Department for Communities and Local Government

supportingpeople

Key Findings from the Supporting People Health Pilots Evaluation

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Background

The *Supporting People Health Pilots* were designed to explore the extent to which the *Supporting People* framework for policy, planning and commissioning can be used to benefit the physical and mental health of the community.

In May 2003 the then Office of the Deputy Prime Minister (ODPM), now Department for Communities and Local Government (DCLG), invited commissioning bodies and/or service providers in health and social care to bid to become a *Supporting People Health Pilot*. The available funding was designed to support the development of their partnerships in new ways that would contribute to health objectives.

The six Health Pilots selected represented a wide range of people who use services, both commissioning and providing elements, and a range of agencies from the statutory, independent and voluntary sectors.

Bid from:	Project Title	Focus
Doncaster West PCT	'On Track'	Young people with dual diagnosis
Northampton PCT	'SWAN NEST'	Women wanting to exit the sex trade
London Borough of Waltham Forest	'Place to Live'	Supported living for people with learning disabilities
City of Salford Housing	'Sure footed in Salford'	Integrated falls services
London Boroughs of Southwark and Lambeth	'Housing Support Outreach and Referral for hard-to-reach individuals living with HIV'	Hard to reach individuals living with HIV
North Lincolnshire County Council	'SPIDERS'	Older people

The ODPM, now DCLG, commissioned a research team from the School for Policy Studies at the University of Bristol to undertake an evaluation of the pilots. The evaluation looked at both process and outcomes, focussing particularly on what works in joint working. Details of the evaluation as a whole are provided in a separate report[1] and provide the basis for material included in a good practice report[2].

1 *An Evaluation of the Supporting People Health Pilots*. Department for Communities and Local Government 2006.

2 *Supporting People for Better Health: a Guide to Partnership Working*, Department for Communities and Local Government 2006

Care Services Improvement Partnership CSIP

We help to improve services and achieve better outcomes for children and families, adults and older people including those with mental health problems, physical or learning disabilities or people in the criminal justice system. We work with and are funded by DH Department of Health

The Supporting People Health pilots

Doncaster

The 'On Track Young Persons Dual Diagnosis' ('On Track') pilot was designed to provide co-ordinated and effective support to young people with mental health and substance misuse needs (dual diagnosis) living independently in the community. Before the pilot there were no dedicated services for people with dual diagnosis in Doncaster.

The aims of the On Track *pilot were to:*

- provide an early intervention floating support service to young people with mental health and substance misuse needs.
- promote a seamless service to the service user which alleviates bed blocking and delayed discharges and that addresses readmission rate to acute psychiatric wards and medical assessment unit.
- co-ordinate with all housing providers to ensure that adequate housing is available at the point of discharge.
- assist service users to either set up or maintain their tenancy based on a floating support model.
- integrate the pilot into mainstream services in the long term.

Project achievements

The pilot received 66 referrals 31 of which they accepted as meeting the criteria for the service. People using the service were supported for between 4 and 30+ weeks with the majority receiving between 5 and 20 weeks of intensive support. Project workers supported people in numerous ways including: securing a tenancy; accessing benefits, and sign posting to other agencies. For example 8 young people were referred to drug services, 7 to mental health services, 2 to counselling and 6 to training and employment services. Of the 31 young people supported by the pilot 10 had previously been admitted to psychiatric care, 8 in the 12 months prior to receiving support from the pilot. Only 1 of these 8 was readmitted to hospital whilst receiving support from the pilot.

Northampton

The Northampton SWAN NEST pilot was developed to address some of the accommodation and health needs of sex workers in Northampton. Almost 80% of the sex workers were known to be homeless[3] and over 90% were drug dependent. This combination of drug use and homelessness was thought to hamper their access to health care and their ability to gain paid employment outside the sex industry.

The aims of the SWAN NEST *pilot were to:*

- increase the availability and take up of supported housing for sex workers.
- provide for, and use of, safe and supervised environments for contact.
- provide a crisis bed for sex workers.
- increase access to primary care services.

