additional costs when an SP service is in place (those showing a minus figure):

- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs

The case studies below based on real events (with names changed) are used to illustrate potential savings made and how SP services can improve outcomes for a person with learning disability:

Peter

Peter was a young person with a learning disability leaving the care system. He moved into an SP supported housing service with high levels of support needs. His recreational drug use affected his motivation to learn new skills.

With help from the support service, Peter got a job as a DJ and the need for professionalism reduced his drug use and therefore increased motivation further.

Peter was supported to develop his skills and confidence to the point where he was ready to move on to greater independence. He was referred to Torbay Homefinder and found a flat he liked. Peter was supported to arrange the move. Once he moved, his support levels reduced. His support worker helped him learn to cook, clean and budget and his general health improved. One year on Peter has maintained his tenancy, and his skills and confidence have increased further.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Experiencing tenancy failure (social costs to health and services and cost of tenancy breakdown to the local authority)	£3570
NHS inpatient care for drugs misuse	£243 a day ⁹
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£399
Hospital admission due to general health issue- (estimated length of stay for person with learning disability is 11.2 days)	£3044 (£272 per day)
Visit to GP	£55
Being a victim of street crime- (economic and social costs of a violent crime or mugging)	£2462
Residential care (average Torbay cost)	£777 per week ¹⁰
Peter finding employment means reductions to Benefits paid to him such as Job Seekers Allowance, Housing Benefit, Income Support, and Disability Living Allowance	

⁹ Source: Torbay Drugs, Alcohol and Sexual Health Team (DASHT), 2009

¹⁰ Source: Torbay Care Trust, 2009

SP learning disability services are starting to move over to Personal Budgets. This involves an individual's support needs being assessed and funding allocated to meet them. They can choose how this money is spent to achieve their SP related outcomes. This gives the individual control over what services they receive and how they achieve their outcomes. The case study below, based on real events (with names changed), illustrates the savings made, and the improvement in outcomes with an SP Personal Budget:

Sam

Sam was living in a residential care home and was supported to move into supported housing. She was suffering from depression but with support she made contact with services, increased her social activities and improved her diet. Sam made great progress and got a job in a department store.

After an assessment of her support needs Sam was given a Personal Budget which has put her in control of the funding and allowed her to spend the money in creative ways to achieve certain outcomes in her life- such as getting fit.

The cost of Sam's Personal Budget is £2955.79 for a year. The cost of supporting Sam in an SP supported housing service for a year was £10,194.45. This equals a saving of £7238.66 by using a Personal Budget. This money can be used to give up to 3 more people a Personal Budget for SP support.

Incident prevented	Cost per incident
Extra cost of using a block SP contract rather than a Personal Budget for Sam	£7238.66
Community mental health nurse visit	£25 per visit
Admission to an acute mental health ward	£7286
Sam finding employment means reductions to Benefits paid to her such as Job Seekers Allowance, Housing Benefit, Income Support, and Disability Living Allowance	

3.46 Physical and/or sensory disability

Estimated saving by SP of **£0.33M** for 85 units per year- 8 units of supported housing and 46 units of floating support specialising in physical/ sensory disability- and 31 units of generic floating support estimated as used for physical/ sensory disability

This equals a saving of **£3882.35 per unit per year**

Fig15

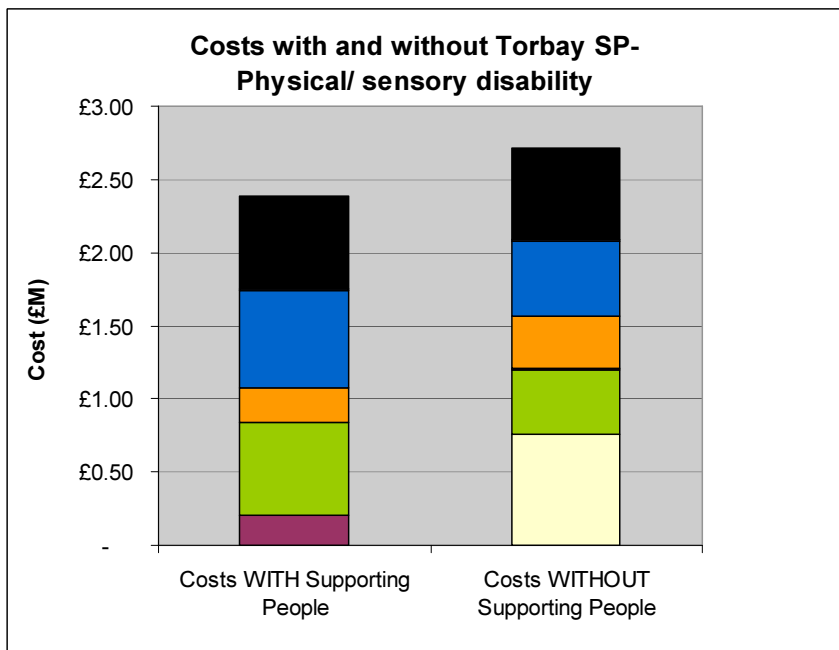


Fig15 shows the estimated savings made because of Torbay SP per year in the client group of physical and/ or sensory disability

The savings equal the right minus the left column

Fig16 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig16 shows savings and also additional costs incurred when an SP service is in place- explained on the next page

Fig16: Table version of Fig15. Estimated costs and benefits of Torbay SP programme per year- physical/ sensory disability

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.20	£0	-£0.20
Residential package	£0	£0.75	£0.75
Housing costs	£0.64	£0.45	-£0.19
Homelessness costs	£0	£0.002	£0.002
Tenancy failure costs	£0	£0.01	£0.01
Health costs	£0.23	£0.36	£0.13
Social services care	£0.67	£0.51	-£0.16
Crime costs	£0.01	£0.01	£0
Benefits and related services	£0.63	£0.63	-£0.01
Other services	£0	£0	£0
Total	£2.39	£2.71	£0.33

Figures may not sum due to rounding, Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for people with a physical and/or sensory disability needing an SP service, if SP was not available. This is:

- 70% of household units/ individuals living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service
- 30% of household units/ individuals receiving residential care. It is estimated that this percentage would not be able to maintain any meaningful level of independence without the input provided by SP.

