

*Supporting People for Better Health:
A Guide to Partnership Working*



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Supporting People for Better Health: A Guide to Partnership Working

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On 5th May 2006 the responsibilities of the Office of the Deputy Prime Minister (ODPM) transferred to the Department for Communities and Local Government (DCLG)

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EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE

The increasing focus of Government health and social policy is to ensure that people are able to live as independently as possible and maintain quality of life in their own homes. This vision of independence and joint working has always been at the core of the Government's *Supporting People* programme.

Close working between health and *Supporting People* is essential to delivering not only the objectives and goals of services, but to delivering the right services for vulnerable people. Although Primary Care Trusts have been part of the local governance structure from the outset of the *Supporting People* programme, national and local experience suggests that engagement has been variable and sometimes weak. Primary Care Trusts have often found it difficult to identify the benefits accruing to them of working through *Supporting People*, and *Supporting People* teams have found it difficult to communicate these to them.

The *Supporting People Health Pilots* were designed to explore the extent to which the *Supporting People* framework for policy, planning and commissioning can be used to benefit the physical and mental health of the community.

In May 2003 the then Office of the Deputy Prime Minister (ODPM), now Department for Communities and Local Government (DCLG), invited commissioning bodies and/or service providers in health and social care to bid to become a *Supporting People Health Pilot*. The available funding was designed to support the development of their partnerships in new ways that would contribute to health objectives.

The six Health Pilots selected represented a wide range of people who use services, both commissioning and providing elements, and a range of agencies from the statutory, independent and voluntary sectors.

Bid from:	Project Title	Focus
Doncaster PCT	'On Track'	Young people with dual diagnosis
Northampton PCT	'SWAN NEST'	Women wanting to exit the sex trade
London Borough of Waltham Forest	'Place to Live'	Supported living for people with learning disabilities
City of Salford Housing	'Sure footed in Salford'	Integrated falls services
London Boroughs of Southwark and Lambeth	'Housing Support Outreach and Referral for hard-to-reach individuals living with HIV'	Hard to reach individuals living with HIV
North Lincolnshire County Council	'SPIDERS'	Older people

The ODPM, now DCLG, commissioned a research team from the School for Policy Studies at the University of Bristol to undertake an evaluation of the pilots. The evaluation looked at both process and outcomes, focussing particularly on what works in joint working.

This guide draws on the evaluation and offers practical advice to operational managers, strategic planners and commissioners.

Drawing on the experiences of six very different projects the guide highlights important 'lessons learned' and features examples of good practice. It draws attention to key issues that need to be considered when setting up services designed to cross organisational boundaries.

Issues are discussed at the most relevant point in the lifecycle of a project. Illustrations from the pilots are used throughout, including the views of people using their services. Details of the evaluation as a whole are provided in a separate report¹.

THINKING OF WORKING IN PARTNERSHIP?

- Partnership working is most effective when agencies recognise the interconnectedness of their work.
- It is important to include all agencies or professionals who may have an important perspective or experience to contribute, or without whose 'buy-in' the new service is unlikely to succeed.
- It is easier to build on a shared history of joint working. Agencies who already work together successfully will have established a level of trust that is essential to joint working.
- Those starting afresh should not be deterred by the 'teething troubles' that inevitable accompany new ways of working/relationships but should allow additional time to establish the foundations of the partnership.
- Developing complementary aims and objectives will help secure the buy-in of partners. However it is important to ensure that these are translated into discrete, measurable goals that can assess the influence of the service.
- Having agreed the aims and objectives of the initiative it is important to clarify the roles and responsibilities of each partner. This will ensure that there is no duplication of effort as well as no gaps in provision.

¹ *An Evaluation of the Supporting People Health Pilots*. Department for Communities and Local Government 2006

ESTABLISHING GOOD FOUNDATIONS

- Clear and effective governance arrangements are the bedrock of successful partnership working. This involves deciding what it is you are seeking to deliver, how it will be delivered, who will manage whom, who can make what decisions and where accountability for the service will lie.
- Set up a steering group to provide the service with access to appropriate advice and support. The effectiveness of the group will depend on a range of issues, these include: the size and make-up of the group; whether members have sufficient authority to resolve problems as they arise, and how the meetings are managed.
- A well managed steering group provides the link between operational and strategic level working which is essential for successful joint working.

SETTING UP A NEW SERVICE

- Developing policies and procedures in a consensual and inclusive manner can help to build a sense of ownership and commitment towards the new service.
- Having set up the policies and procedures that underpin the service staff working in partner agencies need to be made aware of them.
- Managerial arrangements in collaborative services can often be complex. The evidence from the Health Pilots suggests that keeping management simple is the best strategy. Ensure that project workers have access to general management support as well as specialist supervision if appropriate.
- Monitoring performance is an important activity. Make sure that systems are set up to capture two different streams of data. The first relates to monitoring the process of joint working and the second relates to the outcome of the service.

MAINTAINING EFFECTIVE PARTNERSHIPS

- Maintaining strong and effective links between the strategic and operational levels is crucial. Again, in most cases the steering group can provide this link.
- Periodically review the health of your partnership at both the strategic and operational level and address any difficulties you identify. For example organise an occasional 'refresh' of the partnership by bringing together strategic and operational staff to discuss the venture, raise concerns and celebrate successes.
- A review of monitoring data may indicate that some partner agencies do not understand the eligibility criteria for the service. A joint training session can address the problem.

- Communication is key to the success of joint working. Ensure that a range of formal and informal communication channels are established. It is particularly important that partnerships agree how client information can be shared so that they can cross refer people who use services or pass on information about them in a timely fashion.
- To maximise the relevance and effectiveness of any service it is important that what a service provides reflects what people who (may) use services say they need. Wherever possible this means involving people in developing services and in designing and monitoring their delivery.

MAINSTREAMING NEW SERVICES

- Consideration of mainstreaming pilot projects needs to begin sooner rather than later.
- It is important to secure the support of potential commissioners from the outset. Strategies to do so include: inviting commissioners to become members of the steering group; providing regular progress reports to key players and commissioning bodies; meeting with potential commissioners at significant stages.
- Find out what type of data commissioners require to inform or influence their decisions about future funding.
- Keep abreast of national policy developments as well as wider discussions within your locality. Your knowledge and involvement in these may provide leverage in securing essential funding for the continuation or mainstreaming of the service.
- Review monitoring data to decide whether or not to make changes to the service before it is mainstreamed. For example the eligibility criteria may need to be altered or the service expanded to deal with the level of demand.

THINKING OF JOINTLY COMMISSIONING SERVICES?

- Be clear about why joint commissioning is necessary and what it can contribute to shared priorities.
- Effective joint commissioning is only likely to occur when all parties see the benefit. It is therefore important to demonstrate how services will help different statutory agencies achieve their own aims and meet their own performance targets.
- Do not rely solely on government to establish commissioning priorities. It is a good idea to set up local forums through which practitioners and managers working in the front line can suggest new models of working that can address local difficulties.

-
- Joint commissioning will almost inevitably take longer than you anticipate. It is important that you think through how to deal with specific issues such as how to apportion administrative costs.
 - Make sure that new services have clear and effective governance arrangements. It is also wise to ensure that potential providers are realistic about the resources required to set up a new service as well as the time scales to do so.
 - Good practice suggests that commissioners should provide new services with guidance on what monitoring information they require. You might need to provide support to develop the capacity to monitor if this is an activity the agency has little experience of.

CHAPTER 1

Supporting people and health

1.1 FORGING THE LINKS

The increasing focus of Government health and social policy is to ensure that people are able to live as independently as possible and maintain quality of life in their own homes. Services need to work together to help people maintain and manage their physical and mental health and wellbeing. They need to do so in ways that best reflect the wishes of people for whom the services are intended to work.

This vision of independence and joint working has always been at the core of the Government's *Supporting People* programme. The housing support services provided through the programme play an important role in helping people to live independently. For some people, they help to avert or defer the need for more restrictive, expensive and intensive interventions, including institutional care and hospitalisation. For others, the services help to aid recovery and reintegration and prevent relapse. *Supporting People* services aid sustainable discharge from hospital, residential care and treatment services. They also help disabled people and people with chronic and life-limiting illness maintain their independence. But whatever the focus, housing support services will need to work alongside, and complement, social care and healthcare interventions.

In particular, close working between health and *Supporting People* is essential to delivering not only the objectives and goals of services, but to delivering the right services for vulnerable people. Although Primary Care Trusts (PCTs) have been part of the local governance structure from the outset of the *Supporting People* programme, national and local experience suggests that engagement has been variable and sometimes weak. PCTs have often found it difficult to identify the benefits accruing to them of working through *Supporting People*, and *Supporting People* teams have found it difficult to communicate these to them.

In order to explore the issues around this, and to capture the opportunities and benefits that come from improved partnerships, the then Office of the Deputy Prime Minister (ODPM), now DCLG, commissioned a series of *Supporting People Health Pilots*. In May 2003 the ODPM, now DCLG, invited commissioning bodies and/or service providers in health and social care to bid to become a *Supporting People Health Pilot*. The available funding was designed to support the development of their partnerships in new ways that would contribute to health objectives, and PCTs were a main focus of the work given their role within the *Supporting People* framework.

The ODPM, now DCLG, commissioned a research team from the School for Policy Studies, University of Bristol, to undertake an evaluation of their progress and outcomes, with a particular focus on what works in joint working. Details of the method and scope of the evaluation are provided in appendix 1.

1.2 ABOUT THIS GUIDE

The guide offers practical advice to operational managers, strategic planners and commissioners. It highlights important ‘lessons learned’ and features examples of good practice.

Drawing on the experiences of six very different projects the guide draws attention to key issues that need to be considered when setting up services designed to cross organisational boundaries.

Issues are discussed at the most relevant point in the lifecycle of a project. Each section opens with an outline of key ‘lessons learned’ and closes with selected good practice points. Illustrations from the pilots are used throughout, including the views of people using their services.

The guide is designed as a resource that people can dip in and out of. Some sections will be of more interest to operational managers than others, and so on. Key messages are sometimes repeated to ensure they are not missed by selective readers.

The next section provides a brief description of each of the pilots. Details of their achievements are provided in appendix 2. We then discuss the issues encountered during the key stages of a partnership including some of the issues that those commissioning a new service designed to cross organisational boundaries should consider (chapters 3–8). Finally the guide provides contact details for those wanting to find out more about the work of individual pilots (chapter 9).

CHAPTER 2

The Pilots

2.1 DONCASTER – ‘YOUNG PERSONS DUAL DIAGNOSIS PROJECT’

The ‘Young Persons Dual Diagnosis’ pilot aimed to provide co-ordinated, effective support to young people with mental health and substance misuse needs (dual diagnosis) living independently in the community. Before the pilot there were no dedicated services for these young people in Doncaster.

The aims of the Dual Diagnosis project were to:

- provide an early intervention floating support service to young people with mental health and substance misuse needs;
- promote a seamless service to the service user, which alleviates bed blocking, delayed discharges and addresses readmission rate to acute psychiatric wards and medical assessment unit;
- co-ordinate with all housing providers to ensure that adequate housing is available at the point of discharge;
- assist service users to either set up or maintain their tenancy based on a floating support model; and
- integrate the pilot into mainstream services in the long term.

Description

After an initial assessment each young person accepted into the service was assigned a project worker who provided tailored ‘floating support’ designed to enable them to set up and maintain housing tenancies. Project workers met once or twice a week with their clients. They provided practical help in accessing health and social care services, including psychiatric and Community Psychiatric Nursing services, drug/alcohol agencies and housing services. They also provided emotional support.

With two project workers the pilot planned to support 60 young people over 2 years. They anticipated that their intensive support would last between 8–12 weeks, after which young people were referred to longer term support services.

The partnership

- Doncaster and South Humber Healthcare NHS Trust;

- Doncaster Community Mental Health Services;
- Doncaster Substance Misuse Service;
- ‘*On Track*’ (a collaboration between Action Housing Association, South Yorkshire Housing Association and Rethink, ‘The National Schizophrenia Fellowship’);
- the local Supporting People Team; and
- *Involve* – Doncaster Mind’s mental health service user involvement project.

2.2 NORTHAMPTON – SWAN NEST

SWAN NEST² was developed to address some of the accommodation and health needs of sex workers in Northampton. Almost 80% of the sex workers were known to be homeless³ and over 90% drug dependent. This combination of drug use and homelessness was thought to hamper their access to health care and their ability to gain paid employment outside the sex industry.

The aims of SWAN NEST were to:

- increase the availability and take up of supported housing for sex workers;
- provide a safe and supervised environment for contact;
- provide a crisis bed for sex workers;
- increase access to primary care services;
- increase access to drug treatment and support services;
- increase access to treatment for Sexually Transmitted Infections (STIs) and HIV;
- increase access to training and employment;
- increase awareness of health and social care needs of sex workers and the impact on individuals and society; and
- reduce antisocial behaviour by sex workers.

² Sex Workers Around Northampton Now Exiting the Sex Trade

³ Women living in insecure accommodation, night hostels or unofficially rough sleeping (sex workers were not officially classified as rough sleepers)

Description

The supported housing scheme was called the NEST – Now Exiting the Sex Trade. It comprised one bed for longer-term housing support and a crisis bed scheme to be used as a means of preventing vulnerable women entering the sex industry. Both were to be provided by a local housing association and managed by the Council for Addiction in Northampton (CAN) Homeless Action Team.

The pilot employed a tenancy support worker to manage the supported accommodation. They also provided on-going support to women to prevent their entry to, and support their exit from, the industry.

The support was designed to enable women to access appropriate primary health care services, including detox programmes for substance misuse. The worker also ensured that women had the opportunity to enter education and training programmes and take advantage of volunteering opportunities as a means of securing long term employment. The tenancy support worker was also expected to offer a reduced level of support to women who moved from the NEST to ‘fresh start’, accommodation.

The NEST used flexible tenancies which enabled women to be accommodated for between 3 days to 2 years. The crisis bed was designed to be used for 3 days at a time, although this could be extended if necessary.

The partnership

This pilot emerged from an already well-established multi agency initiative (SWAN⁴) involving:

- Northampton Primary Care Trust;
- Northampton Borough Council;
- Northamptonshire Police;
- Maple Access Partnership LLP General Practice;
- Council for Addiction in Northampton (CAN); and
- Drug and Alcohol services.

2.3 WALTHAM FOREST – PLACE TO LIVE

The *Place to Live, Health and Supporting People* pilot (*Place to Live*) was established to promote understanding and awareness of supported housing

⁴ Sex Workers Around Northampton

amongst people with learning disabilities and their carers, as well as amongst health and social care practitioners. It aimed to give people with learning difficulties greater choice and control over where they lived whilst ensuring that they had better access to health care services. In particular the pilot sought to explore whether those people living with older carers or in residential care wished to move to supported living.

The aims of Place to Live were to:

- promote supported housing and its benefits for health status amongst users, carers and health and social care practitioners;
- assess and review 30 adults living either in residential care or with an older carer, making referrals to supported housing when appropriate;
- promote intra-agency working between social workers and community nurses within an already integrated team.

Description

A project worker was employed within an integrated team to achieve these aims. Working intensively with 12 individuals, he explored their housing choices, assessed their housing support and health needs and ensured that appropriate services and support were in place. The project worker also made sure that each person had an up-to-date Individual Health Action Plan (IHAP) that was reviewed and changed, if necessary, if they moved into new accommodation. He supported members of the wider team to work with a further 18 individuals to achieve the same outcomes.

The partnership

The Learning Disability Partnership, as it is known, was established in 2003 to provide an integrated health and social care services. It comprised:

- the London Borough of Waltham Forest;
- the London Borough of Redbridge;
- the Waltham Forest Primary Care Trust;
- Redbridge Primary Care Trust.

2.4 SALFORD – THE SURE FOOTED IN SALFORD

The *Sure Footed in Salford* pilot was developed specifically to support the implementation of Standard 6 of the National Service Framework for Older

People (DH 2001a). This requires local authorities and the NHS to work in partnership to reduce the incidence and impact of falls. Localities are encouraged to develop an integrated falls service that incorporates Primary Care Groups and Trusts, social services and housing support services. The pilot aimed to support this initiative by demonstrating how the Supporting People programme could contribute to wider health objectives.

