



## **The Independent Living Service Pilot (ILS)**

**A hub & spoke model of delivery of sheltered housing support services for Cornwall Council.**

**An evaluation.**

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## Executive summary

A review of the 5 year Supporting People Strategy identified a need to improve quality and balance costs in sheltered housing services. Cornwall Supporting People team (SP) with pilot providers looked at how this could be achieved.

The largest proportion of the SP budget in Cornwall is spent on older person's services. The review found that significant savings could be made by commissioning a need's led service as opposed to the current model of a static contract linked to the bricks and mortar. For example, if you move into sheltered housing you receive SP services regardless of whether you have a need for support. A survey completed as part of the review demonstrated that over a third of tenants did not want the support service they received. Simply by changing to a need's led service, over a million pounds of SP grant could be released and used more efficiently.

Cornwall's population is ageing with a significant increase in the over 85's and councils face a number of challenges including:

- how to reduce spend on residential care;
- improving housing options for older people by making better use of sheltered housing and increasing use and availability of Extra Care;
- completion of stock appraisals of sheltered housing and consider remodelling and possible decommissioning of schemes no longer fit for purpose;
- meeting the demands of a consumer led generation with much higher aspirations;
- investigating how services can be provided from people's homes rather than hospital or residential care;
- meeting the personalization agenda

Future services need to be person centred, giving the service user choice and control, be flexible and responsive to need, provide value for money and be tenure neutral.

SP commissioned Palmer Housing Consultants Ltd to work with them to design a service that met the aims of the principles discussed above.

The SP team agreed to pilot a hub and spoke model of delivery designed to provide outreach and in-reach services to the local community, a model with proven success elsewhere in the UK. The SP team invited expressions of interest from all sheltered housing providers operating in Cornwall. Three organisations were successful.

To ensure the pilot achieved its aims:

- Strategic Pilot meetings were held 6 weekly, with providers meeting in between to work through the project plan
- Pilot providers visited several other local authorities in the region to research good practice elsewhere.
- Raised the profile of the ILS by giving presentations at South West Learning and Improvement Network (LIN), Cornwall Sheltered Housing Group and Cornwall Sheltered Housing Conference.
- Attended events facilitated by Age Concern to share their findings to date.

The pilot providers worked together over the last 2 years to make more efficient use of SPG by:

- developing a chargeable banding system, based on delivering support to those who need it;
- increasing capacity through the banding system which would enable pilot providers to extend the service to an additional 900 older people;
- a reduction in bureaucracy by removing the need to complete SP1a forms and reducing the amount of time spent on reconciling accounts; and
- Providing joint training across providers.

Improved quality by:

- working in partnership to share skills and good practice;
- shared training to develop a more professional workforce with specialist areas of expertise;
- provide outcome focus support;
- delivery of a crisis band, reducing the need for acute intervention and avoiding unplanned placements to residential care, enabling greater choice and control for the client;
- meet the personalisation agenda; and
- provide a potential platform for Virtual Extra Care

It needs to be stressed this pilot is still not complete, further work needs to be done to ensure the banding system is working and decisions need to be made on how to take this model forward as a countywide service. However, Cornwall now has the

basis of a model of service that fulfils the aims and objectives of an ageing population.

It should be mentioned that the Comprehensive Spending Review in 2010 had a significant affect on services in Cornwall. Although the SP grant for Cornwall was not significantly reduced, the Council decided to cut the SP budget by 40% with effect from April 2011. There will now be a transition phase in which the results of sector reviews can be interrogated and new services designed. This means a significant year of change for commissioners, providers and older people themselves.

In short, we face both demographic and financial challenges, and one of the biggest challenges of all is the cultural shift that is needed to ensure that new services are implemented and embraced by all agencies involved in providing service to older people. Adult Care and Support, Health and Housing must work together more efficiently to meet the needs of older people, whilst providing better value for money.