Anecdotally, it has been expressed that a higher proportion of people would be likely to be in residential care if an SP service was not available. If 50% were in residential care and 50% were living as independently as possible without an SP service then the overall savings made by SP would be £0.5M, with a saving to residential care of £1.2M

Savings seen in Figs15 and 16:

- Residential care costs- these are eliminated as SP services prevent the need for people to enter residential care
- Health costs- SP services improve health and welfare, reducing costs relating to GPs, Accident and Emergency, hospital admissions, use of mental health services and reducing delayed discharges from hospital
- Homelessness and tenancy failure costs- SP services support people to maintain their tenancies and mortgage conditions, and avoid losing their homes
- Crime costs- SP reduces the likelihood of people becoming victims of crime or (re) offending themselves

SP helps maintain and improve the health of people with a physical or sensory disability. This is through helping people learn independent living skills such as cooking, shopping and budgeting; providing emotional support and motivation; reducing fear of crime; improving housing stability through supporting people to maintain their tenancies; reducing the reliance on informal carers; and reducing social exclusion. SP services prevent decline in independence and deterioration in health which would lead to many entering residential care or using domiciliary care services. This is illustrated in the case studies over the page.

Additional costs shown in Figs15 and 16:

Some cost types show additional costs when an SP service is in place (those with a minus figure):

- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Benefits and related services- these include costs of administering Benefits and the living costs of individuals. These costs are incurred because the SP package is preventing clients from entering residential care so increasing their Benefits and living costs

The case studies below based on real events (with names changed) are used to illustrate potential savings made and how SP services can improve outcomes for a person with a physical/ sensory disability:

Chris

Chris is a homeless wheelchair user who was placed in a residential home after treatment.

Within seven weeks an SP floating support service had supported Chris to secure a wheelchair accessible flat which he is delighted with. This enabled him to be discharged from residential care. In order for Chris to fund his deposit and the costs associated with his move, his support worker secured funding from a charity in excess of £1000. The SP service worked with Chris to give him the living skills to live independently, and to adapt to the transition from residential care.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Residential care (average Torbay cost)	£ 568 per week ¹¹
Hospital admission due to general health issue- (estimated length of stay for person with physical disability is 11.2 days)	£3044 (£272 per day)

¹¹ Torbay Care Trust, 2009

Nadia

Nadia was born blind. She had limited social activity in her life and was isolated from the community. Nadia was attending a day centre twice a week which she felt did not fully meet her needs. The day centre was mostly used by people significantly older than her, many with dementia. Nadia was unable to shower as the shower was located over the bath and she was fearful of climbing in and out, but did not want a domiciliary care package for bathing.

Nadia and her SP support worker liaised with Nadia's landlord to get a walk in shower installed. This will enable Nadia to bathe without the need for a care package. Nadia's SP worker has supported her to try various social activities. She now attends Bay Walks once a week which involves her going on social walks in Torbay, enjoying herself and making friends. She also attends a self funded luncheon club. She is no longer socially isolated and her general physical and mental health has improved. She has stopped using the day centre.

Potential savings made because of SP:

Incident prevented	Cost per incident
Day centre costs for attending twice a week (average Torbay cost)	£70 per week ¹² (£35 a day)
Domiciliary care for bathing (an hour a day)	£105.35 a week (£15.05 an hour) ¹³
Accident and Emergency visit- (cost of ambulance callout and A&E attendance per person)	£399
Community mental health nurse visit	£25 per visit
Visit to GP	£55 per visit
Visiting a district nurse	£25 per visit
Being a victim of burglary- (social and economic costs)	£1394
Being a victim of street crime- (social and economic costs of a violent crime or mugging)	£2462
Experiencing homelessness (Social cost to health and services and cost of tenancy breakdown to local authority)	£3570
Residential care (average Torbay cost)	£ 568 per week ¹⁴

¹² Source: Torbay Care Trust, 2009

¹³ Average hourly rate of a selection of domiciliary care packages provided by Torbay Care Trust contracted providers, May 10

¹⁴ Source: Torbay Care Trust, 2009

3.47 Young people

Estimated saving because of SP of **£0.31M** for 126 units per year- 79 units of supported housing and 47 units of floating support- culmination of 24 units for teenage parents and 102 units for young people at risk and 0 units specializing in supporting care leavers. 39 units of these floating support are generic units estimated as used for young people