The aims of Sure Footed in Salford were to:

- create an information sharing protocol between partner agencies that would enable data sharing and an integrated and holistic approach to ‘falls management’;
- develop a joined-up approach to falls management and the integration of falls services within Salford;
- expand the role of a Supporting People service provider to identify causes of, and factors contributing to, falls;
- prevent accidents and reduce the number of hospital admissions due to falls by trialling the use of falls detectors and bed sensors.

Description

The work of the pilot was focused on developments at both the strategic and operational levels. The aim of creating an overarching information-sharing protocol was the strategic bedrock on which an integrated falls service could be built. At an operational level the development of a Falls Service Directory and the provision of specialist training to Care on Call wardens, for example, were seen as part of the process to improve access to falls services across organisational boundaries.

The pilot chose not to have a dedicated project worker. Instead one member of the partnership led each element of the work. The improvements to the management and integration of the falls services, including the expansion of the role of the Care on Call wardens, was co-ordinated by one member of staff. At a strategic level the work was driven by the *Salford Falls Strategy and Implementation Steering Group*.

The partnership

The PCT and Council had an established history of joint commissioning and partnership working, which was particularly well developed in relation to services for older people. Forums existed through which partners could jointly plan service development and at the strategic level partners worked together in the Older People’s Partnership Board. This included the Directors of each of the major partners:

- Housing and Planning;
- Community and Social Services;
- Salford PCT;
- Age Concern; and
- Service User representatives.

2.5 THE LONDON BOROUGH OF LAMBETH AND SOUTHWARK-HOUSING SUPPORT OUTREACH AND REFERRAL FOR HARD TO REACH INDIVIDUALS LIVING WITH HIV

These London Boroughs have the highest HIV prevalence rates in the country. Figures suggest that diagnosed HIV infections amongst residents of Lambeth, Southwark and Lewisham Primary Care Trusts account for almost one in five of all diagnosed HIV infections in London (South East London Sector 2003). This pilot was designed to set up a proactive and assertive outreach service for people living with HIV who are i) homeless or at risk of homelessness⁵ and ii) who have no current or very poor access to appropriate health services.

The aims of the HIV pilot were to:

- develop an outreach service with clear eligibility criteria and referral mechanisms;
- increase contact with hard to reach users as defined by the eligibility criteria;
- increase tenancy achievement and retention for the target group;
- increase registration with, and use of, primary care services;
- improve general health amongst the target group;
- increase knowledge and satisfaction with housing and support services.

Description

The London Boroughs of Lambeth and Southwark commissioned the Terrence Higgins Trust/Lighthouse to provide the outreach service. Two workers were employed to work intensively with individuals to set up a housing tenancy and provide on-going support to ensure that the tenancy was maintained. The workers helped clients to register and engage with the full range of local

⁵ The pilot worked with rough sleepers, people living in insecure accommodation or temporary accommodation awaiting a settled home and those living in a settled home but having difficulty maintaining their tenancy.

primary, secondary and specialist health care services and ensured that they understood how these services could be accessed.

The partnership

There is a long history of partnership working in South London in the field of HIV services. The South London Partnership brought together all the PCTs (with the exception of Bromley) in south east London with 11 London Boroughs jointly to plan and commission HIV services.

The Boroughs of Southwark and Lambeth had previously collaborated in the commissioning of HIV services. This partnership comprised:

- the two Supporting People Administering Authorities from the London Boroughs of Southwark and Lambeth;
- Lambeth PCT (which commissions voluntary sector services on behalf of Southwark and Lewisham PCTs).

2.6 NORTH LINCOLNSHIRE – SPIDERS

The *SPIDERS*⁶ project was designed to help integrate the Supporting People policy framework into the planning and commissioning of health services in North Lincolnshire. A commitment to joint planning and commissioning already existed at a strategic level amongst a core group of professionals from the council and the PCT, but knowledge about the Supporting People framework had yet to reach operational staff.

The aims of SPIDERS were to:

- raise awareness of the local Supporting People programme and its relevance to the health agenda;
- encourage a longer term approach to investment in support and care;
- demonstrate how a Supporting People service can directly support health objectives.

This last aim was added some 8 months after the project began.

Description

The pilot concentrated on demonstrating the contribution that Supporting People could make to services for older people. Initial plans to employ or second a project worker were dropped after a failure to recruit. Instead, the

⁶ Supporting People Initiative to Develop and Enable Rehabilitative Support

pilot commissioned the Council's Community Investment Team (CIT) to deliver the first two aims of the pilot.

The Supporting People lead officer and the manager of the Community Investment Team spent several months meeting with health colleagues to map which meetings and decision making forums they needed to target. The Community Investment Team also began working with health colleagues to identify information sources as a means to establish a baseline from which to monitor the impact of Supporting People services and a community organisation was commissioned to produce case studies of the impact Supporting People services could have on hospital admission and discharge rates.

Despite sustained effort to raise awareness of the relationship between Supporting People services and health services the pilot decided after 8 months that this approach would not lead to lasting change. It therefore decided, in consultation with the ODPM, now DCLG, to use the remaining time to jointly commission a service that was directly intone with the PCT's commissioning priorities.

The partnership

The partnership was initially between:

- the Supporting People lead officer; and
- a senior health colleague who represented the North Lincolnshire PCT on the Supporting People Commissioning Body.

Over time the partnership was expanded to include:

- the local authority's assistant head of Adult services;
- the National Service Framework Modernisation Officer for Older People; and
- the Acute Trust's discharge manager.

CHAPTER 3

Thinking of working in partnership?

Key lessons

- Partnership working is most effective when agencies recognise the interconnectedness of their work.
- Building partnerships is difficult. Anchoring them within an existing joint relationship or service can provide a firmer foundation.
- Developing aims and objectives that complement those of each partner agency will help secure their buy-in.

Organisational and professional boundaries do not map neatly onto the nature of social problems. They may be the most effective and efficient means of delivering a core service (education, health, housing) but people's problems frequently require not only input from several sources, but co-ordinated inputs from services that complement each other, are easy to access and provide value for money.

This is particularly so in relation to services to support people with complex needs, where inputs from a variety of services is essential. For example homeless people living with HIV/AIDS often experience high levels of stress, poor physical and mental health and social isolation. Significantly, homelessness is associated with poor take up of health care. Whilst essential, health care on its own will not resolve the issue of homelessness, and support to find and maintain a tenancy will not itself ensure that the person will engage with health care services. A service that combines elements of housing support, assertive outreach and advocacy may be the most effective means of addressing this combination of needs. This was what the pilot in the Lambeth and Southwark was designed to do.

Sometimes problems emerge that require responses for which no one agency carries responsibility. No statutory agency for example holds a responsibility for sex workers. SWAN NEST provides one example from amongst the pilots of a service designed to fill a gap in existing provision.

This chapter highlights some of the triggers for thinking about working in partnership. It reviews some of the planning and the groundwork that can help lay the foundations for effective partnerships, together with some of the pitfalls.

3.1 DECIDING TO WORK IN PARTNERSHIP

The idea to work together often originates from a small group of professionals who, over time, have identified a particular problem or gap in service provision that needs to be resolved.

Sometimes there won't be a choice. Government policy can require partnership working and developments in children's and adult's social care will increasingly mean this is the case. Directors of Adults Services have a broader remit than ever before. Local Area Agreements gear thinking towards partnership working. Similarly the move towards practice based commissioning and the emphasis on developing preventative services will increasingly require PCTs to work in partnership.

Sure footed in Salford was developed in response to requirements for Local Authorities and Primary Care Trusts to work together to develop integrated falls services. This requirement formed part of the National Strategic Framework for Older People (DH 2001a). Similarly *A Place to Live* (Waltham Forest) developed as a means to implement many of the ideas contained within the Valuing People White Paper (DH 2001b).

Increasingly, agencies are working together in order to improve the effectiveness of their own service. They recognise that only by working together can they achieve their organisational objectives and targets. In other words they are developing a shared understanding of the interconnectedness of their work and that of others.

The experience of the health pilots indicates that this shared understanding is essential to the effectiveness of joint initiatives.

Box 1 Shaping a needs-led service

The *Doncaster Dual Diagnosis* pilot illustrates how services need to be shaped to reflect the complexity of people's needs. It was built on a shared perception that without stable housing and intensive support young people with dual diagnosis found it difficult to engage effectively with health services.

The pilot therefore brought together partners from the statutory mental health and drug services, housing support services and the voluntary sector. One of the voluntary sector partners described it as aiming to provide practical help to *'get a house and **then** look at their mental health. It is fundamental, if housing needs aren't addressed it is unlikely they will address mental health needs. You need to understand that for people with mental health problems everything is connected, to address mental health you have to address housing, it doesn't fit into neat boxes.'*

A partner in drug services said all partners were *'genuinely committed to wanting it to succeed because we can all see, in our separate services, the need for a Dual Diagnosis service.'*

This appreciation of the interconnectedness of people's needs may not be as clear to those less directly involved in providing services. It may be important to ensure that all staff share this understanding and appreciate the need to work in partnership with other agencies, including those in key management and supervisory positions.

3.2 GETTING 'BUY-IN' FROM THE RIGHT PEOPLE

Whatever the impetus to deciding that a partnership approach is necessary it is important to include *all* agencies or professionals who may have an important perspective or experience to contribute, or without whose 'buy-in' the project is unlikely to succeed.

These might include professionals that work in allied agencies who might refer clients to your new service or those that commission new services. It is important to consider voluntary and independent sector agencies, as well as those in the statutory sector. The so-called 'third sector' frequently has a particular track record of innovation, often makes a pivotal contribution to local services, and is a sector whose role government is looking to expand. Also relevant are social enterprise services – organisations run by, and for, people who use services (**see chapter 6**).

Involving potential partners in the planning stages sends an important signal. It fosters a sense of ownership for the initiative and begins the process of building commitment. This is a vital feature of successful joint working. Failure to involve key groups or agencies can seriously undermine a partnership. It can lead to a lack of credibility in what you are trying to achieve and can make the involvement of local 'experts' at a later date appear tokenistic.

For example, whilst the *Place to Live* (Waltham Forest) pilot emerged from discussions within a multi disciplinary group, the proposal itself was written by social care professionals with little or no involvement of community nurses. As a result the project was subsequently viewed as a social care project rather than an integrated team project. The late involvement of community nurses was viewed by some partners as tokenistic.

Getting the right people involved can also mean thinking laterally. For example, if your initiative requires different agencies to share information across organisational boundaries it might be wise to involve someone with knowledge of IT systems in your planning discussions. If you don't involve people with expert knowledge you may spend valuable time developing aims and objectives that are not only unrealistic but also unachievable. One way to identify the right people is to map potential partner agencies and key stakeholders.

Box 2 Mapping potential partners

The North Lincolnshire pilot was initially designed as a process project aimed to raise awareness amongst health professionals about the potential impact the Supporting People policy framework and services could have on health care services. As part of this work the SPIDERS pilot spent several months identifying key planning and commissioning meetings within the locality as a means to begin the process of raising awareness amongst these groups of the potential contribution *Supporting People* can make to health outcomes. They also developed a directory of *Supporting People* services which could be used by commissioners and planners as well as by local professionals wishing to contact Supporting People services.

3.3 BUILDING ON EXISTING RELATIONSHIPS

Agencies that share a history of joint working are likely to have an understanding of how each works and an appreciation of their specific expertise. One of the things likely to help establish a new partnership is therefore to anchor it within an existing joint relationship or service. The existing relationships may have led to the development of some of the structures through which the new partnership can work. More importantly, agencies who already work together successfully will have established a level of trust that is essential to joint working.

Box 3 Building on existing relationships

Sure Footed in Salford emerged against a backdrop of extensive joint working at both a strategic and operational level. This was particularly well developed in relation to services for older people.

A tradition of co-operation within and between the statutory and voluntary sector meant that forums existed at which partners could jointly plan how services were developed.

At the strategic level partners work together in the Older People's Partnership Board which included the Directors of each of the major partners including Housing and Planning, Community and Social Services, Salford PCT, Age Concern and Service User representatives.

At an operational level the relationship between the pilot (based within the Housing Department) and the Supporting People funded Care on Call service was already well developed. This relationship was fundamental to the improvements the pilot wanted to make to the co-ordination of falls services between community support services and health care services.

A well-established history of joint working can create a culture in which it is easy to introduce new partnerships. For example in some sectors, such as HIV/AIDS services in London, there is a long tradition of partnership working between the voluntary and statutory health care sector. As a result agencies and professionals

will appreciate the relevance of partnership and are unlikely to feel threatened by it. This is a fertile context in which to begin discussions about a new service. Where it does not exist, then different strategies are required.

3.4 DEVELOPING NEW RELATIONSHIPS FROM SCRATCH

Building new working relationships between agencies and professionals takes time and can be fraught with difficulties. The challenges inherent in establishing a new partnership can be magnified when relationships have to be developed from scratch over a relatively short period of time.

In these instances it is important to capitalise on any knowledge or resources that might smooth the way. What 'soft' knowledge might your organisation have about potential partner agencies? Are there staff who may have previously worked there? What can you find out about the agencies from public documents and the experience of colleagues? Having a good understanding of the aims and objectives of a potential partner will provide a sound basis for initial discussions.

Inevitably you will have to spend time together discussing the proposal. At this point it may be worthwhile involving people who have experience of joint working in other fields who can act as a 'joint working' enthusiast. They might be able to facilitate discussions about developing the partnership. Alternatively you could approach staff employed on a joint basis to act as a conduit between your agency and your potential partner. Such joint appointments are common between PCTs and local authorities.

If you do have to establish a partnership from scratch, the most important message is to allow sufficient time to do so. Time may be short, but the early stages of involvement and discussion represent an important 'invest to save' strategy. They set the tone for the future and you skip it at your peril.

3.5 SECURING BUY-IN

Joint working involves the commitment of considerable amounts of time and energy. Given these costs agencies are unlikely to take part in a joint initiative for purely altruistic reasons.

Having identified all potential partners it is important that you ensure that each one understands and appreciates why it is important. Having done so it is then important to create a 'win-win' situation in which the potential benefits of participation outweigh the costs of partnership working. One way to do this is to translate the general understanding of why agencies need to work together into aims and objectives that complement those of each partner agencies.

Box 4 Developing complementary aims and objectives

Over several years members of the existing SWAN partnership had identified the absence of suitable housing opportunities as a 'missing link' in terms of being able to provide sex workers an exit from the industry. The pilot's central aim to provide supported housing to this group was based on this shared recognition.

The aims of the pilot were developed in such a way that they complemented those of each partner. As a representative of the PCT put it '*you have to think how it will help partners achieve their aims and objectives, you have to work that out and convince them and then make sure it delivers for them.*'

The development of the SWAN NEST helped each of the partner agencies address the needs of their specific organisation and as a result the initiative was based on a high level of commitment.

The pilot, for example addressed the PCT's aim of improving access to health services amongst marginalized groups and helped Maple Access Partnership achieve its objective of providing easily accessible GP services to 'chaotic' drug users, including sex workers. It also helped the specialist housing agency, CAN, achieve one of its aims which was to target homeless women who didn't have access to drug and alcohol services. Finally, although not formally part of the initiative, the aims supported those of the local Supporting People team to address homelessness amongst a marginalized group, prevent rough sleeping and promote independence.

The experience of the health pilots reinforces this message. Where partnership aims and objectives were unclear or seen to be tangential to core business, there was a tendency for busy professionals to prioritise other activities.

The experience of the SPIDERS pilot illustrates this point. Whilst the pilot was initially focused on raising awareness about the linkages between Supporting People services and health targets, as a means to encourage investment in housing support, health colleagues did not see the immediate relevance of this approach. However, having refocused the aims towards jointly commissioning a service to illustrate this relationship health partners immediately saw the relevance to their core business. This is why it is important to involve representatives from as many of your partners as possible in setting up working arrangements and agreeing aims and objectives.

It is also important to make sure that the aims of the new service are based on identified need. The ON-Track pilot for example, was perceived as a positive response to problems identified by professionals working directly with young people, rather than a service initiated at a strategic level. The pilot was based on a shared perception that without a dedicated dual diagnosis service young people with mental health and substance misuse problems in Doncaster were falling through the net. Partners also considered stable housing and intensive

support essential in order to engage young people with dual diagnosis in relevant services. The aims of pilot were therefore designed to address this need by providing a housing related support service that would help young people to engage with appropriate health services.

