NATIONAL HOUSING FEDERATION

Housing Learning and Improvement Network

Housing LIN

Neighbourhoods with the Resilience to Care

A viewpoint on developing the contribution of housing services for adults at risk of exclusion.

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CONTENTS

1.   INTRODUCTION

Adequate and appropriate housing and housing related services play a crucial role in improving the life chances of adults who are at risk of exclusion. Inappropriate housing can also reduce the ability of people with poor health or a disability to lead independent lives and participate in the community and a lack of settled housing is one of the key factors that can cause social exclusion, high-risk behaviour or cause a move on to more institutional forms of care and support. As such, the providers of housing and housing related support have had a key role to play in the achievement of Public Service Agreement (PSA) 16 targets[1]. In this paper, we will show those seeking to make a difference for people in these groups, be they commissioners, providers, tenants or service users, how they can use different structures to deliver health and well-being outcomes.

Timely investment in housing and housing related support can reduce demand for costly services and enable the full benefits of other services to be realised[1]. The Government's desire to see social housing shift away from traditional risk based assessments of need to ones that are more responsive to peoples' choice and aspirations is combined with consumer intolerance of a 'one size fits all'

[1] National Housing Federation (2010), Delivering social inclusion – the role of housing associations can play in PSA 16. NHF: London

DH Department of Health

approach to public services and changing expectations of independence. As service users demand greater independence, this creates challenges for commissioners and provider organisations to move away from old institutional forms or 'siloed' approaches so that commissioning intentions and joint commissioning arrangements embrace models of housing and housing related support services that deliver person-centred outcomes. There is an opportunity to treat the current squeeze in public finances as a catalyst for considering radically different ways of meeting the needs of vulnerable adults.

Eight years ago, the Wanless Report envisaged a time when improvements in productivity, public health and a reduction in high risk behaviours would begin to control the proportion of GDP[2] spent on health and social care. The recession presents a real opportunity to engage with local people, politicians and providers about delivering solutions that were previously unthinkable[3].

The recession has also been accompanied by an increasing appreciation of the importance of the neighbourhood setting in which such housing based models are set. Traditionally, there has been a concern that neighbourhoods can be exclusive and fail to embrace people from different backgrounds, with different skills and different ways of behaving. At worst, neighbourhoods can present a forbidding face to anyone who, for whatever reason, doesn't seem to fit. However, there has been a shift in thinking in recent years and increasingly there has been a focus on 'inclusivity' and on the neighbourhood as a vehicle of integration and support. An example of this are the 'Total Place' pilots; they are designed to map flows of public spending in local areas and make links between services, to identify where public money can be spent more effectively[4].

Successful, sustainable communities with the resilience to embrace change and the capacity to embrace all members are essential to civic renewal. Across all areas of government there is recognition of a need to reduce central control and increase local choice if this is to be achieved. This means ensuring that any vision for an area responds to local people's aspirations and expectations and have a community logic as well as an economic one[5].

In *Place-shaping: a shared agenda for the future of local government*[6], Sir Michael Lyons stated that the modern role of local government is 'place-shaping'. Place-shaping is defined as the "creative use of powers and influence to promote the general well-being of a community and its citizens". This requires a focus on the economic, social and environmental well-being of the local community and the local area. At the local level, Local Strategic Partnerships and Local Area Agreements are enabling local authorities, the NHS, police and other service providers to set priorities which reflect their area's needs. At the neighbourhood level, there is the intention to give people a stronger voice, enabling them to get things done and address the challenges that they face[7].

In relation to vulnerable adults, PSA 16 has aimed to ensure that those adults at risk of exclusion (care leavers at age 19, offenders under probation supervision, people receiving secondary mental health services and adults with moderate to sever learning disabilities) are offered the chance to get back on a path to a more successful life by increasing the proportion of 'at risk' individuals in settled accommodation and employment, education or training. As might be expected, there are challenges in integrating planning functions across sectors. For example, on the basis of early population projections, it is possible to anticipate the need for schools and large health care institutions. However, it is more difficult to predict the numbers and preferred location of older people, children with disabilities or people with complex needs. Indeed, in some of the new communities being planned in the South East, some commentators have stated that there has been a tendency to assume that such people will not live there[8].

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[2] Wanless D (2002). Securing Our Future Health: Taking a Long Term View. HM Treasury: London

[3] Webber J (2009). Commissioning in a Cold Climate. NHS Confederation: London.

[4] www.communities.gov.uk/localgovernment/efficiencybetter/totalplace/

[5] Molyneux P (2007) This is Somewhere I want to Stay. Joseph Rowntree Foundation: York.

[6] Lyons, Sir M. (2007). Place-shaping: a shared ambition for the future of local government. London: DCLG SO.

[7] On the role of housing associations as Community Anchors, incubating, supporting and offering services that linked marginalised people into the neighbourhood see. *An Opportunity Waiting to Happen (2009), hact,*

[8] Cave B and Molyneux P (2005). Healthy Sustainable Communities: A Spatial Planning Checklist. MKSM : Milton Keynes.

It is important that planners have a good understanding of the current and future needs for social infrastructure and the planning implications. This will require a focus on neighbourhood quality and accessibility, the nature of the housing available and the network of community resources. This will also require an understanding of how those seeking to create new housing opportunities for those who experience exclusion need to work closely with planners and health and social care commissioners to enable this to happen.

The successful delivery of PSA 16 is going to require strategic planning across regional, sub-regional and local planning structures, the joint commissioning and procurement of services for adults at risk of exclusion and the creation of synergy between revenue and capital funding streams. This means that the successful delivery of PSA 16 is going to depend on a number of strategies coming together:-

i. The Joint Strategic Needs Assessment;

ii. Strategic Housing Market Assessment which is the local authority's assessment of how the local housing market is functioning (both affordable and private housing) and an estimate of the housing and housing related support needs of vulnerable groups in the local area;

iii. The Local Strategic Partnership, Local Area Agreement and the link to that from the Supporting People Commissioning Body;

iv. The development of the Local Development Framework and any Supplementary Planning Documents that require housing or neighbourhood environments to be built to a particular standard or with specific social infrastructure requirements;

v. The Supporting People 5 Year Strategy and commissioning priorities Area Based Grants;

vi. Specific client group strategies e.g. an older peoples' strategy, mental health strategy or thematic strategies such as a well-being strategy, or the Sustainable Communities' Strategy;

vii. Social care strategic commissioning plans;

viii. PCT Commissioning Strategy Plans and Operating Plans for Transforming Services;

ix. Putting People First and transforming adult social care as reaffirmed in the recent Department of Health local authority circular.

In this paper we will explore the levers that exist within the system and how to make best use of them. Through an exploration of the current literature, we will illustrate the progress that has been made and what has been learnt to date. In the final section, we will look at how localism will play an increasing role as public services respond to the downturn and the challenge of responding to increased demand for services in a context of needing to deliver savings over the next five years. This is likely to bring into even sharper focus how neighbourhoods can develop the necessary resilience to respond positively to change.

2. OPERATING ENVIRONMENT

Managing the Downturn

Although the NHS financial settlement for the next year remains relatively generous, the forecast for 2011 and beyond is one of increasing financial constraint. The forthcoming Budget might well give an indication of how the downturn is likely to impact on public services. Whilst NHS allocations were not changed for 2009/2010 and 2010/2011 and for the remainder of the current Comprehensive Spending Review period the NHS is expecting growth of 5.5%. However, the position from 2011, and beyond, is likely to feel very different under a new government. In order to service debt interest and other pressures such as increased social security payments would require a reduction in spending across all departments of at least 2.3% per annum[9].

