

## **SUFFOLK POLICIES AND RELATED DOCUMENTS**

As sent to the Housing LIN on 09.06.2004

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## SUPPORTED HOUSING – MODEL OPERATIONAL POLICY

Each Supported Housing Scheme must have an Operational Policy. The Operational Policy is a key document in the contracting arrangements for supported housing services. It stands alongside the Contract and Management Agreements. Such a policy must inform all interested parties (including prospective tenants) as to the nature of the service and how it will be managed, and so everyone knows what they can expect from the service. It is the responsibility of the Project Team developing a new Supported Housing service to ensure that an operational policy is agreed and in place prior to the scheme letting. It would be reviewed on an annual basis by the Scheme's Joint Advisory Group (JAG).

The policy must be "owned" by the Joint Advisory Group and all partners to the service.

An Operational Policy should be divided into sections. As a minimum it must cover the following areas:

- Introduction
- Service Purpose
- Objectives of Service Delivery
- Physical Environment
- Management Arrangements (support and care and housing)
- Nomination/referral and Allocation arrangements including the County Allocation Policy
- Staffing Arrangements
- Quality Assurance and Monitoring

In addition, the Policy must include a number of key attachments. These should include the following:-

- Tenancy/Occupancy agreements
- Arrears and Evictions Policies
- Move on Policies
- Equal Opportunities Statement/Policies
- Complaints Procedure
- Confidentiality Policy
- Joint Advisory Group Terms of Reference
- Suffolk Supported Housing Standards
- Domiciliary Care Standards
- County Allocation Policy
- Tenants Handbook in an accessible format

## SECTION 1. INTRODUCTION

This section should explain what the scheme provides and how it came into being. It should outline how many people the service is designed for, in what type of housing, and the nature of their support and care needs.

All partners should be identified along with their roles and relationships.

## SECTION 2 SERVICE PURPOSE

This outlines who the service is for, what level of care and support tenants can expect and principles of the service. It should make clear that this is a **housing service**.

It should also identify the core values that underpin the service, outlining the rights that tenants have. These should include information on, for example, access to information, security of tenure and tenant participation.

## SECTION 3 OBJECTIVES OF SERVICE DELIVERY

This section is the focus of the Operational Policy. It identifies in more detail the aims of the scheme. This should be agreed between stakeholders in the development process.

The section should then give more detail on:

- Care and support practices, their relationship with Community Care Assessments, and Care Delivery Plans;
- The arrangements to deliver person centred care;
- Tenant involvement process;
- Recordings and monitoring arrangements including tenants access;
- Some information should be included on processes for assessing the ongoing suitability of the scheme for an individual tenants needs, their legal rights of continued occupation, how move-on arrangements will be made and “resettlement support” where this is needed.
- Charging arrangements

## SECTION 4 PHYSICAL ENVIRONMENT

Information should be given as to the type of housing – in terms of whether it is newbuild or rehab, number of places, whether it is shared or self-contained accommodation and to what standard it has been built (wheelchair, mobility, lifetime home) etc.

Where the housing is shared information should be included on what shared facilities there are and what areas tenants can exclusively occupy themselves. There should also be information on how staff will work in the building and the nature of any gardens.

The section should also cover the scheme’s location, the surrounding area and local services.

## SECTION 5 MANAGEMENT, SUPPORT AND CARE MANAGEMENT ARRANGEMENTS

This should identify to whom the property belongs, the landlords relationship with the Care and Support providers and their relative responsibilities. This will include such things as rent collection and property maintenance and other housing management functions.

Some information on rents and service charges should be given, as should an outline of what services are being "bought" by Social Care Services and/or the Primary Care Trusts.

## SECTION 6 NOMINATION/REFERRAL AND ALLOCATION ARRANGEMENTS

This should reflect the County Allocations policy. It should also spell out in more detail for whom the scheme is appropriate. This can then be taken as a guide for referrers and for the Allocations Panel. It must include information on the eligibility criteria for the scheme.

## SECTION 7 STAFFING ARRANGEMENTS

This section should include information on staffing levels, skill mixes, lines of authority and accountability. It should also be clear how the need for changes to staffing arrangements would be assessed. Some information on cover arrangements and training arrangements must be included. The document must identify how statutory requirements will be met. The links between tenants needs, budget and staffing arrangements must be explicit.