3.6 AGREEING OUTPUTS AND OUTCOMES

One of the key tasks facing any partnership in its early stages is to translate broad aims into discrete, measurable goals and find ways of assessing the influence of the service, as distinct from other factors, on those goals.

It is very likely that the task of translating broad aims into measurable objectives will involve a scaling down of original aims. For example, whilst a tenancy support service set up to improve the mental health of young people might aim to reduce suicide, this outcome would be difficult to measure. It is difficult to demonstrate an impact on relatively low frequency and often 'hidden' events. It is therefore important to translate the broad aims into a range of proxy indicators. For those at risk of suicide these might be engagement with services, compliance with medication, and maintaining a tenancy, once achieved.

Developing outputs and outcomes is an important part of building the foundations of a successful partnership and requires all partners to be involved in the process.

3.7 WHERE TO LOCATE THE SERVICE?

Some decisions are best taken very early on in the development of a service in order to ensure effective, efficient and timely delivery. Deciding where to locate a service is one such decision. This will involve weighing up the benefits of basing the service in the statutory or voluntary sector and whether or not it should be based in an existing service or as an independent entity.

Basing a new service in the statutory sector can often appear to be the most straight forward decision. The statutory sector provides an 'off the shelf' financial and management structure in which to embed the service. It provides project workers access to statutory employment conditions as well as to training programmes. Additionally employees in the statutory sector may be able to access information systems and client records in a straightforward manner.

The experience of the Health pilots suggest that basing services in the voluntary sector can also bring a number of important benefits. First, the involvement of the voluntary sector can bring additional credibility to the new service, particularly if it is a nationally recognised voluntary agency, like the British Red Cross, or if it has a good local reputation. Secondly, location in the voluntary sector can allow one access to networks and to expertise that exists outside of

the statutory sector. Thirdly, the development of new services in the voluntary sector can also provide powerful models of innovative service provision.

Sometimes, location outside of the statutory sector is critical to their success. For example, some people may find it easier to engage with a service (and remain engaged) chiefly because it is based in the voluntary sector. Some people find voluntary sector services more accessible because they are not based around statutory professions such as social workers, whom they distrust. Others need the enhanced flexibility and responsiveness that they perceive in the voluntary sector.

Box 5 The advantages of a voluntary sector location

The decision to commission the Terrence Higgins Trust/Lighthouse to provide the outreach support service in the London Boroughs of Lambeth and Southwark appears to have been significant to the pilots' success. Not only did Terrence Higgins Trust have credibility amongst service users but they also had established links with statutory health services (within the acute and community sectors) as well as an extensive network of voluntary organisations.

The outreach service was therefore able to capitalise on these links and key individuals into a range of additional services such as the community transport service, furniture projects and food supplies. Undoubtedly these additional contacts helped people to maintain their independence.

The outreach workers worked intensively with people, and the absence of fixed expectations of what their involvement should entail was credited with their very flexible style of support (in contrast to a 'fixed menu' of statutory services) which focused on what individuals wanted to address as a means of living independently.

3.8 CLARIFYING ROLES AND RESPONSIBILITIES

Having established the aims and objectives of the initiative and decided where to locate the service it is important to clarify the roles and responsibilities of each partner. This process involves acknowledging the purpose of each agency's involvement and establishing which of your partners are leading on each specific element of work. For example which agency is going to act as the host to the new service or which agency is going to lead the work on developing important protocols such as data sharing protocols? Without clearly establishing the roles and responsibilities of each agency it is likely that specific pieces of work will slip.

As part of this process it is also important to clarify how the new service will complement existing services. This will ensure that there are no duplications in effort as well as no gaps in provision. This process was relatively straightforward for the SWAN NEST pilot where the interface between the tenancy support worker and other partners were clearly ascribed. As a result the pilot understood at what point the case worker would refer clients to other members of the broader SWAN partnership.

Early stages – good practice points

- Joint working is an activity prescribed by central government as a means to achieve a wide range of objectives. Increasingly however, agencies choose to work in partnership as a means to achieve their own organisations objectives.
- Joint working can be an effective approach to supporting vulnerable people with complex needs. It is an approach that is most successful when it is applied to every stage of the process, from planning a new service to the eventual provision of that service.
- Early involvement of all potential partners helps to build a sense of commitment and ownership amongst partners, helps ensure that all perspectives are reflected and that realistic and achievable aims and objectives are developed.
- An inclusive style is essential from the outset. Although the idea for the venture may have come from discussions amongst a small group it is important to broaden out these discussions as soon as possible to include key people and agencies that may be affected by the work. One way to do this is to map the agencies that work in the area.
- Joint working is often difficult. It therefore makes sense to capitalise on any existing joint working relationships that may form the basis of the new venture.
- If there is no history of inter-agency or intra-agency working it can be helpful to use joint training as a means to raise awareness and understanding about why joint working is necessary and what each others roles and responsibilities are.
- The development of complementary aims and objectives helps to build a sense of commitment and ownership amongst partners. Without this commitment partners might find it easy to walk away if the challenges of working together appear to outweigh the benefits.
- Try to create a ‘win win’ situation in which the aims and objectives of the partnership complement those of your partner agencies. However make sure that your aims and objectives are clear and realistic.
- Decide where to place the new service. There are undoubted benefits to basing a new service within the statutory sector. However increasingly the voluntary sector can provide the flexibility that services need to be effective. They also have extensive networks with other voluntary agencies which can help support individuals and provide a sense of ‘value added’ to the partnership.
- Clarifying the roles and responsibilities of each partner is an important part of the initial discussions and should help you establish which agency is leading on all aspects of your work. This process will also help you identify how the new service will complement existing services.

The experience of people who used Health Pilot services – case study 1, the Place to live, Health and Supporting People Pilot

Clare, 46, was referred by her elderly father with whom she used to live. When first interviewed she was staying in a respite home waiting to be allocated a new flat. She described how the pilot worker had been to see her on a number of times to discuss her housing options and that she was looking forward to living independently, as she used to argue with her parents when she was living at home.

At the time of her second interview she had been sharing a flat for five months. She said that she felt '*more settled here*' and '*not so agitated*' as she used to. The pilot worker had talked to her about the type of support she wanted to receive as a means to live independently and she was now receiving visits from support workers three days a week.

Overall she was satisfied with the arrangements. Clare was also in regular contact with her GP, a psychiatrist and the family planning clinic. She was also attending Maths and English classes with the aim of finding part-time employment. At the final interview Clare was still living in her flat and engaging with services.

CHAPTER 4

Establishing good foundations

Key lessons

- Clear and effective governance arrangements are the bedrock of successful partnership working.
- Steering groups can provide invaluable advice and support but to maximise their effectiveness they need to have a clear remit and include representatives with sufficient authority to resolve difficulties.

We concluded the last chapter by signalling the importance of ‘thinking ahead’ and taking certain key decisions early on in the development of a jointly provided service. This chapter is concerned with a series of decisions that need to be taken about the new service’s management, governance and infrastructure.

4.1 ENSURING CLEAR AND EFFECTIVE GOVERNANCE

Governance and accountability have particular resonance in partnership working. Whilst agencies and individuals are constantly urged to work collaboratively it is often unclear where accountability lies.

What is obvious is that effective joint working needs clear arrangements in respect of governance and management responsibility. Both are essential in ensuring that the joint working to which partners aspire is delivered, works and works well.

Early on in a project, it is important that partners discuss what it is they are seeking to deliver, how they anticipate it will be delivered, where will the resources come from, who will manage whom, who can make what decisions, and where will accountability for the service lie. The agreements reached should then be ‘tested to destruction’ before implementation. In other words, having mapped out the who, what, when and where of service management and governance, it is worth troubleshooting all the things that could (and probably will) go wrong. This may highlight improvements that can be made, or simply the need to have problem-solving mechanisms in place.

Box 6 Developing transparent governance and managerial arrangements

The governance arrangements for the Lambeth and Southwark pilot were potentially very complex involving two Supporting People administering authorities and the PCT. However from the outset the arrangements were clearly articulated and worked effectively. Ultimate accountability for the pilot rested with the Supporting People commissioning structures within the London Borough of Southwark – the lead commissioning authority for the pilot.

The pilot's progress was also reported to significant committees within the strategic partnership as a way of ensuring that partner agencies were kept aware of key issues and could support the pilot appropriately. For example oral reports were regularly made to the Supporting People Commissioning Body within the London Borough of Lambeth as well as to the PCT commissioning body.

Additionally the operational manager of the pilot reported to the relevant manager within Terrence Higgins Trust/Lighthouse. This ensured that the host organisation was fully informed of how the pilot was progressing and ensured that had specific problems arisen, for example personnel issues, these could be addressed appropriately within the employing agency.

One of the things that such 'testing' does, is highlight the importance of identifying someone with ultimate accountability for the venture (see Box 6).

The question of governance becomes more complex when the initiative involves co-ordinating a range of different developments, which may have been delegated to a number of agencies. In these circumstances it is essential that someone 'holds the ring' in order for the different developments to be co-ordinated successfully. Decisions need to be taken regarding where management and accountability are best located.

It may appear wise to make inter-agency partnerships accountable to committees that are themselves 'joint' but this can diffuse responsibility. For example, the North Lincolnshire pilot chose to report progress to the Housing Sub Groups of the National Service Framework Older Peoples Local Implementation Team (LIT). This multi-agency group – which had been created to drive a specific government initiative – began to meet less frequently than originally anticipated and over time its focus became less clear. As a result the governance arrangements weakened noticeably and the group was unable to offer the support the pilot required.

A better alternative might be to ensure that complex joint initiatives are accountable to one organisation acting on behalf of all of the agency partners. In this way, individual elements of work can be mandated to specific organisations with clear lines of internal and cross agency accountability.

4.2 LOCATING MANAGEMENT RESPONSIBILITY

Whether developing a service or an initiative that involves co-ordinating a number of developments delegated to different agencies it is important to determine who will assume overall managerial responsibility. Locating management responsibility with one agency ensures that staff and commissioners are clear about who is responsible for day-to-day delivery, bringing difficulties to the attention of the relevant committee and addressing performance issues.

Having established the governance and managerial arrangements for your new service it is worthwhile formally recording it and distributing this information widely.

4.3 SETTING UP A STEERING GROUP

Having established to whom your partnership will be held accountable it is important to ensure that the service has access to appropriate advice and support. Usually this support is provided by a steering or advisory group made up of key stakeholders and representatives from partner agencies. These groups provide a crucial link between operational and strategic level working — essential for successful joint working.

The effectiveness of a steering groups depends on a range of issues, these include: the size and make-up of the group; whether members of the group have sufficient authority to resolve problems as they arise, and how meetings are managed.

How many people?

There can be a difficult balancing act between involving too many people and ending up with an unwieldy steering group, and not involving sufficient people for it to be useful. For example, it might be politically important to involve a representative of each partner agency. This can foster commitment and ensure that all perspectives are considered, but it might mean the group is too large to function effectively. One alternative might be to restrict membership to the key strategic partners but ensure that minutes of the meetings are circulated to other agencies to ensure that they are kept informed of developments. If this strategy is adopted the group can always invite agencies to attend meetings if there were specific questions to resolve, and agencies can have a standing invitation to raise things with the steering group.

Who to send?

It is unlikely that senior officers can be members of each and every steering group they are invited to attend. It is therefore important that they delegate this

responsibility wisely. To have credibility amongst partners an agency must send someone who either has sufficient authority themselves to make key decisions or has access to strategic officers to resolve any issues that they are asked to address within their own organisation. Also, sending a relatively junior member of staff to the steering group may raise questions about the commitment of that agency to the partnership.

How to manage the business?

Management of the steering group will determine its effectiveness. Again there is a balancing act. One can run the group very formally– and run the risk of the group becoming too rigid and inflexible – or take an informal and laissez-faire approach, which will probably leave people lacking a sense of direction. The most effective approach is one that provides both structure and opportunity for group members to feel able to raise issues and make a contribution. Terms of reference can help clarify the purpose of the group and any expectations that membership might bring. The development of a ‘standard agenda’ can bring structure to meetings, ensuring that all aspects of the partnership are discussed regularly. Recording the minutes or key decisions of the meeting provides a record which can be circulated to wider partners as a means to keep them informed of developments. Finally it is important to ensure that the steering groups meet regularly enough to be of use but not so often that it places undue burdens on busy partners. Meetings also need to be planned well in advance in order to maximise attendance.

4.4 USING AN EXISTING ADVISORY GROUP

Sometimes it may be possible to use an established forum which all of your partners attend. This option is most likely when the new initiative builds on an existing service or relationship.

If you decide to use an existing forum as your steering group it may be wise to formally discuss the new initiative as a standing agenda item. In some circumstances it may be appropriate for an existing group to close the business of one meeting and ‘reconvene’ as the advisory group for the next. This way a discrete audit trail can be easily maintained, and the need for a longer meeting or a different arrangement can be identified and addressed.

The decision to use an existing forum may not always prove effective and needs to be monitored closely. Using an existing steering group can mean that the initiative does not get the attention it requires because it is pitched against other equally pressing agenda items. An initiative that involves a number of different pieces of work being carried out by a range of organisations is a contraindication for a ‘bolt-on’ approach. Such initiatives require a dedicated steering group.

Box 7 Steering Groups

Initially it had been intended to set up a specific steering group to support the SWAN NEST pilot. However because its membership would duplicate that of the existing SWAN Partnership Steering group it was felt inappropriate. Progress reports were therefore made to the existing group, which met bi-monthly and comprised of senior representatives from the main partner agencies: the PCT, CAN, Maple Access, the police and the probation service.

The Partnership Steering Group was widely regarded as being an effective forum at which to discuss strategic and operational concerns. For example, the group considered the review of the crisis bed and supported the changes proposed. Meetings were well attended and minutes were always circulated to members.

Membership of the group was also considered to be an essential mechanism to ensure that partner agencies remained committed to and engaged with the pilot as well as the overall SWAN programme.

4.5 THE ROLE OF STEERING GROUPS

Steering groups usually provide the forum in which operational problems can be identified and addressed and strategic discussions take place. They therefore provide an important link between operational practice and the strategic management of a service. Steering groups usually take the lead in reviewing progress, monitoring the aims, objectives and outcomes of the venture.

Inevitably the focus of steering group meetings change over time. In the initial phase groups need to attend to a range of operational issues such as recruitment, training, and the development of policies and procedures. In this phase they may need to meet quite frequently. As work progresses the group may not need to meet so often, as its function changes towards a more supportive one, overseeing the progress of the service and providing solutions to problems that may emerge e.g. the need to formalise the process of information sharing between agencies.

A key role of the steering group is to monitor and report on the effectiveness of the service. It needs therefore to take regular progress reports, and make adjustments to the service where necessary (**see chapter 5**)

If the service is experimental, then once it appears to have reached a steady state the steering group needs to consider whether it should be mainstreamed, and if so, how? For example at Doncaster members of the steering group became involved in wider discussions about the development of a dual diagnosis service that would incorporate the pilot service as part of a care pathway approach.

Establishing good foundations – good practice points

- Make sure governance processes are clearly noted and understood by all partner agencies. Establishing these processes is important because it clarifies what will happen if problems arise.
- It is important to identify where overall managerial responsibility is located. This will help ensure the partnership is accountable.
- Set up a steering group or identify an existing forum as a means to provide support and advice to the venture. Make sure the membership of this group is appropriate and has sufficient authority to work effectively.
- Ensure that partners understand the purpose of the steering group – possibly develop terms of reference. Remember a lot depends on this group.
- Always assume that partner agencies are busy: agree the dates for steering group meetings well in advance, ensure meetings are well managed and circulate minutes to all members irrespective of whether they attended.
- Review the governance processes to ensure they are appropriate and if necessary revise them.
- After several months review how the steering group is working – you may need to expand the membership of the group or reduce the frequency of the meetings.

The experience of people who used Health Pilot services – case study 2, Sure Footed in Salford

Dorothy, 74, was interviewed on three occasions in her home. Over the course of these visits she described that she had been suffering from panic attacks and as a result had become increasingly house bound.