3 Women living in insecure accommodation, night hostels or unofficially rough sleeping (sex workers were not officially classified as rough sleepers)

- increase access to drug treatment and support services.
- increase access to treatment for Sexually Transmitted Infections and HIV.
- increase access to training and employment.
- increase awareness of health and social care needs of sex workers and the impact on individuals and society.
- reduce antisocial behaviour by sex workers in the managed area.

Project achievements

The SWAN NEST provided accommodation to 14 women, 2 of whom were accommodated on 2 separate occasions. 6 women have since gone on to live in long term housing and 3 have exited the sex industry. Over the two years the SWAN programme was able to widen the range of health care services they worked with including new GP practices and a dental practice. The programme also established a fast track referral service to specialist sexual health clinics and developed much closer ties with the mental health assertive outreach team. These developments were seen as a major advance, ensuring greater access to a wider range of health care services for a particularly marginalized group.

Waltham Forest

The *'Place to Live, Health and Supporting People'* project was established to promote a greater understanding and awareness of supported housing amongst people with learning disabilities and their carers, as well as amongst health and social care practitioners. It aimed to give people with learning disabilities greater choice and control over where they lived whilst ensuring that they had better access to health care services.

The aims of the Place to Live, Health and Supporting People *pilot were to:*

- increase understanding of the positive attributes of supported housing and the impact it can have on health amongst users and carers and health and social care practitioners.
- carry out assessments and reviews of 30 adults living in residential care or with an older carer, with referrals to supported housing if appropriate.

Project achievements

At the end of the evaluation period 26 assessments had been completed and 9 people had moved into supported housing. As a result of the assessments Person Centred Planning was arranged for 13 people and 4 people received Direct Payments. The pilot also supported 3 people to access supported employment and 3 to engage in adult education.

Salford

The *'Sure Footed in Salford'* pilot was developed specifically to support Salford's implementation of Standard 6 of the National Service Framework for Older People (DH 2001). This requires localities to develop an integrated falls service that incorporates Primary Care Groups and Trusts, social services and housing support services. The pilot aimed to support this initiative by demonstrating how the *Supporting People* programme could contribute to wider health objectives.

The aims of the Sure Footed in Salford *project were to:*

- create an information sharing protocol across the Salford partner agencies that will enable data sharing and an integrated approach to 'falls management.'
- develop a joined up approach to falls management and integration of falls services within Salford.
- expand the role of staff of a *Supporting People* service provider (Care on Call) to identify causes of and factors contributing to falls.
- prevent accidents and reduce the number of hospital admissions resulting from falls, by trialling the use of falls detectors.

Project achievements

The work of the pilot focused on developments at both the strategic and operational levels. Although it failed to create an overarching information-sharing protocol it succeeded in drafting a 'falls information sharing protocol'. At an operational level the development of a Falls Service Directory and the provision of specialist training to Care on Call wardens helped improve access to falls services across organisational boundaries and demonstrated the contribution Care on Call staff can play in falls prevention.

London Boroughs of Lambeth and Southwark

The London Boroughs of Lambeth and Southwark have the highest HIV prevalence rates in the country. Figures suggest that diagnosed HIV infections amongst residents of Lambeth, Southwark and Lewisham Primary Care Trusts account for almost one in five of all diagnosed HIV infections in London (South East London Sector 2003). This pilot was designed to set up a proactive and assertive outreach service to people living with HIV who are homeless or at risk of homelessness[4] and have communication difficulties that necessitate advocacy support.

The aims of the Housing Support Outreach and Referral for hard to reach individuals living with HIV *pilot were to:*

- develop an outreach service with clear eligibility criteria and referral mechanisms.
- increase contact with hard to reach users as defined by the eligibility criteria.
- increase tenancy achievement and sustainment within the client group.
- increase registration with, and use of, primary care services.
- improve general health amongst the target group.
- increase knowledge and satisfaction with housing and support services.

