

RESHAPING SERVICES

NOTES FROM THE NORTH WEST TRAINING AND DEVELOPMENT WORKSHOP 8TH MARCH 2001

- I. RESHAPING SERVICES**
- II. OPTION APPRAISAL**
- III. STRUCTURES**
- IV. DEVELOPMENT ISSUES**
- V. PRACTICAL EXAMPLE**

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I RESHAPING SERVICES

1. Reasons for change

There can be several reasons for change, reshaping, or redevelopment of services.

- (i) National policy. These should be the big themes that run through government plans for services for the future. Examples: modernising social services, promoting independence, learning disability strategy, improving quality and choice. Ideas about person centred planning, choice, supporting independent living, normalisation which gain a currency professionally may also be a strong force for change
- (ii) National legal, administrative or funding changes. While these ought to be part of the framework for the achievement of national objectives, they may be incidental, opportunities or difficulties that have an important consequence for the way services are delivered. Examples: court rulings on housing benefit, the introduction of ILF.
- (iii) Changes over time, in demography, expectations or demand. Examples: increasing numbers diagnosed as autistic spectrum disorder, fewer people in long term health care, change of use of resettlement projects.
- (iv) Views and expectations of service users and families: having a home of your own, staying on in the family home, using family funds or equity, mistrust of social services and residential care, abuse scandals, transition planning. These can and should have an impact on service priorities, it is enshrined in the best value practice of consultation over service planning and consumer satisfaction and charters for service users.
- (v) Cost and effectiveness in the achievement of the aims of social policy. The best value questions
 - (a) why an activity or service is carried out
 - (b) what would be the consequence if it ceased

How effective are the methods used and are they cost efficient ? The recent *Cost and Quality* research by Emerson prompts investigation of outcomes achieved and comparative costs of types of service. Locally the commissioning process invites questioning over why one service costs more than another.

- (vi) Raising standards: it is known and accepted that the standards of the past may not have been good enough, the old hospital wards for example, and that today the standard of living for people with disabilities may be far below the norm in terms of health, employment, income standard of living, social opportunity etc. Ideas of citizenship and equal opportunity, disability discrimination all invite the conclusion that services could be better.
- (vii) Out of date services, old fashioned buildings: in the commercial world they die out, nobody wants them any more. In charitable and public work, buildings, organisations, ideas and services may just go on getting more and more

useless. It is often easier not to change. Legislative frameworks can also be a barrier to change.

- (viii) Independent or central government reviews: Audit Commission, Social Service Inspectorate, joint reviews, best value reviews, league tables. However or why the assessment is carried out it can have an impact. Buried within the assessments may be PI's which have their own agenda, eg equal opportunities practice, out of area placements, no's leaving residential school.
- (ix) Individual service review, risk assessment, registered service inspections, in house monitoring, internal management controls can all throw up problems that won't go away. The inspectorate and new Care Standards for residential care has put private providers on the back foot and the increased scope for statutory providers to meet the same tests identifies some existing services to be sub standard. Room sizes, sharing, facilities, fire regulations etc. can add up to major costs for improvement or new building.

The table below lists some of the problems that might be identified from management information, audit, review, monitoring or other inspection

- Voids levels, persisting voids, lack of suitable referrals, declining need for the type of service
- High staff turnover, sickness or absence rates
- Minimum accommodation standards not met, registration standards, fire precautions, HMO requirements, health and safety, COSHH
- Scheme design not suitable for present or changing needs, eg physical disability, challenging behaviour, individual privacy, insufficient space for communal or individual occupation
- Poor property condition, inadequate maintenance, decoration
- Location not or no longer suited for present use, access to local community or special facilities
- Relatively high running costs for scheme type, residents' support needs
- Funding problems, accumulating deficits, funders unwilling to continue individual or service contract
- Feedback from residents, resident satisfaction survey, staff reports
- Unsatisfactory management performance from provider, failing to meet stated service aims
- Risk appraisal or service audit identifies problems

2. Opportunities for change

Besides the reasons for change suggested because of problems identified there are also opportunities suggested for other reasons

- New frameworks for joint planning between health and social services, Joint Investment Plans, joint commissioning, pooled budgets, new Care Trusts, redeveloping Section 28A or Section 64 funded projects
- Funding through new initiatives, the modernisation fund: promoting independence, partnership and prevention, major repairs grants
- Capital through local authority Capital Receipts Initiative, Private Finance Initiatives, Basic Credit Approvals, Housing Corporation Approved Development Programme, repair and home improvement initiatives
- Supporting People grants and the new review and commissioning structures through joint working between social services and the housing department.
- Using PPG3 Planning Policy Guidance securing the use of land for social housing or special needs.
- Use of 100% of the proceeds of capital receipts by social services for the provision of similar services.
- Using the borrowing powers of housing associations or registered social landlords (RSLs) and Large Scale Voluntary Transfer Associations (LSVTs)
- Learning disability strategy new initiatives ?
- Using local authority, housing association and private sector housing stock - either existing satisfactory or with funding for improvements.
- Reviewing expensive or unsatisfactory out of area or specialist placements.
- Improving the range of providers, new partnership agreements and structures for housing care and support
- Planning to increase and diversify project income

3. Potential Gains

Reshaping or remodelling a service may initially be prompted by problems identified, policy or practical incentives but there are important gains which can be achieved which put the process of change in a more positive light.