As Dorothy became more frail a number of adaptations and falls prevention devices were provided to enable her to stay at home. For example a bathing hoist had been fitted and a fixed alarm installed. She had also been provided with a portable alarm. Care-on-Call visited her weekly to check how she was doing and she also had regular visits from a district nurse and a psychologist.

Despite reservations about having to wear a portable alarm Dorothy appreciated its usefulness and at the last interview reported that her panic attacks had been increasing in frequency and that she had used her alarm on several occasions.

CHAPTER 5

Setting up a new service

Key lessons

- Establishing policies and procedures in a consensual and inclusive manner helps to build a sense of ownership and commitment towards the new service.
- It is important to spend time ensuring that partner agencies and the general public are aware of the new service.
- Resist the temptation to over complicate the management arrangements for project workers. However ensure they have access to general managerial support as well as specialist supervision if appropriate.
- Set up monitoring process from the outset and make sure these are capable of capturing process and outcome data.

Having laid the foundations on which the service will be built partners must attend to developing the nuts and bolts of the new service.

5.1 DEVELOPING POLICIES AND PROCEDURES

All services need basic policies and procedures in place to guide their work. These need to be in place *before* a new service is launched so that the service can begin to accept service users immediately. The process of developing policies and procedures provides another opportunity to build a sense of ownership across the partnership. This clearly happened in Doncaster and meant that there was a smooth transfer into service provision. As one partner commented,

'we had time to discuss these processes and discuss them with agencies and develop them, it is building on others' good practice'.

Trust interviewee On-Track

Service specific policies and procedures

In order to develop relevant and effective policies and procedures it helps to think about how the person using the service will experience them from the point of referral through to closure, where appropriate. This will help identify all the necessary policies, which will probably include: eligibility criteria, referral processes (self-referral information if appropriate); initial assessment frameworks, reviews and referral forms to other services. Discussing the detail of each policy will help identify good practice within the partnership which can be incorporated and this can go a long way to fostering 'ownership' of policies.

There may be policies and procedures already in place that can be adopted or adapted. There is little point spending valuable time reinventing the wheel and sometimes tight timescales do not afford the opportunity to take a more considered, consensual and inclusive approach. When this is not possible it is important to provide opportunities to review and adapt them at a later stages in the light of partners' experience.

Box 8 Developing policies and procedures

Before the support workers were in post the Terrence Higgins Trust/Lighthouse developed a service manual containing all of the policies and procedures that would underpin the new service. The manager of the pilot developed referral mechanisms, an initial assessment form and support plan and a client complaints policy and procedure. Where possible, existing Lighthouse policies were used or adapted.

As a result of this ground work the new service was able to accept referrals almost as soon as the support workers were in post. At a later date several policies, including the staff safety policy, were reviewed in the light of the pilots experience.

Broader policies

It is also important to consider broader policies. For example how will agencies and professionals share information? What support and training will staff need? Is there a need to establish a lone working policy and safe working practices? How will occupational health issues be addressed? How will workload be monitored? What will happen about out-of-hours cover, or when someone is on leave or off sick? How will performance issues be addressed? In some circumstances there will be agency policies that cover some of these. In others, they will need special deliberation. Either way, they need to be considered and appropriate policies identified.

5.2 GETTING STARTED

Having established basic service policies staff working in partner agencies need to be made aware of them.

Informing potential referrers

One approach is for a member of the steering group (or the new service) to attend team meetings to introduce the service and explain the eligibility criteria and referral processes. These visits help to foster relationships between partner agencies and provide an opportunity to dispel any concerns they might have about the new service.

Sending out information about the new service to all the key agencies is an alternative. In reality, a combination of the two approaches is most likely to be

effective. If people can self refer it is important to make sure that information about the service is displayed where potential service users might see it.

Public events

One way of letting professionals and the general public know about a new service is to launch it at a public event. This can be a very powerful tool. Again it is important to ensure that no one feels left out, so make sure that invitations go to senior managers and professionals working in the statutory and non statutory sectors, and to service users as well as local dignitaries. Getting coverage in the local press also helps. Such public events can help secure the commitment of senior officers as well as helping to raise awareness of the service amongst operational staff and people who use services.

Box 9 A public launch

The Waltham Forest pilot chose to launch '*A Place to Live*' shortly after the pilot began. Over 100 people, including services users, carers and professionals, attended an event at which the project worker explained the aims and objectives of the service.

This event was thought to have been very important in raising awareness about supported housing and was instrumental in the process of beginning to identify the housing needs of people with learning disabilities.

5.3 THE ROLE OF CHAMPIONS

Publicity alone is unlikely to be sufficient to launch a new service. Most new initiatives benefit from having a champion. This is usually a relatively senior professional with access to strategic decision-making forums as well as good operational knowledge.

Champions will use their networks to ensure that the service is integrated into key forums. In Waltham Forest the local Supporting People lead officer acted as an effective champion. She attended strategic meetings at which senior professionals from both health and social care were present, bringing an excellent understanding of the relationship between housing support and health amongst vulnerable people. She was therefore a powerful advocate of the work of the pilot and what it had to offer.

What champion?

Having the right champion in the right place can be important. If the new service is based in the housing sector and aims to support service users to access health care, then it may be wise to involve a champion from health. A 'health' champion who understands the impact that housing support can have on health outcomes will provide an effective bridge between the service and strategic groups such as

health commissioners. In Doncaster this role was taken on by a representative of the Community Mental Health Team (CMHT). He appreciated the importance of stable housing as a prerequisite to addressing mental health problems. Not only did he act as the link between the pilot and strategic health forums but he also had links with a range of community health and social care services and used these networks to ensure familiarity and use of the new service.

Champions often prove helpful for other reasons. Their connections with a range of statutory and non statutory service can be used to resolve problems within the partnership. Their links with key strategic partners may help them broker solutions even when problems lie outside of the core partnership.

If no obvious champion exists it may be worth thinking laterally. For example staff working in joint appointments between statutory agencies might be willing to champion services that link up their employing agencies. Both Salford and North Lincolnshire pilots were able to involve strategic and operational staff who worked in joint appointments to good effect.

More than one

Relying on one individual to champion a new service is never wise. They may leave. It is therefore worth developing a style that encourages other partners to act as 'champions' within their own network. For example the project workers may attend local professional forums and could use these opportunities to raise awareness of the new service. The willingness of partners to take on this 'dissemination' can undoubtedly help the new service to become accepted amongst a wide range of local professionals.

5.4 THE MANAGEMENT OF PROJECT WORKERS

Managerial arrangements in collaborative services can often be complex. The evidence suggests that keeping management simple is the best strategy. The Supporting People health pilots highlight lessons about the management of project workers, particularly in new services set up to work across organisational boundaries.

Employed by whom?

The first key decision is who should employ the project workers and where should they be based? It may seem a good idea to strengthen the partnership by seconding or employing project workers in partner agencies but this rationale can mask complexities in managerial arrangements that can impact on project workers. For example a PCT employee seconded to work in a voluntary sector service will be managed on a day-to-day basis within the voluntary agency. Any personnel issues would, however, need to be addressed by the PCT. Such an arrangement might not appear to be too much of a burden with small problems that can be

resolved relatively quickly. It does, however, present more serious challenges about the management of issues such as work performance or health and safety.

Too many cooks?

There can also be a tendency in partnership working for different agencies to want to be involved in the management of project workers. This is usually to ensure they have specialist advice and consider all perspectives e.g. social as well as medical. It can, however, cause problems.

At the SWAN NEST pilot the project worker (who was employed by the housing association) was managed by the area manager. However, because the PCT oversaw the SWAN programme the PCT co-ordinator also retained an overview of her work. This arrangement caused some confusion, not least for the worker. It also involved the managers having regular catch up sessions to make sure they were providing consistent advice and support. Not surprisingly this approach proved untenable and after consideration the area manager for the housing association assumed total managerial responsibility for the worker.

Being clear about the role of management and the distinct role of professional advisers can help minimise such confusion.

5.5 PROVIDING SPECIALIST SUPERVISION

Specialist supervision can be particularly important for workers who are working with people with complex needs and chaotic life styles. In these instances staff often work intensively with individuals in order to link them into a variety of general and specialist services. Not only does this require them to have detailed knowledge of a range of services it also requires them to have an understanding of how best to support individual clients. The provision of specialist supervision can help ensure that the practice of individual workers is safe as well as providing them with time to 'off load' and reflect on the difficult nature of the work they are doing.

Before providing this support it is worth discussing with the individual project worker what type of supervision they would find helpful. They might already have a good understanding of housing support but feel they would benefit from advice from a mental health practitioner. If so, it is then worth approaching the mental health partners to ask if they will make this available. They will know the aims and objectives of the service and the complexity of cases with which the worker is involved. Consequently they should be well placed to provide appropriate support. Doing so may also strengthen the ties within the partnership.

This approach was adopted by several of the Supporting People health pilots. In Doncaster for example one of the project workers received specialist supervision from a drug agency working with the pilot. In Northampton the tenancy support worker received specialist supervision from the housing agency for whom she

worked however this was supplemented with additional supervision provided by the PCT.

5.6 THE PROVISION OF TRAINING

To work effectively across organisational boundaries project workers require a broad range of skills and knowledge. The project workers in Southwark and Lambeth needed knowledge of housing law and welfare benefits, knowledge of community and acute health services and specialist HIV/AIDS services.

Rarely does one individual have such an extensive range of knowledge. It is therefore important to clarify with the worker what training they have received in the past and what training they would like to receive as preparation for their new role. Again the partner agencies may themselves be able to offer specialist training. The Doncaster project workers received specific training on harm minimisation from PCT colleagues. This was seen as instrumental in ensuring that the workers provided appropriate support to individual service users.

Short 'secondments' of project workers to a partner agency during their induction period is another way of bridging gaps in knowledge or skills. For example the Northampton pilot decided that the tenancy support worker should spend time working with the specialist housing association as a means to get some experience of general tenancy support work.

5.7 THE IMPORTANCE OF MONITORING

It may be obvious to say that monitoring the progress of a service is important but it is an activity that service providers defer or under invest in.

It is important to establish ways to capture two very different streams of data. The first relates to monitoring the process of joint working. The second stream of data relates to the outcome of the service.

Monitoring the process

This includes monitoring the number and nature of referrals made to the service, whether or not these meet the eligibility criteria of the service, and whether or not the supporting process is working as intended. Such monitoring can help a new service identify whether or not all partner agencies understand the basic aims of the service as well as the policies and procedures on which it is founded. If it appears that individual agencies are consistently referring the 'wrong' type of person it would be worthwhile revisiting agencies to reaffirm eligibility criteria and referral processes. Monitoring these 'process' issues might highlight considerable unmet need for the service which might lead you to review its eligibility.

Monitoring outcomes

Monitoring outcomes is an inherently difficult process, particularly when more than one agency is involved in the provision of support. As indicated earlier, the partnership will need to translate broad aims into discrete, measurable goals. It is unlikely that new services can generate evidence that outcomes are directly and solely attributable to their work. However it is important to gather information about the likely contribution of the pilot, and the most sensible sources of such evidence are those that receive the service and those who work in the service.

It might be possible to establish ways of collecting time-series data to demonstrate the impact of a service. However this can be difficult because it involves setting up the systems to capture these data over time and across organisational boundaries. This is inherently difficult. It might be possible, however, manually to track people after the support provided by the service has ended, particularly if they move on to long-term services. However this can be difficult if it requires other agencies to collect additional data that has little relevance to their own organisation. It is therefore important, from the outset, to agree with services exactly what information you require them to record and if necessary to provide some support, for example a basic database or manual file in which to record the data in an agreed format.

Box 10 Monitoring the impact – Doncaster's approach

Over the course of the 2 years this service received referrals from 13 statutory and non-statutory agencies in Doncaster. Originally they anticipated that these would mostly come from health and social care agencies however the monitoring data revealed that they received significant numbers of referrals from a range of criminal justice agencies.

The pilot monitored the nature of referrals and the outcome of their intervention. Since the inception of the service they had received 66 referrals, 31 of which they accepted as meeting the criteria for the service. 85% (23) of the people using their service were male. Monitoring the nature of referrals resulted in visits to agencies to remind them of the eligibility criteria. This resulted in the identification of considerable need for the service amongst the over 25s, particularly young men, who were currently ineligible for the service.

The pilot also developed a 3 month tracking process through which they could monitor how young people progressed once they had been referred to a long-term support service. Did they sustain their tenancies? Did they continue to attend specialist drug and mental health services? The tracking process was only partially successful because it relied on information from those agencies providing long-term support, many of whom who were unable or unwilling to provide it.

5.8 MANAGING THE DEMANDS PLACED ON NEW SERVICES

One of the challenges facing a new service is coping with high levels of demand. When introducing a service it is sensible to try to 'manage expectations', but early success can lead to higher than expected referral rates, particularly from agencies who see the new service as a means of dealing with particularly challenging clients.

Whilst welcome as a demonstration of the demand for the service these place heavy pressures on staff. These pressures can be particularly acute for small teams where there is little or no capacity to cover caseloads when project workers are absent.

Inevitably high levels of demand can lead to fledgling services feeling overwhelmed. In these instances new services will have to consider whether they develop a waiting list, recruit more staff (if funding is available or divertible) or revisit eligibility criteria. Opting for the first or last of these strategies may have a negative impact on the credibility of the service.

One way of pre-empting this situation is to place a strict limit on the number of clients the service will work with in the first 6 months. Once it has found its feet the service can then be reviewed and an optimum caseload size agreed in the light of experience. Although there always has to be limits, evidence about unmet need (the number of cases and the types of problems) should be gathered because it might offer lessons about how the service can be developed in the future. It is also important to provide information to those people the service is unable to support about where they can go for help and advice.

5.9 THE HIGHS AND LOWS OF PROJECT WORK

The experience of the Supporting People pilots was akin to a roller coaster ride. Highpoints included the opening of the NEST accommodation in Northampton and the availability of more supported housing in Waltham Forest. Low-points included the failure of clients to maintain engagement with services. These highs and lows are particularly acute for front line staff.

Staff who work across agency boundaries and with different groups of people need to feel they are part of a team. They need access to the types of resources that teams have: IT, desks, some quiet space. It may be particularly important for those working in very challenging arenas, such as those in some of the health pilots.

Box 11 Managing demands placed on a new service

The early days of any new service are often critical to how it is perceived by front line workers. In the early stages of work in the Lambeth and Southwark pilot staff achieved considerable success supporting clients that partner agencies had tried – unsuccessfully – to engage with in the past. As a result the pilot was overwhelmed by the number of referrals received.

The pilot had to decide how to cope with the level of demand they were facing. They had first of all to decide whether or not the service could physically deal with the high level of referrals being made. These referrals concerned people with very complex needs requiring more intensive support than was originally anticipated. Eventually in the second year the pilot decided to close its books to new referrals as an interim measure to deal with this high level of demand.

They also had to decide how to provide cover when one of the two front line workers went on leave. As one partner commented *'if things go wrong in a small team what message is given if someone isn't there for them at a crucial time?'* Consequently the workers decided that they would complete initial visits jointly so that each knew each others' clients and were able to cover when the need arose. Additionally the project manager was involved in front line work and could cover a case if necessary.

This was seen as an interim measure. A more sustainable solution needed to be found if the project was to continue.

Seconding staff into existing services can raise problems with regard to project workers sharing office space and resources. This may, in turn, impact on whether or not they feel they are part of a team. It is therefore important to review how staff are experiencing their new jobs. Project staff who feel that they are supported, have access to appropriate resources and have a sense of belonging are more likely to be able to withstand the highs and lows of project work. Indeed it was noticeable that project workers talked about the support they received from other team members, and how this was valued.

Setting up a new service – good practice points

- Before launching a service make sure that all of the necessary policies and procedures are in place and that they are known to all of your current and potential partners.
- Spend time visiting potential referral agencies to introduce the service and begin making links. If service users can refer themselves make sure that details of the service are publicised in appropriate places.
- The management of project workers working across organisational boundaries can often be complex. However the experience of the health pilots suggests that it is important to keep managerial arrangements as simple as possible.
- Establish monitoring systems at the outset. These should cover process and outcomes. Discuss these with commissioners at an early stage to ensure that they are relevant to THEIR needs. Establish regular monitoring reports. Don't leave it until the end.
- Always anticipate how you will deal with high levels of referrals. Consider limiting the number of people you support over the first 6 months and review this in the light of your experience.
- Give due thought to the kinds of resources that staff will need, including supervision and training, as well as concrete resources such as a desk, access to relevant IT etc.