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[9] Tetlow G (2009). Public Spending: Institute of Fiscal Studies www.ifs.org.uk/budgets/budget2009/public_spending.pdf

At the time of writing, the Government has undertaken to maintain levels of funding to frontline services in NHS and this undertaking has been matched by the Opposition[10]. Even if this is the case it does not mean that the NHS will be immune from the effects of the downturn. Real increases in funding of up to 2% per year for the NHS – much lower than those experienced in recent years – would possibly cover the implications of demographic change but not increased costs or new technologies and pharmaceuticals[11]. If the NHS were to be protected to some degree then the impact on other departments could be even greater. The multiple impact of the demand for education, social care and support services will put an increasing strain on local authorities faced with declining income.

Increasing Demand

There will be greater demand for a broad range of public services and in particular those that are on the margins of the employment market. In April 2010, the Association of Directors of Social Services reported that 65% of local authorities in England were reporting rising demand for welfare advice, 36% were dealing with growing numbers of people seeking help for mental health problems or drug and alcohol misuse and 29% were dealing with more homelessness applications.

This will be set against the background of demographic change. There will be a need to respond to the increasing population – the UK population is projected to rise from 60.6 million in 2006 to 71.1 million in 2031 – or 17.3% over a 25 year period. By 2026, older people will account for 48 percent of the growth in households. Taken together this is likely to result in a projected 50% increase in the number of people requiring social services over the next 20 years.

The Marketplace for Housing Related Support

The market for housing and support services for PSA 16 groups is not a traditional one. Demand is mediated by i) the wishes of purchasing authorities and insurance companies; ii) the preferences of service users and carers – including the holders of individual budgets and iii) innovations in technology, medicine and professional practice. Supply is determined by i) the availability of buildings, ii) the availability of revenue finance, iii) preference of commissioners and investors, and iv) the skills, capacity and willingness to provide a service. This last point is important given that, notwithstanding the existence of Supporting People and other strategies, this is a market dominated by voluntary impulse and opportunism[12].

The major player in the market is the local authority (as planner, commissioner and purchaser) and the behaviour of the local authority is key to the way in which the providers of housing and support services can respond and contribute. Local authorities welcome the capacity of housing support providers to respond to the changing needs of vulnerable and excluded people and the platform they provide for participation in wider civil society. However, they can also adopt a narrow approach to purchasing applying downward pressure on costs. Both positions are understandable but they contribute to a market where demand is not linked to supply and there can be considerable fluctuations[13].

Regulatory Environment

The Local Government White Paper, *Strong and Prosperous Communities*, published in October 2007, committed the Government to introducing a set of streamlined indicators that would better reflect priority outcomes for local authorities whether they are working alone or in partnership with others.As a result, and also following on from the recommendations of the Lyons' Inquiry, a single set of 198 national indicators was announced as part of the Comprehensive Spending Review.

The Comprehensive Area Assessment is part of an ongoing desire to see a regulatory and inspection environment that places more emphasis on outcomes. This has meant that providers have had to take a more rigorous approach to outcome measurement so that they can describe

[10] Lansley A (2009). Speech to NHS Confederation Conference 10.06.09 www.andrewlansley.co.uk/newsevent.php?newseventid=11
[11] Appleby J et al (2009). How Cold Will It Be ? Prospects for NHS Funding 2011 – 2017. Kings' Fund: London
[12] Sitra (2009), Personalisation, Prevention and Partnerships: Transforming Housing and Support Services. Sitra: London
[13] Hact Up2Us project, Responding to Personalisation: Increasing the Purchasing Power of Social Care and Support Users Through Collective Purchasing. Hact: London

their services in a compelling and understandable way. At the same time, there is also a need to have a shared narrative that explains clearly the contribution of housing and support providers to neighbourhood resilience.

As part of the Department of Health's Operating Framework[14] for 2010-2011 a set of outcome indicators were issued for the NHS. The operating framework 2010-11 for the NHS in England sets out the health and service priorities for 2010/11. Although the Pre-Budget Report made clear that the NHS remains a top priority and 2010/11 is the third and final year of a three-year CSR settlement, NHS planning must begin in the context of tougher economic circumstances. The Operating Framework will help the NHS achieve the vision set out in *NHS 2010-15 From Good to Great – Preventative, People-centred, Productive[15]*. This document sets out a medium-term vision for providing high-quality, patient-centred care in a challenging financial environment.

Figure 1 shows those indicators that relate to a sense of place, health and well-being and exclusion for older people and vulnerable adults. Against each indicator, we have also shown the Public Service Agreement that relates to the indicator.

Figure 1 : The National Indicator Set relating to PSA 16.

NI	Indicator	PSA
143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence	PSA 16
144	Offenders under probation supervision in employment at the end of their order or licence	PSA 16
145	Adults with learning disabilities in settled accommodation	PSA 16
146	Adults with learning disabilities in employment	PSA 16
147	Care leavers in suitable accommodation	PSA 16
148	Care leavers in employment, education or training	PSA 16
149	Adults in contact with secondary mental health services in settled accommodation	PSA 16
150	Adults in contact with secondary mental health services in employment	PSA 16

The socially excluded adults' PSA (PSA 16) aims to ensure that the socially excluded adults (care leavers at age 19, offenders under probation supervision, people receiving secondary mental health services and people with moderate to severe learning disabilities) are offered the chance to get back on a path to independence and a more successful life. For example, by increasing the proportion of these groups in settled accommodation and in employment, education and training. Furthermore, there are a number of policies and statutory obligations that support the delivery of PSA 16. These are set out in Figure 2 below.

Figure 2: National Programmes and Statutory Obligations that Support the Delivery of PSA16.

	Settled Accommodation	Employment
Offenders under probation supervision	Supporting People funding and homeless prevention Grant (CLG) Housing Act (1996) to ensure free housing advice is available and duty to secure accommodation for people who are homeless through no fault of their own and in priority need. Priority need amended in 2002 to include vulnerability as a result of having been in prison, detention or custody Probation Service advice and support (NOMS)	
Care Leavers at age 19	Supporting People and homeless prevention grant (CLG) Housing Act (1996) to ensure free housing advice is available and duty to secure accommodation for people who are homeless through no fault of their own and in priority need. Priority need amended in 2002 to include vulnerability for those under 21 as a result of being in care Children Leaving Care Act (2000) every eligible	Children Leaving Care Act (2000) ensures continuing assistance for care leavers aged 18 – 21, especially with education and employment. Assistance with education or training continues to the end of the agreed programme even if it takes someone past the age of 21.

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[14] DH (2009). The NHS in England: Operating Framework for 2010 / 2011. DH: London.

[15] DH (2009). NHS 2010-15 From Good to Great – Preventative, People-centred, Productive. SO: London

	young person care should receive a comprehensive pathway plan when they turn 16. This plan should map out a clear route to independence.	
Adults Receiving Secondary Mental Health Services	Supporting People funding and homeless prevention Grant (CLG) Housing Act (1996) to ensure free housing advice is available and duty to secure accommodation for people who are homeless through no fault of their own and in priority need. Individuals with more severe needs should have an allocated CPA care co-ordinator.	Pathways to Work (DWP) Work, Recovery and Inclusion (HM Government) New Horizons (DH)
Adults with Moderate or Severe Learning Disabilities	Supporting People funding and homeless prevention Grant (CLG) Housing Act (1996) to ensure free housing advice is available and duty to secure accommodation for people who are homeless through no fault of their own and in priority need. NHS Campus Closure Programme (DH) Valuing People Now.	Valuing People Now (DH), Valuing Employment Now. Disability Discrimination Act.

