



BRIEFING PAPER ONE

Housing support and personalisation: practical advice for the current moment

This paper is one of four briefings on personalisation, public health reform, and the emerging primary and secondary health care landscapes by the Housing LIN. These accompany the recent Chartered Institute of Housing paper, 'Localism: delivering integration across housing health and care', supported by the Housing LIN.

The other briefings in this series are:

Briefing No.2 - Public health and housing: we can get it right

Briefing No.3 - The new NHS commissioning landscape and its impact on housing and care for older people

Briefing No.4 - Opportunities to Improve Health and Wellbeing: Integrating Secondary and Acute Health Care and Housing in the New NHS

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1. Introduction

'Personalisation' can feel like a complex challenge. While the principles are simple – providing customers with choice and control – actually delivering person centred services requires wholesale changes in approach, for both providers and commissioners. Many housing and related care and support professionals remain unsure what is required of them, and find it difficult to make changes within a system that is still evolving to support a personalised approach to service delivery. It is easy to get lost in the maze of terminology and jargon¹, to mistake processes for outcomes and to fail to appreciate how best to personalise services for different client groups including, for example, street homeless and others with highly complex needs. It's hard to take some necessary risks, and to avoid swamping front line staff and customers in seemingly endless streams of paperwork.

In the current moment, burying your head in the sand and hoping it will all go away is not an option. Placing people at the centre of the services they receive and giving them true choices about how they are delivered – including through direct payments – is a major priority for the Coalition Government and is a key plank of current and emerging policy². If you don't press ahead and personalise your services, others will enter the market and take your business. Commissioners or clients may demand changes to your existing patterns of service delivery. Either way, you will risk being left behind.

It can be very difficult to know where to start and how to make the sort of change that is required, particularly in the context of rapidly shrinking public resources (both revenue and capital). There is also a risk of throwing the baby out with the bathwater. Can truly personalised and flexible service delivery fit neatly within the streamlined processes for quality, monitoring and outcomes measurement so painstakingly developed during the life of the Supporting People (SP) programme, for example?

Practical advice

In this short paper, we have set out what we understand the key issues to be for providers and commissioners of housing and housing-related care and support. We offer some practical suggestions about achievable ways of responding to the government's personalisation agenda. A number of providers and commissioners of housing and housing-related care and support have been involved in developing the paper and our thanks also go to them.

2. Stop, Start, Continue and change template

We have based the paper on a simple change management model called '*Stop, Start, Continue*'. This is a useful 'quick and dirty' tool for identifying areas for service improvement. It can also be used as a technique for generating ideas, solving problems, and negotiating behaviour changes between two groups, individuals, or departments.

STOP	What are we doing that is not working? What should we STOP?
START	What should we put in place to move forward? What should we START?
CONTINUE	What is working well and could be enhanced? What should we CONTINUE?

¹ Terminology and jargon include terms like *the transformation agenda*, *self-directed support*, *Putting People First*, *personal budgets*, *individual budgets*, *direct payments*, *Resource Allocation Systems*.

² See the emphasis on personalisation and co-production in the *Localism Bill*, the new *Vision for Adult Social Care*, the *Spending Review 2010* and the *Think Local Act Personal Concordat* that has replaced *Putting People First*.

However you decide to use this paper, we hope that you will celebrate your successes and share any positive practices that result from it. You are unlikely to get it right all the time, but you can refine your approach by reflecting and learning from past experiences.

Before we get into the detail, we feel that it's important to bear in mind three key points.