## **Background**

Since the introduction of Supporting People (SP) in 2003, sheltered housing has seen significant changes. The traditional ethos of sheltered housing was to provide a good neighbour service in the form of a resident warden. The wardens were expected to be available 24 hours a day 7 days a week.

A number of issues have driven changes to the warden's role, such as;

- European Working Time Directive, preventing employees working very long hours
- Recruitment difficulties in attracting residential staff
- The need for staff to be trained, supervised and supported in order to be able to work with frail tenants and those with complex needs, providing a professional, consistent, quality service.
- Resident staff can sometimes have greater difficulty than non-resident staff in maintaining clear professional boundaries.
- Difficult to let sheltered housing - buildings were not designed for people with mobility difficulties and do not meet modern day aspirations, e.g. bedsits, no lifts, poor locations.
- No choice of service – research shows that between a quarter and a third of tenants move into sheltered housing with no support needs at all, they just want to be near family or to downsize or to have better accommodation.
- One size fits all – everyone charged the same regardless of their individual need

In 2007 the Supporting People Team in Cornwall commissioned a revision of their 5 year strategy. As part of this work a needs assessment of the existing Supporting People services was undertaken.

The strategy identified sheltered housing as a popular choice for older people; however a number of gaps and inconsistencies were identified. The review highlighted that many older people, not fortunate enough to be living in sheltered housing, could benefit from housing related support services if these were available in the wider community. The current SPG contract is linked to sheltered housing schemes and therefore is restricted to the tenants of those schemes. In Summary there is:

- disparity of costs across the County for similar services;
- inconsistent standards in the quality of service delivery;
- no transparency in costs;
- limited choice for the service user;
- 94% of over 65's live outside of Sheltered Housing;
- no flexibility within service delivery;
- no services delivered into the community;
- a service delivered regardless of need;
- contracts linked to bricks and mortar and not to individuals;
- approximately 100,000 people aged over 65 in Cornwall;
- Supporting People grant funding 5,528 units of Sheltered across Cornwall; and
- 35% of people in sheltered housing do not need Housing Related Support – this equates to over a million pounds;

The issues identified above have driven the need to change service design and delivery, as well as a number of Government initiatives, such as;

- Putting People First (Communities and Local Government (CLG), 2007)
- National Dementia Strategy (Department of Health, 2009)
- Communities and Local Government - A National Strategy in an Ageing Society –Delivering Lifetime Home, Lifetime neighbourhoods. (CLG, 2008)

### **The Pilot Providers and the aims of the project**

In 2008 Cornwall Supporting People Team produced a Service Delivery Method Statement (**appendix A**) detailing a number of proposals to develop and modernise older people's services in Cornwall.

The key objectives of the method statement were to;

- develop and maintain the capacity of older and/or vulnerable people to live independently in accommodation including those in crisis or recovering from short term crisis;
- provide service and service advice and signposting in order to prevent crisis;
- deliver a target based user led support service to Cornwall tenants and the wider community;
- work in partnership with other providers to achieve a common goal;
- ensure fair access to support services for those assessed as most in need;
- ensure delivery of equitable Supporting People services regardless of tenure; and
- ensure the future viability of the Independent Living Service

In January 2009, SP invited expressions of interest (EOI's) from sheltered housing providers to work with them to design a flexible model of service, based on a prepared specification. Nine sheltered housing providers submitted EOI's. A scoring system was used to evaluate the EOI. Coastline Housing Ltd, Devon & Cornwall Housing Group (now, known as Independent Futures) and Carrick Housing Ltd were successful as the Independent Living Service (ILS) Pilots in Cornwall, following excellent submissions of interest.

From the EOI's it was identified that the pilot providers had a desire to make better use of under used communal facilities. It was agreed by pilot providers and the SP team to investigate and identify suitable schemes from which to develop the 'hub and spoke' model.