Source: Local Analysis and Delivery Unit: Vulnerable People Project 2009

Increasingly, the delivery of PSA 16 for the mental health group, will fall within the scope of *New Horizons*. *New Horizons* brings together key areas of policy increasingly addressing the mental health of communities as a whole and to those who might be marginalised such as ex-offenders. New Horizons presents an opportunity to embed PSA 16 within a wider vision of improved co-working between all agencies involved in tackling the social determinants of health and in supporting independence[16].

Back in April 2009, the CAA brought the main public sector inspectorates to work together to develop and introduce the *Comprehensive Area Assessment*[17]. The CAA brings together six inspectorates (the Audit Commission, Ofsted, the new Care Quality Commission and Her Majesty's Inspectors of Constabulary, Probation and Prisons to deliver a more streamlined and less burdensome approach to inspection. The CAA is designed to work in three ways:-

   i.   to give the public information about the performance of local services and conditions in their local area;

   ii. local public service organisations will be provided with an assessment of their own performance;

   iii. the government will gain assurance that public money is being well spent and the taxpayer well served.

CAA can support improved outcomes in an area by joining up the assessment of local services. There are four themes underpinning the assessment:-

Sustainability	The delivery of sustainable social and economic development and the creation of just and healthy societies;
Inequality	The extent to which local partners understand the levels of inequality in their area and the effectiveness of the strategies they have in place to alleviate them;
Value for Money	A cross-organisational view of value for money;
Vulnerable People	How the needs of people who have left care services, or who have mental health service needs or learning disabilities are being addressed.

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[16] NMHDU (2009). Briefing No 2: Housing Aspects of PSA16 Mental Health. June 2009 See also NMHDU work on commissioning - www.nmhdu.org.uk/silo/files/the-commissioning-friend-for-mental-health-services.pdf
[17] Audit Commission, Care Quality Commission, HM Inspectorate of Constabulary, HM Inspectorate of Prisons, HM Inspectorate of Probation and Ofsted (2009). Comprehensive Area Assessment framework document.

The CAA is designed to focus on outcomes and how well local public bodies work with each other, the private and third sectors, others working locally and their local communities. Improving PSA 16 outcomes will impact upon the rating of the CAA and particularly that part of the assessment that looks at neighbourhood sustainability, inequality and vulnerable people. The Cabinet Office Social Exclusion Task Force are currently working with the Audit Commission on a specific PSA 16 analysis tool for the CAA. What is certain is that if the multiple impact of increasing demand on the one hand and reductions in income on the other start to bite then organisations will need to share resources and encourage a high degree of innovation from providers if these targets are going to be delivered.

Whatever the future brings, effective strategic commissioning will require the further development of deeply embedded relationships based on continuity, integrity and trust[18]. Timely investment in housing support services can reduce the demand for more costly services and provides a platform from which other service interventions are rendered more effective. The evaluation of these will need to be more robust if there is to be a real shift in investment. However, in an environment where commissioners are planning for a 20% reduction in resources and increased demand this is worth working for. Further useful information on achieving this is set out in the Communites and Local Government toolkit, *An accommodation self assessment toolkit for the Socially Excluded Adults Public Service Agreement*[19].

3. POLICY CONTEXT

The underlying principle in current national policy across the public sector is the allocation of resources to achieve improved outcomes for communities and individuals. To do this the services must respond to needs in ways that reflect the everyday lives of individuals. This has led to policies that require separate organisations and services to work more closely together both as commissioners and as corporate citizens. Local Government, the police, primary care trusts and other bodies (particularly the voluntary sector) share an interest in planning, funding and providing services on the one hand and the successful development of place on the other. This is delivered through:-

    i.   the development of a sustainable community strategy that sets out the long term vision for the area;

    ii.   the development of a Joint Strategic Needs Assessment (JSNA) to identify levels of need across the area;

    iii.   to agree priorities between central government, the local authority and the members of the Local Strategic Partnership for delivery through the Local Area Agreement.

Underlying this is an emphasis on delivering the rights and aspirations of people from vulnerable groups as well as meeting their needs. The ultimate objective of those charged with the delivery of PSA 16 is to enhance the quality of life for citizens, enabling them to play a full part in civic life. Given the condition of public finances, this enhanced quality will need to be delivered with fewer resources and deliver real savings. Whatever the changes on pubic policy over the next five years, there will be a greater focus on:-

- **Localism** as people are required to take more responsibility for their own needs and a new spirit of mutuality is engendered

- Services are provided in or near the home and agencies pool resources to help people live with greater **independence** and deliver the desired outcomes.

- All of which will require a new **engagement** at a local level to determine priorities and to ensure that real need is met and, where appropriate, services are more **personalised**.

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[18] Webber J (2009). Commissioning in Cold Climate. NHS Confederation: London

[19] CLG (2009). An accommodation self assessment toolkit for the Socially Excluded Adults Public Service Agreement. Crown: London.

Engagement

Our Health, Our Care, Our Say: a New Direction for Community Services[20] describes the vision for development of a personalised approach to the delivery of adult social care. This was followed by *Putting People First*[21], which is a concordat with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the NHS and others. It provides a shared vision and commitment to the transformation of adult social care over a period of three years. Key elements are i) universal services, ii) early intervention and prevention, iii) social capital, and iv) information, advice and advocacy.

Improved access to information - primarily through the internet - enables people to compare and contrast the services on offer much more easily. In all sectors, in the GP Surgery or in the housing office, people are looking for a much more bespoke service and to be offered a number of choices and to be able to make an assessment about the quality of service on offer. Increasingly, neighbourhood forums have become a place where people don't just seek information about local trades people but also exchange information about their experience of public services.

Previous government recognised that people can only exercise choice of provider if there is range of providers available to them. For this reason (and the belief that competition between providers is the key to driving up quality), there have been a number of initiatives to encourage choice such as *Choose and Book*[22] and *Direct Payments*[23]. For those who for whatever reason find it difficult to make informed choices there is the need to improve access to advice to aid self-determination. The engagement of potential service users in the commissioning and design of services is accepted as a hallmark of good planning and the achievement of better outcomes.

This is all set against a background of a desire to see greater accountability of local services. There has been traditionally a focus on outputs as a way of accounting to local people for the use of resources. More recently, there has been a greater concern with outcomes and, through mechanisms such as the LAA, on the multi-agency delivery of service reforms and improvements. Now we see a new accountability to ourselves for taking responsibility for our own health and well-being.

Localism

The neighbourhood is now firmly established as a unit within regeneration, civil renewal and community development. This has led to a discussion about the nature of neighbourhoods, and, specifically their capacity to respond to diversity, fragmentation and differing needs. Neighbourhoods are networks of individuals and organisations which are able to embrace difference and nurture it. High performing neighbourhoods are, by definition, ones in which trust in institutions is developed, and confidence in their abilities restored.

The challenge to proponents of the neighbourhood base will always be that some neighbourhoods can be exclusive, and can fail to embrace those with different backgrounds, different skills, or different ways of living. In practical terms, sustainability is now measured and assessed much more in terms of diversity, creativity and the ability to support a range of people. So that the concept of a mixed neighbourhoods has been expanded far beyond the original notions of diversity of tenure to a much more textured notion of neighbourhood as a vehicle of integration and support.

In terms of health and social care choice, improved medical outcomes and new financial arrangements (Payment by Results) place increased emphasis on solutions that enable people to receive care at home or to return home from a medical facility as soon as possible. *Our Health, Our Care, Our Say* (DH, 2006) proposes a 5% shift from hospital to community settings over the next ten years. This means that housing, housing adaptation and community based support services will in future have a greater role as part of a more integrated care pathway. These links are also reflected in the government's recent White Paper on the future of care[24].

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[20] DH (2006). Our Health, Our Care, Our Say : A New Direction for Community Services. SO : London.