This equals a saving of **£2401.25 per unit per year**

Fig17

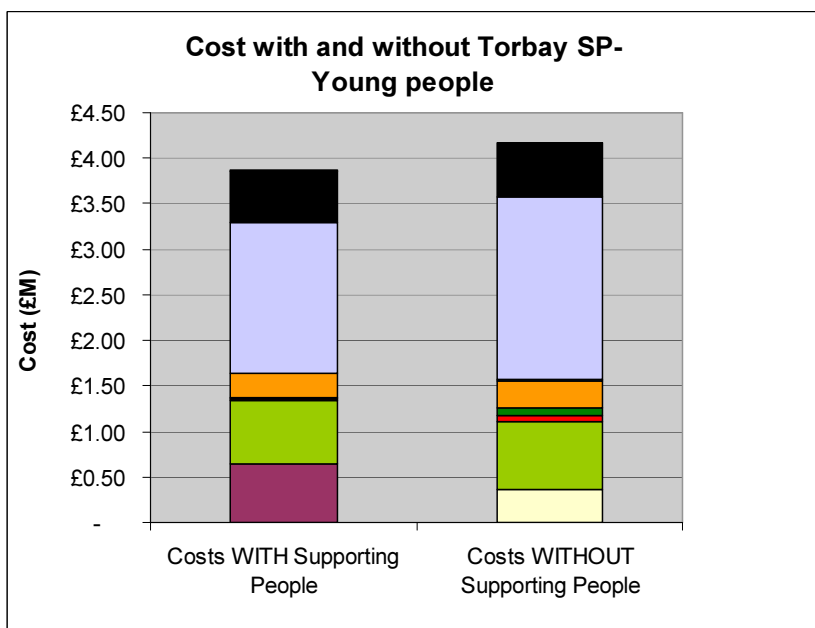


Fig17 shows the estimated savings made because of Torbay SP per year in the client group of young people

The savings equal the right minus the left column

Fig18 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig18 shows savings when an SP service is in place- explained on the next page. The only additional cost incurred by SP (shown by a minus figure) is the SP package

Fig18: Table version of Fig17 Estimated costs and benefits of Torbay SP programme per year- young people (client groups of teenage parents and young people at risk)

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.65	£0	-£0.65
Residential package	£0	£0.36	£0.36
Housing costs	£0.69	£0.74	£0.05
Homelessness costs	£0.02	£0.07	£0.05
Tenancy failure costs	£0.02	£0.08	£0.06
Health costs	£0.26	£0.30	£0.05
Social services care	£0.01	£0.01	£0
Crime costs	£1.65	£2.01	£0.36
Benefits and related services	£0.57	£0.58	£0.01
Other services	£0.01	£0.01	£0
Total	£3.87	£4.18	£0.30

Figures may not sum due to rounding. Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for young people needing an SP service, if SP was not available. This is laid out in the table below:

Most likely alternative provision to SP service	Teenage parents	Young people at risk
<p>Living as independently as they are able to without an SP service</p> <p>Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service</p>	100%	95%
<p>Inpatient psychiatric care</p> <p>It is estimated that this percentage would be too vulnerable to live independently in the absence of an SP service and would require hospital care</p>	0%	5%

Savings seen in Figs17 and 18:

- Residential (inpatient psychiatric) care costs- these are eliminated as SP services prevent people from entering care
- Crime costs- SP services give people advice to help them avoid burglary and street crime, and cause reductions in their own re-offending
- Costs relating to housing, homelessness and tenancy failure- SP helps people maintain tenancies and reduces repeat homelessness, the use of temporary accommodation and sleeping rough
- Health service costs- SP lowers admissions to hospital for both pregnancy-related and general health issues, and lowers the use of Accident and Emergency, GP and community health services
- Social services care costs- SP can reduce incidents of children being taken into local authority care

SP services help young people obtain and keep stable housing through providing emotional support; motivation; and training in life skills such as cooking, shopping and budgeting. Greater housing stability allows young people to deal with other issues in their lives such as alcohol and drug dependency and the risk of (re)offending. SP services can provide improved educational and health outcomes for clients’ children; improved mental and physical health; easier access to appropriate services; reduced fear of crime in the community; increased employment opportunities and greater choice in options of where and how to live.

SP reduces unwanted teenage conceptions which then reduces cost to the Benefits

system, health costs, and the costs associated with a baby born into potential poverty and disadvantage. SP can reduce the long term need for SP and other services by the teenage mother and the child in the future. SP results in the long-term reduction in the risk of problems such as social exclusion and repeat homelessness- producing an unquantified long term reduction in the cost of supporting young people and their children in the future.

The case studies below based on real events (with names changed) are used to illustrate potential savings made and how SP services can improve outcomes for a young person:

Oke

Oke was 17 and came to the attention of a floating support service for young people when he had been asked to leave B&B accommodation. He had had to leave home due to drug and alcohol issues and aggressive behaviour.

SP support staff worked with Oke and he received support related to drugs and alcohol through Check Point and appropriate long term housing was looked at. Although Oke claimed to have no support needs, his support worker became aware that he needed support on many levels including basic life skills; form filling; and esteem building. As he was regularly offending, the support service aided his engagement with the Youth Offending Team, which proved difficult as he kept threatening their workers.

Over 6 months Oke gradually changed. Through staff treating him with respect and encouragement, he started to feel better about himself, reduced his drug and alcohol intake and his offending behaviour.

Jessica

Jessica was a young person who ended up sleeping rough in her teens after problems at home. She got into trouble due to hanging round the streets with groups of people, drinking. She moved into supported lodgings where she established a good relationship with the landlady and landlord of mutual trust and understanding. They helped her find the best way to pay off her debts and she began volunteering with the Princes Trust and did a college course. This gave her motivation to stop drinking and provided her with some good social and support networks. The supported lodgings service also helped Jessica to rebuild her relationship with her family. Jessica has since joined the army and has had her passing out parade.