- Improving standards and services
- Increasing the range of service and housing options
- Greater flexibility
- Involving service users and families in the change process, consulting them about preferences
- Reducing running costs
- Lower maintenance costs
- Using funding opportunities, diverse funding sources
- Financial gain from disposal of property/land
- Improved relationship providers, using new and better providers
- Better fit with local strategy
- Better service quality, outcomes for residents
- Reduced risks
- Opportunity to make better use of existing housing
- Giving more consumer choice (eg own home)
- Provide for special needs eg adapted dwellings, special management aims
- Making the most of residents' own potential

II OPTION APPRAISAL

1. Options

Options can include the following

Major repairs	Repairs to the structure of the building.
Improvements	Making changes to the property, substantial refurbishment to existing form.
Conversion	Making significant changes to the physical characteristics of the building, room sizes, layout, self containment.
Reprovision	New service in a different property, acquisition and development of a new property or redevelopment of another existing dwelling.
Separating housing and support	Using new arrangements for separate housing and care providers rather than single service contract.
Registration Status	Using the new Care Standards Act to 'deregister' a registered care home because residents occupy their own home as tenants and if personal care is provided it may now be supervised as domiciliary care.
Using 'floating support'	The arrangement where a support service can move among tenancies of general needs housing - usually used for lower level support but could be combined with a care package.
Using independent sector providers	Services have traditionally been provided directly by a health trust, social service residential care or hostel or private registered care providers. The Community Care Act and other government initiatives now encourage partnerships mixing health, social care and housing service providers for an individual package
Direct payments	The encouragement for direct payments is the latest in these person centred approaches where the individual can assemble a housing and care package from different providers

2. Reviewing services

Services may be reviewed at the strategic and at the scheme or project level. The following are some of the suggestions from the Supporting People guidance.

Strategic review

At the strategic level local authorities should be carrying out reviews for best value and for the purpose of strategic planning. This may include the Community Plan, the Housing Investment Programme, Health Improvement Plans which involve trusts, PCGs and PCTs, Joint Investment Plans for learning disability.

Is the service relevant to the Supporting People strategy? The local authority has to decide whether an existing service can achieve strategic priorities. This may involve a move away from shared housing towards independent housing with support, or it may involve developing specialist housing, both in terms of the support provided as well as the type building, for instance very sheltered housing.

Assessment of need

Local authorities must take into account the assessment of need and demand for the service. Evidence could be obtained about occupancy, waiting lists, and the number of referrals refused. The views of residents could be obtained through providers or from direct resident satisfaction surveys.

Location

For existing services this is likely to be an aspect of user views, access to community services, shops, transport. This will also be an issue when considering planning consent.

Performance, quality and effectiveness

Local authorities should take account of the performance of the service provider. Performance information can be obtained by the local authority through the contractual supervision of the provider including Housing Corporation supervision of RSLs. This might include details of service users' needs, monitoring support plans, successful moves, maintaining tenancies, staff turnover, complaints unresolved, resident consultation practice, occupancy levels, evictions or tenancy breakdown, staff qualifications, staff training, risk assessment procedures, internal audit, costs per resident. The National Housing Federation *Framework for Supported Housing* gives an excellent structure for collecting evidence.

Value for money

Value for money of the cost to the local authority as well as the overall cost of the service. Value for money does not necessarily mean the cheapest service and the effectiveness of the service in meeting needs, and its quality should be taken into account in assessing costs. Comparisons of costs between similar types of services is essential.

Comparisons

Use benchmarking techniques to compare provider's costs. This should ensure like for like comparisons. Benchmarking clubs have been established by a number of supported housing providers.

3. Option appraisal

The possible options will vary depending on the nature of the existing service, problems encountered and the aims to be achieved

(i) Main problems with the existing service eg.

- cost
- poor performance
- building standards
- no longer meets strategic aims,
- or service quality measures
- outlived former purpose

(ii) Main aims to be achieved eg.

- financial gains, reduced costs
- improved performance
- better physical standards
- more flexibility
- better use of local housing
- meet strategic aims
- specific service outcomes
- meet new or special needs
- outcomes for existing staff

(iii) Special opportunities

- buildings or land available
- government grants
- new repairs funding (egMRI)
- Supporting People grants
- new pooled budget
- better service structures
- the changing market for social care and housing

(iv) Key criteria for appraisal

- Buildings
- Management
- Best value - cost and quality measures
- Community impact
- Views of staff, families and service users
- Values - choice, control, independence ?
- Financial capital and revenue
- Minimal disruption for service users
- Consequences for staff (TUPE, redundancy)

