



Outcome based commissioning in housing – more than just numbers

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It is nothing new to say that housing is much more than a numbers game, yet even superficial scrutiny of the broadsheet press and trade journals will quickly give you the opposite impression. It's all about mortgage interest rates, the price of homes for first time buyers, or the numbers of new homes (not) being built. With an election weeks away, each of the political parties has stated the need for getting the numbers up. Of course none of us would deny the importance of building homes – everyone knows there is a serious shortage. However, our view is that an obsession with numbers leaves us blind to what good outcomes can be achieved if we 'commission' housing effectively, especially if better coordinated to meet wider benefits such as community participation, healthy living, improved quality of life, access to jobs etc.

Recognition of the role played by the social determinants of health, including housing and neighbourhood conditions, led to the 2010 Marmot Review of public health to recommend full integration of the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality - something that the Manchester health and social economy is now pioneering.

The Care Act and its accompanying guidance now requires a different approach to working across the health and social care system, including housing, and with a greater focus on integration; this suggests that a shift in thinking for housing commissioners could contribute to the wider agenda and help ensure the right housing is available. "Getting housing right and helping people to choose the right housing options for them can help to prevent falls, prevent hospital admissions and readmissions, reduce the need for care and support, improve wellbeing, and help maintain independence at home" (Marmot) .

Effective commissioning is recognized by government as a critical to improving efficiency and delivering the right outcomes for communities. It has been described by the Cabinet Office as "an integrated approach to understanding citizens and communities and using this insight to work more effectively in order to secure better outcomes and allocate resources". Effective commissioning acknowledges the importance of the whole-system, the interdependencies between citizens, communities, organisations and services, and the focus on delivering outcomes.

The Institute of Public Care (IPC) has been at the leading edge of thinking around commissioning for many years, as well as working in the housing field with the Housing LIN and a range of providers, and has begun to explore how commissioning for outcomes could work in a housing context.

Whilst there is more interest in commissioning for outcomes in the specialised or supported housing arena (particularly driven by the former Supporting People programme), this is significantly weaker for general needs social housing. This is surprising as over 30% of households in general needs housing have a member with a disability. In the light of the Care Act, there is therefore an urgent need to move away from siloed thinking and build a better commissioning for outcomes framework, one that is person-centred and not stock orientated. This could be extended to new build homes by re-thinking the development process as a commissioning process.

The IPC model for commissioning contains four key elements: **analyse**, **plan, do/deliver**, and **review**, and has been widely used in care and health settings where the relationship between commissioner and provider are well understood. This approach could, with relative ease, be modified for adoption in housing settings, and we would argue will deliver a holistic approach to defining outcomes to be achieved, and then delivering them. The relationship between provider and commissioner, in a housing context, is of course often very different. Sometimes there is a contractual relationship between the two parties, often not. But the existence, or not, of a formal contract should not be an impediment to structuring delivery and outcomes. And the fact that housing outcomes are often delivered over a very long time period should also not be a problem – there are suitable evaluation methodologies that can determine impact.

Going forward, housing commissioners will need to develop a different relationship with the system as a whole, particularly health and social care, both to improve understanding of the needs to be addressed, and improving the delivery process. It's definitely more than a numbers game!

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