

Personalisation, prevention and partnership: transforming housing and supported living

About Sitra

Sitra is the umbrella organisation committed to raising standards in the housing, care and support sector. We are a membership organisation and a registered charity with over 25 years experience of offering practitioners a range of affordable policy, training, consultancy, information, conference and capacity building services.

Our membership comprises almost 800 practitioner organisations in the field of housing with care and support. Members are drawn from both providers and commissioners, and from the statutory, voluntary and private sectors. We operate throughout England, and have offices in London, Bristol, Newcastle and Birmingham.

Our members keep in touch through the monthly Sitra Bulletin which is widely recognised as a key source of technical information and policy development news throughout the supported housing sector.

If you would like to join Sitra, please contact the Membership Administrator on 020 7793 4710 and ask for an application form or download one from www.sitra.org

Foreword

This paper was written to capture the views of a wide range of practitioners and policy makers working within housing and supported housing as part of the debate around how to deliver the aims of the Government's Putting People First agenda for the transformation of care and support.

We believe that their experience and insight are a significant contribution to the debate that led up to the drafting of the Green Paper on Care and Support.

Vic Rayner, *Chief Executive, Sitra*

Introduction

Between November 2008 and February 2009, over 400 stakeholders came together in a series of events organised through a positive partnership between Sitra and Housing Learning and Improvement Network (LIN) to highlight best practice and explore the implications of transformation.

The seminars, *Transforming Care and Support – Housing Matters*, took place across the country, in Manchester, Bristol, York, London and Birmingham. They were attended by a range of stakeholders from the provider (voluntary and private) and statutory sectors, with another 3,400 expressions of interest received. Presentations were made by relevant government departments, local authorities, providers and their representative bodies. Speakers included John Bolton (Department of Health) and Jeff Jerome (Association of Directors of Adult Social Services).

In addition, round table discussions were facilitated and recorded, focusing on the topic headings of personalisation, prevention, safeguarding and partnership. Copies of all the presentations from all the seminars can be downloaded from the Housing LIN website (www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing).

The discussions centred on how housing and housing support services could build on their traditions of meeting need to deliver greater personalisation and client-directed services and outcomes.

Effective housing and housing related support are crucial in the ongoing drive to transform care and support in England. The provision of excellent services forms an essential part of the preventative agenda which enables individuals to retain their independence and involvement within their local communities.

Focus groups within the consultation concentrated on the implications of the paper for housing – in particular, housing for older people, purpose built supported housing for other vulnerable groups and general needs housing, where residents might be in receipt of care and support in their own homes.

The comments and representations summarised in this paper demonstrate the spectrum of opinion around transformation. We feel it is vital that the voices are heard – whether demonstrating concern or support – as without this broad understanding of context it is difficult to move forward.

Key consultation themes include:

- There are many parallels to be drawn between the service user focus of housing related support and the transformation agenda. The highly developed use of support planning bring a direct focus to the needs of the service users and the sector holds many examples of best practice which should be shared as the transformation agenda develops.

- The scale of change needs to be recognised. Providers, authorities and service users will all need to work in different ways. It's not just a change in funding or procurement mechanisms.
- There are significant challenges in reconciling strategic needs based commissioning and service delivery based on individual choice and aspirations.
- There are also significant challenges in reconciling safeguarding with a philosophy which is explicitly designed to transfer decision taking (and with it inevitably a degree of risk) to the service user. However while this may, particularly for the more vulnerable or chaotic groups, mitigate against some ways of using Personal or Individual Budgets (IBs), for example, it does not undermine the principle that the client should be at the heart of choosing and directing the services that meet her or his needs.

Personalisation

Snapshot summary

Key themes included:

- The importance of viewing personalisation as a wide policy objective meaning that individual clients will be central to ensuring their own needs are met in a more responsive and effective manner.
- Personalisation is not just Individual Budgets (IBs). They are just one of the ways to transfer purchasing power and control to the service user.
- Personalisation itself is one of the underlying philosophies driving the transformation agenda and is here to stay irrespective of the delivery mechanisms.
- Delegates felt that there would be no "big bang". The introduction of IBs and other forms of personalisation in supported

housing was likely to be gradual and would require careful risk management, especially where purpose built schemes depended on revenue income streams from care and support budgets.