The objectives of the Pilot link to the aims identified in the 'Putting People First Report':

- Prevention
- Early intervention and re-enablement
- Personalisation
- Information, advocacy and advice

It is widely accepted that preventative approaches have both improved the quality of life for older people and offered value for money.

The common principles across Government which underpin the policies and delivery of housing, health and care are:

- the transformation and in particular Personalisation of public services
- the achievement of better outcomes
- increased value for money through cost effective use of public funds



- placing communities at the heart of decision making

The Pilot Providers and the Cornwall Supporting People team have demonstrated a strong commitment to work together to improve the housing related support services to older and vulnerable people. This was achieved by looking at a range of traditional and innovative solutions, to meet the challenges faced by organisations in an ageing society.

Providers fully support the aim to use SPG more effectively by diverting funds from those with no support needs to those with an assessed need for housing related support.

Pilot providers undertook a considerable amount of risk by choosing to take part in this pilot in respect of:

- managing the expectations and demands of services users during a time of change;
- changing the way the services are delivered using assumptions about the levels of demand from the wider community;
- the loss of the ring fence of Supporting People Grant and it moving into the Area Based Grant system; and
- The threat of future tendering as has been demonstrated in other parts of the country.

To alleviate some of these risks and to allow the ILS providers more flexibility within their resources, the SP Team agreed to pay providers their maximum contract value, via a Block Gross Contract. The ILS and SP used this as an opportunity to test out a banding system to inform future contracting arrangements.

In the year prior to implementation of the Block Gross service contract, the Supporting People team agreed to pay the maximum contract value to enable providers to look at administrative processes to identify efficiencies. For the first time in the history of Supporting People providers were prepared to openly discuss the financial information relating to their contracts. The differing size of the providers together with differences in capacity in the existing contracts could have led to the larger providers receiving a disproportionate benefit. However, the providers mutually agreed that the additional money should be aggregated and divided equally between the parties to provide a level playing field. This was a very positive outcome and signified a true commitment to working in partnership

Providing a Block Gross contract for the implementation year gave providers a guaranteed income of 95% of their maximum contract price. This enabled providers to undertake detailed work in respect of the banding in a safe environment. Providers no longer had to submit SP1a forms or reconcile Supporting People grant significantly reducing administrative requirements. In addition providers worked in partnership to trial an activities coordinator for the duration of the pilot. Having a guaranteed income rather than an income based on the number of eligible service users enabled this to happen. The additional 5% of the contract value provided the

funding and the opportunity to trial the transitional/ crisis banding on a draw down basis.

## Changing the service

The ILS providers were asked to develop a

- Service Method Statement (**appendix B**);
- Staffing method statement (**appendix C**);
- Communication Strategy (**appendix D**);
- Project Plan (**appendix E**);
- Consultation Project plan (**appendix F**); and
- Staff Consultation Results (**appendix G**)

To ensure that the work progressed and targets were met the pilot organisations met on a fortnightly basis.

To make sure that the views of service users were incorporated into the design and outcomes of the pilot a considerable amount of time and effort was spent consulting with service users. Various methods were used throughout this process including postal surveys, face-to-face interviews and group consultation.

Response rates varied from 44% - 77% depending on how the consultation was carried out which demonstrates the considerable effort to ensure service users views were included in the pilot.

Below are some examples of the combined survey results, for full results (**see appendix H**)

Would you like to see a banded system introduced? This would mean that you would only pay for the services you actually use

Yes	70%
No	8%
Don't Know	22%

We hope to extend support to other older people not currently living in sheltered accommodation. Do you think that this is a good idea?

Yes	65%
No	13%
Don't Know	22%

We are looking at how lounge facilities could be used by older people in the wider community to enjoy activities. Would you be happy with this?

Yes	63%
No	18%
Don't Know	19%

Do you currently receive any care? For example, help with washing, cooking, taking medication e.g.

Yes	30%
No	69%
Don't Know	1%

Who provides your care?

Family	47%
Care Agency	38%
Friend/ Neighbour	15%

Would you like to see care provided from a scheme?