## SECTION 8 QUALITY ASSURANCE AND MONITORING

This section will identify how the Service will be monitored. There should be recognition that evidence of this will be required from a number of bodies including the Housing Corporation, the local district/borough council and Suffolk County Council.

Scheme providers will be required to have QA systems in place. The JAG will oversee this process.

There is a requirement that each scheme will have a Joint Advisory Group (JAG). The terms of reference of the JAG should be included as an attachment to the Operational Policy.

In addition, the scheme will be expected to meet the Suffolk Supported Housing Standards for which a system of review has been developed. Again the Operational Policy must recognise this and include the Standards document as an attachment.

## SECTION 9 COMPLAINTS

This section will identify the different rules by which complaints can be made and resolved.

For more information contact [judith.hawkshaw@lhp.nhs.uk](mailto:judith.hawkshaw@lhp.nhs.uk)

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## TERMS OF REFERENCE

### JOINT ADVISORY GROUP

#### 1 OBJECTIVES OF THE JOINT ADVISORY COMMITTEE (JAG)

- 1.1 The JAG will meet regularly to create a link between agencies and individuals concerned with the Project.
- 1.2 The JAG will proactively work with (Care Management Agency) and the project staff team to achieve the objectives laid down in the Operational Policy and Service Agreement of the project.

#### 2 MEMBERSHIP

- 2.1 The membership will be made up of representatives from each of the following:
  - ? The tenants of the project
  - ? ..... Housing Association
  - ? Social Services ..... Division
  - ? Care Management Agency
  - ? The project staff team
  - ? ..... NHS Trust
- 2.2 The JAG will have powers of co-option.
- 2.3 The JAG will meet not less than ..... (usually 3) times per year. The Committee will elect its own Chair and be serviced by (Care Management Agency). For decisions to be influential, not less than two thirds of the membership of the JAG must be present.  
Co-opted members will not constitute part of the quorum.
- 2.4 At the Chairperson's discretion some parts of the meeting may be private.

#### 3. DUTIES

- 3.1 The JAG will act as an advisory group to .....  
(Care Management Agency) as managers of the project.
- 3.2 The JAG will foster links between the project and the local community and will promote access to community facilities.
- 3.3 The JAG will provide an opportunity for information exchange of issues relating to the project.

- 3.4 It will be responsible for the Annual Review of the Operational Policy of the Project to be produced by the Joint Advisory Group.
- 3.5 The JAG will raise issues of concern with statutory and other agencies.
- 3.6 The Joint Advisory Group will receive the outcome reports of any external monitoring and, where necessary, agree on action plan.
- 3.7 The JAG will examine areas of shortfall and make recommendations in writing to the Funder and thus influence the purchasing process.
- 3.8 The JAG will also assist the project in the process of developing business plans.
- 3.9 The JAG will receive occupancy reports.
- 3.10 The JAG will provide an initial forum for the discussion and resolution of differences between agencies and to receive reports of incidents. However, the JAG is not an appropriate forum for the discussion of individual service users or complaints about the service which should be dealt with under the ..... (Care Management Agency) complaints procedure.
- 3.11 It is not the duty or responsibility of the JAG to arbitrate or negotiate on personnel matters

# **TERMS OF REFERENCE FOR SUFFOLK – HOUSING TASK GROUPS**

**24 February, 2003**

## **1 The Aims And Objectives Of The Groups**

- 1.1 Each Group is a permanent task group reporting to the Suffolk Housing Programme Group (SHPG) and Supporting People Commissioning Body (SPCB). The groups work in liaison with the Partnership Boards.
- 1.2 The Groups will improve practise at all levels of supported housing services and push back service boundaries wherever possible.
- 1.3 The Groups will collate information on the housing and support needs of vulnerable people. This will also include shortfalls in existing services to these groups. The Groups will maintain a database of supported housing opportunities in Suffolk.
- 1.4 The Groups will recommend a 3 year rolling housing programme to SHPG and the SPCB in response to identified need.
- 1.5 The Groups will develop quality supported housing solutions in partnership. This will be achieved within a strategic framework based on best practise and agreed by all partners. They will monitor project teams against timelines, budgets and specifications.
- 1.6 The Groups will be responsible for assessing supported housing models, evaluating which schemes are able to meet tenants identified needs and advise the SHPG/SPCB on options available.
- 1.7 The Groups will monitor the development process and assist Project Teams where necessary.
- 1.8 The Groups will review existing and developing schemes in order to learn from them to advise future development. They must also be aware of current legislation and feedback from the quality assurance and monitoring of existing schemes.
- 1.9 The Groups will provide a forum for networking information and best practise, especially to agencies not represented in the Task Groups.
- 1.10 The Groups will be responsible for raising general awareness of the need for supported housing and will act as a source of information to those needing it.
- 1.11 The Groups will identify training needs and, where appropriate, co-ordinate a response to meet those needs. This will include the quality assurance of supporting housing schemes.
- 1.12 The Group will ensure that JAG's meet regularly and report to purchasers.