- **Personalisation should not be complicated.** It means putting the person at the centre, helping them to articulate the outcomes they are looking for, letting them decide what's best for them, responding positively to the choices they make and giving them more control over the way services are run. There will always be limits to what's possible, but there is much more that can be done to offer choice and control within the existing parameters.
- **Personalisation is not going to go away.** It is a key priority for the Coalition Government and underpins reforms taking place more generally across all public services. There is now an expectation that all those in receipt of Adult Social Care be offered a personal budget by April 2013 and in many instances this will be offered as a direct payment. There is a continuing expectation that all service providers, including those offering housing-related care and support, should demonstrate an increasing focus on putting the person at the centre in all aspects of service delivery. Apart from this, person-centred approaches are fundamental to good practice in providing care and support.
- **Transformation towards personalisation is not limited to Direct Payments and Personal or Individual Budgets.** True personalisation will not happen without developing and strengthening all 4 of *Putting People First's*³ 'pillars of personalisation'; in fact, the pressure on resources for supporting people will increase the importance of developing preventative approaches and of building social capital (pillars 2 and 3). The four pillars are:
 1. Offering people real **choice and control** over the services they receive, including the offer of a Personal and Individual Budgets where appropriate, is a key and very important aspect of the above. For providers and commissioners of housing-related care and support looking to transform their service, each of the other 3 pillars also has relevance.
 2. Early **intervention and prevention** – making a strategic shift towards prevention and early intervention is one of the central objectives of *Think Local, Act Personal*⁴ (and before that, *Putting People First*). This not only improves quality of life, but it also saves money in health, probation and other service areas. Most housing-related support services are already offering cost-effective preventative and early intervention services, but there is room for further development and repositioning.
 3. Building **social capital** (or community capacity) by building on the skills and strengths of individuals and groups to find local solutions and design local services'. One way of doing this is what is being called 'co-production'⁵. This embraces some existing and some new concepts around direct participation, community involvement, power-sharing, involvement in design, sharing expertise and understanding how individuals and communities will use services.
 4. **Universal services** – including access to information, advice and advocacy for all. Many people have limited access to the everyday services and facilities in their local communities, including those who need care or support and/or are socially isolated.

³ Putting People First: a shared vision and commitment to the transformation of adult social care, Dept of Health, Dec 2007
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf

⁴ Think Local Act Personal website, including access to publication www.thinklocalactpersonal.org.uk

⁵ See *Coproduction, personalisation and housing: improving outcomes for individuals and communities*
www.housinglin.org.uk/library/Resources/Housing/Support_materials/Viewpoints/Viewpoint18_Coproduction.pdf

This pillar aims to make sure that everyone can access the same services, regardless of their needs or of whether they are paying themselves or receiving state support. It also embraces concepts such as *Lifetime Neighbourhoods*⁶ that make places more accessible to everyone.

2.1 Issues for providers of housing-related care and support

If you are a provider of housing-related care and support, consider the following:

Stop

- **Thinking that personalisation is just about people who take a personal budget as cash.** It should apply to all people, whether they take a budget as cash or have services commissioned for them, such as 24 hour care with waking night-time cover in Extra Care Housing⁷. Giving someone a personal budget is just one of many ways a service can be moulded around an individual.
- **Thinking that personalisation is only for FACS-eligible people.** People who fund their own care have greater commissioning power to demand a personalised approach while those who do not have high levels of support needs may be better served by person centred support. Being solely focused on offering Personal Budgets to individuals who meet the local Fair Access to Care Criteria could put at risk your ability to offer services that prevent the need for more critical and costly care and support.
- **Offering the same sort of housing-related care and support service under the banner of ‘personalisation’** and believing that your professional experience qualifies you to know your customers’ aspirations and support requirements. If you ask people open questions about what would really make a difference – and listen closely to what they tell you – you will get some surprising feedback. For one individual with long-term serious mental health issues, the ability to get outside for a short walk with his support worker once a day made a measurable difference to his overall wellbeing and physical and mental health. Much more so, in his view, than more formal support delivered in a traditional office based situation.
- **Reacting in the short-term** by submitting bids and rushing into new contracts with commissioners – without considering sufficiently the fit with your organisation’s business goals and direction. Personalisation has implications for the way your organisation operates and focusing too much on short-term funding will distract you from ensuring that your organisation is fit to offer a service that is in line with changing expectations.
- **Sticking your head in the sand.** At this moment in time, being risk-averse could actually be the more risky option – because the world is changing. It will frequently be better to make significant but considered changes and to risk making a mistake, than to do nothing. Common ways that people remain stuck include:
 - Continuing to provide services that don’t add measurable value to people’s lives or that others do better. The Supporting People Client Records and Outcomes Framework⁸, the anticipated Adult Social Care outcomes framework⁹ and other tried

⁶Lifetime Homes, Lifetime Neighbourhood: a national strategy for housing in a ageing society, DCLG Feb 2008
www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods

⁷ Individual Budgets, Micro-Commissioning and Extra Care Housing
www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint13.pdf

⁸ Overview of Supporting People Client Records and Outcomes website, DCLG
www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/supportingpeople/overview/

⁹ Dept of Health is currently drawing up a new outcomes framework for Adult Social Care and has recently consulted on proposals in a paper called *Transparency in outcomes: a framework for adult social care*
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122037.pdf

and tested outcome measurement tools can help you to define the difference your services are making and benchmark your service provision. If you can't demonstrate that a service is adding value to individuals, or that it doesn't match customers' expectations for the future, or that you are competing in a mature market where others can offer a better service in a more person-centred way, sit down with your customers, potential customers and the local authority and discuss ways of changing, improving or even discontinuing it.