Yes	51%
No	15%
Don't Know	34%

As can be seen from the results above the aims of the ILS are strongly supported by the majority of existing tenants.

The results of the consultation demonstrated some concerns from tenants about sharing their communal facilities with those living in the surrounding community and this will need to be carefully managed.

Integral to the success of the pilot was the need for all staff to be fully engaged and supportive of the pilot's objectives. Staff needed to be committed to the changes and understand why they needed to be implemented. This enabled staff to deal effectively with any worries or concerns tenants had and to be able to fully support them through a period of change.

To this end, consistent processes were developed and universal procedures encouraged. This was achieved by:

- a county-wide support plan developed and training given;
- the ILS organising two staff conferences to include attendance from staff from all three organisations, Staff were encouraged to share issues, identify solutions and training needs and drive the aims of the pilot forward;
- joint training with all providers (including non ILS providers);
- sharing staff resources; and
- Trusted Assessor training.

During the pilot Supporting People provided funding for the county-wide support plan training and the Trusted Assessor training. These two areas of training were identified as priorities for two reasons. The support plan training built capacity across the whole older persons sector and ultimately provides for a seamless service for service users. In the event that a service user transfers to a different provider the processes will be familiar and the existing support plan can be reviewed reducing the need to repeat information. Trusted Assessor training was funded to ensure that service user's needs for minor aids and adaptations could be met at the earliest opportunity, negating the need to be referred elsewhere and potentially having to wait for an assessment; preventing the need for a potentially more intense, costly intervention because the level of need did not escalate. Both of which provide for a more efficient service to the service user.

Staff consultation results can be seen in **(appendix G)**

## **Bandings**

The introduction of a banded charging system is to provide a fair and equitable service that allows for flexibility and provides a person centred approach to support delivery. The system links charges to support needs and offers several levels of support that give transparency of charging to people without being overly

prescriptive. Capacity of existing staff is more accurately monitored and hours of capacity identified that will enable staff to provide support to those living in the community.

A considerable amount of time and effort has also gone into developing a chargeable banding system (**appendix I parts 1, 2 & 3**). This included working with all pilot providers' financial departments to ensure that the charges for each band were accurately costed. This resulted in a rate of £20 per hour of support delivered, including travel and admin time as well as face to face contact. The pilot providers were then able to allocate a maximum time per client within each band.

As a result of feedback from the staffing event and the announcement of 40% cuts, the bandings have been revised. The original bands included additional hours above the contract value, which allowed increased flexibility. The revised bandings now have a maximum number of hours available, which relate to the cost and capacity of each band.

As part of the banded system, all tenants needed to be assessed. The pilot providers developed a self assessment tool (**appendix J**) which was sent to all tenants to complete. Staff then worked with tenants to ensure that the correct assessment had been made and the tenant was suitably banded. Following the amendments to the bandings, this process will need to be repeated.

Pilot Providers created a workbook (**appendix K**) to monitor movement within the bands and time spent within each band. The purpose of this was to monitor capacity, as well as report performance indicators to SP. It also provided a wealth of intelligence which can be used for future commissioning.

The amount of time spent on administration was significantly reduced through the change to a Block Gross contract. Providers no longer had to complete and return SP1a forms (the form used to validate eligibility for Supporting People Grant). Reconciliation of Supporting People Grant was also much simpler from a provider perspective as Tenant Subsidy Schedules no longer reconciled. Supporting People also had a reduction in administration for the same reasons. There were also potential administrative saving in terms of Performance Indicators where providers reconfigured their staff teams and services (the staffing performance indicator was mandatory in Cornwall at the time of the pilot). This too would reduce bureaucracy for Supporting People.

## Hubs

The pilot providers and the SP team have been working towards the implementation of a hub and spoke model. The aim of this model is to develop suitable existing sheltered housing schemes that could be used as a facility by the wider community and not just those living at the scheme. Many of the communal lounge facilities are currently little used by those living there.