## **2. Membership**

- 2.1 Members of the Group will act as representatives of agencies, although individuals may attend, if appropriate, in their own right by the agreement of the Group.
- 2.2 Service users, carers and their advocates can attend or have their views presented.

- 2.3 Statutory agencies will ensure that workers of an appropriate level are members. In Social Care Services this will be County Managers or Assistant County Managers and either Community Team Managers or Senior Practitioners; in Health representation will be from the Primary Care Trust, Supporting People will be represented in each group; NHS Trusts.
- 2.4 Suffolk Housing Programme Group will arrange an appropriate level of representation from the Housing profession.
- 2.5 RSLs/provider agencies with whom schemes are being developed will be represented.

### **3 Frequency Of Meeting**

- 3.1 The groups will meet no more than monthly and no less than 4 times per year.

### **4 Administration**

- 4.1 The group will receive administrative support via the Housing Programme Group representative.

**For more information contact [Judith.Hawkshaw@lhp.nhs.uk](mailto:Judith.Hawkshaw@lhp.nhs.uk)**

## **DEVELOPING HOUSING SCHEMES USING PROJECT TEAMS**

Experience indicates that the most stress free, cost effective and “owned” schemes are those developed by the Project Management process. This requires a group of people to be identified as soon as capital and revenue are agreed.

The team should include a prospective tenant/service user, (and/or carer) and representative of all parties. Architects Quality Surveyors, M & E Consultants and other associated professionals may also be part of the Team. These team members will remain lead individuals for their agencies throughout the development process to ensure continuity and coherence to the development process. It is the responsibility of this group to ensure that:

- ? the scheme developed meets the identified need for which it was funded;
- ? it meets current best practise ideas;
- ? it delivers on time and within both capital and revenue budget, (albeit that both may change during the development process, changes to be agreed by the funders);
- ? consultation takes place as and when appropriate during the development with all agencies who have a stake, (eg Fire Officer, Registration, Environmental Health, etc.)
- ? decisions required during the development process are made swiftly and with the authority of partner agencies;
- ? representatives of partners act as a conduit between the Team and their respective agency;
- ? timetables are agreed and work actioned to meet those timetables, (eg legal documents, allocation process purchase of furniture and equipment);
- ? prospective tenants and operational staff are informed of scheme progress, consulted and engaged throughout;
- ? review of the scheme takes place at 3, 6 and 12 months post letting which informs future development.

As the Project Team is key to the development of schemes in which there are many stakeholders, it is particularly important that the membership of the team:

- ? is of sufficient seniority to make decisions, (or get decisions made);
- ? is conversant with the many and varied elements of supported housing development and service delivery;
- ? recognises the difficulties of working in partnership;
- ? in the case of user representatives are enabled to attend and participate in meetings;
- ? has a sense of humour

Within the development process different elements of the work will require agency representatives to take the lead to complete a discreet part of the whole, (eg. the capital agreement required the funder and recipient to draft a document/ amend a standard document to make it scheme specific). This piece of work will then be agreed by the Project Team and hence gain ownership from all parties.

# COUNTY ALLOCATION POLICY – SUPPORTED HOUSING SCHEMES

## 1. Purpose

The purpose of the policy is to ensure that all relevant partner agencies are jointly responsible for:

- ? Nominating applicants to supported housing vacancies;
- ? Ensuring that both initial lettings and voids are handled efficiently and effectively and
- ? Ensuring the necessary housing and support assessments have been carried out.