The experience of people who used Health Pilot services – case study 3, On-Track

Bryan, 25 years old, suffers from paranoid schizophrenia. He was referred to the pilot by his community psychiatric nurse when he was approaching the end of his stay in a probation hostel. When he was first interviewed he had been receiving help from the pilot for four months and had been helped to find a one bedroom flat. He described how his project worker provided intensive support (every other day by phone or home visit) in relation to his crack cocaine and heroin addiction as well as his mental health. He was also receiving additional medical/mental health services from his GP, psychiatrist, CPN, and drug addiction worker. He said that the pilot *'has done a great job,'* helping him to stay away from drugs, crime and address his mental health problems.

Six months later Bryan was still living in his flat. Although the support from the pilot had come to an end he was still regularly attending mental health services as well as the local drug addiction service. He reflected on the pilot's work saying that *'yes, I am pleased with what they did for me; they've helped me to stay off drugs, they gave me a new meaning to my life, have helped me to get a flat, and provided support with my mental health issues'.*

CHAPTER 6

Maintaining effective partnerships

Key lessons

- Successful joint working requires that strong and effective links are forged and maintained between the strategic and operational levels.
- Review the health of your partnership and address any difficulties you identify. An appreciation of the pressures faced by partners will help you resolve difficulties constructively.
- Sharing information is often identified as a key difficulty in joint working. Ensure that you have appropriate policies and procedures in place and make sure that all staff are aware of their importance to the smooth running of the partnership.
- Having initiated the service, attention needs to be given to reinforcing positive beginnings and maintaining effective partnerships.

Previous research suggests that successful partnerships are those that are effective at both a strategic and an operational level.

6.1 LINKING UP STRATEGIC AND OPERATIONAL LEVEL WORKING

Although ‘buy-in’ at both strategic and operational levels is necessary for effective joint working, it is not sufficient. Strong links are needed *between* the two levels. There are a range of different strategies to assist this co-ordination of effort.

In most cases the steering group can provide this link. With senior representatives from all partner agencies and representation from the new service, the steering group can become the forum at which operational problems can be discussed and solutions identified.

In some circumstances, however, individuals will provide the bridge between operational and strategic levels of working. They can act as the link between the partnership and key decision making forums that they attend. Arrangements that depend on individuals are, however, more vulnerable to staff changes than those residing in formally constituted groups.

6.2 WORKING WITH PARTNERS AT A STRATEGIC LEVEL

Initial enthusiasm and commitment can wane for a variety of reasons. It is therefore important to keep the ‘health of the partnership’ under review. Are those at a strategic level still actively involved? Do they have the capacity to make the contribution the service needs? Are they being pulled away by competing demands? As well as remaining alert for the warning signs that all is not well, it is also important to take steps to keep the partnerships working effectively.

Strategies for monitoring and maintaining the health of a partnership at the strategic level can include:

- (i) Scheduling an annual or six monthly review. This can help surface difficulties that might otherwise appear too late to be easily resolved.
- (ii) Auditing attendance at Steering Groups. We may all miss one meeting, but missing two or three consecutive meetings may be symptomatic of a difficulty. Similarly, delegating responsibility to a junior officer who is not able to commit resources or take decisions creates problems and the underlying reasons need to be investigated.
- (iii) Taking a proactive approach to emerging problems. Even if there are understandable reasons behind these patterns it is important to find a way forward. Without the active involvement of strategic partners the steering group will become less effective and may lose credibility amongst operational staff who begin to lose heart in the ‘strategic importance of the venture’.
- (iv) Organise an occasional ‘refresh’ of the partnership by bringing together strategic and operational staff to discuss the venture, raise concerns and celebrate successes.
- (v) Find ways of recognising people’s contribution and reinforcing the importance of the service. This might be done in a number of ways: through a public event aimed at informing a wider audience about the service and its successes; by a well-placed article describing the service and acknowledging the contribution of each partner agency.
- (vi) Find ways of ensuring that each agency understands the pressures faced by partners, particularly at an operational level. Without an appreciation of the other agendas that partner agencies are working to it is difficult to respond appropriately to their needs (**see Box 12**). This is particularly important because it might help explain why representatives aren’t able to attend steering group meetings or why agencies might be having difficulties sharing data.

If a partner decides they no longer want to be involved the Steering Group will need to review the implication of this decision for the partnership and act accordingly. Finding a replacement partner will be possible in some circumstances and not in others. It may have no impact on the partnership at all, it may require minor adjustments to be made, or it may require a complete revision of the service's aims and objectives.

Box 12 Reasons why strategic involvement might wane

In Doncaster the re-organisation of the local borough council resulted in representatives from the housing department having to reduce their involvement over a short period of time.

At North Lincolnshire and Doncaster the implementation of *Agenda for Change* within the NHS and reorganisation of local health services had an impact on the strategic contribution health partners were able to make to partnerships during this time.

Changes in personnel amongst strategic partners at Waltham Forest, Salford, Doncaster and North Lincolnshire reduced their involvement.

6.3 WORKING WITH PARTNERS AT AN OPERATIONAL LEVEL

An early 'health check' of how the partnership is working at the operational level is equally important. Strategies for monitoring the effectiveness of the partnership at this level might include:

- (i)** Review whether the roles and responsibilities agreed for partner agencies during the early stages of the venture are, in fact, 'fit for purpose'. In the light of experience important adjustments might need to be made. These are best picked up quickly.
- (ii)** A regular review of monitoring data may suggest that an agency doesn't understand the eligibility criteria for the service, that they don't fully understand its aims, or that there are gaps in the knowledge and skills of key people. Information, training, or an opportunity to meet with project workers provides a range of ways of addressing the problems that might emerge from an analysis of monitoring data.
- (iii)** Reviewing what people who use services say about their experience of the service. This may form part of the data collected for routine monitoring. If not, then it is important that their views are regularly sought, as well as those of other key stakeholders.
- (iv)** Managers can make sure that people understand the pressures faced by other agencies at an operational level. Without it, partner agencies are unlikely to respond appropriately to others' needs. Operational pressures

might explain why representatives aren't able to attend steering group meetings or why agencies have not been referring clients to the service.

The strategies for maintaining the effectiveness of a partnership at a strategic level will also apply at the operational level. Indeed, one of the benefits of actions taken to reinforce the 'value added' of joint ventures is that they often provide an important bridge between the two. Otherwise, careful attention to policies, good supervision and managers who are careful to pick up and report (or resolve) difficulties as they arise, make the major contribution to healthy partnerships at the operational level.

Box 13 Reasons why difficulties working together at an operational level arise

At Waltham Forest and North Lincolnshire the pilots identified a lack of appreciation of the need for the service and/or a lack of understanding about the processes underpinning the endeavour.

Changes in key operational staff or staff shortages in partner agencies at Doncaster and Salford slowed down progress.

The unexpected reorganisation of local services at Doncaster and Northampton limited the extent of partnership work for a short period.

6.4 THE IMPORTANCE OF EFFECTIVE COMMUNICATION

Effective communication is the bedrock of successful joint working.

'communication is key, you have to inform people to make sure they have ownership and feel committed to the pilot. Keeping people on track with the aims and objectives.'

PCT interviewee SWAN NEST

Key ingredients of an effective communication include:

- (i) *Steering group meeting minutes.* These provide the most obvious channel for communication between the strategic and operational levels of the partnership. This is a particularly effective means of communication when meetings are held regularly and detailed progress reports are produced promptly (not one week before the next meeting). It keeps those who have missed a meeting 'in the loop'.
- (ii) *Informal channels of communication.* These are the means whereby strategic partners can communicate quickly. Ways of facilitating information communication include setting up an email group or having a website on which important information can be posted. The North Lincolnshire project chose to supplement its regular steering committee

meetings with a 'virtual steering group' (via email) during a particularly intensive period of partnerships working.

- (iii) *Establishing information sharing procedures.* Being able to cross refer people who use services or pass on information about them in a timely fashion is critical to effective partnership working. Agreeing specific ground rules or policies can help facilitate information exchange between partners. A 'consent to exchange information' form is another way of negotiating what might otherwise be obstacles to information exchange. Here, the person using services is asked to sign a form agreeing to the service contacting specific agencies as a means to seek or share appropriate information. Questions about data protection and confidentiality should be addressed in the development of the such strategies, and the information about the protocol should be widely disseminated. This will address the questions and concerns that operational staff will undoubtedly have.

- (iv) *Using specific policies or 'professional concerns'* Where agreement about data sharing is problematic, some people 'call-in' the leverage offered by child protection or 'vulnerable adults' policies. These should be a strategy of last resort. To rely on them devalues their currency and introduces inter-professional pressure which is antithetical to the ethos of joint working.

Box 14 Developing a range of communication strategies

Communication between partners was a particular strength of the SWAN NEST pilot. At a strategic level not only did senior representatives of partner agencies meet at the partnership steering group but they were also in regular telephone and email contact. The co-ordinator of the SWAN programme and the area manager of CAN, with responsibility for the NEST, also reported having frequent telephone 'catch up' sessions.

Weekly case review meetings were held at the operational level. These were attended by all SWAN programme workers and were open to partner agencies. In practice, only the police liaison officer attended on a regular basis. These meetings were used to discuss individual cases, ensure that relevant information was shared appropriately and consider how agencies could work together most effectively to support the women concerned. The meetings were seen as crucial to maintaining open lines of communications, particularly when there were disagreements about how best to support individual women.

The success of this pilot depended on agencies being willing to share sensitive information in a timely fashion. A 'release of information form' was used to facilitate this, which each woman entering the NEST was asked to sign. The majority of partner agencies were satisfied with this arrangement, though staff working in one agency insisted on speaking with individual women to confirm that they had signed the 'release of information form' of which they had a copy.

6.5 DEVELOPING CAPACITY AMONGST PARTNER AGENCIES

Whilst those closely involved with a partnership understand and appreciate the aims and objectives of the new service, this may not be the case for those working in allied services on which the success of the joint service depends. The experience of the pilots illustrate this.

In four of the six Supporting People health pilots workers reported limited understanding of the relationship between housing and health amongst staff working in housing services. This is not surprising given the high rates of staff turnover in these departments and the pressures that staff working in these units often face. The pilots provided these staff with an opportunity to receive training about the housing and support needs of vulnerable people, with very positive results.

In Waltham Forest the project worker found that people with learning disabilities were extremely frustrated about the lack of understanding of their housing rights amongst housing staff. The pilot in Doncaster highlighted a lack of understanding about mental health and drug issues amongst housing staff. This led to young people with Dual Diagnosis being offered unsuitable accommodation. In both instances the projects provided specific training sessions as a means to address these problems. In each case this resulted in improved working relationships and improved the support provided to specific individuals.

Box 15 Bridging the divide

In some instances the partnership may explicitly set out with the aim of improving the capacity of particular groups of workers to work across organisational boundaries. One of the aims of the Salford pilot was to improve the functioning of the integrated falls service at the operational level through the provision of specialist training to staff working in a Supporting People Community Alarm service. The training was part of the process to improve access to falls services across organisational boundaries.

The training sessions for Care on Call staff were organised by the Falls Strategy Development and Implementation Manager and provided by colleagues from the PCT and the Royal Hospital Trust. The sessions focused on improving their understanding of falls prevention and ensuring they were able to make fast track referrals to the appropriate services. The training included sessions from an occupational therapist, a podiatrist and a clinical psychologist on subjects such as risk assessment in the home, fear of falling, and how to use the Falls Risk Assessment Tool. The pilot developed a protocol to ensure that all Care on Call staff recorded falls and were able to refer customers who had fallen to appropriate services.

6.6 WORKING IN PARTNERSHIP WITH PEOPLE WHO USE SERVICES

The process of joint working is typically thought of in relation to how different agencies or professionals work together. To maximise the relevance and effectiveness of any service it is important that what a service provides reflects what people who (may) use services say they need. Whenever possible this means involving people in the development of services and in designing and monitoring their delivery. It is not mere consultation.

The method of involvement must be appropriate and sensitive to the needs of the particular groups of people who use the service. There are several issues that need to be considered.

- (i) Where appropriate, use existing forums to which people using services already contribute. The Sure Footed in Salford pilot ensured that early discussions about the pilot were held with the Older Peoples Partnership Board and the Older People's Think Tank. User contribution to these forums was 'real' rather than 'tokenistic' and the project was a natural development of other initiatives that the forums were concerned with.
- (ii) Where no existing forums exist, or where they are considered 'consultation' shops (i.e. there is little relationships between the consultation and the services subsequently developed) it will be necessary to establish a means of involving relevant groups. There are numerous guides to doing this, and a range of user and carer groups that are also willing to assist. Asking what other agencies – including those in the partnership – have found effective is an obvious avenue to explore.
- (iii) Rarely is it impossible to involve people who use services in the design and development, and this assumption should be challenged if it emerges. If the time and resource constraints are such that meaningful involvement appears unrealistic then their involvement in the monitoring and review of the service becomes especially critical. *How* one involves people using services will depend on a number of things, not least of all what they themselves say is effective – and manageable – for them. Consultation groups, user surveys, web-sites are all possibilities. Some people have particular communication needs which will need to be considered in planning how to involve them. It is all too easy to leave out those who require translators (including, for example, Makaton)

Box 16 Involving service users

The involvement of service users was an important feature of the On-Track pilot in Doncaster and regarded by all partners as a major strength of their work. From the outset a representative of INVOLVE, Doncaster Mind's mental health service user involvement project, was involved in discussions about the pilot and became a member of the steering group. The representative described how *'from day 1 INVOLVE were part of it, not an add on to do a service user evaluation, we had shared ownership.'*

Findings emerging from the service user evaluation were regularly reported at the steering group and informed the subsequent development of the pilot. For example the evaluation highlighted that service users were unsure what would happen at the end of the period of intensive support from the pilot. As a result it was agreed that project workers would specify at the outset that service users would be referred from the pilot to a long-term support.

6.7 PROFESSIONAL DIFFERENCES AND STEREOTYPES

Professional differences and stereotypes frequently undermine joint working. These can arise from a lack of appreciation about the roles and responsibilities of others; doubts about the professionalism of certain groups or agencies, a lack of experience of working with different professions or a belief that partnership working threatens professional or organisational autonomy.

These factors can mean that colleagues are unlikely to refer clients appropriately, will be reluctant to share information or to accept the assessment of others. Difficulties may be particularly acute when agencies have not previously worked together and do not share a common philosophy or language.

Such difficulties emerged within the Supporting People health pilots. Several of the pilots had initial difficulties working with probation as well as with housing services. In others, concerns about information sharing emerged, particularly between statutory and voluntary agencies.

Sometimes professional differences exist amongst colleagues working within the same organisation. The experience of the Waltham Forest pilot demonstrates that joint working between social workers and nurses based within the same integrated team can be problematic. In this instance team members were said not to share the same understanding of the aims of the pilot, nor were social workers and community nurses thought to share the same view about what

constituted a 'health need' and a 'social need'. Consequently there was no shared appreciation of the relationship between housing and health, which was the fundamental principle behind the pilot. This resulted in a lack of referrals from social workers to the community nurses to undertake the Individual Health Action Plan assessments which formed a central part of the pilots work.

These professional differences were compounded by the fact that the different professional groups that made up the team were based in separate buildings with little opportunity for informal and formal meetings. In the event the pilot organised some training to improve understanding of the aims and objectives of the pilot, as well as to develop a shared understanding of the relationship between housing and well-being.

These professional differences are not restricted to relationships between statutory sector workers. Several of the project workers based in the voluntary sector commented that statutory sector staff sometimes viewed their involvement rather patronisingly, for example referring to them as 'do gooders.' This lack of appreciation of their contribution may have contributed to the difficulties that arose in sharing information between agencies, with some statutory sector partners not understanding that voluntary sector agencies are bound by the same understanding of confidentiality.