[21] DH (2007). Putting People First : A Shared Vision and Commitment to the Transformation of Adult Social Care. SO : London.

[22] Choose and Book Website : www.chooseandbook.nhs.uk

[23] DH (2007). Independence, choice and risk : A Guide to Decision-Making. SO: London.

[24] DH (2010). Building the National Care Service,. SO: London.

The public have indicated an increasing desire to receive care at home or closer to home in community settings. New providers and the flexibility to develop new patterns of provision (working with current and potential users) provide an opportunity to deliver quality public services. There will be a need to develop new facilities that enable the co-location of services. Good quality housing - be that Lifetime Homes[25], specialist provision such as extra-care housing or well designed general needs housing - will be key to the effective implementation of preventative strategies and to allow people to design their own care pathway and exercise real choice over the type of service they want and where they want to receive it.

In recent years, there has been an increasing understanding that the housing provides the necessary underpinning for engagement in wider civil society and particularly as a route through to employment, to increased income and the kinds of choices that enhance someone's sense of well-being. Across Government, in the CLG White Paper *Strong and Prosperous Communities*[26] and the *DH Commissioning Framework for Health and Well-being*[27] there is a requirement for health, housing and social care commissioners to work together to improve the health of people who are in employment but also to help people to improve their well-being through employment.

In *Lifetime Homes, Lifetime Neighbourhoods*[28], the previous government recognised that whilst there is a greater appreciation of the increasing numbers of older people there is not yet a full appreciation of the implications for wider society of this change. There is much to celebrate in the better healthcare, new technology and greater prosperity that has led to everyone living longer. However, it also presents real challenges for society if there is going to be life added to these years.

Independence

Independence, Well Being and Choice[29] set out the future direction of social care for all adults of all age groups in England. This included giving greater choice and control over the way in which their needs are met. *Improving the Life Chances of Disabled People*[30] proposes four key areas i) helping disabled people to achieve independent living, ii) improving support for families with young disabled children, iii) facilitating a smooth transition into adulthood and iv) improving support and incentives for getting and staying in employment. This will be supported by the commissioning that delivers high standards of care, choice and control for service users supported by the implementation of personal budgets and direct payments. *Lifetime Homes, Lifetime Neighbourhoods* [31]calls for greater co-ordination between health, housing and social care. It proposes to do this through a focus on i) prevention, ii) integration and co-ordination, and iii) personalisation.

Choosing Health : Making Healthier Choices Easier[32] encouraged people to make better choices about their lifestyle, and consequently their health. *Our Health, Our Care, Our Say*[33] commits the NHS to supporting the 15 million people with long-term conditions to take more control of their own health. The Whole Systems (Long Term Conditions) Demonstration sites are designed to encourage greater use of telecare, telehealth and new ways of delivering information as well as low level support services, equipment and adaptations[34]. It envisages:

    i.   the development of poly-systems where different service providers can work together),

    ii.   greater recognition of the importance of neighbourhoods as a locus for healthy lifestyles,

    iii.   supporting people to remain in their own homes and

    iv.   planning for the health and social care implications of new housing developments.

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[25] www.lifetimehomes.org.uk
[26] CLG (2006). The Local Government White Paper : Strong and Prosperous Communities. SO: London.
[27] DH (2007). Commissioning Framework for Health and Well-Being. SO: London.
[28] CLG (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society. SO: London.
[29] DH (2005). Independence Well-Being and Choice. SO: London.
[30] DH (2005). Improving the Life Chances of Disabled People. SO: London
[31] CLG (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society. SO: London.
[32] DH (2004). Choosing Health : Making Healthier Choices Easier. SO: London.
[33] DH (2006). Our Health, Our Care, Our Say. SO: London.
[34] DH (2007). Whole Systems LTC Demonstrator Sites.

Personalisation

Traditional service-led approaches have often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It is intended to give more choice over services and control over decision making to individual service users.[35] It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.[36]

Within the framework of personalisation, the implementation of direct payments and individual budgets creates greater flexibility in the use of social care budgets giving greater control to people who use services. This enables them to determine the nature and provision of their care. Individual budgets (IBs) are central to the Government's ambitions for 'modernising' social care in England. A recent evaluation of Individual Budgets pilots found that recipients were significantly more likely to report feeling in control of their daily lives, the support they accessed and how it was delivered. Almost half of those who accepted the opportunity to take up an individual budget described how their aspirations had changed as a result, in terms of living a fuller life, being 'less of burden' on their families, and having greater control and independence[37].

The NHS will also implement personal health budgets. Under the plans, patients, predominantly those with long-term conditions, could be given direct payments to purchase services, such as physiotherapy, from a list of providers. This will follow a comprehensive assessment of the patient's needs, most likely carried out in primary care settings.

The Next Stage Review[38] sets out the ways in which the NHS will build on the increased investment over the past ten years to deal with i) rising expectations; ii) demand driven by demographics; iii) IT; iv) advances in treatments; v) the changing nature of disease; and vi) the changing expectations of the health workplace. This included the announcement that the DH would launch a pilot of personal health budgets, as a way of giving patients greater control over the services they receive and the providers from which they receive services.

Putting People First[39] is a concordat between central government departments and representatives of local government, NHS and care providers. This includes health care services, public health interventions, social care, housing, employment, benefits advice and education and training. The intention is to redesign services around the needs of citizens with the aim of maximising individual independence and economic/social participation. *Supporting People Outcomes Framework*[40] pulls together the information on how housing support services funded through the programme have helped vulnerable people to live more independently.

Working Together to Reduce Re-Offending[41] is aimed at reducing recidivism amongst ex-offenders. It is particularly concerned to see a reduction in the 55% of ex-offenders who re-offend within two years by improving access to housing and housing related support and hence provide a stable platform for participation in wider society. This is reinforced in *Health, Work and Well-being: Caring for the Future*[42] which emphasises the importance of partnership working between health and the employment service to support people into employment.

The *Independent Living Strategy* brings together central government policy in health, local government, transport, education and work and pensions[43]. Its purpose is to ensure that disabled

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[35] Putting People First - a shared vision & commitment to the transformation of adult social care Dept. Health December 2007
[36] Personalisation briefing for commissioners, Social Care Institute for Excellence, June 2009
[37] IBSEN (2008). Evaluation of the Individual Budgets Pilot Programme. SPRU: York.
[38] Darzi, The Lord (2008). High Quality Care for All: The NHS Next Stage Review. SO: London.
[39] DH (2007). Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care. SO: London.
[40] CLG (2007). Independence and Opportunity: Our Strategy for Supporting People. www.spkweb.org.uk
[41] NOMS (2008). National Commissioning and Partnership Framework 2008/2009 Working Together to Reduce Re-Offending. SO: London.
[42] DWP/DH (2005). Health, Work and Well-Being : Caring for the Future. www.dwp.gov.uk.
[43] OfD (2008). Independent Living Strategy. Office for Disability. www.officefordisability.gov.uk.

people have the same life opportunities as their fellow citizens and to encourage services that i) prevent or reduce disability, ii) provide accessible housing, iii) provide advocacy and advice, iv) increase personalisation and v) increased control through individual budgets and direct payments.

New Horizons follows on from *The Next Stage Review* with an emphasis on prevention, patient empowerment and quality. It brings together key areas of policy increasingly addressing the mental health of communities as a whole and extending the progress to date to all age groups and those who might be marginalised such as ex-offenders. *New Horizons* presents an opportunity to build on progress to date and further develop the integration between agencies that will tackle the social determinants of health, support independence[44] and promote a more mutual relationship with services.