Project achievements

56 referrals were received of which 27 met the eligibility criteria. 16 of these referrals were for men, 11 for women. 15 service users received tenancy support of which 12 were helped to access temporary accommodation (of whom 4 have since been supported into a permanent tenancy). All tenancies have

4 The pilot aimed to work with rough sleepers, people living in insecure accommodation or temporary accommodation awaiting a settle home and those living in a settled home but having difficulty maintaining their tenancy.

been maintained. 18 people using the service have registered with a GP and 13 have registered with an HIV clinic and have commenced highly active antiretroviral therapy. Improvements in CD4 (a receptor for HIV) counts were reported for 5 people and another 4 were assisted with HIV adherence support. 7 people were supported through their hospital discharge.

North Lincolnshire

The *'SPIDERS'* project was developed to ensure that the *Supporting People* policy framework was integrated within the planning and commissioning of services in the health sector in North Lincolnshire. Although a commitment to joint planning and commissioning already existed at a strategic level amongst professionals from both the local authority and the PCT, knowledge about the *Supporting People* framework had not reached operational staff.

The aims of the SPIDERS *pilot were to:*

- raise awareness of the local *Supporting People* programme and its linkages with the health agenda.
- encourage a longer term approach to investment in support and care.

After 8 months a third aim was added:

- to demonstrate how a *Supporting People* service can directly support health objectives.

Project achievements

Despite sustained effort to raise awareness of the relationship between *Supporting People* services and health services the pilot decided after 8 months that the approach they had been following was unlikely to lead to lasting change. In consultation with the ODPM, now DCLG, it was decided that the remaining funds should be used to jointly commission a Home from Hospital. The establishment of the new service helped raise awareness of the potential contribution *Supporting People* services can make to the local health agenda.

Overarching themes

Evidence from the health pilots suggests that *Supporting People* services can be deployed to benefit people's physical and mental health. The evidence also indicates that agencies and professionals can work effectively together across organisational boundaries, but that the difficulties of doing so should not be under-estimated. Their experiences raise a number of over arching themes that are relevant to joint working in other policy contexts.

Ensuring effective links between strategic and operational level joint working

Work within the pilots underlines the need for partnerships to be based on joint working at both strategic and operational levels. Commissioning new services that depend on joint working are unlikely to be effective if those working at an operational level do not understand why they need to work together. Similarly, without the support of those working at a strategic level, joint working at an operational level is unlikely to be successful. As well as understanding why they are working together,

staff at both levels need to be committed to the aims and objectives of the partnership, and develop strong linkages between these two levels.

The pilots also underline the importance of strong links between individuals working at the *same* level, whether strategic or operational and the importance of effective communication. At the operational level effective partnership working depends on efficient systems that keep partners abreast of progress and that allow them to cross refer people who use services – or pass on information about them – in a timely manner. At the strategic level partners need to be able to discuss and resolve difficulties efficiently and effectively and ensure that the initiative is keyed into strategic planning processes.

Complexity and the need for clear governance and management responsibility

One of the key themes to emerge from the evaluation is the need for joint working to be based on clear arrangements in respect of governance and management responsibility. Transparent arrangements, agreed by all partners, ensure that staff understand to whom they are accountable and enable the work to be managed effectively. Someone needs to be ultimately accountable for the project. Evidence from the pilots indicates that confusion or diffusion of roles and responsibilities underpinned some of the problems that arose.

Where is the management of joint initiatives and accountability for them best located? The experiences of the pilots indicates that whilst it may appear rational to make joint services accountable to committees that are themselves 'joint' this too can diffuse responsibility. An alternative might be to ensure that joint initiatives are accountable to one organisation acting on behalf of all of the partners.

Management of Project workers

As with governance, the pilots highlight particular lessons about the management of project workers, particularly in new services set up to work across organisational boundaries. Managerial arrangements in collaborative services can be complex but the evidence suggests it is important to keep line management simple and to locate it within the organisation in which project workers are employed.

The need to provide specialist supervision to project workers – as opposed to managerial supervision – was also identified as important. Particularly at those pilots which worked intensively with individuals in order to link them into a variety of general and specialist health services. Through the provision of specialist supervision pilots were able to ensure that the practice of individual workers was safe as well as providing them with time to 'off load' and reflect on the difficult nature of the work they were doing.