These problems were usually resolved by managers meeting to discuss and agree local information sharing protocols. Additionally when the support workers at Doncaster were challenged by NHS staff about whether or not they could access NHS information the workers emphasised their status as NHS employees, seconded to the voluntary sector, as a means to confirm their 'professionalism' and therefore their appreciation of confidentiality.

6.9 POSTSCRIPT ON INFORMATION SHARING

Much of the government's 'joined-up' agenda is predicated on the assumption that agencies are willing and able to share data. The experience of the health pilots illustrates that at the present time this is not always the case. Not only do some agencies appear sceptical about the merits of sharing information with professionals working in different sectors but even if they are willing to do so the infra structure that enables this to happen is not always available.

Indeed the experience of the pilots suggests that partnerships need to be more realistic when attempting to integrate data collection and analysis at both a strategic and operational level. It also suggests that statutory agencies must share the same basic aim of wanting to integrate information systems and this can be costly and time consuming.

6.10 EVOLVING THE PARTNERSHIP

Just like any other partnership those involved in joint working will find that the nature and membership of the partnership will change and adapt during the life of the initiative.

The need for new skills may be identified e.g. high numbers of problems regarding the electronic transfer of information between partners might signal the need to formally involve someone with IT experience. Referrals from new sources might suggest that new partners should be incorporated, or at least brought into the information network.

Developments may indicate that the partnership needs to invest time developing links with new agencies. Having reviewed referral data at Doncaster the pilot invested time visiting new referral agencies within the criminal justice service to ensure that they fully understood the aims and objectives, and policies and procedures of the service.

Box 17 Strengthening the partnership

The SWAN NEST pilot actively sought to develop its links with PCT and hospital based providers. They spent time meeting with new health providers including a second general practitioner service, a dental practice and a mental health outreach service as a means to discuss the particular health needs of sex workers. They chose to do so in order to broaden the number of agencies they were able to refer women to therefore increasing the range of health services that this marginalized group could access.

The SWAN NEST pilot also spent time providing training to various organisations so that they better understood the complex needs of sex workers. The caseworker provided training to a variety of professionals including midwives. This training will contribute to a strengthening and widening of the partnership.

Maintaining effective partnerships – good practice points

- Once the service has reached a steady state it is important to review the health of the partnerships at both a strategic and operational level. Don't forget all partnerships need nurturing!
- Regular review can enable the partnership to keep pace with changes in the environment and also might enable other partnerships/activities to emerge and develop. Remember it is important that the process of partnership working as well as the project becomes embedded in the system of services.
- As part of this review it might be worthwhile planning some refresher events to ensure staff are familiar with the policies and procedures of the service. You may need to provide training as a means to overcome local difficulties.
- Good communication lies at the heart of successful joint working so make sure that you develop both formal and informal communication channels. Don't rely on formal channels such as the steering group; consider using newsletters or websites to communicate with all referral agencies.
- Make sure you have established the means by which to share information at a strategic and operational level.
- Ensure that there are plenty of opportunities for operational staff to meet together both formally and informally. Regular face to face contact and discussion of procedures can help to breakdown professional misunderstandings and create an appreciation of the values of colleagues working in partner agencies. Initial joint meetings could focus on establishing the ground rules for the new service, including the question of confidentiality and information sharing.
- If you continue to develop your partnership make sure you spend time ensuring that new partners understand existing policies and procedures.

The experience of people who used Health Pilot services – case study 4, SWAN NEST

Judy, was referred to the NEST by her probation worker whilst in prison. Before going to prison Judy had been living in a council flat which had previously been used as a crack house and was located in the red light area. Although she had asked to be re-housed this hadn't happened and out of desperation she left the flat and began living rough until she was arrested for shop lifting.

Judy has manic depression and described how the pilot had *'helped me get back into the medical system, I am now seeing a psychiatrist and a CPN and I start a detox programme soon. They have supported me to do that. They have got me a dentist and an optician's appointment and the long term accommodation'* (the NEST).

Judy said that the tenancy support worker *'was not stuck up or bossy, they don't treat you like an imbecile, they don't do everything for you which is good, they sorted out my appointments and I've been to see the psychiatrist.'*

She went on to say that *'I hope to be living in normal accommodation and working authentically again and not using any drugs.'*

CHAPTER 7

Joint working – mainstreaming new services

Key lessons

- Consideration of mainstreaming pilot projects needs to begin sooner rather than later.
- Identify key commissioning groups and commissioning cycles.
- Ensure that your monitoring systems provide the type of information and data that commissioners want.
- Make sure that your partnership is abreast of national and local policy developments so that your service can inform local discussions about new developments in your service area.

As was the case with the Health Pilots, jointly planned and delivered services often begin life as projects. Having set up a new service it is never too early to begin to consider how – if the service is successful – it can be developed and mainstreamed. This is particularly important when the project has been funded by a specific, short-term funding initiative.

Earlier chapters have discussed the importance of collecting appropriate evidence about the process and outcomes of the services. This chapter assumes that the service establishes itself as necessary and effective.

7.1 KEEPING COMMISSIONERS INFORMED

Mainstreaming a service will almost inevitably need the support of local commissioners. The most effective strategy in securing their support is to keep them involved from the outset. There are a number of different ways of doing this.

- (i) One mechanism is to invite representatives from your local commissioning bodies to become members of your steering group with an explicit brief to offer advice about how to mainstream a service from the outset. Given the competing demands faced by commissioners this strategy might not be particularly realistic.
- (ii) Alternatively, regular reports to partnership boards or specific committee meetings provide another way of keeping key players informed. The maxim ‘short and to the point’ is probably the key to reports being read

by busy people. Make sure the headline messages are at the top. It might be appropriate to circulate minutes – if these are themselves short and to the point, but long sets of minutes are likely to have the opposite effect to the one intended.

- (ii)** Ensure that information is presented in a format that informs local commissioning decisions. This might involve asking their specific advice on what information they require – specific activity information or evidence of impact.
- (iii)** Carefully planned meetings at key stages, planned well in advance and with a clear agenda, will be effective in some circumstances. Use the champions wherever possible.

7.2 IDENTIFY LOCAL OPPORTUNITIES

Ensure that the steering group is informed about national policy developments as well as local developments. This provides them with a means to identify whether or not your service can potentially contribute to these, thereby drawing on available sources of longer-term funding.

Wider policy initiatives also provide a means of demonstrating to potential commissioners the possible contribution the service could make to other concerns that fall within their remit.

In Salford the experiences of the pilot had a positive influence on the trend towards developing health services in the community and also informed the development of the Older People's Housing Strategy, specifically the development of Telecare services and the implementation of the Assistive Technologies Grant. In Doncaster wider discussions about the development of a local dual diagnosis strategy led to the pilot service becoming incorporated into the strategy.

7.3 CHANGES TO SERVICES BEFORE MAINSTREAMING

Before your service is mainstreamed it might be worth thinking about how the service needs to be developed in the light of your experience. For example, do you need to review your existing eligibility criteria? Several pilots began to think about what alterations they might need to make in order to keep their service relevant to local needs. Age criteria and referral mechanisms, for example, may need to alter if the service is to be adapted to meet different policy concerns or the service may need to expand to deal with the levels of demand. Alternatively the amount of managerial support might need to be increased in recognition of the support required to co-ordinate a service that crosses organisational boundaries.

7.4 UNANTICIPATED OUTCOMES

Joint working initiatives often result in a number of unanticipated outcomes. It is always important to note these and think through whether or not they mark important lessons about how the service could be developed in the future or whether they suggest that other services should be developed.

For example your work might have established links with sectors that you didn't originally anticipate but might prove fruitful as a further commissioning strategy. Several of the Health Pilots (Doncaster; Northampton and Lambeth and Southwark) worked closely with criminal justice services and supported people who were being released from custody into the community. This information could be important in terms of thinking about how the service can be developed.

Often initiatives provide transferable lessons to other localities or services. For example the Council for Addiction in Northampton (CAN) was commissioned to set up a similar service to the NEST in a local town. Waltham Forest were planning to roll out their work to young people with learning difficulties who are leaving care. In Lambeth and Southwark the Supporting People commissioners used the pilot to bench mark all their existing housing support services for people with HIV/AIDS and decided to develop similar types of outreach services for other client groups.

7.5 THE ROLE OF SUPPORTING PEOPLE

Whilst many professionals working for local authorities understand Supporting People all of the pilots experienced some difficulties explaining the potential impact that Supporting People services can make to the local health agenda.

To overcome this difficulty one pilot moved away from talking explicitly about Supporting People and instead refers to concrete examples of the type of service that could benefit health partners, for example enhancing the role of wardens in sheltered housing in order to reduce the incidence of falls.

Several pilots have found that local discussions about the impact Supporting People can have on the health agenda are undermined by the apparent lack of 'joined-up-ness' of policies at a national and local level. For example whilst there might be a willingness to upgrade sheltered housing to meet the needs of frail elderly people, who are at risk of falling, there might be insufficient money to fund the necessary adaptations or environmental improvements, such as repairs to footpaths.

Mainstreaming projects – good practice points

- Don't leave it till the end to initiate discussions with potential commissioners. From day 1 ensure that you have established the channels through which to inform commissioners of your progress.
- Take note of the dates of commissioning meetings so that you can present your business case on time and find out exactly what type of data commissioners require about your service to inform their decisions about future funding.
- Make sure that the partnership is aware of wider discussions about service development within your locality and get involved in these if it appears that your initiative could be involved.
- Consider ways of refining your service to meet any new agenda emerging. For example does your eligibility criteria need widening, can the expertise you have developed be focused on a specific new group of service users that local commissioners want to set up services for.
- Review monitoring data it may offer clues about how your service can be developed further.
- Publicise unanticipated positive outcomes. The 'value added' from partnership working is particularly important in a context of financial restraint and helps demonstrate the importance of this approach.

The experience of people who used Health Pilot services – case study 5, Housing Support and Outreach and Referral for hard-to-reach individuals living with HIV

Ryan, 43, suffered from depression and social phobia. He found out about the pilot through a friend and referred himself. When first interviewed he had been receiving support for a period of nine months. He described his worker as instrumental in addressing a range of practical and medical issues. *'When I was first referred, I had not washed for a long time'* he noted. He described how the pilot had supported him to register with a GP, and he had also been referred to a dietician, a dentist, a psychologist, a physiotherapy (for his leg and hip), and has had his eyes tested.

Southwark building services had been contacted by the project workers to make the necessary repairs and adaptations to his flat, and he had also been provided with taxi vouchers as a means to encourage him to get out and about. Ryan was also receiving support from a 'buddy' (through THT), and had food delivered to his home by the charity, Food Chain. Most importantly he had made contact with his HIV clinic, having in the past failed to attend appointments. He described how *'someone is keeping me on track with my appointments'* and as a result he had started regularly taking his HIV medication.

CHAPTER 8

Thinking of jointly commissioning services?

Key lessons

- It is important for commissioners to establish why joint commissioning is necessary and what it can contribute to shared priorities.
- Commissioners should ensure that the services they commission have established effective governance arrangements.
- Developing services that cross organisational boundaries is complex. Commissioners should make certain that providers have considered a range of issues, these include: how cover will be provided when staff go on leave or are ill, whether or not information sharing protocols exist and if the organisation has the infra-structure and capacity to monitor activity.

Commissioning is a strategic activity that encompasses: needs assessment and identification of gaps, the development of a strategy to address needs, the purchasing of new services, the setting up and management of contracts with providers and carrying out strategic reviews of contracts.

At the heart of effective commissioning lies a transparent and open process that partner agencies, provider organisations and service users have confidence in. The experiences of the Health Pilots offer some lessons about how jointly commissioned services can enable vulnerable people to live independently whilst improving their health care.

8.1 WHY COMMISSION IN PARTNERSHIP?

In many cases the reasons why commissioners should work together are laid out in government policy. For example the National Service Framework for Older People requires Primary Care Groups and Trusts, Social Services and Housing to work in partnership as a means to develop an integrated falls service.

This example is relatively straightforward. It is less clear to some health commissioners how Supporting People services can help deliver health targets, such as how housing support services may contribute to a reduction in hospital admissions for specific groups of people.

It is also clear that all commissioners, whether they are Supporting People or PCT commissioners, are faced with unprecedented demands to develop new

services to meet the needs of vulnerable groups. In these circumstances it is increasingly important that they understand the value of working together, and find ways of doing so efficiently.

Although many developments will be mandated or suggested as top down developments, some will come from practitioners and managers working on the front line. They are often well-attuned to how different ways of working might add value and remove the obstacles that organisational boundaries often put in the way of people accessing the help they need. The idea to set up the young persons Dual Diagnosis service in Doncaster came from professionals working in local services who identified a gap in existing services. Without a dedicated service these young people were falling through the net, being passed from youth to adult services and between drug and mental health services. Professionals working on the ground considered stable housing and intensive support essential in order to engage young people with dual diagnosis in relevant services.

Having mechanisms to capture and respond constructively to proposals from the field is important to potential commissioners of services, whether jointly or singly.

8.2 INTERCONNECTEDNESS – DEVELOPING A WIN-WIN

Effective joint commissioning is only likely to occur when all parties see the benefit. The ability to develop ‘win-win’ arrangements is therefore essential. You need to be able to demonstrate how services will help different statutory agencies achieve their own aims and meet their own performance targets, whether internally or externally set.

In some instances these linkages are obvious. In South London there is a history of local authorities and PCTs working together to jointly commission health as well as social care services for people living with HIV/AIDS. The decision by the London Boroughs of Southwark and Lambeth to jointly commission a housing related service, in consultation with the local PCT, builds on this history and was widely considered an appropriate strategy to provide effective support to homeless people who were currently not receiving health or social care services. The pilot complemented the PCT’s aim of improving access to specialist health services amongst a marginalized group and addressed the overarching aims of the Supporting People authorities to reduce homelessness and support vulnerable groups to live independently.

However these linkages are not always obvious and may require some initial ground work.

Box 18 The difficulties of demonstrating a 'win win'

The North Lincolnshire SPIDERS pilot aimed to demonstrate the contribution that Supporting People could make to services for older people. The pilot originated from discussions between the Supporting People lead officer and a senior health colleague who represented the North Lincolnshire PCT on the Supporting People Commissioning Body. They hoped that by raising awareness of the links between Supporting People and the health agenda that Health Commissioners would invest in Supporting People services. However after 8 months spent trying to raise awareness the lead officers concluded that without tangible outcomes the pilot was unlikely to achieve this aim.

In consultation with the ODPM, now DCLG, the pilot decided to use the remaining funds to jointly commission a service that was directly in tune with the PCT's commissioning priorities. A Home from Hospital service was identified as an effective means to demonstrate the impact a Supporting People service could have on a health priority. The Home from Hospital service not only met the PCT's and local authority's aim of promoting independence amongst older people, it contributed to the Acute Trust's aims of supporting safer hospital discharges and reducing delayed transfers and inappropriate hospital readmissions. The decision also underlined the Supporting People's team's aim of managing the market and developing new providers.

The Supporting People lead officer observed *'It is about the realisation of shared priorities, for example around performance indicators, how we can do it together, what we can do in Supporting People that can help the PCT rather than sitting in our own organisations, our own silos, we can help with each others priorities.'*

8.3 THE PROCESS OF JOINT COMMISSIONING

Joint commissioning will inevitably take longer than anticipated. For example the detail of contracts will have to be scrutinised and agreed by officers working in each commissioning body. The experience of the London Boroughs of Southwark and Lambeth who jointly commissioned a housing support service raised questions about how the detail of the commissioning process should be handled, for example should they issue concurrent contracts or a sole contract and develop a service level agreement between the boroughs.

The process also led Supporting People officers at both Boroughs to consider specific issues such as how they might apportion administrative costs and how they would manage performance issues in a consistent manner.

The process of joint commissioning between Supporting People administering authorities and the PCT also highlighted the potential tension between the importance of sub-regional commissioning within local authorities and the move to local commissioning within health care.

8.4 ESTABLISHING EFFECTIVE GOVERNANCE ARRANGEMENTS

The experiences of the health pilots illustrate the importance of new services having clear and effective governance arrangements from the outset. These not only help a new service resolve any difficulties they encounter, they ensure that the service is delivered successfully. It is therefore important for commissioners to ensure such arrangements are in place.