## 2. Background

With the increasing demand for supported housing, it is essential that the limited resources available are utilised in the most effective way, ensuring that places are allocated appropriately and equitably to people in most need.

This policy is designed to ensure a consistent approach across the County to the allocation of places in supported housing projects. It gives guidance to care co-ordinators, care providers, housing providers and applicants alike on how to access supported housing and how decisions are made regarding suitability and subsequent nominations.

## 3. Process

For both new and existing housing projects a **panel** comprising **one representative** from each of the following agencies, **must** be set up: -

- ? District/Borough Councils' Housing Department
- ? Social Care
- ? Health Care Service (may be provider, Trust or PCT). This only applies where funding is shared and/or tenants have health care needs.
- ? Care Provider
- ? RSL if applicable.

Administratively, the panel may operate in any way which best meets the needs of its members, i.e. frequency of meetings, election of Chair, but **must** adhere to the following procedures: -

- ? **Care provider** to notify all relevant referring agencies of **vacancies** that arise, at the earliest opportunity
- ? **Referring Agencies/Care Co-ordinators** to ensure all applicants are on the Council's **Housing Register** and that applicants have **visited the project** prior to applying
- ? **Care Co-ordinators** to ensure that **community care, housing** and any necessary **risk assessments** have been carried out prior to applications being made. Ideally, these should be **complementary assessments**.

- ? **Allocations Panel** to agree nomination(s) according to: -
  - ✗ The applicant's care and support needs and the ability of the care provider to meet those needs
  - ✗ The applicant's housing need
  - ✗ The applicant's ability to share with others, where relevant
  - ✗ The applicant's willingness to accept the need for supported housing
  - ✗ Carer's needs where relevant
  - ✗ Any other factors, which may affect the supply and demand for supported housing generally e.g. hospital closure, other housing options, ability to move-on etc.
  
- ? **Panel** to forward nomination(s) to **Care Provider Agency**, to make the final decision
- ? **District/Borough Council** to nominate to **RSL** (where relevant)
- ? **Care Provider** to formally offer place to **successful applicant**
- ? **Chair of Panel** to write to unsuccessful applicants, giving reasons for decision.

**It is a requirement of the panel to keep a list of assessed individuals waiting for a vacancy in a supported housing scheme.**

**PARTNERS**

Housing Purchaser  
 Housing Provider  
 Care Purchaser  
 Care Provider  
 Other

**SCHEME INFORMATION**

Scheme Name

Client Group

Type of Property

New Build

Rehab

No. of Tenants

Access Standard

Address

Telephone Number

Fax Number

E mail address

**FUNDING ARRANGEMENTS**CAPITALAMOUNT

Total Scheme Cost

Land/Property Purchase Cost

Build Cost

Development Cost

Furniture and Equipment Cost

Time limitations on funding?

Other

SOURCE

£ \_\_\_\_\_

REVENUE

Housing Benefit (HB)

Income Support (Residential Care Allowance)

Supported Housing Management Grant (SHMG)

Social Services

Health

Unit cost per person per week

Other

**LEGALS**

DRAFT

COMPLETED

TENANCY AGREEMENT



(To be agreed by Project Team,  
 produced by Tenant Rep and Housing Provider)

MANAGEMENT AGREEMENT



(To be agreed by Project Team,  
 produced by Housing Provider and Care Provider)

SERVICE LEVEL AGREEMENT



(To be agreed by Project Team,  
 produced by Care Purchaser and Care Provider)

OPERATIONAL POLICY



(Produced and agreed by Project Team)

ALLOCATIONS POLICY



(Standard document customised to scheme)



**PROJECT TEAM INFORMATION** - (Names, Addresses, Telephone, Mobile, Fax Numbers, E-Mail Address)

List of:

**Key Stakeholders**

Housing Purchaser  
(LA/HA)

Housing Provider

Care Purchaser/s

Care Provider

**Technical**

Architect

Quantity Surveyors

Structural Engineers

Mechanical & Electrical Engineers

Building Contractor

**Management**

Site

Tenant Representatives

Carers/Advocates

Operational Manager / Representative

Housing Provider / Management Representative

Community Health

Occupational Therapist

Interpreters/s

Other

*Copies:*

Service Manager

Housing Association Regional/Divisional Office

Care Provider Regional/Divisional Office

Outline Programme

Land/property purchase date:	
Completion date:	
Letting date:	