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Experiencing tenancy failure- (cost to the local authority)	£2838
Experiencing repeat homelessness within a year- (social cost to health and services, costs to the local authority)	£3570
Sleeping rough for a year- (social costs to health and services)	£3609
Being assaulted while sleeping rough- (cost of mugging/ robbery)	£2462
Accident and Emergency visit- (cost of ambulance callout- 50% higher cost due to more acute problems presented on average by young person at risk, and cost of A&E attendance)	£458
Alcohol treatment- (cost of community based counselling service, estimated 20 hours in a treatment programme)	£661 (£33 an hour)
NHS inpatient care for drugs misuse (Torbay cost)	£243 a day ¹⁵
Community mental health nurse visit and follow ups- (estimated there are 8.23 follows up to each initial visit)	£226 (£25 per visit)
Hospital admission due to general health issue per person- (average length of stay is 5.6 days)	£1307 (£233 per day)
Being convicted for re-offending and going to prison- (costs to Criminal Justice Service, bringing the case to court, cost to non Criminal Justice Services such as hospital treatment and repairing damage to property, cost of prison for 7.3 months- average number of months served)	£189,047
Becoming pregnant- having child taken into care- (annual cost of child in care)	£39,384
Jessica finding employment means reductions to Benefits paid to her such as Job Seekers Allowance, Housing Benefit and Income Support	

¹⁵ Source: Torbay Drugs, Alcohol and Sexual Health Team (DASHT), 2009

3.48 Drug problems

Estimated saving because of SP of **£0.55M** for 30 units per year- 20 units of supported housing specialising in drug problems and 10 units of generic floating support estimated as used for people with drug problems

This equals a saving of **£18,333.33** per unit per year

Fig19

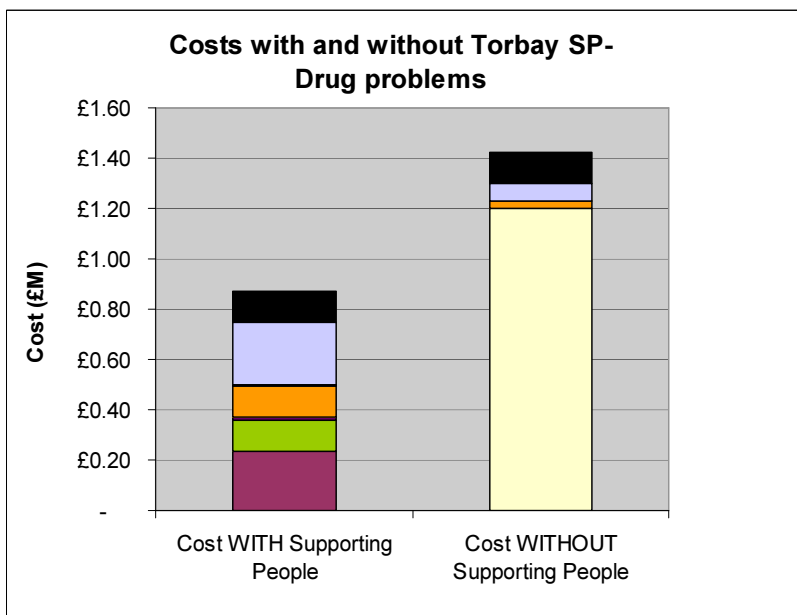


Fig19 shows the estimated savings made because of Torbay SP per year in the client group of drug problems

The savings equal the right minus the left column

Fig20 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig20 shows savings and also additional costs (shown by a minus figure) incurred when an SP service is in place- explained on the next page

Fig20: Table version of Fig19 Estimated costs and benefits of Torbay SP programme per year- people with drug problems

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.24	£0	-£0.24
Residential package	£0	£1.20	£1.20
Housing costs	£0.12	£0	-£0.12
Homelessness costs	£0	£0	£0
Tenancy failure costs	£0.01	£0	-£0.01
Health costs	£0.13	£0.03	-£0.10
Social services care	£0.002	£0	-£0.002
Crime costs	£0.25	£0.07	-£0.18
Benefits and related services	£0.12	£0.12	£0
Other services	£0	£0	£0
Total	£0.87	£1.42	£0.55

Figures may not sum due to rounding, Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most appropriate alternative scenario for people with drug problems needing an SP service, if SP was not available. This is:

- 80% of household units/ individuals receiving residential rehabilitation packages; and
- 20% of household units/ individuals receiving inpatient psychiatric care.

This assumption has been made on the basis that the most appropriate alternative to SP services is either residential rehabilitation or inpatient psychiatric care. It is of course unlikely that all of these people would be in rehabilitation or care at any one time but it is felt that all of them may require some form of residential treatment at some point if SP was not available.

Savings seen in Figs19 and 20:

- Residential care (rehabilitation and inpatient psychiatric care) costs- these are eliminated as SP services prevents people from entering care

SP services support individuals to progress to more stable lifestyles and provide grounding for drug treatment. SP can lead to a decrease in anti social behaviour; increased likelihood of completing treatment; improvements in mental health and well being and the reduction of drug related deaths. SP provides people with resettlement support and life skills which allow them to progress in addressing their drug problem and, through that, reduce the likelihood of them continuing to use drugs or re-offending. This is shown in the case study at the end of the alcohol section.