Effective governance processes also mean that a service is aware of any changes in the wider local context that may have an impact on its development.

Services based within one organisation

As discussed earlier, it is often easier to establish governance processes for joint services based within one organisation. This is because in most instances there is an operational manager who takes responsibility for the day to day management of the service and in turn an executive officer has ultimate accountability for the service. For example the co-ordinator of the SWAN NEST pilot reported to the existing SWAN Partnership Steering Group which comprised senior representatives from the main partner agencies. Additionally because the PCT held the contract for the pilot with the ODPM, now DCLG, the Assistant Director for Public Health reported progress to the PCT board. Ultimately the service was accountable to the PCT.

Complex initiatives

Establishing effective governance arrangements for initiatives that are multi-faceted and involve a large number of agencies completing specific pieces of work is far more difficult. For example whilst the governance arrangements for *Sure Footed in Salford* were clear, they were in fact only partially successful. This was because the complexity of the pilot meant that much of its work was the responsibility of different groups of officers working in different organisations, each with their own internal lines of accountability. There was no one officer or organisation that had the authority to ensure that other agencies completed the work that they had agreed to undertake.

This difficulty is not unique to the Salford pilot. Indeed it reflects the complexity of much of the whole systems reforms that local authorities and their PCT partners are required to implement.

When considering developments that involve agencies taking on specific elements of work as part of a much bigger development, commissioning bodies should try to ensure that accountability is located in one organisation acting on behalf of all partners. In this way, individual elements of work can be mandated to specific organisations with clear lines of internal and cross agency accountability.

8.5 GETTING THE RESOURCING RIGHT

When commissioning a new service both commissioners and providers need to be clear about the resources required to set it up. Both need to be reasonable about the cost of establishing a new service. The process of setting up the health pilots draws attention to some of the hidden costs associated with this process. For example, it is easy to under-estimate the amount of managerial support a new service may require. These costs are often born by the host agency in the short term, thinking that the amount of managerial support required will reduce over time as initial set-up problems are resolved. It might therefore be wise to consider providing some pump priming funding for managerial support even if this tapers off once the service reaches a steady state.

However the presumption that the need for managerial support will reduce over time is not always the case. Partnership working often requires more, rather than less, managerial input. It is therefore wise for commissioners to check that the budget includes funding for the provision of adequate managerial support.

There are also additional costs associated with setting up services that cross organisational boundaries. Several of the health pilots had to provide additional training to new workers in order to ensure they had the range of knowledge and/or skills required to do the job.

Several of the pilots also had to provide specialist supervision to project workers. This was not always anticipated. Whilst it is unrealistic to expect commissioners to fund these activities it is reasonable for commissioners to ask the partnership how they intend to support these activities if they prove necessary. In most instances partners will be able to provide these services in kind, however if they expect payment this needs to be identified.

8.6 ENSURING REALISTIC TIME SCALES

Commissioning a new service also requires commissioners and providers to be realistic about the time it will take to set up a new service and what that service can reasonably expect to achieve in its early days.

For example, it can be helpful to develop the policies and procedures that underpin a new service collaboratively, but this takes time. In some instances commissioners may themselves value this process and recognise its importance as a means to cement a new partnership. They may therefore consider providing some funding to enable this process to take place prior to launching the service. Alternatively commissioners could suggest that the partnership adapts existing policies and procedures and review these at a later date in the light of experience.

New services such as those set up by the health pilots can struggle to cope with the high levels of demand for the service. It is helpful if commissioners confirm

whether the service has planned how it will deal with this. Will they restrict the number of clients to be accepted into the service in the first few months? Will they be able to increase this as the service gets into its stride? Insofar as commissioners base their commissioning plans on needs analysis that they themselves may have conducted, they may need their own contingency plans for addressing unanticipated need.

8.7 MANAGING RISK

One of the key lessons of the Health Pilots is that the best laid plans can be thrown off course by events outside of the partnership's control. It is important when commissioning a new service to ensure that the main partners have undertaken an analysis of risks and, where appropriate, identified strategies to mitigate these.

An obvious risk to new services is the time it can take to recruit appropriately trained staff. Several of the pilots initially considered seconding or employing staff to carry out the work. In one instance they were unable to do so and had to commission consultants to undertake some elements of the work. At another site the plan to recruit support staff took much longer than initially intended.

Sometimes there are risks related to agencies who might be unwilling or unable to deliver what they said they would. The SWAN NEST pilot planned for a local housing association to provide the NEST accommodation with CAN, the specialist housing agency, providing support to the tenants. Early on the housing association concluded that they did not have a suitable property. Fortunately CAN, the specialist housing agency had recently increased their own housing stock and were able to offer the use of one of their own properties. These difficulties resulted in a delay in the opening of the supported accommodation.

Another example of a risk inherent in small services is the difficulties they may face in providing cover when workers go on leave, or are ill. Several of the pilots had to rely on partner agencies to provide out-of-hours cover and none had considered how they would cover long term leave. In the event pilots were able to second people to cover maternity leave or sickness absence but this inevitably left a gap in service provision for a short time.

One of the 'risks' that providers need to anticipate and deal with are the unrealistic expectations of commissioners about what can be achieved when working with people who are particularly vulnerable, have chaotic lives which pose challenges to service providers and where the chances of sustained positive outcomes are relatively small. As projects set up to develop innovative ways of working across organisational boundaries the health pilots were in a relatively protected position. As one partner at the SWAN NEST pilot commented

'we never deluded ourselves that this was an easy group to work with. People don't understand how difficult a job it is just to get women to a position of

wanting to exit (the sex industry) it is a very long haul, getting other organisations to understand the complexity and the time that it will take.'

However in the process of seeking mainstream funding projects such as these will have to address the potentially idealistic expectations of commissioners.

8.8 THE IMPORTANCE OF MONITORING

Commissioning briefs should include the expectation that new service providers will provide data that can be used to assess the progress and effectiveness of commissioned services. Without these data, commissioners cannot make informed decisions about future funding.

Good practice dictates that commissioners provide guidance on what information is needed, the format in which it is required. Because they are usually working to very tight budgets, good practice also dictates that commissioners allow for the cost of collecting the data they require and providing appropriate analysis and reports.

A service that has been commissioned by a combination of different agencies will have to demonstrate Value for Money to different sets of commissioners. The Supporting People Quality Assessment Framework provides a good starting point, but this may need to be supplemented with Performance Indicators from key partners, particularly health partners.

Box 19 Developing effective monitoring systems

The London Boroughs of Southwark and Lambeth's pilot aimed to monitor all aspects of the 'Housing Support Outreach and Referral for hard-to-reach individuals living with HIV' service.

From the outset the lead officer for the administering authority ensured that the operational procedures, including monitoring requirements, complied with existing quality assessment frameworks. Indeed the contract required the pilot to monitor specified Supporting People Performance Indicators.

On the basis of these procedures the pilot was able to present detailed activity and outcome reports to the steering group. These were crucial to planning the future development of the service.

The service was also subject to a Supporting People review which allowed the team to compare the work of the pilot to that of the existing providers. The review revealed that whilst the existing accommodation based support service for people with HIV was successfully meeting the needs of a relatively stable and healthy population, it was unsuccessful at engaging with this challenging population. The pilot therefore offered a bench mark against which they could, in the future, commission HIV services.

8.9 DEVELOPING THE CAPACITY TO MONITOR

For new services, particularly those based in agencies unfamiliar with the need for strict monitoring requirements, it may be wise to think carefully about the impact this activity might have.

Most importantly does the agency have the relevant capacity to undertake it: do they have appropriate IT systems; do they have sufficient room space to keep hard copy records and most importantly do they have the people who understand the process to undertake the activity? In some instances you may therefore decide in the initial stages to introduce a 'light touch' monitoring system or you may consider providing staff training as a means to raise awareness about the need to collect this data.

8.10 ENSURING LESSONS ARE LEARNT

The experience of establishing a service that crosses organisational boundaries often highlights specific operational lessons about how agencies or different departments work together. It is important that commissioners or senior managers ensure that these lessons are taken forward and inform wider discussions.

The Waltham Forest pilot highlighted that professionals within the integrated team doubted whether there would be an adequate supply of suitable housing to allow people with learning disabilities to fulfil their wish to live independently. The lead officer ensured that the housing department was aware of this concern and as a result more housing was made available to allocate to people with learning disabilities. In effect there was a 'joining-up' of services across departmental boundaries. Similarly the success of the falls awareness training at Salford led to the PCT and hospital Trust jointly funding the development of a training pack and a DVD as a means to disseminate the training more widely including to staff working in the voluntary sector.

8.11 DATA SHARING AND IT INFORMATION MANAGEMENT

Jointly commissioning services that cross organisational boundaries relies on agencies sharing data at both the operational level, to ensure the service can function effectively and at a strategic level to demonstrate whether or not the service is having an impact on key targets. The experience of the pilots illustrate that sharing data at both levels is rather contentious as well as being difficult.

The SPIDERS pilot in North Lincolnshire for example, explored the use of health data as a means to develop a baseline from which to monitor the impact of Supporting People services on health outcomes. However they were unable to do so because health colleagues had concerns that sharing data with colleagues in the local authority might compromise the confidentiality of individual patients. As a result it might be wise if commissioners confirm whether necessary information sharing protocols/agreements are in place. If they do not

exist initial discussions amongst statutory partners could be arranged as the first stage in establishing these processes.

8.12 THE ORGANISATIONAL CONTEXT OF A SERVICE

The work of the pilots demonstrates that the success of joint working rests not only on partnerships being based on commitment and trust. It depends also on whether the service is defined by the involvement of specific professions and whether there is a history of cross agency working, including voluntary sector involvement.

Those pilots that were working in service areas where there is little or no tradition of statutory sector provision (for example with sex workers) or where the service or services have more recently developed (HIV services) appear to have less difficulty overcoming organisational or professional boundaries. Indeed these pilots appeared to be based on a profound sense of 'needing' to do something to fill a gap in provision. The HIV sector appears marked by a strong ethos of partnership working across the statutory and voluntary sectors.

The Doncaster pilot exhibited some of these characteristics, perhaps because there is a longer history of organisational integration amongst services in mental health. Similarly there is a greater degree of involvement from the voluntary sector.

In contrast, although the core partners in those pilots working in the fields of older people services and learning disabilities professed a high level of commitment to joint working, this did not appear to be embedded within the operations of the agencies.

For example although the Waltham Forest pilot was based in an integrated team they were not co-located, nor were there integrated team meetings. Social workers and community nurses did not have a shared understanding of the relationship between housing and well-being. As a result the pilot initially struggled to develop an ethos of joint working.

This example suggests that where there are existing organisational cultures that have developed over a long period of time it is more difficult to generate a joint working ethos.

Jointly commissioning services – good practice points

- Make sure that the detail of the commissioning process is transparent and widely known.
- Do not rely solely on government to establish commissioning priorities, make sure you have local forums through which practitioners and managers working in the front line can suggest new models of working that can address local difficulties.
- Ensure that commissioning partners understand the value of joint commissioning.
- Develop a checklist of questions to ask those developing services that cross organisational boundaries. This should include asking who will be ultimately accountable for the service, how they will measure the impact of the service and whether or not information sharing protocols exist?
- Make sure that the service understands the importance of monitoring and has the capacity to do so.

CHAPTER 9

Where to go next?

The Supporting People Health Pilots demonstrate how services can be developed to enable vulnerable people to live independently in the community. This good practice guide draws on their experience to illustrate how agencies and professionals can work across organisational boundaries, ensuring greater access to a wider range of health care services and improved health outcomes for particularly marginalized groups.

To find out more about the work of individual pilots please contact the pilots.

Project Title	Focus	Contact
'On Track'	Young people with dual diagnosis	Joanne Pickles jo.pickles@actionhousinguk.org 01302 815060
'SWAN NEST'	Women wanting to exit the sex trade.	Carole Jones swan@northamptonpct.nhs.uk
'Place to Live'	Supported living for people with learning disabilities	Yvonne Toms Yvonne.Toms@walthamforest.gov.uk
'Sure footed in Salford'	Integrated falls services	Julie Craik julie.craik@salford.gov.uk 0161 922 8787
'Housing Support Outreach and Referral for hard-to-reach individuals living with HIV'	Hard to reach individuals living with HIV	Andrew Loxton Andrew.Loxton@southwark.gov.uk (020 7525 294)
'SPIDERS'	Older people	Kerrie Wright Kerrie.wright@northlincs.gov.uk

For those wishing to find out more about partnership working or Supporting People, the following websites provide useful information.

The Integrated Care Network (part of the Care Services Improvement Partnership)

<http://www.integratedcarenetwork.gov.uk/>

Supporting People

<http://www.spkweb.org.uk/>

The Housing Learning and Improvement Network (part of the Care Services Improvement Partnership)

<http://www.changeagentteam.org.uk/index.cfm?pid=10>

The Commission for Social Care Inspection

<http://www.csci.org.uk/>

Care Services Improvement Partnership

<http://www.csip.org.uk/home>

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Greater London Assembly Health Committee Scrutiny into HIV/AIDS (unpublished)

APPENDIX 1

Methods and scope of the evaluation

The research method used for the evaluation of the Supporting People Health Pilots included:

- Quarterly reports submitted by each of the pilots. These reports had a standard format and serviced to collect some of the data concerning process and implementation, including issues relating to joint working at the strategic and operational levels.
- Three rounds of visits to each pilot. During these visits interviews were held with key stakeholders: project workers; managers and representatives of partner agencies. Interviews explore specific details of individual pilots as well as core themes such as: strategies for joint working, communication and governance arrangements.
- Interviews with service users. Initially we planned to conduct interviews at key points (e.g. referral and assessment, during receipt of services and, if appropriate, at termination of the service) and were successful in doing so at 2 of the 5 pilot sites that were providing a service. However for the remaining 3 pilots providing services we were not able to follow up service users and instead asked service users to reflect on their previous experience of services in light of the service they were experiencing with the pilot.
- Project workers were also asked to keep reflective diaries over the course of the pilot, in order to capture the soft experiential data that can otherwise remain hidden in evaluation. Themes emerging from these diaries were incorporated in the more formal elements of the evaluation as well as instructing the 'developmental' role of the evaluation.
- Three programme workshops were held over the course of the evaluation. Although these were primarily intended to allow the pilots themselves to update each other on their progress and to share experience they also offered an opportunity for the evaluation team to test out good practice themes as they emerged from the more formal elements of the research.