Delegates were supportive of the vision and values behind the personalisation agenda. They were, in general, positive about the ability of the statutory and provider sectors to adapt. However, they were concerned that the more radical forms of personalisation, such as cash IBs, should not be seen as a 'one size fits all' solution. In particular, services to socially excluded and unpopular/marginalised groups, such as rough sleepers, offenders and substance mis-users, might need to be personalised in other ways.

Bitesize concerns

Workforce issues – Personalisation presents challenges to the workforce in relation to skills development, cultural change and working patterns. There will be the need to learn new skills and work across traditional demarcations, in order to provide the service required by the user. For many staff it will require a cultural as well as practical shift, which could be addressed through training across disciplines to support a more holistic understanding of needs. Working arrangements would need to accommodate the fact that some services users would want a completely different kind of relationship, with implications for working hours, location and methods.

Delegate suggestion

- Development of multi disciplinary training is needed to develop a more holistic understanding of needs.

Personalisation of "accommodation-based" services – This was one of the areas of greatest concern for delegates. Purpose built services

have been developed at great expense to cater for needs identified by commissioners – for example, extra care housing schemes, successful examples of which have proved very popular with many older tenants and owners. Delivery of care and support on site by a particular provider is inherent in the service model, and may not be easily adaptable to “ad-hoc” spending decisions by individual service users. Providers will face substantial business risks if they invest capital in new building with no guarantee of continuing revenue support for running costs.¹

Delegate suggestion

- Access to schemes should be arranged so that the users have a real choice at move-in and sign-up stage. The detail of the care and support provided is always agreed in a written plan and has considerable scope for adjustment in light of individual needs.
- ‘Core’ contracts should be developed by commissioners and providers, to cover night-time and emergency / unplanned care and support needs. Additional, planned care and support (bespoke) services could then be purchased individually by service users, through the use of IB’s or similar arrangements. All services would be delivered in a personalised way.

Some services need group decision – but individual choice may be taken away if rest of group want something different.

London delegate

Provider issues – Providers will need to become much more adaptable, and there will be internal cost and resource implications to achieve this. They would also have to “market” much more effectively, directly to “the public” rather than focusing mainly on commissioners and funders. The providers who were present were uncertain as to how the market would be influenced by commissioners, regulators and other stakeholders whose roles would also be changing. There can be a reluctance to share innovation due to the element of competition between providers.

Commissioning and procurement – the status of commissioning was seen as uncertain. Will it evolve to become more about “market management”, for instance through maintenance of approved and/or accredited provider lists? How will commissioners reconcile long term needs modelling and strategic planning with a much more market driven system? Will service users (possibly in groups intended to maximise their purchasing power) become “micro-commissioners”? All these possible developments seemed at odds with the recent perceived drive towards top-down specification of service requirements and formal competitive procurement.

Delegate suggestion

- Commissioners should reinforce the key principle that service user involvement should be at the centre of all levels of service design and delivery.

Brokerage and advocacy – delegates saw the need for service users to be supported through the changes (and supported if they chose not to change – there is significant evidence from a

¹ Readers of this report may be interested to read “Building Choice” which explores how Individual Budgets can work in accommodation based support services for older people. The report discusses issues and solutions raised at a meeting of stakeholders in older people’s housing organised by Housing 21 including how housing providers can help older people put together personalised support packages, how to achieve flexible staffing and management structures, and some of the implications for sustainability of housing models. The report and a related discussion board are available at housing21.co.uk

range of sectors that only a substantial minority of consumers are interested in the concept of “switching” service providers). For example, what about a group of sheltered housing residents who might choose to retain the services of a warden, in the face of a local policy drive towards peripatetic support? Commissioners and other officials might not be sufficiently independent to act as brokers or advocates. Arguably, providers are compromised in this regard as well. The experience of self-payers in the market to date suggests that the market is very difficult to engage with, even when people are prepared to spend their own money.