The Model does not demonstrate the savings made by SP in reducing crime by people with drug problems who are living in the community and not in a residential care or long term hospital setting. As stated above SP services provide grounding for structured drug treatment in the community and increase the likelihood of completion. An SP supported housing service for people in structured treatment has supported 19 people in 12 months to engage in treatment which reduces the likelihood of them re-offending over a long period of time. The National Treatment Agency states that recent research which matched anonymised data from the Police National Computer to information in the National Drug Treatment Monitoring System showed that the total number of crimes committed by users almost halved following the start of treatment¹⁶. Research published in 2009 by the Home Office, the Drug Treatment Outcomes Research Study (DTORS), evaluates the long- term effectiveness and cost effectiveness of drug treatment. It estimated the benefit: cost ratio for drug treatment at 2.5 to 1. That means £1.5bn of savings are generated for an expenditure of £600m for people in treatment within a year- so for every £1 spent on drug treatment society benefits to the tune of £2.50

¹⁶ <http://www.nta.nhs.uk/about-benefits.aspx>

Additional costs shown in Figs19 and 20:

Some cost types show additional costs when an SP service is in place (those with a minus figure):

- Crime and health costs- these increase because SP services are preventing clients from entering residential and inpatient psychiatric care. It is felt that clients in care are less likely to be victims or perpetrators of crime, or to suffer deterioration in health. These costs increase when an SP service is in place
- Housing costs- in the Model these consist of estimated rent costs for clients. Rent costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs
- Tenancy failure costs- these costs increase slightly with an SP service in place because without SP clients are likely to be in residential or inpatient psychiatric care so not incurring these costs
- Social services care costs- these include domiciliary and day care, and nursing care at home. These costs are not incurred when people are in residential care. SP prevents people from entering residential care so increases these particular costs

3.49 Alcohol problems

Estimated saving because of SP of **£0.37M** for 17 units per year- 5 units of supported housing specializing in alcohol problems and 12 units of generic floating support estimated as used for people with alcohol problems

This equals a saving of **£21764.71** per unit per year

Fig21

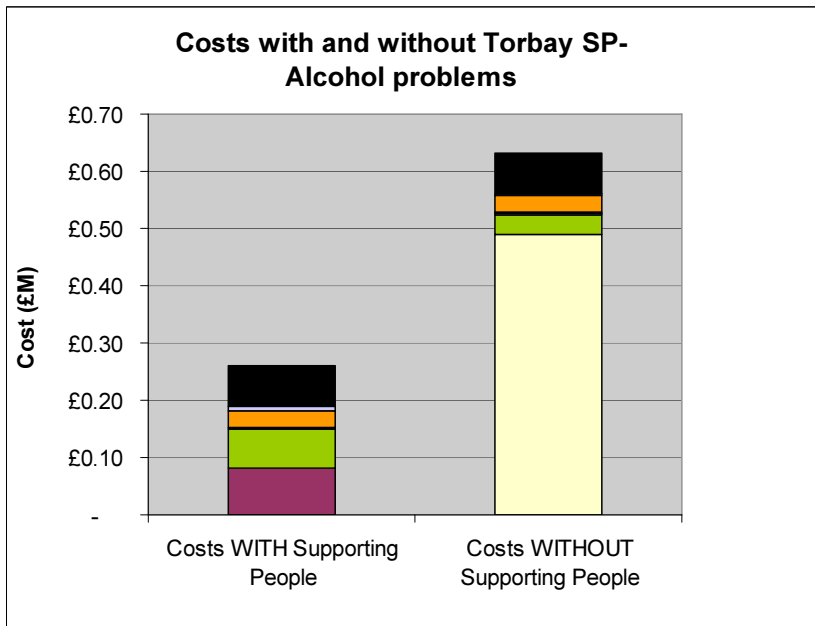


Fig21 shows the estimated savings made because of Torbay SP per year in the client group of alcohol problems

The savings equal the right minus the left column

Fig22 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig22 shows savings and also additional costs incurred when an SP service is in place. Savings and additional costs are explained on the next page

Fig22: Table version of Fig21 Estimated costs and benefits of Torbay SP programme per year- alcohol problems

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.08	£0	-£0.08
Residential package	£0	£0.49	£0.49
Housing costs	£0.07	£0.03	-£0.03
Homelessness costs	£0	£0.001	£0.001
Tenancy failure costs	£0.001	£0	-£0.01
Health costs	£0.03	£0.03	£0
Social services care	£0	£0	£0
Crime costs	£0.01	£0	-£0.01
Benefits and related services	£0.07	£0.07	£0
Other services	£0	£0	£0
Total	£0.26	£0.63	£0.37

Figures may not sum due to rounding. Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for people with alcohol problems needing an SP service, if SP was not available. This is:

- 40% of household units/ individuals would be living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service
- 40% of household units/ individuals receiving residential rehabilitation packages; and
- 20% of household units/ individuals receiving inpatient psychiatric care.

It is estimated that the latter two groups would at some point require residential or inpatient care

Savings seen in Figs21 and 22:

- Residential care (rehabilitation and inpatient psychiatric care) costs- these are eliminated as SP services can prevent people from entering residential care
- Homelessness costs- SP services help clients resettle into stable housing

SP services, through providing resettlement support; help with budgeting and benefits; the development of life skills and providing advice are able to have a significant impact on the likelihood of homelessness, episodes of mental illness requiring hospital admission and other issues. SP services help people move to more stable lifestyles and provide grounding for treatment; a decrease in antisocial behaviour; improved physical and mental health; and reduce alcohol related deaths.

An unquantifiable financial benefit is that SP services could lead to a long-term reduction in the number of people with alcohol problems and a consequent reduction in the costs of both supporting them and dealing with any resultant crimes.

