

# Housing Learning & Improvement Network

Care Services Improvement Partnership 

Health and Social Care  
Change Agent Team

## Health and Social Care and the Supporting People Programme

By **Robin Johnson**, social worker, researcher and adviser on mental health and housing, member of the National Institute for Mental Health in England's national housing reference group

To many people working in health and social care, housing remains "another world", and the hybrid world of housing support and Supporting People is almost as baffling. The "Stop-Go" expansions and retractions of the past 10 years seem to have left many people – perhaps understandably – quite unclear now about what the SP programme really offers, and where it is all going.

These two articles, recently published in Community Care magazine, make the case for suggesting that Health and Social Care agencies should pay far more attention to the latest policy guidance coming from the Supporting People programme.

**The Twain Shall Meet** finds ODPM re-stating the original SP ambition to facilitate a more co-ordinated approach to preventive key support, outside or in parallel with the traditional spheres of community care. This provides a mechanism for delivery of the low-key support that recent government guidance continues to demand, which offers a direct counterpart at locality level to the role of PCTs in public health.

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**All in the Same Boat** goes further, suggesting that, in the detail of the new guidance (technically at this stage still for consultation), there are quite radical opportunities for re-drawing old agency boundaries. Taking mental health as an example, the author - a social worker, researcher and writer on mental health and housing – teases out the implications for more integrated commissioning, and more flexible services, rooted in their community.

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## **THE TWAIN SHALL MEET**

### **How the demarcation line separating support and care services is being erased**

The new Supporting People national strategy, unveiled for consultation in November, represents a major step forward for this complex but important area of social and welfare policy. It shows that the Supporting People programme has turned a corner, and is ready to rebuild and reposition itself as a key social policy platform of this government.

Government proposals in the consultation suggest that the strategy should adopt different approaches for those needing housing support with care; those needing low-level support; and people needing crisis support.

Yet there are already signs that health and social care services are missing the significance of this new approach. This is perhaps understandable. Health and social care services are pre-occupied with their own core priorities, budgets and modernisations. Three years of hectic service and policy development in Supporting People, followed by two years of cuts and painful retraction, does not tend to give clear signals to other local agency partners about where it is going.

Those early cuts caused additional frictions between local Supporting People teams, providers and community care agencies, jeopardising both the credibility of support services, and the original ambition for the programme to co-ordinate services locally. Small wonder, perhaps, that health and social care have tended to get on with their own affairs, disappointed at the lack of resources, but otherwise simply shrug and leave Supporting People to sort itself out.

But the new strategy moves us on. The consultation document itself is thoughtful and clear about the dilemmas and options. It is also refreshingly frank in its dismay at the way that some local authority Supporting People teams have interpreted their new responsibilities. But let us consider the two aspects of the strategy that will have most impact on social care.

First, we are told that the support services of the future can cross the care-support boundary. For the service users, support provides an invaluable new form of low-key and practical assistance, as part of a package of interventions. It makes little sense for the resources for one aspect of the service to be inflexibly and hermetically sealed from others or to work to any artificially brief timetable - in effect, to impose a funding-led black and white distinction upon a needs-led patchwork of greys.

But we had simply not heard this from the Office of the Deputy Prime Minister before. For two years, we have instead seen attempts by local Supporting People teams to demarcate between support services and care services. It has been argued, for example, that anything over eight to 10 hours a week, or taking more than two years to achieve full independence, cannot be support; it must be care.

Now, it seems, these artificial boundaries may be crossed. In fact, that may become the expectation. As the Supporting People document states: "We believe there are opportunities to improve how these services are commissioned and provided as an integrated package", and later, "where services are commissioned by a local authority, there seems little reason why they [care and support] should be provided separately".

This is welcome. But even this is only a prelude to what is perhaps the most radical suggestion of all. Discussing the pros and cons of retaining the Supporting People grant as a separate funding stream, the document states: “Whilst a ring-fenced grant has helped to manage any risk of funds being diverted to other service streams, it seems to have created a perception that this is the only public funding which can be invested in housing-related support.”

This opens up a host of issues about the development of new services for the most vulnerable clients, crossing the artificial care-support divide. The strategy re-opens the debate about the role of preventive support, of supported housing as a base for community care services and an alternative to more conventional statutory services. At a stroke, this new strategy transforms Supporting People from being simply yet another beleaguered and under-funded welfare programme, restoring it to its intended role as “the glue that binds other programmes together”.

National policy statements on Supporting People have consistently emphasised an ambition to see a wider range of vulnerable individuals supported by bringing many client groups excluded from community care into the welfare net; with a greater stress on preventive services; and with local authorities playing, through Supporting People, a key co-ordinating role at local level between disparate programmes and agencies.

There have been many sceptics who argued that the real purpose of Supporting People was simply to cap the rise in benefits spending on housing. The new strategy suggests a far wider and bolder vision. The three Rs of Supporting People are: re-focus social and community care services on preventive work; repatriate to local authorities their role at the centre of joined-up government at locality level; and re-position the Supporting People programme as the broker of interagency partnerships to meet cross-cutting needs.

The new proposed national strategy is bold, sophisticated, realistic and radical. It redraws the map of established boundaries between services and agencies, including between health and social care, and between the voluntary sector and statutory agencies. It will have a major impact on community care policies in the years ahead. Inevitably, it is complex, but it deserves careful consideration and response from social and community care services, planners and managers, and service user groups.