Delegate suggestion

- The complexities of the established roles of commissioners and providers within the market may mean that in order for service users to receive truly independent advice about how to meet their needs a significant new network of advocacy and brokerage services may need to develop.

The role of advocacy and advocates is key to personalisation – therefore people need good training/ good practice and clear advocacy standards.

London delegate

Resource Allocation and Means Testing – delegates were generally unclear as to how means tested contributions to IBs would be worked out and whether all the component parts of IBs (some of which, such as health care related elements and

short term SP subsidy, were currently non-chargeable) would be affected. There was, in some delegates’ minds, a case for banding and even a benefits type approach, especially as the exact nature of the expenditure from the IB would be very much at the discretion of the service user.

Prevention and safeguarding

Snapshot summary

Key themes included:

- Recognition of the contribution of housing related support in preventing an individual’s circumstances deteriorating and increased social and service costs arising as a consequence.
- The role of extra care housing in preventing moves into expensive registered care homes.
- The importance of effectively safeguarding vulnerable tenants living in general needs social housing.
- The DH’s consultation on No Secrets.²

Delegates welcomed the review of No Secrets and were positive about the extent to which good practice and partnerships could lead to improvements in the future. The seminars took place at a time when child protection issues had a high public profile and there was a strong desire to maintain and improve the effectiveness of safeguarding and to combine personalisation with prevention and effective risk management.

² This is a review of the DH’s 2000 guidance to improve the protection of vulnerable adults and address abuse in all its forms within the care system. The review will also focus on personalisation and promises to help empower people to recognise and manage risk.

Bitesize concerns

Reconciling prevention with personalisation – many delegates saw prevention as a well established, essentially top down approach, driven by government “spend to save” programmes such as Supporting People (SP). Similarly, Extra Care Housing had received considerable impetus and funding from DH. Delegates were concerned that service users might choose only to address their own short term needs (or even not address their real needs at all) leading to a diminution of preventative gains. Support plans might need to express preventative outcomes quite differently from the way in which they do at the moment.

Delegate suggestion

- First, we need a shared vision between health, housing and social care. Particularly around extra care housing.

Professional boundaries – some saw “personal assistant” and other emerging working arrangements as being at odds with the robust approach to professional boundaries that has been established over the last few years. Others saw it as a chance to recognise (and professionally support) the personal relationships inherent in the provision of effective care. Service users may need support in cases where they become employers.

Delegate suggestion

- Personalisation is about accepting a degree of risk in order to enable the individual to take control. There is an inherent tension between this and safeguarding/duty of care.

Risk management – It appears that the current inspection, performance management and outcomes monitoring arrangements do not always prevent serious problems arising from systemic weaknesses. Personalisation presents further challenges and a chance to get it right. However, the right balance needs to be struck between enabling people to take their own risks and duties of care towards vulnerable adults.

Accountability and quality – In a system that is less prescriptive about how money should be spent, standards will have to be achieved and maintained in some other way (e.g. mandatory training, outcomes monitoring). There was some concern that users may choose cheap services (perhaps provided by rogue traders) above high standard ones. It was suggested that self employed and other informal suppliers of services could be included within the Independent Safeguarding Authority (ISA) remit, or use the QAF lite as a quality measure.³

Delegate suggestion

- We need meaningful outcomes measurements to map actual “prevention” achieved. Support planning is the key to safeguarding.

Prevention of abuse and information sharing – growth in the less regulated sector is likely to lead to even more challenges than there are currently. For example, general needs housing staff will need to be aware of a wide range of possible care and support arrangements. The post No Secrets regime will need to be far more responsive and comprehensive than it is now. To quote one group, “every contact counts”.