APPENDIX 2

Details of the aims, objectives and outcomes of the Health Pilots

Table 1: 'On Track'

Aims	Objectives	Outcomes
<p>To provide an early intervention floating support service to young people with mental health and substance misuse needs.</p>	<p>To map the existing Dual Diagnosis client group.</p>	<p>A total of 31 young people aged between 16 and 25 met the criteria for the service. A further 76 were identified who met the clinical criteria but were over the age of 26.</p>
	<p>Ensure service users maintained contact and engagement with the pilot service.</p>	<p>Service users maintained high levels of engagement. 20 completed the programme, 3 ended early because of custodial sentences, 2 did not engage effectively and 3 ended their involvement early with no reason given. The remaining 3 remain engaged with the service.</p>
	<p>Increase the numbers of clients with co morbidity accessing substance misuse service and mental health services.</p>	<p>31 young people were supported, of whom 6 were referred to the Community Mental Health Team (CMHT), 8 to Drugs Services and 3 Alcohol services. Tracking of service users 3 months post discharge proved difficult to complete because of the range of agencies involved. Consequently the pilot did not consider the incomplete data a reliable measure of the impact of the service.</p>
<p>To promote a seamless service to the service user, which alleviates bed blocking, delayed discharges and addresses readmission rate to acute psychiatric wards and medical assessment unit.</p>	<p>Develop a single multi agency referral pathway and shared care arrangements between agencies.</p>	<p>A care pathway has been developed for dual diagnosis service users within mental health and substance misuse services. Shared care arrangements have not been formalised because it was thought these would reduce flexibility and hinder accessibility.</p>
	<p>Identify the numbers of admissions to hospital for DD clients and reduce the number of delayed discharges.</p>	<p>Of the 31 young people supported by the pilot only 3 were admitted to hospital during the period the pilot supported them and 3 young people were referred from hospital based services. Of the 31, 10 had previously been admitted to the psychiatric ward, 8 in the 12 months prior to receiving support from the pilot. Only 1 of these 8 was readmitted whilst receiving support from the pilot.</p>

<p>Facilitate improvements in general mental health, drug associated behaviours and social functioning.</p>	<p>The tracking proved difficult but of the 14 young people tracked 3 months post-discharge all 14 reported that their mental health had not deteriorated and that in 8 cases it had improved; 1 reported their drug use had deteriorated, 8 reported that their social well-being had improved.</p>
<p>Ensure all appropriate agencies/teams were aware of and utilising the service.</p>	<p>Project workers visited agencies prior to the launch to raise awareness, they have continued to visit new agencies and have presented their work at various events.</p>
<p>Increase the treatment interventions delivered to service users.</p>	<p>8 young people were referred to drugs services, 7 to mental health services (CMHT teams, Early Intervention for Psychosis and crisis resolution), 2 to counselling services, 6 to training/employment (YMCA, Action for Employment, Connexions), 5 to recreational groups.</p>
<p>Increase the numbers of service users completing treatment and remaining engaged with appropriate services.</p>	<p>9 young people said their engagement with services had improved whilst 4 said it was the same as before.</p>
<p>To co-ordinate with all housing providers to ensure that adequate housing is available at the point of discharge.</p>	<p>The council is currently reviewing allocation prior to introducing Choice Based Lettings in 2007. All referrals from the pilot are reviewed by a specific contact in the Housing Registration Team.</p>
<p>To assist service users to either set up or maintain their tenancy based on a floating support model.</p>	<p>At the point of referral: 8 young people were no fixed abode (NFA), 14 living with their parents, 4 in private tenancies, 2 in a Doncaster Metropolitan Borough Council (DMBC) tenancy, 1 in a Supporting People project and 1 in Prison. At the point of discharge (28 discharges): 12 were living with parents, 5 in private tenancies, 8 had a DMBC tenancy, 3 were in prison/hospital.</p>
<p>For the scheme to be further developed and integrated into mainstream services post pilot.</p>	<p>The pilot service has been integrated to the new Doncaster Dual Diagnosis Strategy adopted by the Mental Health Commissioning Group. The service has been awarded funding by the Supporting People team for 2006/7.</p>

Table 2: 'SWAN NEST'

Aims	Objectives	Outcomes
Increased availability of, and take up of, supported housing for sex workers.	Develop supported housing opportunities available to sex workers.	The 'NEST' supported housing scheme opened in January 2005. Initially the NEST comprised 1 bed for longer term housing support and a crisis bed. Following a review it was decided to designate both beds to longer term housing support.
	Temporary and long term supported housing opportunities accessed by sex workers.	The pilot has worked with local agencies including CAN and the night hostel to ensure that other housing opportunities are available to sex workers. The pilot is also working with the local authority to develop tenancy support to sex workers living in local authority housing.
	Exiting sex workers obtaining fresh start housing support –long term.	14 women have been housed in the NEST (2 women have been housed twice). Of these 14, 6 women have moved on to long term housing and 3 have exited sex work (having not worked for 6 months). The remaining 8 women were evicted for breaching their tenancy agreement – 4 had accommodation to go to.
	Measure unmet need – numbers that the service is unable to meet their need.	A further 15 women were assessed to become NEST tenants. Of these: 10 women met the eligibility criteria but were unable to be housed because the NEST was full, 1 woman was deemed too high risk to accommodate, the health needs of 1 woman were thought to be too severe and 3 women were not thought to be sufficiently motivated to exit the sex industry.
	Record the number of Sex Workers referred to Northampton Council Housing Advice Service (or other housing advice) and outcome.	10 women were referred to local housing advice services.
	Record the number of sex workers receiving support from SWAN and NEST support team to temporary/long-term access housing. Number of sex workers receiving support from SWAN and NEST support team to temporary/long-term access housing.	35 women received tenancy support from the pilot. 14 women were accommodated in the NEST.
Provision for, and use of, safe and supervised environments for contact.	Record the number of Children/family members using premises for supervised contact and support.	3 women used the SWAN premises for supervised contact with children/family. The pilot discouraged supervised contact sessions at the NEST.

Provision of a crisis bed for sex workers.	Record the number of sex workers using crisis bed, and referrals to housing support agencies. Level of unmet need.	Following a review of the NEST it was decided to designate both beds to longer term housing support. 16 women needing crisis accommodation were referred to the night hostel, 2 of whom were accommodated.
Increased access to primary care services.	Increase the number of sex workers registered with GP practice (currently 68 registered).	8 of the 14 NEST tenants were already registered with a GP service, the remaining 6 were supported by the pilot to register.
Increased access to drug treatment and support services.	Record the number of sex workers gaining support from drug support worker (currently 21). Record the numbers obtaining access to drug treatment and detox. Record the numbers who stop drug use.	12 NEST tenants have received support from the drugs worker the remaining 2 were treated elsewhere because they were on a Drug Treatment and Testing Order. 16 women have been fast tracked into drug treatment by the SWAN drugs worker. The outcome of this work is difficult to gauge. The pilot notes the difficulty of recording this information accurately.
Increased access to treatment for STI's and HIV/AIDS.	Record the number of sex workers accessing sexual health services.	All women have direct access to sexual health services and are now encouraged to self refer due to poor attendance at prearranged appointments.
Increased access to training and employment for sex workers.	Record the number of sex workers accessing training formal and informal). Record the number of sex workers undertaking formal volunteering opportunities. Record the numbers accessing community punishment at SWAN.	No women accessed training sessions although the pilot continues to encourage women to access training as part of their tenancy agreement. No women accessed volunteering opportunities although the pilot continues to encourage women to do so, particularly at the SWAN programme. No women have accessed community punishment at SWAN.
Increased awareness of health and social care needs of sex workers and the impact on individuals and society.	Record the numbers of training sessions/ awareness sessions for professional groups.	10 training sessions have been held as a means to raise awareness amongst other professional groups about the needs of sex workers. These included sessions with staff working in housing services, social services, sexual health services and the Jesus Army.
Reduction in antisocial behaviour by sex workers in the managed area.	Record the number of ASBO's for sex workers. Reduction in complaints by residents.	None of the women accommodated in the NEST have received an ASBO. No official complaints have been made by residents living close to the NEST. The support worker is in regular contact with neighbours who have informally contacted the programme, for example to report when the noise from the NEST was too loud.

Table 3: 'Place to Live'

Aims	Objectives	Outcomes
<p>To increase understanding of the positive attributes of supported housing and the impact it can have on health status amongst users and carers and health and social care practitioners.</p>	<p>Provide information about housing options in a range of accessible formats.</p>	<p>A booklet was developed, describing housing options for people with learning disabilities and their carers. It was intended that this would help them make decisions about future housing. It is intended to review and update this regularly and to make it available in future in a range of different formats.</p>
<p>To carry out assessments and reviews of 30 adults living in residential care or with older carer, with referrals to supported housing if appropriate.</p>	<p>Provide training to health and social care professionals about supported housing.</p> <p>Hold a seminar for services users and professionals.</p> <p>Revise the assessment tool.</p> <p>12 of these assessments were to be carried out by the project worker.</p> <p>The remaining 18 by members of the integrated team.</p> <p>Provide Care Co-ordination to a minimum of 6 people moving into supported housing for the first time.</p> <p>Provide Direct Payments to a minimum of 3 users moving into supported housing.</p> <p>Ensure that appropriate changes are made to Individual Health Action Plans associated with moving into supported housing.</p> <p>Improve assessment and care management systems as a means to collect and collate data on housing, support and health needs.</p> <p>Provide training in best practice in assessment and care management, which incorporates housing and support needs, delivery of individual Health Action Plans, using a person centred planning approach.</p> <p>Map the current provision of housing provision and the level of support provided as a means to inform: the Individual Health Action Plans and the development of the five year Supporting People Strategy.</p>	<p>Supported Housing training sessions were provided to social workers and community nurses.</p> <p>Seminars were held for people with learning disabilities and their carers.</p> <p>The assessment tool was revised and incorporated to the single assessment tool. The team plan to discuss the tool with the homelessness section of the housing department.</p> <p>26 assessments and reviews of adults living in residential care or with older carers were completed out of a target of 30. Of these 9 moved to supported housing.</p> <p>All service users were provided with Care Co-ordination ensuring quality service to meet their care needs, through regular assessments and reviews.</p> <p>4 people have begun receiving Direct Payments.</p> <p>A health action plan was completed for each individual assessed.</p> <p>Training sessions were provided by the head of the community nursing team about how to access health services and implement the health action plans.</p> <p>Training was provided on improving assessment procedures and Person Centred Planning (PCP) is in place for 13 people.</p> <p>A map of current providers and the types of support provided was produced.</p>

Table 4: 'Sure Footed in Salford'

Aims	Objectives	Outcomes
<p>An information sharing protocol to be created across the Salford partner agencies that will enable data sharing and an integrated and holistic approach to 'falls management.'</p>	<p>Development of an information sharing protocol which has been agreed and signed by all relevant partner agencies.</p>	<p>The overarching information sharing protocol was not developed. However the pilot has drafted a falls information sharing protocol which is awaiting agreement with key partners.</p>
<p>A joined up approach to falls management and integration of falls services within Salford.</p>	<p>Design, populate and test a Falls Service Directory.</p>	<p>The falls information has been integrated with the older peoples information directory 'AskSid' launched in 2005.</p>
	<p>Develop, approve and implement a Falls Strategy.</p>	<p>The Sure Footed in Salford – Salford's Strategy for Falls was updated in 2005.</p>
	<p>Establish an equipment project group.</p>	<p>The group was established and oversaw the small scale falls detector trial.</p>
	<p>Establish a Screening/ Training working party.</p>	<p>The group was established and oversaw the training programme of the Care on Call wardens.</p>
<p>An expansion of the role of a Supporting People service provider's staff to identify causes and contributory factors, which may result in falls.</p>	<p>Train all Care on Call staff to assess and refer customers who have fallen or who are at risk of falling.</p>	<p>30 Care on Call wardens received training. The training was later rolled out to include Age Concern After care staff, Area Sheltered Housing Wardens and members of the integrated care teams.</p>
<p>Preventing accidents and reducing the number of admissions as the result of falls.</p>	<p>Trial the use of fall detectors and bed sensors.</p>	<p>26 people who had fallen in the previous 3 months were invited to take part in the trial of whom 12 clients accepted. Only 6 completed the trial none of whom have fallen during or since the trial.</p>

Table 5: 'Housing Support outreach and referral for hard to reach individuals living with HIV'

Aims	Objectives	Outcomes
The development of eligibility criteria and referral mechanisms for the service.	Develop referral process and make known to other agencies.	The criteria were developed prior to the contract being awarded. The pilot developed the referral processes and made these known to 80+ agencies.
	Monitor referrals to ensure they remain appropriate.	56 referrals were received: 27 were accepted; 4 were given advice only or referred to another service, 5 did not attend their initial assessment; 3 were ineligible, 3 didn't consent or inappropriate referral information was submitted, 14 were either placed on a waiting list or the service will make contact with them once they are in a position to accept new referrals.
Increased contact with hard to reach users as defined by the eligibility criteria.	Develop a database on which to track client progress.	The database and monitoring processes were developed and reviewed by the Supporting People team. An outcome report was submitted with each evaluation report.
	40 clients supported intensively over the life time of the project – year 1 = 20 clients, year 2 = 20 clients.	27 service users supported within the first 15 months. 4 cases have closed because needs have been met, 2 service users died.
Increase in appropriate tenancy achievement and sustainment, of the client group.	Record the number of clients for whom tenancy has been arranged. Track this information over 3 monthly intervals.	15 clients received tenancy support. Of these: 12 accepted temporary accommodation of whom 4 are now in permanent homes; 1 client is in temporary accommodation because his home is in major disrepair, 1 client returned home after a short prison sentence, 1 client has moved to Brighton.
	Record whether or not tenancy has been sustained at 3 monthly intervals and the reason for tenancy failure.	All tenancies have been maintained. Support with sustainment includes 6 clients supported to pay off rent arrears and payment plans negotiated to pay off rent arrears for 3 clients.
Increased registration with and use of primary care services.	Record the number of clients registered with appropriate primary care services.	18 clients have been registered with a GP, 13 with HIV treatment centre, 4 with a dentist, 5 re-engaged with HIV clinic. All service users now registered with a GP.
Improvements in general health.	Record whether or not clients are maintaining contact, attending appointments at 3 monthly intervals and reason for non-take-up or cessation.	18 of current users are maintaining engagement. At the start of the service 58% described their health as poor – none as good. Following support 30% described their health as poor – 50% as good. After 6 months of using the service, service users are asked if their general health has improved since using the service, 80% said yes. Tracking results from service users engaging with HIV clinics has shown a fall in viral load for 5 service users.

Measure ill-health episodes and how they are managed.

Episodes include: 1 client admitted for palliative care, 1 client admitted due to a blood clot, 1 client sectioned, 1 client admitted whilst awaiting psychiatric treatment, 6 admitted to Mildmay for respite/adherence care. 8 service users supported through hospital discharge. 2 service users have died. 5 service users have been referred to respite outside of London.

Increased knowledge and satisfaction with housing and support services.

Carry out before and after questionnaire testing whether knowledge of services and pathways has improved.

At the start of the service 63% said they were not at all knowledgeable about housing and support service and 4% said they had a good understanding. Following a review 10% said they were not knowledgeable and 50% said they had good knowledge. After 6 months 100% of users said their knowledge of housing and support had improved since using the service.

Carry out before and after questionnaire testing whether satisfaction with services improves.

At the start of the service 88% said they were not at all satisfied with housing and support service and 4% said they were very satisfied. Following a review 10% said they were not satisfied and 70% said they were very satisfied. After 6 months 90% of users said that their satisfaction with housing and support had improved since using the service.

Table 6: 'SPIDERS'

Aims	Objectives	Outcomes
To raise awareness of the local Supporting People programme and its linkages with the health agenda.	To produce a map of key decision making forums.	The map was completed.
	Establish systematic data collection of information sources to establish a baseline from which to monitor the impact of Supporting People services.	Having decided to refocus the aims of the pilot towards commissioning a new service the systems to collect data were not established because they were no longer relevant.
	Establish Performance Indicators against which activity could be measured.	Having refocused the aims of the pilot the general performance indicators were not established. However the new Home from Hospital service will be required to collect data to demonstrate progress against relevant performance indicators.
	Produce a tool kit of transferable lessons for use in other localities.	Having refocused the aims of the pilot this work was not completed because it was no longer relevant.
	Establish a health Supporting People visionaries forum.	Advocates within the PCT were not identified; however the new Home from Hospital scheme will help to raise the profile of the Supporting People programme with PCT colleagues.
	Produce a directory of Supporting People services.	A directory of services was produced for use by key commissioning partners and elected members of the Council.
	Develop a training programme to raise awareness amongst health professionals about the potential contribution of Supporting People.	The training programme was not delivered. However the pilot has begun to improve awareness of Supporting People services amongst GPs and practice staff and will continue to do so.
	Develop a themed Supporting People inclusive forum.	Having refocused the aims of the pilot the forum was not established.

To encourage and extend a longer term approach to investment in support and care.

Increase Supporting People presence in whole system strategic capacity planning group.

Little progress was made.

Produce case studies as a means to illustrate the impact Supporting People services could have on reducing emergency admissions and readmissions, an increase in the use of home support packages to enable a speedier and more effective transfer and more effective transfers of care from hospital to community. Increase in the proportion of the overall resource commitment from the health sector.

The work was not completed because the pilot was not satisfied with the quality of the case studies carried out by a community group and having refocused the aims of the pilot this work was no longer relevant.

This aim was not achieved. However it is hoped that the Home from Hospital service will act as a catalyst and increase PCT interest in commissioning Supporting People services.

Aim added after 8 months.

To demonstrate how an Supporting People service can directly support health objectives

Identify a service that will contribute to health targets.

The pilot identified that a Home from Hospital service would meet the priorities of the PCT and Acute Trust.

Jointly commission the service.

A Home from Hospital service has been commissioned.

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