- Assuming that your current service price will remain acceptable. Be imaginative about how you can change and develop current service provision to better meet individual aspirations and contribute to shared outcomes, whilst staying within or below existing funding envelopes.
- Thinking that current arrangements are 'ok for now'. Personalisation is here to stay; individuals will start to use *their* commissioning power to be more demanding. Private businesses, as well as social enterprises, mutuals and some user led organisations, are looking to move into the care and support markets and existing providers need to change or they will become uncompetitive and redundant.

Start

- **Talking to your customers about what they really want out of their service.** There are some powerful examples of the difference this makes. For example, Broadway, a London-based homelessness charity, has recently piloted a project offering personalised budgets and the support to find new lives off the street to 22 long-term homeless people. *'The project exceeded the expectations of all involved, with both participants and professionals agreeing that the approach could work with other rough sleepers'*¹⁰.
- **Reviewing, at the top level, your organisation's roles and raison d'être.** What roles do you want to play in each locality where you deliver services? How can you best understand the local community, individuals' changing aspirations and locality visions? Are your business goals still the right ones or do they need updating?
- **Looking more closely at existing and potential new competition.** The market for individually tailored care and support for people in mainstream housing and those in specialist housing has opened up dramatically. You will be competing against private sector organisations that are aware of the requirements relating to personal budgets and personalised services as well as individual care workers entering the market to offer their services directly to customers. Demonstrating a high quality service with good outcomes may no longer be sufficient if you cannot compete on price.
- **Evidencing the added-value of your services.** It is crucial that you are able to evidence the value that your service adds to shared, improved outcomes across the relevant areas in housing, health, social care and criminal justice – as well as to individual customers. This can be quantitative and/or qualitative evidence.
- **Rethinking your customer base and marketing strategy.** Markets will change as local authorities start to offer more people the option of a Personal or Individual Budget. In the future, your income will come from individuals and their families, not necessarily from big local authority or health contracts. How customer-friendly are you? What do you need to change to remain attractive to this client-base when you can no longer rely on a 'captive audience'? You could consider marketing your services to self-payers who do not qualify for Supporting People, Social Care or other benefits as well as those receiving direct payments. There is huge unmet need in this area and potential for business growth. Your business will be more viable and sustainable if you gear up to win self-funders.

¹⁰ Broadway's personalised budget pilot work:

www.in-control.org.uk/news/in-control-news/a-personalised-approach-to-homelessness.aspx

- **Setting your organisation on a new course / new direction – even if it takes time.** This means taking proper account of the organisational implications of your business goals. Consider the impact of new ways of working on current infra-structure, staffing arrangements, pay levels, and overheads. Different ways of working, the shape and nature of your support planning process, contract management and changing staff training requirements are all areas to consider for change management.
- **Experimenting, evaluating and demonstrating new personalised ways of working** to enable your customers, staff and Board members to get a better picture of what's involved in working in a more personalised way – and what the options are for your organisation. Make sure that you have effective performance monitoring and reporting arrangements in place to measure and share the impact of any pilots.
- **Rethinking your approach to risk.** For example, many vulnerable people want to take greater risks than their current support provider will allow. They want greater freedoms to do things, to make mistakes, to learn from their mistakes and to become more able, resilient and independent as a result. How are you going to adapt your risk-framework and develop your approach to safeguarding, to allow them this opportunity for growth?
- **Building strong local collaborations and networks.** There are significant opportunities for housing support providers to work in partnership with emerging GP consortia for example, or with integrated intermediate care teams with access to re-ablement funding¹¹. Wherever possible, work closely with fellow providers, local authority housing and other social landlords, local primary and social care companies and others, to ensure that you can offer a tailored menu of services to meet people's overall needs. Be prepared to make the first move, approach partners and potential partners to build new collaborations and explain what you can bring to networks¹².
- **Working with your community groups and development teams.** You may be able to integrate some local volunteers into your service programme. Organising this well could enhance your local impact by (i) being closer to communities and therefore gaining a better understanding of issues and emerging priorities and (ii) providing opportunities for work experience in the areas in which you work. Some providers have found that the best way to develop services is to create strong relationships with potential customers through community organisations and then collaboratively develop new service models with them (for more information, see the recent Housing LIN Viewpoint 18)¹³.