## **ALL IN THE SAME BOAT**

### **Example of the mental health sector to explore the implications for the development of integrated services and commissioning**

What would it mean in practice if mental health support services could span the care-support divide? And, crucially, what would it mean if other funds could be transferred into the local Supporting People pot should local agencies agree that housing support services need to be expanded?

In 1999, the National Service Framework for Mental Health called for a continuum of accommodation for those with mental health problems, with staffed and supported accommodation, long-stay secure accommodation, crisis and refuge places, service user-

run sanctuaries, family placement and respite, and supported living options, including individual tenancies and shared living with flexible support.

However, the framework at that time offered no mechanism for achieving these aims. More curiously, perhaps, the framework itself made no reference to Supporting People, which was launched in the same year. The early growth of mental health housing support services was therefore largely uncoordinated, piecemeal and needs-led, with housing services simply responding to the problems they found.

Mental health housing support services came into being with no baggage of theory or contractual preconceptions from funding agencies as to what they should do. Their only limitation lay in what housing benefit would fund. Otherwise, they were free to evolve in a purely pragmatic, needs-led fashion.

Meanwhile, across the housing-health divide, with the creation of the National Institute for Mental Health in England, there was new thinking coming from within the NHS. There is a greater impetus now to consider a broader modernisation of the vision and practice of community mental health care, with more focus on social inclusion, a greater emphasis on interagency partnerships and on the approach known as “recovery” - an elusive concept that, to over-simplify, suggests that individuals may be encouraged and supported to define their own goals for independence.

Such user-led support planning may be radical in the statutory services: but it is where housing support services largely began. From its origins, what we now call “housing-related support” was person-centred, goal-oriented and, in many respects therefore, closer in spirit and in practice to the “recovery” approach. This is unsurprising. It is always easier to develop new thinking in new services. Rather than turning round the supertanker, it is often much simpler to launch a flotilla of small boats.

Mental health services that now wish to move towards a recovery approach could do worse than look to those services whose practice already works on this basis. Similarly, services bent on modernisation and “service redesign” could well look to the housing support sector as natural partners in developing new models for the new century - particularly where keen to review the role of voluntary sector, and of user-led and user-managed services.

How then might the new Supporting People strategy affect this modernisation agenda? First, if support services can span the care-support divide, with funding from both sources, we must remember that the regulatory framework<sup>(1)</sup> defining the demarcation line between services that must be registered as care, rather than as support, remains the routine provision of intimate “hands-on” physical care - assistance with bathing, going to the toilet, cutting up food and similar functions. But such needs and such hands-on input are the exception, not the rule, in mental health.

It follows that many services such as home care and residential care should be regarded as support; and the funding which goes into them could equally well be buying services through Supporting People. It becomes possible again to envisage a programme of reconfiguration of care homes as supported accommodation schemes. There is no windfall funding now to ease and incentivise the process. But if the pattern of local services does not meet local needs, there is now the flexibility to change the pattern.

In many areas, the pattern of mental health resources remains locked into institutional and high-cost care. The problem is experienced as a casework problem - to find suitable options to this individual occupying this bed. But we do know that in some areas there is little or no supported accommodation and an over-reliance on registered care homes and hospitals.

However, it is not social care funding alone that can be moved to recommission and reconfigure support services. Where local health budgets are tied up in hospital provision, whether acute or long-stay, simply for want of something different, it is not inconceivable that health, through Health Act flexibilities, could choose to fund housing support services. How otherwise will we ever see the creation of alternatives to admission, early discharge services, "stepdown" accommodation, user-led or user-managed services, and extra-care sheltered accommodation, as called for in the framework?

The opening of the local Supporting People pot to additional input from other local agency sources, therefore, has potentially huge implications for integrated commissioning. It would require levels of shared budget and co-operation some way in advance of what we find in most areas now. Any new local strategy must also be based on a comprehensive mental health accommodation needs analysis, which includes all areas, from "hotel" services in continuing care to floating support for those at risk. Quite how far this whole process could go remains to be seen.

Of course, it will come down to money, as it always does. But one key feature is clear: the decisions will be taken down at locality level, with the local authority playing a key facilitating role, through the Supporting People pot. There will be some complex and difficult negotiations to be had. But the mechanisms of Supporting People were always intended to give the scheme the brokering role for interagency programmes and partnerships at local level. That ambition, it seems, is back on track. We must now see where it can take us.

### **References**

(1) Department of Health/Office of the Deputy Prime Minister, Guidance on Residential Care and Supported Accommodation, 2002

### **Note:**

The author has provided questions about these articles to guide discussion in teams. These can be viewed at [www.communitycare.co.uk/prtl](http://www.communitycare.co.uk/prtl) and individuals' learning from the discussion can be registered on a free, password-protected training log held on the site. This is a service from Community Care for all GSCC-registered professionals.

### **Further information**

C Williams and R Johnson, *What Is to Be Done?*, Nimhe, 2005 The discussion forums on all aspects of the Supporting People programme are at [//www.spkweb.org.uk/wb/default.asp?boardid=SPK](http://www.spkweb.org.uk/wb/default.asp?boardid=SPK) R Johnson, "Mental health and housing: making the links in policy, research and practice", *Journal of Public Mental Health*, 4 (4), pp21-28, 2005

For more about the consultation go to <http://www.odpm.gov.uk/>  
R Johnson et al, *At Home?*, interim report summary, Nimhe, 2005  
C Williams and R Johnson, *What is to Be Done?*, Nimhe, 2005

## Other Housing LIN publications available in this format:

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