
REPORT TO: **HOUSING SUPPORT STRATEGIC PARTNERSHIP**

REPORT FROM: **DEVON SUPPORTING PEOPLE TEAM**

DATE: **24TH FEBRUARY 2009**

JOINT CONTRACTS

RECOMMENDATIONS

The Housing Support Strategic Partnership (HSSP) to:

1. Discuss and agree a strategy for using joint contracts to administer housing support to people with care and support needs

1. BACKGROUND

1.1 National best practice has for some years now encouraged Supporting People to use '*single, integrated contracts where providers supply a broader range of services*', such as treatment and care. (Jarvis, 2005).

- Supporting People's national inspection report congratulates authorities where it has found contracts '*owned by, and integrated with, wider council activities and partner strategies, for example, those covering homelessness, drug and alcohol harm reduction, sustainable hospital discharge and community safety*'. (Audit Commission 2005).
- The Audit Commission's 2008 Key Lines of Enquiry contain numerous references to joint contracts, for example where they expect to find '*Evidence of progress to commission services jointly*', and evidence that '*Progress has been made to ensure the integration of the housing support plans with those of other agencies*' (Audit Commission 2008).

1.2A number of authorities have successfully implemented joint contracts, or have established plans to do this:

- Tower Hamlets Supporting People and Drug Action Teams have worked together to identify existing and planned projects. (Linking up Drugs Services and Housing Related Support, 2006).
- The North West Value Improvement Project has jointly commissioned housing support service for the learning disabled (North West Commissioning Roadmap, 2009).
- London Borough of Camden has integrated Supporting People and Adult Social Care contracts for services for people with mental health problems (London Borough of Camden, 2007)

1.3 Devon has made some progress towards implementing these best practices:

- Rather than using separate contracts for the Care and Housing Related Support elements of two new Extra Care services for older people, in 2006 single, integrated contracts were used.
- Rather than use multiple contracts to specify the health, social care and housing support elements of a mental health service in Tiverton, in 2008 a single, integrated contract was put in place.
- Devon's use of joint contracts has earned it a reference in the national best practice guidance '*Housing, care, support: a guide to integrating housing related support at a regional level*' (p 37, CLG, 2008).

2. OPPORTUNITIES & CHALLENGES TO JOINT CONTRACTING

2.1 Use of joint contracts is advantageous because:

- A joined up approach to commissioning offers more flexibility for providers to respond to the needs of individuals as they change over time. In the past, because the care and support elements of a service user's provision were separately defined in different contracts, providers were much less able to vary the balance of care and support.
- Administration of joint contracts involves less bureaucracy, and less resource from both providers and commissioners. It can bring efficiencies to contracting and procurement.
- A useful feature of joint contracts is simpler, aggregated performance and monitoring reports that are more meaningful across the full spectrum of stakeholder interests.
- Joint contracts can promote closer partnership working, a clearer focus on the agreed service user outcomes, and higher levels of customer satisfaction.
- Providers of care and treatment services to people who are also in receipt of housing related support services, benefit from consistencies in commissioning, e.g. inflationary uplift, tender exercise milestones.

2.2 Implementation of joint contracts that include housing support is potentially challenging because:

- Joint contract partners sometimes have differences in their language and statutory responsibilities
- It can be difficult to align the funding of different commissioning partners to the same contractual timescales. This is particularly true when initiating joint contracts.
- Joint contract partners who are not the lead (legal entity) can be exposed to risks if one partner's circumstances change – the arrangement necessarily involves a degree of trust and goodwill.
- If all housing support services for any particular client group (e.g. learning disability) were to become only available to people with care packages, there would be no preventative housing related support capacity for service users who just needed support. Lack of low level preventative support might restrict opportunities for choice and independent living.

3. CONCLUSION & NEXT STEPS

- 3.1 It would appear that whilst there is a clear case for introducing more joint contracts for some service users, each service user partnership board needs to agree with its commissioners the ideal level of 'housing support only' capacity that should remain available. The housing support elements of Devon's Joint Strategic Needs Assessment (JSNA) has potential to establish this balance. The new Single Assessment Process being developed for older persons support has potential to ensure that all service users are subject to the same housing support assessment, irrespective of whether they are served by a joint or standalone contract.
- 3.2 In advance of a completed housing support JSNA, or widely agreed single assessment tool, early identification of some services suitable for integrated contracts would greatly assist planning of contract administration needed for September 2009.
- 3.3 Appendix 1 to this report is a suggested implementation plan for joint contracts. HSSP is asked to agree or amend the plan, for ongoing consideration and approval by Health & Social Care commissioners, and JCB.

4. BIBLIOGRAPHY

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Draft proposals for working towards increased use of integrated contracts: 09/02/09

Supporting People Service User Group	Number of Services or contracts currently as 'Joint'	Number Services or Contracts ideally contracted as 'Joint'	Legal Entity that would hold joint Contract	Lead Departments managing contract	Possible Implementation Plan
People with Mental Health Problems	1 service (Tiverton)	Minimum of 3 services by 2010	DCC	DPT Networks & Joint Commissioning Manager, DCC contracts team	Identify 2 providers suitable for integrated contracts by March 2009. Carry out JSNA simultaneous to consultations with providers & service users between March and September. Aim to let Integrated contracts from September 09.
People with a learning disability	None	Suggested that perhaps 80% of current supporting people services better as joint	DCC	Locality Teams & Joint Commissioning Manager, DCC contracts team	Identify 1 provider willing to test use of integrated contract identified by March 09. Carry out JSNA simultaneous to consultations with providers and service users between March 09 and September. Aim to let integrated contracts from September 09
Older People's services	2 Extra Care services (South Hams)	Ideally all Extra Care contracts let as 'integrated'. Possibly enhanced sheltered too.	DCC	Locality Teams & Joint Commissioning Manager, DCC contracts team	Continue current practice of letting all Extra Care contracts as 'Integrated'.
People with a sensory or physical disability	12 service users with care needs provided with housing support	The partnership Board has not yet mapped this	DCC	Locality Teams & Joint Commissioning Manager, DCC contracts team	Partnership Board map needs, and propose idealised balance between 'care and support' and 'support only' services
People with Drug or Alcohol problems	None	Two by 2010	PCT or DCC	Devon DAAT, Exeter City Council and DCC contracts Team	2 services suitable for integrated contracts identified by March 2009. Consultations with providers & commissioners between March and September. 'Semi integrated' contract trialled between September 09 and April 2011. Aim to let Integrated contract following tender.