The pilot providers have identified nine suitable existing sheltered housing schemes as possible hub sites (**appendix L**). The schemes listed were chosen because they all have:

- excellent communal lounge facilities;
- are in good locations, in areas with local demand;
- in many cases these schemes will only need a small capital investment to provide good facilities that can be accessed by older people in the wider community, whilst maintaining the safety and security of existing tenants; and suitable office facilities.

Providers have utilised previous residential staffing accommodation (generally 3 bed flats) and converted to office accommodation. The longer term hope for this is that the providers will be able to work with other organisations to deliver services from geographical locations.

The development of the hubs is seen as an ongoing project, which will happen through development of events and social activities, as well as future opportunities for capital funding.

The pilot providers produced a role profile and advertised for an Activities co-ordinator post (**appendix M**). Following interviews the providers were unable to recruit due to relevantly skilled applicants not applying for the post. This was then put on hold due to uncertainties over future funding.

A menu of services was developed but due to the unsuccessful recruitment of an Activities Coordinator this piece of work was also put on hold. However within the individual organisations social events are arranged and held, including:

- Exercise sessions, including provision of Wii's
- IT classes
- Cognitive Stimulation Therapy
- Cultural events
- Pamper sessions
- Darts
- Foot clinics

## **The Findings**

Discussions with SP and the ILS providers regarding performance monitoring gave an opportunity to review these requirements.

This work demonstrated the need to concentrate on outcomes for service users, housing, social care and health in terms of quality of life, prevention of unnecessary hospital admissions, more speedy discharge from hospitals, delayed admission into care homes, reducing crisis admissions to acute services, enabling people to stay in their own home for longer, As providers of housing related support services

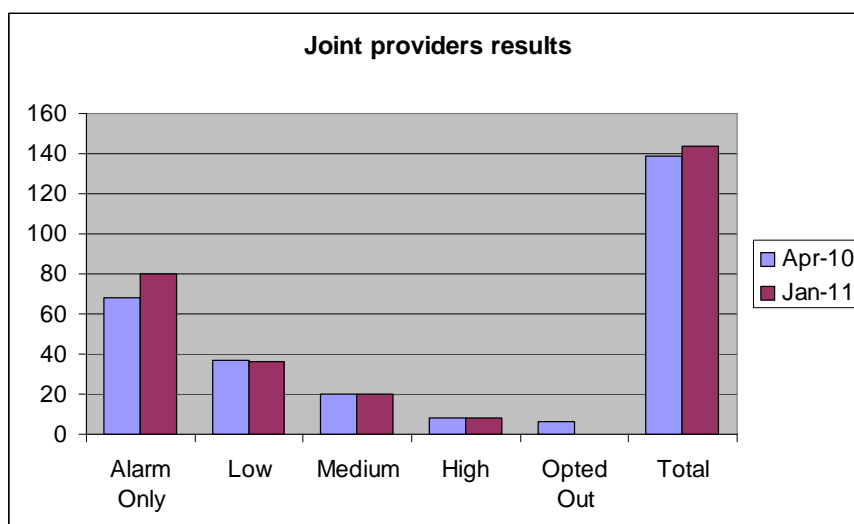
delivering the aims of the preventative agenda, the ILS providers needed to record information in a way that evidences what housing related support can achieve and save for service users, housing, health and social care.

The ILS providers will be working towards a more evidence based, outcome focused monitoring tool. This will provide evidence for housing, health and social care as to the benefits of investing in housing related support.