The need to involve people who use services and the wider public

All of the pilots regarded the involvement of people who use services as an essential means of ensuring that their work was relevant and, in turn, legitimate. A range of strategies were used. Two pilots used existing forums through which to involve current and potential service users in discussions about the development of the pilot. Others decided it was inappropriate to involve service users in the initial development and on-going management of their work. Instead they held regular meetings with service users to discuss their experiences and any suggestions they might have for improving services.

In contrast, one pilot decided that user representatives would play a more prominent role in the development of the service. The original bid included plans for an evaluation to be undertaken by a local service users group. A representative of this group took part in initial discussions about the service and became a member of the steering group. This approach improved the credibility of the service amongst service users and may indirectly, have contributed to the high levels of engagement with the service.

The contribution of the voluntary sector

The pilots demonstrate the important contribution that the voluntary sector can make in supporting vulnerable people to live independently in the community. First the involvement of the voluntary sector brought additional credibility to the work of several pilots. Secondly, as well as harnessing the expertise that exists within the voluntary sector, pilots were able to draw on their networks to support people to maintain their independence. Finally, the development of new services in the voluntary sector provided powerful models of how services could be provided outside of the confines of the statutory sector. The absence of specific organisational or professional allegiances appeared to enable pilot workers based in the voluntary sector to work more flexibly and intensively with service users.

Data sharing and IT information management

The experience of the pilots illustrates the importance of establishing processes for sharing information at a strategic and operational level. It also highlights the difficulties in doing so. At a strategic level agencies, particularly statutory agencies, need to be able to share data across organisational boundaries in order to evaluate the effectiveness of joint working and develop future plans and commissioning strategies. Without evidence of the impact of joint working on key targets or performance indicators it is unlikely that agencies will continue to prioritise, or indeed fund, such activities in a context of financial restraint.

Those pilots that developed new services demonstrated the importance of establishing effective ways of sharing data at an operational level. This is particularly important when services are supporting people with complex needs and often chaotic lifestyles. In these circumstances services need to be co-ordinated in a timely manner and based on up-to-date information. Most of the pilots decided to build on local practice, for example adapting existing 'release of information forms' which service users were asked to sign as proof that they had agreed to the pilot contacting other agencies as a means to seek or share relevant information.

Working with housing

Whilst those most closely involved with the pilots understood and appreciated their aims and objectives, it is clear that staff working in allied services did not always appreciate the housing and support needs of those groups the pilots were supporting. This was particularly the case within housing services where 4 of the 6 pilots identified the need for staff working in homelessness units or hostels to have training about the housing and support needs of vulnerable people. Training in each case resulted in improved working between these agencies and also improved the support these agencies provided to specific individuals.

The pilots also identified specific issues to do with the management of social housing. In several instances, Registered Social Landlords (RSLs) and local authority housing departments needed to accept that it might take longer for some new tenants to move into supported housing. Whilst it is difficult to predict what will happen in individual cases the experience of the pilots indicates that if supported living is to be a realistic option then RSLs and local authorities will need to be sensitive to the needs of different groups and adjust their approach to voids accordingly.

The organisational context

Effective joint working rests not only on a high degree of commitment and trust between partners, but on a range of other characteristics such as whether or not the service is defined by: the involvement of specific professions; a history of cross agency working and, a history of voluntary sector involvement.

Those pilots that were working in service areas where there is little or no tradition of statutory sector provision, or where services have developed more recently, appeared to have less difficulty working across organisational or professional boundaries. Similarly, a long history of organisational integration as well as the involvement of the voluntary sector appeared to improve the chances of successful joint working.

The challenges of evaluation

Current policy emphasises the importance of outcomes for people using services and the pilots were charged with specifying the outcomes each was seeking to deliver, and how these would be measured. Their experience illustrated the challenges inherent in framing work in terms of measurable outcomes. To do so, pilots had first to translate broad aims into discrete, measurable goals and then find ways of assessing their influence – as distinct from other factors – on those goals.