The Green Paper, *Shaping the Future of Care Together*[45] outlined how the Government proposes to fulfil the commitment to set out in the 2007 Comprehensive Spending Review to reform social care funding. The proposal is to create a national care service with three broad options for how it could be funded, as set out in the White Paper, *Building the National Care* Service[46]. However, its implementation will be subject to the outcome of the forthcoming general election.

4. COMMISSIONING FOR INCLUSION

To achieve the best possible outcomes there is a recognition that separate organisations need to co-operate and jointly commission services. This means :-

  i. undertaking a Joint Strategic Needs Assessment to identify the level of need and forecast the future pattern of need across the local authority area;

  ii. agreeing priorities for investment and disinvestment between commissioners and through the Local Area Agreement;

  iii. the development of the local market and the appropriate level of procurement for a particular service be that co-production with existing providers, contestability and market testing or tendering;

  iv. the monitoring of performance.

One of the key questions that exercises commissioners of service is the extent to which providers should be involved in the commissioning process. Providers have a lot to add to service design through knowledge of user need, understanding of costs and experience of delivering person-centred support. This can be harnessed through strategic commissioning and negotiation with providers. It is only in specific procurement exercises that this need to be managed to avoid conflicts of interest and ensure fair competition

PSA 16 and the Supporting People Outcomes Framework require commissioners of health and social care to commission joined-up services and to deliver relevant outcomes. Mechanisms within health and social care relate predominantly to the commissioning of services rather to specific planning mechanisms. The elements of social care planning are:

  • A focus on 'person-centred' services - through the promotion of personalisation and individual budgets, (outlined by the *Putting People First* concordat, and the Transforming Adult Social Care agenda).

  • the performance framework - 196 Indicators that form part of the Comprehensive Area Assessment, with a number of Indicators being common to local authority, housing, social care, supporting people and health ; and

  • the strategic commissioning of service provision - social care departments are expected to develop strategic commissioning plans for the various client groups they have responsibility for e.g. learning disabilities.

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[44] NMHDU (2009) Briefing No 2 : Housing Aspects of PSA16 Mental Health. June 2009.
[45] DH (2009) Shaping the Future of Care Together. SO: London.
[46] DH (2010) White Paper, Building the National Care Service HM Government: London

Joint Strategic Needs Assessment

The Department of Health's *Commissioning Framework for Health and Well-Being* introduced the requirement for local authorities, PCTs and practice based commissioners to undertake a Joint Strategic Needs Assessment (JSNA). This should be informed by as wide a range of data – both quantitative and qualitative – from all parts of the health and social care pathway and certainly by the Local Involvement Network (LINK). As the imperative to move care out of hospital, and either closer to home or in the home, increases then it will be important to consider the whole range of services that are key to enabling the safe transfer of care or improved self management such as housing, housing support, transport services and the importance of connecting the JSNA to the *Strategic Housing Market Assessment*[47]. Increasingly, it will be important to use data to identify those people most at risk of needing acute care and social care services in the future[48] and to target them for preventive, 'upstream', interventions. Therefore, if more efficient investment is to be made in preventive interventions, local authorities and PCTs need ways of identifying individual risk accurately across their population so that they can target effective interventions.

Provider organisations will have a key role to play in ensuring that the voices of those at risk of exclusion are heard that they contribute to the understanding across health and social care of supply and demand. This will include provider organisations whether on their own or as consortia.

Figure 4 : North West Strategic Framework for Housing Support

Partners in the North West have been developing the Strategic Framework for Housing Support since 2007 to guide the provision of housing support. The framework provides an overview of housing support and the contribution it makes to the North West and establishes a number of clear targets and actions. A Regional Strategic Framework for Housing Support 2009-20 from the Regional Housing Group has been endorsed by the Regional Leaders Board. It sets a number of targets:

- The areas where there are biggest improvements to make
- The areas where a partnership approach at regional level would have the biggest impact
- The priorities of regional partners detailed within community strategies, Local/Multi Area Agreements.

The North West Needs Assessment Model was developed to provide a regional 'common currency' that will inform future housing capital allocations and other funding decisions at a local level.

4NW report - The Need For Support and Supported Housing Services in the North West 2008-20 (http://www.4nw.org.uk/downloads/documents/aug_08/nwra_1217586078_4NW_Report_-_publication_versi.doc)

provides an outline of the model including findings, an introduction to the model, the nature of needs assessments and projections, the needs model in outline, the strategic context and how to make the model work at a local level.

The work detailing the results of the first local update of the Model can be found in the following report: The Need for Support and Supported Housing Services in the North West 2008-2020 (http://www.4nw.org.uk/downloads/documents/may_09/nwra_1242399358_Needs_Model_-_report_after_fir.pdf)

Resource Allocation

The Supporting People programme housing-related support services are typically parts of packages of support and, increasingly, other services which are provided by public, private and third sector providers. The programme is managed and delivered at the local level and decisions about which services to commission to meet local need and priorities are for the local authority to make. Given the uncertain funding environment that PCTs and social services are entering there will be even greater scrutiny of budgets and the benefits realised.

In 2009, Communities and Local Government carried out research to establish the financial benefits of the Supported People (SP) programme. This research was an update of work carried

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[47] Edwards M (2009). Joint Strategic Needs Assessment and Housing: Report of a study based on the South East Housing Learning and Improvement Network.

[48] For further information on this please see Bardsley M, Georghiou T and Lewis G Developing *a model to predict the use of social care* - Journal of Care Services Management (23 Dec 2008).

out in 2006 which estimated the financial benefits of the programme for a majority of the groups supported. The approach was to consider, for each group, what the financial impact would be if SP funded services were replaced by the most appropriate positive alternatives for meeting the group's needs (i.e. the approach which would, in the absence of Supporting People, provide the highest degree of independent living).

The findings of this work were that the best overall estimate of net financial benefits from the Supporting People programme is £3.41bn per annum for the client groups considered (against an overall investment of £1.61bn). This overall conclusion is based on separate calculations for each of the vulnerable groups considered through this research. In all but three cases, the provision of the Supporting People intervention was estimated to provide a net financial benefit – i.e. the financial benefits of supporting the individual using the most appropriate positive alternative to SP were higher than, and outweighed, the costs of doing so using SP services[49]. The net results for each client group are set out in the Figure 5 below.

Figure 5 : Costs and estimated net benefits per annum of Supporting People services by PSA 16 client group

Client group	Cost (£m)	Net financial benefit (£m)
People with learning disabilities	369.4	711.3
People with mental health problems	254.4	559.7
Offenders or people at risk of offending, and mentally disordered offenders	55.4	40.3
Young people leaving care	12.7	0.7

The research was approached through estimating the impact of withdrawing or replacing the Supporting People intervention. For PSA 16 groups, the financial costs of supporting the individual through Supporting People are lower than the overall financial costs that would result from either withdrawing or reducing support or of switching to a more intensive form of support offering a lower degree of independent living. For young people leaving care, however, the table shows that the costs for supporting the individual through SP are higher than the overall costs that would result from withdrawing or reducing support. Nonetheless, the researchers argue, there is a strong case for housing-related support as there are long-term unquantified benefits for this groups (and other socially excluded groups) that include reductions in both need for support and social exclusion.

In order to better inform strategic decisions about the amount of Supporting People funding to invest, the researchers also calculated the cost and net financial benefit per 1,000 units of support. This is set out in Figure 6 below.

Figure 6: Cost and estimated net benefits per annum per 1000 units of Supporting People services by client group

Client group	Cost per 1000 units of support	Net financial benefit per 1000 units of support
People with learning disabilities	11.8	22.8
People with mental health problems	6.8	15.0
Offenders or people at risk of offending, and mentally disordered offenders	6.9	5.0
Young people leaving care	6.7	0.4

At the time of writing, the CLG are reviewing their initial research, taking into account the DH's recent toolkit, *Use of Resources in Adult Social Care: a guide for local authorities*[50].