A number of significant efficiencies have been identified during the pilot. These include:

- Removal of the SP1 process. No need to complete an SP1 form and send to SP team manually for receipt. Under the previous contracting arrangements a SP1a or SP2 form had to be completed to claim Supporting People grant for eligible clients. Removing the process represented a significant saving against staff resources for both the providers and Supporting People.
- Providers no longer needing to reconcile SP list against individual accounts. A further saving of staff resources.
- No delay in funding for people moving in or out of the service reducing anxiety for service users and reducing the amount of front line support time spent chasing payments.
- Equal regular monthly payment to providers making budgeting easier for providers and Supporting People.
- Service users can move seamlessly between services with a common support plan process across the older person sector this also saves staff time.
- SP team no longer producing a list of individual payments per client by address to each pilot provider (over two thousand individual payments that no longer need calculating and reconciling).
- Utilising staff resources to the maximum e.g. Coastline provided staff to Carrick during a period of maternity leave – saved on expensive agency staff and the need to train the staff member when only needed for a short period. Coastline staff was already familiar with ways of working, gave an opportunity to test joint working and demonstrated a trusting relationship.
- SP funded 'Trusted Assessor' training for ILS staff members to develop specialism's within their portfolios, supported heavily by the ILS pilot providers
- The pilot has proven both to providers and the SP team the value in partnership working and what can be achieved through working together. The ILS project has developed a model of 'Hub & Spoke' that can be replicated across the County.
- The value placed on the service by those who are Self funders. At the start of the pilot the 3 providers had a total of 139 self payers; this has now risen to 144.

The chart below demonstrates that self payers value the service and have continued to pay at various levels according to their need.



During this financial year providers received 5% less of their contract value, which has been withheld to pay for the transitional banding. A process was not developed to collect this and it has proven to be an unwieldy and inefficient process. It would be better for providers to receive the full contract value and monitor and report on those in crisis. This would not restrict providers to delivering 5% of their contract values to crisis and would therefore reflect need more accurately. (See transitional Banding, **Appendix N**)

The above efficiencies, coupled with the introduction of the banding system have meant that capacity has increased. A major success has been the potential to support an additional 900 older/vulnerable people within the wider community at the same contract value. This equals a 47% increase in service capacity

## Gap analysis

Further areas of work needed;

- Improvements in remote monitoring/out of hours/mobile services by community alarm centres.
- The potential to increase to a seven day service
- Delivering support services into the wider community
- The recruitment of an Activities Co-ordinator
- The mainstreaming of Telecare/ Telehealth
- Consideration needs to be given to the integration of the proposed health and social care hubs and the hub and spoke model to identify further efficiencies
- Culture change, training across all stakeholders.



- Specialist Skills
- Integrating care and support
- Long term planning for efficiency savings
- Implement the Trusted Assessor training
- Further investigation into the financial viability of the banding charging system
- Development of systems to ensure that self funders are identified.

## Conclusions

The ILS pilot has achieved its main aim of identifying and delivering a model of high quality housing related support services that offer the following:

- A hub and Spoke method of service delivery
- A banding system that can be used across a variety of support services
- A banding charging system that is needs led
- A service that can be delivered tenure neutral
- Value for money/efficient use of funding
- Flexible and responsive to need
- Prevents crisis and provides a greater focus on promoting independence and re-enablement
- Compliments and dovetails with statutory and voluntary organisations
- Listens to and incorporates the views of the service user
- Enables people to make informed choices about their home, support service and care needs
- Transparency in costs
- A menu of services
- Seamless transfer between services

The ILS providers have produced an interim progress report (**see appendix O**) detailing the work achieved up to March 2010. It also includes areas for further improvement.

## **Appendices**

Appendix A – Service Specification

Appendix B – Service Method Statement

Appendix C – Staffing Method Statement

Appendix D – Communication Strategy

Appendix E – Project Plan

Appendix F – Consultation Project Plan

Appendix G – Staff Consultation Results

Appendix H – Resident's Survey Results

Appendix I – (Parts 1&2&3) – The Banding System

Appendix J – A Self-Assessment Tool

Appendix K – A workbook

Appendix L – Potential Hub Sites

Appendix M – Activities Coordinator Role Profile

Appendix N – The Transitional Banding

Appendix O - The ILS Providers Interim Report

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