DEVELOPMENT PROCESS	Lead Responsibility
<b>1. ESTABLISHING NEED</b>  Identification of need In three year programme  Agreement of Priorities Select Housing Association Bid to Housing Corporation Funding Agreed	All parties Housing working groups and Suffolk Housing Officers Group All parties District Council in liaison with other stakeholders Housing Association/L.A. to approve Housing Corporation and Care purchasers/ L.A. to approve
<b>2. PROJECT TEAM</b>  Project Team convened Agree Location Agree Care Provider Care Provider seeks accreditation (where necessary) Agree Architect / QS / Other Specialists	District Council / County Council Project Team Care Purchaser / Project Team Care Provider  Housing Association / Project Team
<b>3. BRIEFING</b>  Project brief/preliminary specification/outline brief Outline Proposals Scheme design  Draft costings Consult Planners Adjustments update Costing Check room layouts Design frozen	Project Team in consultation with Tenant Representatives, Carers, OT Architect Architect in consultation with Environmental Health, Building Control, Fire Officer, registration if appropriate QS Architect Project Team QS Project Team Project Team
<b>4. PLANNING</b>  Planning application Contact Members Consult with neighbours Detail Specification	Housing Association District Council / County Council Project Team Architect, M & E etc
<b>5. DETAIL DESIGN &amp; TENDERING</b> <b>Design and Build or Traditional route</b>  Agree specification/detailed design of kitchens, bathrooms, etc Agree electrical design Agree landscaping design Agree Building Regulation Application Prepare Tender Documentation Tender Process Selection of Contractor	Project Team/Architect/O.T.  Project Team/Architect/H & E Project Team/Architect Architect Architect/QS/M&E Housing Association/Architect/QS/M&E Housing Association with Project Team

**6. SITE WORKS**

**THE BUILDING *and care management arrangements***

***Start on site***

Dates for Project Team meetings to monitor progress	All Parties
Inspection of building operation throughout build programme	Architect
<i>Invite nominations of prospective Tenants</i>	<i>Housing purchaser</i>
	<i>Care Purchaser</i>
Arrange sod turning outlining ceremony	Project Team
Agreement on circulation of site meeting notes	HA & PT
<i>Begin detailed assessment of Nominees needs</i>	<i>Care Purchaser</i>
	<i>Care Provider</i>
Dates for site visits	Project Team/H.A.
Request timetables for finishes including all client choice items	Architect
	Project Team and
	Occupational Therapist
Production of newsletters & information leaflets	Housing Provider
<i>Agree draft specification for Service</i>	<i>Project Team</i>
<i>Agree rents and service charges</i>	<i>Housing Provider</i>
<i>Agree draft budgets and start up costs</i>	<i>Care Purchaser &amp; Provider</i>
<i>Create long list of nominees</i>	<i>Allocation Panel</i>
<i>Work with Families and Carers</i>	<i>Care Purchaser</i>
	<i>Care Provider</i>
<i>Further assessment and compatibility</i>	<i>Allocation Panel</i>
<i>Create short list and select</i>	<i>Allocation Panel</i>
<i>Operational Policy for scheme</i>	<i>Care Provider</i>
	<i>Project Team</i>
Agree job descriptions	Care & Housing providers
	and purchasers
Start staff recruitment	Housing/Care provider
Work with Tenants on their choices	Care Purchaser and
	Care Provider
Select colours for floor and wall coverings, kitchen units, tiles, sanitary ware.	Tenants and Project Team
Select and order furniture and equipment	
<i>Agree Care Specification</i>	<i>Care Purchaser</i>
	<i>Care Provider</i>
<i>Agree QA and monitoring arrangements for care</i>	<i>Care Purchaser</i>
	<i>Care Provider</i>
Arrange opening ceremony	Project Team
Agree scheme reviews	Project Team
Agree Legals	Project Team
Decide detail of aids required	OT and Tenants
Arrange commissioning of building/staff induction, heating systems, etc	Project Staff and
Building Completed	F & E Supplier
	Architect & Consultants
Construction works checked	Architect & Consultants
Building handed over to client	Architect & Consultants

	Tenants move in 3, 6 and 12 months reviews	Housing & Care Providers Project Team
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