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[49] Ashton T and Hepenstall C (2009). Research into the Financial Benefits of the Supporting People Programme CLG: London.
[50] DH (2009), Use of Resouces in Adult Social Care: a guide for local authorities. Crown: London

Effective Procurement

One of the challenges for ensuring effective investment in and delivery of housing-related support for adults at risk of exclusion is the alignment of capital and revenue funding[51]. Two ways of improving the alignment of capital and revenue funding are, regional capital allocations models to support capital bids, for example, the Homes and Communities Agency's National Affordable Housing Programme; and a commitment across the local authority or region to encourage the reuse of existing stock. This includes land held by health authorities, PCTs and local authorities, as well as housing resources of Registered Social Landlords and other bodies. An example of a regional capital allocations model is given in Figure 7.

Figure 7 : East of England Capital Allocations Model

East of England Capital Allocations Model

Partners in the East of England have agreed a process for determining priorities for supported housing capital projects. The aim is to streamline the capital allocations bidding process and to ensure that those schemes going forward for funding meet identified regional priorities.

The East of England Regional Assembly allocated 11% of their Affordable Housing Programme to supported housing. The funding settlement for Supporting People in the East of England clearly did not match the capital funding settlement and did not take into account the proposed population growth.

It was decided to give consideration to the amount of revenue funding being made available for the Supporting People programme. An increase in households will proportionally lead to an increase in the number of vulnerable households. With the reduction in real terms to the Supporting People revenue, there were concerns that there would be a stretching of resources beyond the limit of adequate delivery.

It was therefore decided to develop a prioritization matrix to ensure that capital investments were aligned with the SP programme. This includes information pulled together by the housing authority, a scoring from the Supporting People Core Commissioning Groups and an assessment by the Housing Corporation (now the Homes and Communities Agency).

This has required sub-regions to be very explicit about their priorities and to ensure that they have been agreed before the bidding round begins. It has made for a more efficient process and, not withstanding the need to train staff, one that makes better use of staff time – which is the primary cost.

Source : Matrix Insight.

The expectations of those vulnerable people who have experienced a more rights based culture and their expectations of service are likely to be significantly different from previous cohorts. It is important that local authorities and PCTs as leaders of the health and social care economy have a long term vision and can articulate the implications of this in terms of social infrastructure, environment and housing. The general public do not, on the whole, expect to experience vulnerability (except as a vision of age viewed through a rather negative lens) and the private sector has been slow to respond to the emerging demand for new services. Traditionally, vulnerable people have been poorer in terms of income and earning potential. However, at least relatively speaking this is likely to change and the range of housing may change significantly with the need to respond to it not just being a local authority issue.

The most important challenge facing local care economies is to deliver a service with quality as its organising principle through a period of significant financial challenge. There are a number of examples of how quality can be improved whilst improving productivity. Although the language will be different across health, housing and social care, the need to do 'more for less' is shared by all. Providers of housing and support services have a key role to play in monitoring the unintended consequences of investment or disinvestment decisions by health and social care commissioners, in amplifying the voice of older people and vulnerable adults and in the delivery of PSA 16 targets. Above all, they will have a role in meeting the ambition for improved quality is improved whilst delivering improved productivity.

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[51] CLG (2008). Housing, Care, Support: a guide to integrating housing related support at a regional level SO: London

Governance

To date housing related support schemes funded through *Supporting People* have been developed through local 5 Year Supporting People Strategy. The Supporting People Strategy is important because it is the main articulation of an adult social care strategy at authority level and the main interface between health, housing, probation and social care. There are good examples of regional and sub-regional groupings working to prioritise investment. However, the delivery of PSA 16 can be also be dependent on voluntary impulse and through Supporting People being ready with an agreed priority when a building is identified.

Whilst there can be disadvantages to using Supporting People as a vehicle, because it is not a corporate wide strategy, where it has been successfully linked in to the *Local Area Agreement* a five year strategy does not allow for lifetime needs and in SP, it is only possible to talk about people progressing. Commissioning for PSA 16 needs to fit in with the CAA framework and use intelligent contract management approaches. In addition, Practice Based Commissioners (groups of GPs working together to redesign care pathways and commission services through notional budgets) will be looking to drive out costs through the procurement of services that promote health and well-being and bring care closer to home for vulnerable adults.

Given the uncertainties of the funding environment, commissioners of health, housing and adult social care will want to ensure that there is a 'golden thread' running through the decisions that are being made at a regional, sub-regional and local level. They will also want to know that the decisions they are making are contributing to the resilience of the local health and social care system. In 2009, the CLG published an accommodation self assessment toolkit for the socially excluded adults public service agreement[52]. Based on the *Homelessness Prevention Strategy Health Check* published in 2006, it is designed to support local authorities and their partners in the delivery of PSA 16 targets. In Figure 8 below, we show how delivery could be evidenced in a way that meets the requirements of the different inspection and regulatory regimes of different partners.

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[52] CLG (2009). An Accommodation Self Assessment Toolkit for the Socially Excluded Adults PSA. SO : London

Figure 8: Link between the requirements of neighbourhood resilience and different inspection regimes.

Requirement ►	Test ►	Tools ►	Outcomes
Understand Changing Political Context.	Have we reviewed Guidance and Legislation.	Joint Strategic Needs Assessment. Comprehensive Area Agreement.	Users and carers know services will be there for the long-term. Personalisation is increasing percentage of resource under the direct control of users
Understand changing operational context.	Can we articulate 'golden thread' in terms of regional, sub-regional and local strategies? What is annual process for managing intelligence and influencing organizational planning ?	Local Strategic Partnerships. Regional Improvement Efficiency Partnerships.	Need for service is reducing and people make better choices about their own health and well-being. Budgets have been devolved to the lowest possible level.
Understand Changing Markets	Have we decided what market we want to see? Is the cost of market entry set at the right level?	Local Development Frameworks	More care is being delivered in the home or close to home. Greater use of personal budgets and self care.
Develop strong asset management	Do we understand the assets at our disposal? Have we aligned our estates strategies? Are there assets in community control that can deliver an income stream? Do we measure the trust that people have in local services? Can we reduce the number of journeys that people have to make to go about their daily lives?	Resource Allocation Systems Joint Improvement Partnership Efficiency Reports Planning and Priorities Framework Lifetime Neighbourhoods Private / Public Partnerships	Productivity is being increased and benefits are being realised. Making Best Use of Resources There is alignment of capital and revenue budgets with pooling where appropriate. There is better use of local buildings for longer periods of time at higher levels of use.
Customer Insight	Do we have real-time user feedback in place? Have we effectively segmented the market? Do we know what drives peoples' belief in our services?	World Class Commissioning Competency 3. PARR / Predictive Modelling	Improved Patient Experience More Locally responsive services with patients and users getting more from one visit. Patient Reported Outcome Measures are improving patient experience
Build Sustained Relationships Within Neighbourhoods.	Do we have mechanisms in place to know when there are difficulties at a local level? Are we managing stakeholder relationships? Do we audit relationships?	Civic Audit of involvement mechanisms.	Improved joint working between agencies and better use of resources.
Enhance performance	Are outcomes owned and shared? Do we benchmark costs?	World Class Commissioning competency 11	Benefits Realisation Risk appetite established.