Continue

- **Keeping your approach to support as simple as possible.** Neither front line staff nor central government will be impressed by unnecessary bureaucracy or duplicate paperwork. If you feel that Supporting People paperwork is getting in the way of a truly personalised approach, see if you can negotiate a lighter touch with your local commissioners.
- **To be proactive in your relationships with commissioners.** Don't wait for the local authority to come to you. Sit down with them and discuss ways to improve your service, to offer better value for money and a more personalised service. Be on top of your contractual obligations and their commissioning intentions.

¹¹ Letter announcing £70m for re-ablement linked to hospital discharge. Dept of Health, 28 October 2010 www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_121017.pdf

¹² See CIH follow up to Health Housing and Care www.cih.org/policy/free-publications.htm

¹³ *Coproduction, personalisation and housing: improving outcomes for individuals and communities* www.housinglin.org.uk/library/Resources/Housing/Support_materials/Viewpoints/Viewpoint18_Coproduction.pdf

- **Measuring and challenging cost-effectiveness** in the context of any changes you are making to service models. Building the evidence around the cost-effectiveness of the investment in (capital) and the management of your services (revenue) – including around outcomes that clients achieve and the efficiency gains you can deliver – will enable you to make better value for money judgements and to demonstrate to others the potential for making savings¹⁴.
- **Believing that putting people at the centre of the services they receive is positive for individuals and organisations.** Moving to truly personalised service delivery;
 - involves transformational change in organisational approach – it will only be truly effective if Boards and senior managers are prepared to take the time to understand and agree and promote what this means for their organisations
 - can transform your workforce as well as the lives of your customers. Family Mosaic is undertaking a whole service approach to personalisation called ‘Let me choose!’. Early into the pilot programme, one support worker fed back the following comment ... ‘I feel like I’m doing the job I always intended to do’.
- **Consulting your current and potential customers.** This is more than just good tenant participation or user involvement. Ensure you do it in a more meaningful way to get a better understanding of what people value most and what they might be prepared to / able to pay for . Don’t ask them to choose from a set of options, but use open questions, asking how they want to live their lives and what would help them to live a full life. Encourage them to go ‘off menu’ from the start.
- **To share and learn from good practice,** but keep providing those services that are in line with your organisation’s vision. Don’t be tempted to diversify for the sake of it, or because you feel under pressure to keep up with peers. Stay true to your business ethos and direction, adapting your service to meet *your* customer’s needs, rather than attempting to shoe-horn other people’s service delivery models to fit your organisation.
- **Ensuring your front line staff understands what ‘personalisation’ means** to your organisation and the commissioning authorities you work with. They are the people who can sell it to customers and deliver on promises. Don’t assume that your support workers or those in other organisations have an automatic understanding of what it means to work in a flexible and personalised way. Some case studies and practical work-based training may be of help¹⁵. Build in time for training and informal discussions. This new approach may feel quite threatening, and scary, for some staff.
- **Being outcome focussed.** Keep working to achieve levels B and A on the Supporting People Quality Assessment Framework (for providers). You can’t get an A score without offering a truly personalised service. This enables all members of your organisation to retain a focus on achieving high levels of customer led, service quality.

¹⁴ *Commissioning housing support for health and wellbeing*. CLG, CSIP, Integrated Care Network, July 2008.

www.housinglin.org.uk/_library/Resources/ICN/HousingSupport.pdf

Financial benefits in investment in specialist housing for vulnerable and older people, Homes and Communities Agency and Frontier Economics, Sept 2010 www.frontier-economics.com/_library/pdfs/frontier%20report%20-%20financial%20benefits%20of%20investment.pdf

Handypersons financial benefit toolkit, DCLG March 2010

www.communities.gov.uk/publications/housing/financialbenefitstoolkit

¹⁵ *Choice, control and independence: Personalising block contracts in supported housing*, Lookahead

www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Look_Ahead_Personalisation_Report.pdf

Family Mosaic *Let me choose!* www.letmechoose.co.uk

2.2 Issues for commissioners of housing-related care and support

If you are a commissioner of housing-related care and support consider the following:

Stop

- **Assuming personalisation is just about Individual or Personal Budgets.** While the Government intends to significantly extend the use of personal budgets across a range of service areas¹⁶, commissioners should also explore other approaches, such as co-producing services with individuals and providers, as a means of offering genuinely personalised services.
- **Re-issuing block-commissioned services as a matter of course.** Other commissioning models, such as ‘cost and volume’ and ‘spot commissioning’ arrangements, can fit better with the offer of a personalised service. For example, in Extra Care Housing, think about creative and imaginative solutions to sustain the care and support on-site that goes beyond the traditional block contract model. While there are a few services that may be better delivered through a block contract – for example, due to the nature and range of person centred care required at a scheme and/or the economies of scale to a number of people – clarifying the appropriate commissioning arrangements can be a very effective way of shifting to a more personalised approach to service delivery and agreeing a tailored menu of options.
- **Renewing service contracts that don’t explicitly state how the service provider intends to offer customers a personalised service** and how this will be measured. Commissioners can show leadership by using their commissioning powers as a lever to change providers’ approach to delivering personalised services and facilitating market development.
- **Assuming that the existing housing care and support provider market is the only option.** Private organisations, social enterprises, community groups, and care providers are increasingly gearing up to personalisation and are quickly coming up to speed in terms of housing-related care and support.
- **Thinking you don’t have time for personalisation.** Local authority commissioners are under huge pressure to save money at the moment and radical changes to the nature of services may feel like the last thing you have time for. If you’re thinking this, you are missing a trick. Finding out from customers what they really want and need can lead to cost-savings. For example:
 - Assessing the needs of people living in sheltered housing and/or Extra Care Housing and designing services that are flexible and responsive to changes in individuals’ needs, including access to on-site 24 hours care
 - Offering service ‘menus’ and off-menu options to both payers and self-payers and encouraging people to assess the level of support they currently require
 - Gaining a better understanding of self-funder markets, including those people in receipt of benefits such as Attendance Allowance and Disabled Living Allowance
 - Considering the increasingly diverse possibilities for quick-response floating support within the community, and giving individual clients (not client groups) a variety of flexible quick and integrated response options – this might include rapid response support within the community, handyperson options, aids and adaptations, domiciliary care, for example.
 - Making best use of telecare and other new and emerging technologies to enhance the delivery of person-centred care and support.

¹⁶ The Spending Review 2010 sets out the details of the government’s intention to extend the use of personal budgets and direct payments

Start

- **Looking at each service provider in relation to their 'offer'.** Understand their ethos, their market position and the business development they are looking to do. See how you can support them and shape their contribution to your locality.
- **Actively coordinating** the activities of providers offering services in your locality. This will require encouragement through facilitating and brokerage as well as competition through procurement and contract management.
- **Making sure that the local Joint Strategic Needs Assessment (JSNA) covers your commissioning areas** and demonstrates an understanding of the contribution of housing, and related care and support services, to meeting the needs of local people. This will be critical in terms of its influence on future central government funding allocations for public health
- **Talking to your local public health service.** Local authorities are taking on public health responsibilities from PCTs and they will be setting up Health and Wellbeing Boards. Find out how housing-related care and support can best help them to achieve their objectives; for example, under 'any qualified provider' status (see the accompanying Briefing No.3 for details). Also, consider the roles of emerging GP commissioners¹⁷.
- **Demonstrating the financial gains** that *relevant* care and support services can make to the health service in terms of prevention and early intervention or re-ablement. Modify and reposition services in order to increase support for health and wellbeing outcomes and seek acute health and/or primary care funding.
- **Drawing on existing skills in the communities, and developing skills further where appropriate.** Greater engagement of people from the local community (paid or unpaid) would bring a range of skills and experience to work alongside professionals. This then requires an appreciation of the type of roles it would be appropriate for members of the community to undertake, what might be possible through development, and which jobs require skilled professionals.
- **Coming up with ideas about how to adapt current services.** Get together with groups of current customers/stakeholders/providers to work out what an ideal service would look like. How do you need to change your commissioning arrangements to achieve this? What's the smallest thing you could do to improve the offer available to local people?

Continue

- **Concentrating on outcomes for individuals** not on outputs or processes. Continue to streamline systems and minimise bureaucracy so that maximum resources can be allocated to achieving outcomes.
- **Being prepared to consider throwing out the rule book in respect of Supporting People eligibility.** Talk to providers about how they could offer a more flexible service that really meets people's aspirations – even if it means re-thinking working patterns and attitudes to risk. Now that the Supporting People ring-fence has been removed there are many opportunities to work creatively with both individuals and communities so encourage your providers to offer a wider choice of services and a range of approaches to care and support.
- **Requiring all service providers to demonstrate how they are delivering services in a personalised way.** Offering Personal or Individual Budgets is a powerful option – but there may be imaginative ways to personalise existing commissioned services as well.