In most cases pilots came to the conclusion that it was unlikely that they could generate evidence that outcomes were directly and solely attributable to their work. What they could do was gather information about the likely contribution of the pilot, and the most sensible sources of such evidence were those whom the project had served, and those who had worked on or with the pilot. The process of establishing outcomes, even proxy outcomes, was useful in terms of building the evidence about whether or not there was a case for mainstreaming the project. Regular monitoring also prompted revisions and improvements in services in a timely fashion.

The challenges of working with PCTs

The *Supporting People Health Pilots* were established as a means to encourage greater involvement of PCTs in *Supporting People* partnerships as well as demonstrating the potential benefits to health and social care from *Supporting People* collaboration. In so doing the pilots illustrate some of the difficulties associated with working across organisational boundaries and offer strategies to overcome these.

One of the main difficulties encountered was the lack of appreciation of what the *Supporting People* policy framework entailed and a lack of understanding about the impact *Supporting People* services could potentially have on health targets. Whilst the majority of PCT representatives appeared to understand the significance of the particular initiative they were involved with they often did not understand how the pilot related to the local *Supporting People* framework and commissioning

processes, nor indeed what these processes entailed. Of course, these are the problems the Health Pilots were established to address, but they may also reflect more general difficulties associated with moving towards a preventive, community based health agenda within a sector dominated by hospital based services.

Another challenge was the fast changing health policy agenda that often appeared to marginalise initiatives such as the pilots. For example the implementation of *Agenda for Change* within the NHS was cited as a reason why the work of the pilots was not prioritised. Interviewees also identified a range of perennial problems associated with joint working such as the lack of congruent planning and financial cycles across health and local authorities which made the notion of joint commissioning difficult to put into practice. Financial concerns – particularly with respect to PCT funding – and the reorganisation of PCTs also undermined their sustained involvement. Over the course of the evaluation key personnel left and were not replaced either because of recruitment freezes or because local PCTs were in the process of amalgamating. The loss of key PCT contacts was palpable, undermining the continuity that successful partnerships are based on.

These difficulties were mirrored at an operational level. Several pilots reported that operational staff within PCTs (as well as in Hospital Trusts) often did not appreciate the relationship between housing support services and wellbeing. As a result busy staff would prioritise work related to their own organisational objectives. Additionally several pilots noted the high turnover of healthcare staff as a factor undermining efforts to develop closer working relationships.

Despite these difficulties the pilots continued to find ways to develop better joint working relationships. Several provided training to PCT and hospital staff as a way of raising awareness of the link between housing and health or the specific health needs of groups of people. At a strategic level, several pilots relied on key PCT personnel who operated in the role of 'champion' to bridge the organisational divide.

Conclusions

The *Supporting People Health Pilots* demonstrate how services can be developed to enable vulnerable people to live independently in the community. They illustrate how agencies and professionals can work across organisational boundaries, ensuring greater access to a wider range of health care services and improved health outcomes for particularly marginalized groups.

The experiences of the Health Pilots raise a number of factors that are relevant to joint working in other policy contexts. First, successful partnerships need to be based on joint working at both strategic and operational levels with strong linkages between the two. However, to be effective joint working also requires that governance and management responsibility are transparent and agreed by all partners. Without clear arrangements it is difficult to manage effectively and ensure the partnership is accountable.

Finally the Health Pilots demonstrate the contribution of establishing clear outcomes as a means of demonstrating the impact of joint working on key organisational targets and performance indicators. Without such evidence it is unlikely that agencies will continue to prioritise or indeed commission

such activities. However the experiences of the pilots also demonstrate the inherent problems of this approach, not least the difficulty of establishing processes through which to share information at a strategic and operational level. The *Supporting People Health Pilots* demonstrate that with clear leadership, agreed goals and dedicated partnerships these difficulties can be overcome.

Further Information

A full copy of the evaluation report *An Evaluation of the Supporting People Health Pilots*, on which this summary is based, is available at www.spkweb.org.uk. An accompanying good practice guide, *Supporting People for Better Health: a Guide to Partnership Working,* is also available at www.spkweb.org.uk or from DCLG publications:

DCLG publications
PO Box No 236
Wetherby LS23 7NB
Tel: 08701 226 236
Fax: 08701 226 237
Email: communities@twoten.com
Product code: 06SP04074

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