5. CONTRIBUTION OF HOUSING AND HOUSING WITH SUPPORT

All neighbourhoods have within them people who need care and support. These may be young people wanting to leave home but unable to do so, or older people wanting to stay at home but whose frailty is making this difficult, or people experiencing mental health problems, or adults with learning difficulties whose parents are now unable to care for them. To all these groups of people housing with support offers the opportunity to remain in the neighbourhood, continuing to benefit from the support of the neighbourhood, supplemented by the resource of the support agency.

Housing and support providers have assets that can be put at the disposal of the community. Just as schools and hospitals are now expected to play a role as community resource providers, so buildings developed for supported housing can provide a focus for other community activity. The skills of supported housing providers can be mobilised to help with other neighbourhood issues. The rhetoric of citizenship can all too easily bypass the needs of those with needs for particular support and help. People with learning difficulties, ex-offenders, and those with mental health problems can find it hard to exercise their rights as citizens, and at its simplest, engagement at neighbourhood level provides a sense of belonging, of inclusion, and of engagement[53].

Valuing People Now: A New Three Year Strategy for People with Learning Disabilities sets out what needs to be done if people with learning disabilities and their carers are to have the same opportunities as other people in society and to lead a fulfilling life. This means i) improving health and social care support; ii) ensuring that they are able to access education, work and leisure opportunities; iii) and giving them the same opportunities as anyone else to live where they want, with whom they want and in safety.

The drive towards independence, choice and control requires central and local government and other partners to work together. There is also a need to recognize that the provision of housing is a necessary prerequisite of independent living. PSA 16 makes clear that residential care or NHS campuses are not classed as settled accommodation. Hence, the increased focus on people receiving personal budgets and direct payments to increase their choice and control over where they live and with whom and on using home ownership and assured tenancies as a model for housing and support. The Department of Health's Care Services Efficiency Delivery team have developed a detailed implementation guide to integrated care and support pathway planning to help authorities prioritise changes and plan their implementation[54].

Figure 9 : Extra Care for People with Learning Disabilities

Meadow Court, Pewsey, Wiltshire

Sarsen Housing Group have provided an Extra Care Housing scheme on a hub and spoke model in this rural setting, offering accommodation and care to older people and to a range of other people with a variety of needs for care and support.

The original Scheme: Aston House was built by the local authority in 1969 providing thirty-four units of rented sheltered housing to older people. The accommodation comprised bedsit flats with shared bathrooms and a basic range of communal facilities. Within the village there are also seventy bungalows in the "Older Person's Dwelling" style.

The original scheme has been demolished and a new unit: Meadow Court, has been built on the site: this offers twenty-four one and two bedroom units provided on a mixed tenure basis for older people. This provides the hub: a base for care delivery and a range of communal facilities and activities.

The spokes are provided by the seventy bungalows and other dwellings from within the general housing stock. Care and support can be delivered on a flexible basis and residents have access to the facilities of the hub.

The accommodation provided in the spokes is available to a variety of residents: older people, whether with or without care needs, younger adults with mental health issues or learning disabilities. The dispersed nature of the scheme avoids the negative features of accommodation shared between these different groups: allowing each their own locations in which to develop their own independent lifestyles. It does offer the possibility of interaction and integration through the shared facilities of the hub.

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[53] Unwin J and Molyneux P (2005). In Business to Support People. National Housing Federation : London.
[54] www.dhcarenetworks.org.uk/csed/solutions/ICSPP

Mental Health

New Horizons[55] is a new strategy that will promote good mental health and well-being, whilst improving services for people who have mental health problems. It builds on the *National Service Framework for Mental Health* - widely acknowledged as the catalyst for a transformation in mental health care over the last ten years - which comes to an end in 2009. However, there is a recognition that there is a need to take a new approach to whole population mental health. The focus on prevention and maintaining good mental health is particularly relevant today with people leading more hectic lifestyles and going through the economic downturn. Figures 10 and 11 give two very different examples of work in this area.

Figure 10: Right Steps "IAPT Plus" service

> **Right Steps – Turning Point**
>
> Rightsteps is a "IAPT plus" service that provides a flexible model so that it can provide a complete IAPT service or work in partnership with a range of local agencies to deliver elements of the pathway. The Right-steps service supports people experiencing any deterioration in their ability to cope or who may be suffering from any common mental illness. Lower level interventions help prevent expensive specialist input and prevent further deterioration in the person's mental health and well-being. This includes telephone assessment and support embedded within a stepped care model of delivery; tailored support with employment, housing and health issues including interventions designed to combat financial exclusion; and holistic care packages.
>
> A key feature of Right Steps is the sub-contracting to a range of local voluntary organisations to deliver a range of services within the IAPT umbrella. The service also includes the systems management to ensure that there is complete trackability of outcomes. Well-being co-ordinators respond to a range of health, social and economic needs and provide comprehensive case management.
>
> As an example, the service in Kingston is an example of where Right Steps is being delivered in partnership with the local mental health trust to deliver Steps 1 and 2 of a fully integrated service. Since January 2009, the Kingston service has taken 1,300 referrals. 99% of callers have chosen to take up a telephone assessment. What is of interest to the mental health provider and mental health commissioners alike is that this has been achieved without any increase in referrals into the Level 3 service.

Figure 11: The Warrior Programme for unemployed ex- service personnel

> **Warrior Programme**
>
> The Warrior Programme is primarily designed to help people who experience homelessness, and particularly unemployed ex-service personnel, create a new future for themselves. The four-day programme was launched in 2008 to enable those who are broken by conflict to embrace a world of healing. It was born out of a concern that there are high numbers of ex-service personnel who experience homelessness and that whilst it was possible to obtain a placement for them it would often fall apart three months later.
>
> Invariably, veterans were in homelessness hostels for a number of reasons: alcoholism; broken marriages; depression; physical disability from combat. But perhaps the most fundamental problem was despair with life, due to an inability to cope with civvy street, where they often felt abandoned and misunderstood. This was true with even their closest family and friends, with whom many of them could no longer connect after experiencing the trauma of war.
>
> The experience of those on the Warrior programme, combined with anecdotal evidence, seems to suggest that the very crux of what is considered a good soldier is predicated on not admitting or showing emotional weakness or uncertainty. According to the Warrior participants, feelings are complicated further by the sense of inherent pride in becoming a soldier and the subsequent feeling of failure if emotional problems arise.
>
> Warrior's first set of independent, verified statistics show a marked shift in the soldiers' mental health, sustained and in some cases improved upon, at their three-monthly check-ups. Plans for next year include more complementary and spiritual therapists, more training in NLP and more Warrior programmes all over Britain.

Source: www.warriorprogramme.org.uk

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[55] DH (2009). New Horizons: A New Vision for Mental Health and Well-being. SO: London.

New Horizons represents an opportunity to embed PSA 16 outcomes and processes within the wider vision of improved co-working between all agencies involved in tackling the social determinants of health, and in supporting independence. It also connects mental health to broader NHS priorities such as health inequalities, valuing carers, dignity in care and patients experiencing ever improving quality of service.

Ex-Offenders

People who are themselves dislocated – because they have been homeless or because they have been in prison - need help and support to become assets to the communities in which they live. Supported housing has the experience and capacity to do this, and to enable people to lead full and productive lives as citizens. It does this by using the old skills of resettlement as well as intelligent and resourceful engagement with existing networks of support. It can mobilise resource to help individuals and do so in a way that provides sustainable and enduring support.