³ The Independent Safeguarding Authority exists to prevent unsuitable people from working with children and vulnerable adults. It works with the Criminal Records Bureau to operate a “vetting and barring” scheme which enables employers to check that potential or actual employees do not have a record of criminal activity which would make them unsuitable for the job. The QAF (Quality Assessment Framework) is used by providers and commissioners to assess the quality of housing related support services against agreed standards, and the QAF lite is a “light touch” version of the QAF suitable for very small scale providers, including individuals.

Delegate suggestion

- There is a need to train some types of workers other than those in obvious support roles – such as housing repairs staff – on safeguarding.

Partnerships and performance

Snapshot summary

Amongst the key points made were:

- There has to be key buy-in at the right level across the partnership area. To be effective, provision needs ownership by the various statutory sectors, health, care and support to make the services work.
- Not all collaboration models work for all providers. A variety of consortia and sub-contracting methods were tested with different levels of success.
- Where collaboration was well planned the impact on the lives of individuals was significant, as was the reduction of acute admissions in many cases.
- Collaboration could lead to new opportunities to deliver services in areas of unmet need and for more imaginative commissioning to take place.

Delegates saw collaboration as fundamental to maintaining and increasing sector capacity. They also thought that it would enable them to meet a wider range of needs. There was, therefore, a desire for some very clear steers towards genuine joint working in both the statutory and provider sectors.

Bitesize concerns

Adaptability and partnership working – delegates largely embraced the need for providers to work in partnership, as a means of delivering across a range of disciplines and boundaries. However, they did point out that there were set-up and ongoing costs associated with partnership working that were not always allowed for in contracts. Effective partnerships also take time to set up. Commissioners and funders need to be realistic about this, especially as partnerships of statutory bodies can be very slow to make decisions.

Delegate comment

- Good partnerships are built on developing trust over a large number of years.

Shared vision – This was seen as the main element of success, involving both a clear vision of the goals of the partnership and a clear understanding of the contribution of each partner.

Models of partnership working – recent initiatives such as hact's Collaborate project⁴ have been extremely useful in terms of explaining the range of partnership options. However, there is still a need for guidance and a "shared language" across sectors. Good practice examples, where training and helpline facilities have been laid on, need to be adopted widely.

Commissioning partnerships – there was a view that the good stated intentions of commissioners have sometimes been undermined by the formality or time scales of competitive procurement exercises. If partnership working is not valued per se (that is, allocated potential marks in tender evaluations) consortium bids can look

⁴ *The Collaborate Project, run by hact in collaboration with Sitra and the CLG aimed to help local, community-based housing support providers to thrive within the changing SP framework by developing collaborative approaches to tendering and delivering services. Details can be found at www.hact.org.uk or on the SPK website at www.spkweb.org.uk*

uncompetitive. Commissioners need to help with capacity building well before bids are expected.

Delegate comment

- Formal tender process can 'reward' the providers who are savvy at writing bids – however they might not be the best at delivering outcomes.

Performance and outcomes – Outcomes-focused commissioning needs to go hand in hand with outcomes-focused delivery, if personalised services are to be delivered in a more responsive, less top-down or over-specified manner.

Delegate suggestions

- Commissioning should be outcomes focused – rather than based on detailed inputs/output specs.
- There should be shared vision based on outcomes for the individual. Stakeholders should agree common outcomes and be clear about respective roles and responsibilities.

The removal of the Supporting People ring fence – Many delegates expressed concern about the removal of the ring fence.⁵ Many were worried that money would be diverted, particularly away from the less “popular” groups to statutory or other local priorities. It was recognised that SP services would have to use the extensive data on needs, effectiveness of service delivery and outcomes available to make the case for continuing investment.⁶

Many delegates also felt that the removal of eligibility criteria related to the ring fence would enable the development of more flexible service models cutting across housing, health and social care.

Some final thoughts

These conferences made clear that housing support services are often already highly tailored towards individual clients and, through support planning processes, self directed to a significant degree. This does mean that the sector is naturally positive about and responsive to the push towards further personalisation. There was an overall feeling that personalisation is something to embrace for the benefit not only of service users but to help enable commissioners and providers to continually improve their services.