¹⁷ The Public Health arrangements, the role of GP commissioners and changes in the acute hospital sector are covered in other Housing LIN briefings in this series www.housinglin.org.uk/Topics/HousingLINProducts/index.cfm?tag=Policy%20briefing

Ask them open questions about how they are going about giving people greater levels of choice and control and how they are re-working their services to deliver the choices that people make. This could well involve a requirement to reach at least Level B on the refreshed QAF.

- **Working with the local community to properly understand the needs of the area.** This can then inform the Joint Strategic Needs Assessment (JSNA) which will soon be a core source of intelligence underpinning commissioning¹⁸. You might also wish to look at all the assets/resources available in a locality and to maximise opportunities for co-production and effective partnership working in order to provide holistic joined up service offers and opportunities.
- **Strategic reprovision and re-modelling** to ensure that there is a range of flexible, cost-effective housing-and-support provision available locally to best meet individual aspirations. For example, this might mean re-commissioning a sheltered housing scheme and support service to make it suitable for another client group.
- **Understanding your local market, identify gaps in service provision and scope for future development** to determine patterns of delivery and attracting any public/private investment locally, including capital programmes.
- **Integrated workings across housing, health, and care** to personalise service offers. Offer home adaptations alongside other care and support services, including telehealth and telecare, for self-payers and publically-funded customers alike.
- **Selling the preventative aspect of personalisation.** Letting people decide for themselves what will make the most difference could save money in the long term. While there is little concrete qualitative evidence to date that Personal Budgets are more cost effective, there is plenty of evidence that appropriate low level support can reduce expenditure on costly health and care services ... 'a stitch in time saves nine'¹⁹.

3. Key messages

Personalising your approach to housing-related care and support services is more important now than ever before. The changing funding framework for Supporting People, Adult Social Care and across all public services is breaking down the barriers between payers and non-payers and opening up the market to new entrants, many of whom are well-placed to offer a range of choices to individuals. Whole-service transformation must now be a priority for those providers that want to continue offering relevant, high quality services to vulnerable people, and also for commissioners who want to ensure that customers are able to access services that suit them. It is important that transformation is driven from the top of your organisation and that bottom-up solutions are actively supported at senior levels.

Alongside the 'bad news' of radical budgets cuts, there are some significant opportunities to do things differently. For example, the new Health and Wellbeing Boards offer the potential for a greater focus on activities that prevent the need for acute hospital care and which save public money. The new focus on building a 'bigger society' provides opportunities to develop community-based approaches to supporting people, alongside support for individuals. Both providers and commissioners can grasp this sort of opportunity as they consider how to refashion the way they do business and the way they interact with each other and with clients.

¹⁸ *Joint Strategic Needs Assessment: vulnerable adults, housing and support. A collection of case studies.* LGID, 2010. www.idea.gov.uk/idk/aio/24594616

¹⁹ *Research into the financial benefits of the Supporting People Programme*, CLG 2009 <http://communities.gov.uk/publications/housing/financialbenefitsresearch>

Also see *Commissioning housing support for health and wellbeing*. CLG, CSIP, Integrated Care Network, July 2008. www.housinglin.org.uk/library/Resources/ICN/HousingSupport.pdf

We hope that you find this short paper useful as a flexible framework to help you to navigate the challenges of personalisation. The language of 'Stop, Start, Continue' is intended to be purposeful rather than directive. We hope that it will help to bring clarity to your plans and programmes for transformation and that it will help you to take the necessary steps with confidence.

4. About the Housing Learning and Improvement Network

The Housing LIN is the leading professional 'knowledge hub' for over 5,700 housing, health and social care professionals in England. We have strong links with government, trade and professional bodies and leading industry players across the public, private and third sectors. Our aim is to:

- raise the profile about the housing and care needs and aspirations of older people
- act as a champion for the work on housing with care organisations in the sector
- provide latest publications and tools that can support the way you improve, plan, commission, promote and/or deliver your services
- help you to respond to, inform and influence policy and practice developments and what older people say about service quality
- give you access to our national and regional activities, and
- enable you to benefit from the latest ideas, tools and resources in the field to help raise standards.

For further information about the Housing LIN and to access its comprehensive list of on-line resources, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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