Although not all PCT and Local Authorities will have a prison in their area, there are ex-offenders in all parts of the country. PSA16 seeks to increase the proportion of offenders under probation supervision in settled and suitable accommodation and in employment. The Sainsbury Centre for Mental Health has suggested that PCTs could play their part in supporting ex-offenders through a Local Enhanced Service (LES) to offer additional support to excluded groups such as ex-prisoners and people who experience homelessness. Primary care teams could work closely with social services, drug and alcohol services and mental health teams to provide a tailored service and develop innovative models of care, not based on the traditional GP surgery.[56]

Enabling a person with a history of offending to get and keep a job is probably the most effective intervention anyone can make to prevent reoffending and improve their quality of life. A recent report from the Sainsbury Centre for Mental health says that existing mainstream employment services for offenders are failing because they take little account of the mental health needs of offenders seeking work[57]. The very high levels of mental health problems among the offender population mean that initiatives to assist offenders find and sustain employment simply cannot ignore mental health issues. Yet, the report states, offenders with known mental health problems are being excluded from prison and community-based employment schemes. The report recommends the adoption of the IPS (Individual Placement and Support) model from the United States of America to integrate needs and improve outcomes. IPS was strongly recommended as a cost effective model for employment support in the *Perkins Review*[58] and supported in Work Recovery and Inclusion[59], the Government's strategy for meeting the PSA 16 employment target for people with mental health problems. Figure 12 sets out the main principles.

Figure 12: Securing Employment for Offenders - A Better Way

> **Individual Placement and Support**
>
> The Sainsbury Centre for Mental Health has stated that Implementing IPS across England would cost the NHS £67 million a year. This compares with current spending on day and vocational services for people with severe or enduring mental health problems of £184 million a year. They believe that IPS is the most effective way of helping people who use mental health services to get jobs. And those who work regularly make less use of mental health services, needing fewer hospital admissions, as well as having a better quality of life and a higher income.
>
> Applying the core IPS principles, together with some features of successful employment schemes for offenders, implies a model of supported employment for offenders
>
> with mental health problems. Such a model is likely to include the following key essentials:
>
> 1. No-exclusions: working with offenders who are willing to find work, including those who require additional input to help increase their motivation, confidence or self-esteem, regardless of any mental health problems they may have.

[56] Commissioning mental health services for offenders: 10 top tips for PCT Boards, SCMH, 2009.
[57] Semele C, Keil J and Thomas S (2009). Securing Employment for Offenders with Mental Health Problems Towards a Better Way. SCMH: London.
[58] DWP (2009). The Perkins Review: Realising Ambitions: Better employment support for people with mental health conditions
[59] HMGovernment (2009). Work Recovery and Inclusion: employment support for people in contact with secondary mental health services,

2. Direct links with employers: with an aim of placement within paid competitive employment within a 1-3 month period after release and the provision of training where appropriate thereafter.

3. Support 'through the gates': this could be in the form of a dedicated employment support worker, working flexibly between prison and the community.

4. In-work support: continued help following job placement for as long as required.

5. Integrated working with relevant agencies as needed including housing, mental health, drug use, benefits and probation services etc.

6. Input from ex-offenders, for example as peer support workers/advisors.

There are already a few examples of successful practice on a small scale which appear to be includes looking at offence history, the whereabouts of any victims, and the prisoner's behaviour in custody.

The SCMH employment of offenders project will develop and evaluate service models, based on both current evidence and best practice to support offenders with mental health needs find and remain in work. They propose to work with the National Offender Management Service to explore what works well for offenders with mental health problems and select partners to work with who have an interest in developing practice to create a shared agenda for transforming employment services for offenders to include the core principles of IPS – continuity, speed and integration.

6. FACING THE FUTURE

Further to the recent White Paper, *Building the National Care Service*, and subject to an incoming government's social care policy priorites, we have an opportunity to shape the future of health and social care, the first time since the creation of the NHS in 1948, to develop a new set of guiding principles of what care provision means in the 21[st]century. This will help determine what services should be provided; what is the responsibility of the individual; and what services need to be offered on a more personalised basis.

One response to this has been the adoption of 'localism' as a way of managing the apparent tensions[60]. Given this, it is imperative to invest in a different dynamic that generates practical solutions at every level of engagement. This, many have argued, is going to require very different behaviours from commissioners. They must commission in a way that experimentation and learning is encouraged and to support developments that encourage self-help at an individual and community level and enable civil society to thrive.

One contribution to this debate is the concept of "smart growth"[61] as an approach to neighbourhood development. Smart Growth aims to reduce both the number and length of journeys that an average household needs to undertake to go about its daily life, through delivering a mixture of uses, tenures and a full range of locally delivered social and community facilities within each neighbourhood. Three central concepts which underpin the Smart Growth proposition are:

i. location efficiency that provides a set of principles for where large scale new development should take place that combine accessibility and the density of population necessary to service a full range of public services and a public transport system;

ii. walkable neighbourhoods where new development and regeneration should be planned to enable the daily needs of households to be able to be serviced within walkable distance and

iii. diffused provision of both publicly and privately delivered services in order to support 'walkability'.

Much has been written on how accountable these more local services should be and particularly on whether they should be democratically accountable. For PSA 16 clients groups, public trust seems to be based as much on how responsive these services are. If your call to the local police or to your local healthcare centre is answered courteously and followed up then engagement is built. If the service changes as a result of demands placed on it and that people have experience that

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[60] Caulkin, S (2009) www.guardian.co.uk/society/2009/mar/01/local-politics-comment
[61] www.qualityoflifechallenge.com/documents/Chapter3-BuiltEnvironment.pdf

they get more of what they want and less of what they don't want then both the individual and the community benefits. There is more engagement and people are more likely to act on the advice they are being given. There is good evidence to show that with this level of trust people are more likely to take on recommendations for behaviour change that are being given be that about training, health or personal security[62].

This has clear implications for the providers of housing related support. On the one hand, housing with support may revert to its more residual role, providing shelter and assistance for those adversely affected by the economic downturn. On the other, supported housing will see a further rise in eligibility thresholds and find itself more and more being asked to become a provider for those with complex and/or challenging needs. Some believe that there is likely to be an acceleration in the use of mainstream provision to meet the needs of more challenging people. However, this would be to underestimate the role of housing and support agencies in the building of neighbourhood resilience.

Given the constraints that any government post the election will be subject to, there is a need to create a framework in which civil society and, in particular, providers of housing with support, can develop the resilience to respond positively to change. There will need to be a more mutual relationship between users of services and providers of services as well as a return to traditional models of self-help. This is likely to have three elements:-

Culture	Services will need to be responsive to what people want and what they don't want to build trust and real engagement. In an environment of disinvestment in public services there will need to be close attention to what adds real value and how services are delivered at a local level. This will require all providers to operate in a culture of openness and with a spirit of entrepreneurship.
Capability	Individuals, communities and their agencies needs to ensure that they are able and are assisted to develop in their own terms. This means taking seriously the views of users, patients, carers, residents and staff. It also means ensuring that they have the capability to think, to learn, to bring people together and to play with their children. All of this may have to be learnt.
Confidence	There may be a need to allow services to develop differently in response to local need. This will require a shift away from the centre to localism and a devolution of budgets to encourage innovation – with all the pain and joy that that implies[63]. One example that has recently been discussed is the transfer to social enterprises, not-for-profit and private companies could have control of the full range of benefits and programmes for the unemployed[64].

Much of this is already in place and the providers of housing and housing related support are in a strong position to make a positive contribution to the development of a different dynamic. This will build the capability among those who find themselves in PSA 16 groups and to make a genuine contribution to their integration into neighbourhoods with the resilience to respond positively to the care challenges ahead.

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[62] Council on Social Action (2009) Time Well Spent : The Importance of the One to One Relationship Between Advice Workers and Their Clients. Community Links: London
[63] Norman J (2009). www.guardian.co.uk/commentisfree/2009/jul/24/labour-conservatism-open-left
[64] Cawston T, Haldenby A and Nolan P (2009). The End of Entitlement. Reform: London.

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