Additional costs shown in Figs21 and 22:

Some cost types show additional costs when an SP service is in place (those with a minus figure):

- Housing costs in the Model consist of estimated rent costs for clients. These extra costs are incurred because SP services prevents 60% of individuals from entering residential and inpatient psychiatric care so increasing rent costs. Therefore Housing costs are higher with an SP service in place
- Crime and tenancy failure costs increase because the SP service is preventing 60% of clients from entering residential or psychiatric care. This eliminates the costs of losing a tenancy and they are less likely to be victims or perpetrators of crime when in care.

The case study below based on real events (with names changed) illustrates potential savings made and how SP can improve outcomes for a person with drug and/or alcohol problems:

Paula

Paula arrived at a supported housing project after being released from prison having led a life of crime related to addiction. She had been in and out of prison and other institutions. She was surrounded by negative influence and was finding it hard to keep off drugs and alcohol.

With support from the project, Paula became involved with self help groups and has attended Narcotics Anonymous meetings regularly. This has allowed her to open up and talk about problems and issues she needed to overcome. She was supported by the project to gain independent living skills and is now able to budget her money, do weekly shopping trips, meal planning and cooking for herself.

Due to her positive attitude she was given the opportunity to volunteer at a community centre as a project worker, working with young people. This gave her the confidence and motivation that she needed to progress. Paula has now been offered a fulltime job. She has ceased claiming Benefits and is looking forward to an independent future

Estimated potential savings because of SP:

Incident prevented	Cost per incident
Being convicted for re-offending and going to prison- (costs to Criminal Justice Service, bringing the case to court, cost to non Criminal Justice Services such as hospital treatment and repairing damage to property, cost of prison for 7.3 months- average number of months served)	£189,047
Spending night in police custody	£86
Arrested for drug offence	£4591
Spending time in prison- (estimated average of 36.17 days spent in prison by problem drug users)	£3112 (£86 a day)
Alcohol treatment- (cost of community based counselling service, estimated 20 hours in a treatment programme)	£661 (£33 an hour)
Accident and Emergency visit- (cost of ambulance callout and A&E attendance)	£399
Community mental health nurse visit	£25 per visit
Admission to acute mental health ward- (length of stay 50% longer)	£10,930

Incident prevented	Cost per incident
than average due to more serious mental health issues than the average population)	
Visit to GP	£55 per visit
Hospital admission due to general health issue per person- (average length of stay is 5.6 days)	£1307 (£233 per day)
Experiencing homelessness (Social cost to health and services and cost of emergency temporary accommodation for 15.86 weeks)	£5430
Tenancy failure (cost to the local authority)	£2838
Paula finding employment means reductions to Benefits paid to her such as Job Seekers Allowance, Housing Benefit, Income Support, and Disability Living Allowance	

3.50 Single homelessness

Estimated saving because of SP of **£0.31M** for 43 units per year- 24 units of supported housing specializing in single homeless people and 19 units of generic floating support estimated as used by single homeless people

This equals a saving of **£7209.30** per unit per year

Fig23

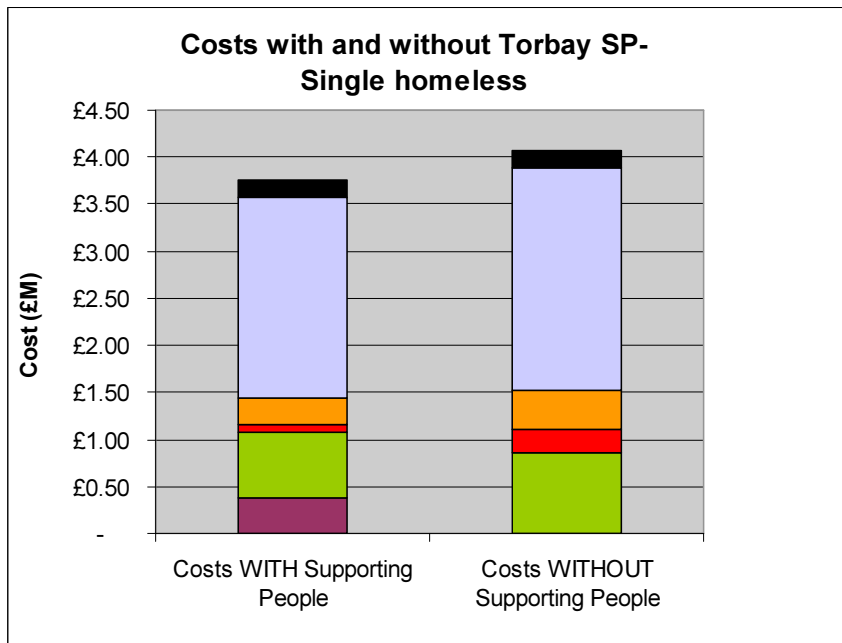


Fig23 shows the estimated savings made because of Torbay SP per year in the client group of single homeless people

The savings equal the right minus the left column

Fig24 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig24 shows savings when an SP service is in place- explained on the next page. The only additional cost incurred by SP (shown by a minus figure) is the SP package

Fig24: Table version of Fig23 Estimated costs and benefits of Torbay SP programme per year- single homeless people

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.37	£0	-£0.37
Residential package	£0	£0	£0
Housing costs	£0.71	£0.86	£0.15
Homelessness costs	£0.07	£0.26	£0.18
Tenancy failure costs	£0	£0	£0
Health costs	£0.28	£0.40	£0.12
Social services care	£0.01	£0.01	£0
Crime costs	£2.14	£2.36	£0.22
Benefits and related services	£0.18	£0.18	£0
Other services	£0	£0	£0
Total	£3.76	£3.97	£0.29

