Implications for housing providers

Key messages

Providers and commissioners of housing and support can deliver more personalised services and support people with greater choice and control over areas of their lives, such as health and care. Personalisation for housing providers means:

- tailoring services to individual needs to enable people to live full, independent lives
- ensuring housing and the local environment improve people’s ability to live independently
- offering people a choice in how and where they live, ensuring that homes and support are well designed, accessible and flexible to meeting their needs
- developing different approaches to personalisation – for specialist housing, it is possible to develop a core service with a menu of additional options for individual or joint purchase
- ensuring that people have access to information and advice to make good decisions about their care and support
- finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services
- developing approaches to enable staff to work in creative, person-centred ways, underpinned by the organisational systems to support and sustain this.

Introduction

This At a glance briefing examines the implications of the personalisation agenda for housing providers.

What are the implications for housing providers?

Housing and the local environment make a critical difference to people’s ability to live independently. Safe, settled housing and a place in the community underpin positive mental and physical health. The challenge is to offer people a choice in how and where they live and to ensure that homes are well designed so that people can stay independent for as long as possible. The Think Local Act Personal (TLAP) partnership agreement highlights that personalisation necessitates a: ‘broad range of choice in the local care and support market, including housing options, and [the personalisation of] the way in which care and support services are delivered wherever people live.’

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Housing providers already deliver a wide range of services that promote independence and prevent people needing more intensive and institutional forms of care, including:

- inclusive design and flexible home ownership options
- adaptations, handyperson and care and repair schemes
Part of the challenge for housing providers is to devolve choice and control while providing a safe and stable environment for people in need of support.

Personalisation challenges organisations to bring this work together and reach further. Personalised services treat people as individuals with strengths, preferences and aspirations. Effective services use this as the starting point for developing the support people need. People flourish when they have the level of control they want over their lives, homes and support.

Achieving this requires a different relationship between people who use services, the professionals who support them and public bodies that commission services. Both providers and commissioners will need to adapt the design of services in response to needs from the service user’s perspective. This requires leadership and commitment to the changes involved, early staff involvement and efficient operational systems that can handle more flexibility. This might include issues like managing multiple small transactions and greater transparency with people who use services and with staff.

Different people will want to exercise different levels of control over the services they use, and different approaches to personalising services are emerging to meet their needs. For example, what works for a young person in crisis will be very different from what works for someone with a long-term disability.

Cuts to public expenditure mean that providers and commissioners will have to adapt and innovate within existing or reduced resources. There is a risk that personalisation will be overtaken by the need to simply reduce costs. However, there are also genuine opportunities for integration, including joint contracting, pooled funding and common service specifications across housing, health care and support. The Government’s reforms to NHS, public health and adult social care are focused on achieving a more coordinated approach to improving health and wellbeing. Services will increasingly be accountable for improving outcomes for the people they support. Shifting from payment by volume and services to payment by results and outcomes will be an important part of this.

What do people want to buy?

Care and support providers will have a different relationship with people who use services and will have to consider direct marketing. Although there will be considerable local variation in the pace of change and the impact on commissioning policy, the direction of travel is clear. Services will need to be more closely modelled around what people want to buy and the number of services block-contracted by specific service areas of local authorities will decrease. Increasing numbers of people will either have a personal budget or resources to allow them to buy their own services.

Part of the challenge for housing providers is to devolve choice and control while providing a safe and stable environment for people in need of support. A number of housing providers have tested how personalisation fits with models of specialist housing, including:

- A core service alongside a menu of options which people can choose to purchase. The core support element covers risk-related elements essential to sustain the accommodation and personal

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Using public or private funding, either in-house or from another source to create personalised budgets or virtual budgets. Direct control over funding and priorities for services: making purchasing decisions jointly.

The role of local government

Local authorities have a vital role in designing, shaping and developing their local market for housing and support.

- Using public or private funding, either in-house or from another source to create personalised budgets or virtual budgets.
- Direct control over funding and priorities for services: making purchasing decisions jointly.

Case study 1: Family Mosaic – delivering choice

Family Mosaic ran personalisation pilots at seven different schemes including both accommodation-based and floating support services for different service user groups. Different mixes of core and flexible services were tested. The personalised element varied between 30 and 70 per cent of the total support budget. This was presented in different offers in different services, including Family Mosaic Banknotes that people who use services spent on additional time from support workers and group activities. Of those involved with the pilots, 71 per cent said personalised services made a difference to the amount of choice of service they got. Customers reported that support was more varied and flexible. As a result of this, relationships with staff changed as people who use services worked with them to shape their service, rather than just receiving the service designed by professionals. Greater flexibility allowed staff to spend more time in getting to know people who use services. One service user at a Dual Diagnosis project, Martin, chose to go on regular walks with his support worker. These benefited his mental and physical health. He said, 'When I received formal support, I felt like I was being a burden. On the walks I felt more useful, doing things together.'