Furthermore, delegates saw housing and housing related support services as playing a key role in the transformation/ Putting People First agenda, with its focus on enabling people to make their own lifestyle choices, including where they choose to live, and the move towards delivering care closer to home. The lifting of the Supporting People ring fence brings opportunities as well as challenges, with the chance for commissioners to work with care

⁵ Money for Supporting People services has been paid to local authorities as a specific sum of money ring fenced for that purpose. From 1 April 2009 this money will be paid as part of a borough's Area Based Grant and may therefore be spent in any way an authority sees fit.

⁶ Investment in housing related support and preventative services can prevent significant “downstream” costs, for example on residential care, health or criminal justice costs. Work undertaken for the CLG and published in January 2008 calculated the scale of these savings on a national level at £2.55b net for an investment of £1.7b and work is currently underway to update this cost benefits realisation work and to develop a model for use in individual local authorities.

and support providers to develop seamless services based not on service categories but on the needs and wishes of individual service users.

There is considerable scope to develop further client involvement in service and strategic planning, as well as in individual support planning, and there is much to do in developing methods for service users to exercise choice at the point of access over the service they receive and who provides it.

Where delegates foresaw difficulties or challenges they were generally raised in the spirit of wanting to overcome them to make personalisation work.

However significant further work is required on a number of issues, including:

- How to reconcile strategic, needs based, service commissioning with individual purchasing decisions.
- How to monitor value for money and outcomes for personalised services.
- How to ensure that personal choice for individuals is reconciled with choices for a group (e.g. where a service requires a minimum number of users to be viable).
- How to reconcile the delegation of decision taking (and therefore risk) with safeguarding principles and risk management by commissioners and providers.
- How to maximise choice and self directed support in services where the provision of accommodation is necessarily integrated with a particular service and support model.
- How to ensure that greater choice for users stimulates innovation and quality in what providers deliver, rather than increasing financial risk to a level where they cease to be viable potentially leading to the contraction of the market (and therefore of choice).

- How to ensure that all providers learn from and catch up with the best and the most innovative.
- How to bring about the changes in culture, attitudes and skills in the workforce necessary for successful and meaningful personalisation of services.

The fact that these challenges are raised, and are not negligible, does not mean that they cannot be met. There are already organisations coming up with innovative and positive ways of meeting them and part of the continuing work arising from the seminars, being undertaken by Sitra and others, is to identify and disseminate this emerging good practice, and to use it to inform the Green Paper and the continuing development of excellence in housing related support services.

Other useful publications

Department of Health (2008), **Making Prevention Happen: Learning from the Partnerships for Older People Projects and Other Key Initiatives**

Department of Health (2008), **Personalisation Self-Assessment Toolkit**, available on-line at www.personalisation.org.uk

Department of Health (2009), **Care and Support Green Paper due to be published June 2009**

HM Government (2008), **Putting People First: A shared vision and commitment to the transformation of social care**

CLG (2009), **Learning and Experiences from the Individual Budget Pilot sites**, Kate McAllister and Shaun Bennett available to download at www.spkweb.org.uk

Sitra (2008), **A Provider's Guide to Procurement**

Sitra/LAG (2007). **Supported Housing and the Law** by Sue Baxter and Helen Carr

Presentations from the Sitra/Housing LIN events can be found on at:

Birmingham: www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingEvents/ArchivedEvents/ArchivedHousingEventDetail/?eventID=407

London: www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingEvents/ArchivedEvents/ArchivedHousingEventDetail/?eventID=406

York: www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingEvents/ArchivedEvents/ArchivedHousingEventDetail/?eventID=405

Bristol: www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingEvents/ArchivedEvents/ArchivedHousingEventDetail/?eventID=404

Manchester: www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/HousingEvents/ArchivedEvents/ArchivedHousingEventDetail/?eventID=403

Sitra training: personalisation

A half day course aimed at Commissioners and providers of services, at all levels. The course covers:

- What is personalisation?
- Impacts of personalisation on your service
- How to create a personalised service
- Multi agency working within personalisation.

To find out more, visit www.sitra.org.uk



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