Figures may not sum due to rounding. Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for single homeless people needing an SP service, if SP was not available. This is:

- 100% of household units/ individuals would be living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service

Savings seen in Figs23 and 24:

- Crime costs- SP services help clients avoid burglary and street crime, and also reduce their own (re)offending
- Housing and homelessness costs- SP reduces rough sleeping and helps people move into settled accommodation and maintain their tenancies
- Health costs- SP services improve general health and wellbeing which results in the lower use of Accident and Emergency; GP and community mental health services; and fewer admissions to hospital for physical and mental health problems

SP services help people obtain and keep stable housing through providing emotional support, motivation and training in life skills. SP improves health through helping people access appropriate services and live a healthier lifestyle. This allows people to deal with other issues in their lives, such as substance abuse, unemployment, mental health problems and offending and behavioural problems. SP leads to a decreased fear of crime in the community and helps clients reintegrate into the community which benefits both the individual and society.

The case study below based on real events (with names changed) illustrates potential savings made and how SP services can improve outcomes for a homeless person:

Jason

Jason came to an SP supported housing service as a rough sleeper.

He had no GP so the SP service supported him to register with one, who subsequently diagnosed him with depression. He was offered counselling with the community mental health team. Over time Jason started to deal with his depression by engaging with the activities in the SP project. As a result his confidence grew. He was also struggling with coming off heroin but through support from the SP project he is now on a methadone reduction script and is working towards complete abstinence.

Jason felt ready to move in to his own accommodation and found a one bedroom flat. The SP project supported him in setting up his new tenancy- including Housing Benefit, utilities, accessing a grant for household items, supporting him to deal with correspondence and helping him learn to look after himself properly.

Jason wanted to go back to work and did a diploma in the field of construction, through a training service funded by SP that runs courses for vulnerable people. He was motivated and found he was very good at it. He has been employed by a construction company.

Estimated potential savings because of SP:

Incident prevented	Cost per incident
Sleeping rough for a year- (social costs to health and services)	£3609
Being assaulted while sleeping rough- (cost of mugging/ robbery)	£2462
Spending night in police custody	£86
Arrested for drug offence	£4591
Tenancy failure (costs to the local authority)	£2838
Failure to move from temporary accommodation into settled accommodation (social costs to health and services, and average cost of B&B for 15.86 weeks)	£5430
Community mental health nurse visit and follow up visits- (estimated there are 8.23 follow up visits to each initial visit)	£226 (£25 per visit)
Admission to an acute mental health ward	£7286
Hospital admission due to general health issue per person- (average length of stay is 5.6 days)	£1307 (£233 per day)
Visit to GP	£55
Accident and Emergency visit- (cost of ambulance callout- 50% higher cost due to more acute problems presented on average by homeless person, and cost of A&E attendance)	£458
Jason finding employment means reductions to Benefits paid to him such as Job Seekers Allowance, Housing Benefit, Income Support, and Disability Living Allowance	

3.51 Offenders

Estimated saving because of SP of **£0.43M** for 63 units per year- 10 units of supported housing and 53 units of floating support specializing in (ex)offenders

This equals a saving of **£6825.40** per unit per year

Fig25

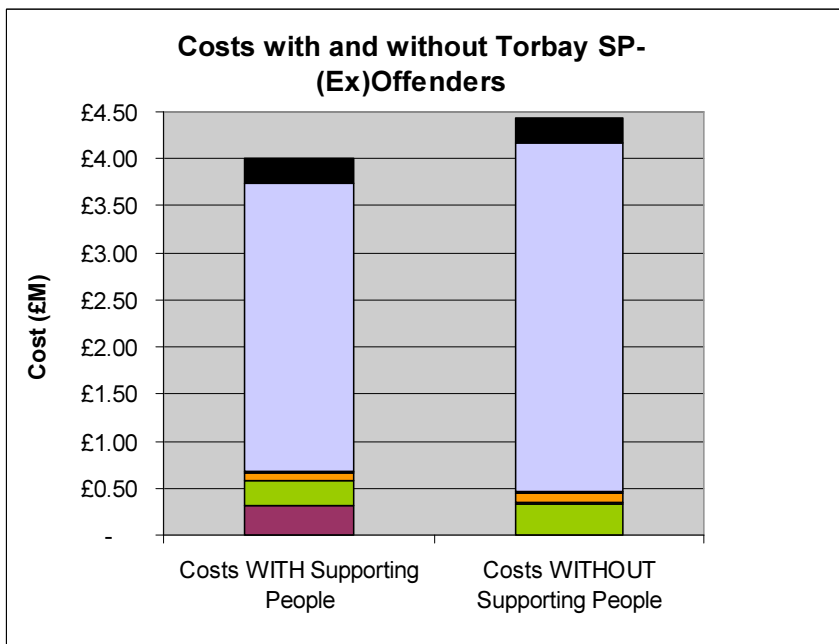


Fig25 shows the estimated savings made because of Torbay SP per year in the client group of (ex)offenders

The savings equal the right minus the left column

Fig26 below shows the chart as a table. The cost types are explained in Fig1 on page4. The net benefit column in Fig26 shows savings and additional costs when an SP service is in place- explained on the next page. The only additional cost incurred by SP (shown by a minus figure) is the SP package

Fig26: Table version of Fig25 Estimated costs and benefits of Torbay SP programme per year- (ex)offenders