Case study 2: Look Ahead – Experts by Experience

The principle of co-production places the individual at the centre of the service. They decide what kind of service they want, how it should look and how it should work in practice. Where co-production is truly in operation, people who use services play a key role in delivering services alongside staff members and their peers. Look Ahead Housing and Care has put this principle into action through its Experts by Experience programme. This encourages and enables people who use services to contribute their expertise by directing their own support and working in partnership to design and deliver the services they want and need. By talking to people who use services about how they want to be involved, Look Ahead has developed a range of different projects that build on this approach. These include people who use services interpreting for other customers, service user involvement in staff recruitment and inductions, and them designing and delivering staff training based on their own personal experiences.

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support planning. The menu of options may include purchasing support hours for time and activities that better suit people who use services and/or a cash fund to purchase support or goods.

The role of local government

Local authorities have a vital role in designing, shaping and developing their local market for housing and support. With greater flexibility over funding streams and a sharper focus on outcomes in health, social care and public health, there are opportunities to deliver a wide range of existing and new housing and support services that meet local needs in a personalised way.

The local authority’s role in shaping and managing the market should take into account the different opportunities for local areas to develop more personalised and integrated housing provision. This includes the following.
• Better integration of commissioning of housing, support care and health to provide a range of flexible and preventative services.

• The development of a variety of housing options for people with different support needs, including provision for the housing and care needs of the ageing population.

• Ensuring local availability of neighbourhood and community services such as financial inclusion and children’s services.

• A framework for residents to have choice in the services they receive. Good information and advice is critical to meaningful choice. This means brokerage services that are independent of the allocation of resources and that will assist the person to make choices about how resources are used.2

There are a variety of routes that local authorities can use to develop their role. All authorities can include funding for housing-related support within personal allocations. Authorities can also adopt lead, devolved or joint commissioning arrangements across housing, health and care, pooled funding or integrated planning through health and wellbeing boards.

Further information

Association of Directors of Adult Social Services (ADASS)
Personalisation: what’s housing got to do with it
www.adass.org.uk

A positive approach to risk and personalisation: a framework
www.westmidlandsiep.gov.uk

Department of Health (DH)
Caring for our future: reforming care and support
www.dh.gov.uk

Family Mosaic
Let me choose: My life, my support
www.familymosaic.co.uk

Find Me Good Care
Find Me Good Care helps people to make choices about care and support for themselves or other adults in England.
www.findmegoodcare.co.uk

Housing Associations’ Charitable Trust (HACT)
up2us
www.hact.org.uk/up2us

Housing LIN
Case study no. 43: Reeve Court Retirement Village
www.housinglin.org.uk

Housing 21
Building choices: personal budgets and older people’s housing
www.housing21.co.uk

National Housing Federation
www.housing.org.uk

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Case study 3: up2us – collective purchasing

HACT’s up2us project has examined different approaches to service user purchasing in housing with support and care. Housing associations have worked alongside residents and people who use services to develop new services and activities that increase independence and maximise purchasing power. Local purchasing groups have developed to respond to the priorities of people who use services, rather than being directed by commissioners. This has required partnering with user-led organisations and independent advocacy groups to ensure the choice and control offered is meaningful and practical. Successes include:

• a new user-led cooperative for adults with learning disabilities purchasing social activities together

• new online community platforms to identify and promote shared support activities

• tenant groups in a supported living scheme collectively purchasing night-time support and care.

This initiative has given staff improved skills of brokerage and planning for person-centred outcomes. It has also challenged organisations to create forums and opportunities for residents to discuss and agree their priorities.
Personalisation briefing: Implications for housing providers

One Housing Group
Aspiration Age: Delivering capital solutions to promote greater choice and independence for older people
www.onehousinggroup.co.uk

SITRA
Working group on personalisation in housing-related services
www.sitra.org

Think Local, Act Personal
www.thinklocalactpersonal.org.uk

Tower Hamlets: Look Ahead Housing and Care
Personalising block contracts in supported housing
www.thinklocalactpersonal.org.uk

References
www.thinklocalactpersonal.org.uk
www.housinglin.org.uk

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What is personalisation?
Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need, or received the right help. Personalised approaches like self directed support and personal budgets involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives. People need access to information, advocacy and advice so they can make informed decisions.

Personalisation is also about making sure there is an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support, including that provided by user-led organisations. It means ensuring people can access universal services such as transport, leisure, education, housing, health and employment opportunities. All systems, processes, staff and services need to put people at the centre.

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Social Care Institute for Excellence
Fifth floor
2–4 Cockspur Street
London SW1Y 5BH
tel: 020 7024 7650
fax: 020 7024 7651
www.scie.org.uk

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