Category	Cost with SP (£M)	Cost without SP (£M)	Net Benefit of SP (£M)
SP package	£0.32	£0	-£0.32
Residential package	£0	£0	£0
Housing costs	£0.25	£0.33	£0.08
Homelessness costs	£0	£0.02	£0.02
Tenancy failure costs	£0	£0.01	£0.01
Health costs	£0.09	£0.09	£0.01
Social services care	£0.01	£0.01	£0
Crime costs	£3.07	£3.72	£0.65
Benefits and related services	£0.26	£0.26	£0
Other services	£0	£0	£0
Total	£4.00	£4.44	£0.43

Figures may not sum due to rounding. Source: Supporting People Financial Benefits Model, CLG, 2009

The Model makes a working assumption of the most likely alternative scenario for (ex)offenders needing an SP service, if SP was not available. This is:

- 100% of household units/ individuals would be living as independently as they are able to without an SP service. Financial impact arises through the costs of adverse events (such as loss of tenancy, ambulance call outs, hospital admissions etc) that would be more likely to occur without an SP service

Savings seen in Figs25 and 26:

- Crime costs- SP causes a significant reduction in re-offending which in turn reduces financial costs associated with victims (such as hospital treatment), Criminal Justice Services costs of investigation and trial and the costs of imprisonment
- Housing and homelessness costs- SP reduces failure of accommodation arrangements such as tenancy breakdown
- Health costs- SP improves health, leading to lower use of drug and alcohol services, Accident and Emergency and community health services, and fewer admissions to hospital for physical and mental health problems

SP services, help offenders or people at risk of offending to sustain stable living arrangements through helping them learn skills such as cooking and shopping that they have lost through being institutionalized. SP helps them improve their mental health; obtain more easy access to appropriate services; and access increased employment opportunities.

SP can lead to a long-term reduction in the number of people re-offending and a consequent reduction in the costs of both supporting them and dealing with the resultant crimes. This arises through providing people with resettlement support and life skills which allow them to maintain stable housing and, through that, reduce the likelihood of their re-offending in the long term.

The case study below based on real events (with names changed) illustrates potential savings made and how SP services can improve outcomes for (ex)offenders:

Owen

Owen had a history of offending and a heroin addiction. He lacked confidence, had few friends and little family contact. He had debts, mental health issues and needed assistance in finding more suitable accommodation. He had a history of heavy drinking in the past.

His SP support worker referred him to relevant debt organisations and this assisted him in gaining an overview of his situation. He was advised on how to consolidate his debts, and claim the right Benefits.

He met his support worker weekly and progress was made and maintained. He had some emotional issues regarding his family which were explored and he gained confidence in his relationship with them.

Owen is reducing his drug use. His mental health issues have been addressed through counselling

He has found himself a part time job and works regularly. He has not re-offended

Estimated potential savings made because of SP:

Incident prevented	Cost per incident
Being convicted for re-offending and going to prison- (costs to Criminal Justice Service, bringing the case to court, cost to non Criminal Justice Services such as hospital treatment and repairing damage to property, cost of prison for 7.3 months- average number of months served)	£189,047
Being arrested for drug offence	£4591
Spending night in police custody	£86
Experiencing homelessness (Social cost to health and services)	£5430
Tenancy failure (cost to the local authority)	£2838
Community mental health nurse visit	£25 per visit
Admission to acute mental health ward- (double the average length of stay due to more serious mental health issues than the average population)	£14,573
Hospital admission due to general health issue per person- (average length of stay is 5.6 days)	£1307 (£233 per day)
Visit to community health service	£76
Visit to GP	£55
Accident and Emergency visit- (cost of ambulance callout and A&E attendance)	£399
Owen finding employment means reductions to Benefits paid to him such as Job Seekers Allowance, Housing Benefit, Income Support, and Disability Living Allowance	

4. Conclusion

This report has attempted to show the estimated and also the unquantifiable savings made because of the Supporting People programme in Torbay. It looks at the whole picture of costs surrounding a person with support needs and tries to give a balanced view of savings and in some cases the additional costs incurred.

Supporting People has been responsible for considerable advances in pooling and aligning resources to jointly commission against community plan outcomes but budgets and processes are still not fully joined-up. While the efficiency agenda provides the impetus for further streamlining of resources the story behind the figures is often still one of silo working and protectionism. There are still areas of duplication where a 'Torbay Together' approach to funding and contract management would achieve increased value for money and allow recycling of funds into short term prevention and intervention.

Torbay is one of the first authorities in the country to produce a financial benefits report. It is a valuable tool and shows how a relatively small amount of spend on person-centred, flexible services can release big savings. The individual budgets pilots in SP have resulted in more service for less money. It illustrates the potential of 'spend to save' initiatives for example, if a proportion of the funding currently spent on day care or ambulance call outs was re-routed to SP further savings could be made.

Smarter specifications and tighter contract management around outcomes provides an opportunity to cut red tape and performance requirements and really focus on outcomes for people by more closely aligning payment to results.

In recent months other local tools have been developed, or are in development, examining such issues as the cost of crime, family intervention and residential care. The intention is to consider how this tool can be integrated with others to create a Torbay Together approach to cost benefit analysis. An additional, linked, piece of work is being completed by the Regional SP co-ordinator (who is employed by Torbay Supporting People) for CLG and the region on costing outcomes and this will enrich and supplement the information in this report.

The huge estimated savings made by the programme show its value, but, as the case studies illustrate, the biggest benefit is the improvement that Supporting People can make to an individual's independence, welfare and quality of life.