III STRUCTURES

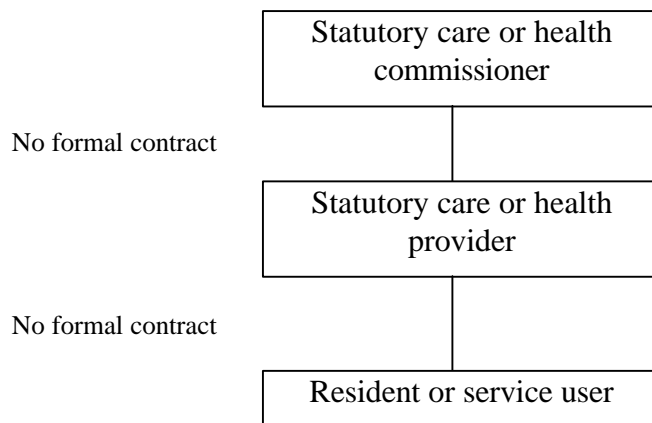
New structures

The main thrusts for change over ten years have been

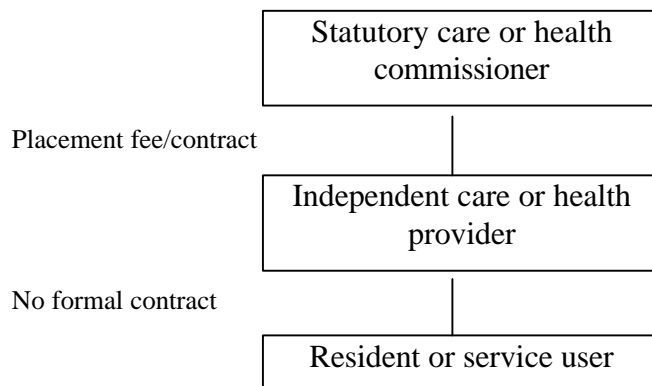
- (i) de-institutionalisation, reduced reliance on residential care
- (ii) coping with rising demands and costs
- (iii) unsuitable buildings
- (iv) increased use of independent sector providers
- (v) new health, housing and care partnerships
- (vi) changing role for local authority social work - care management

One feature that brings many of these together is the changing form for services which combines specialist providers of health or social care and housing in smaller scale more 'ordinary' community based services. This often allows more diversity of income sources with lower cost to the local authority.

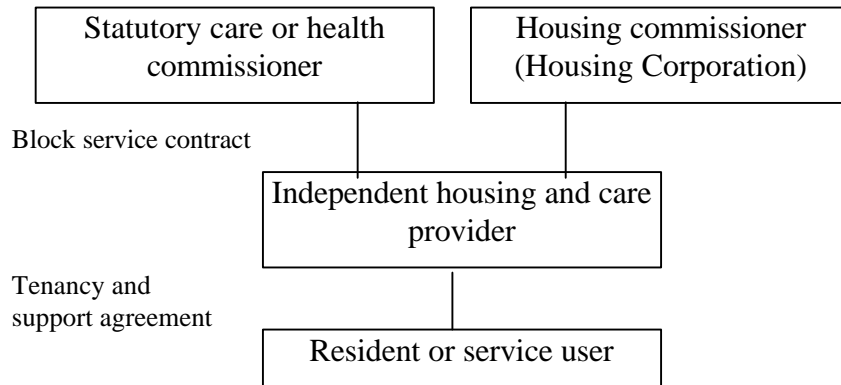
The traditional institutional model for services is simple



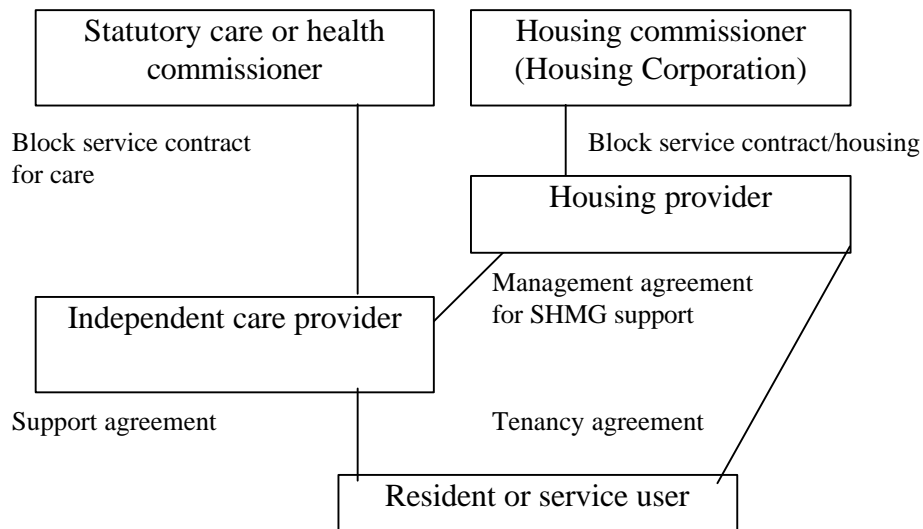
The first use of the independent or private sector uses similar models for services but introduces a contractual relationship



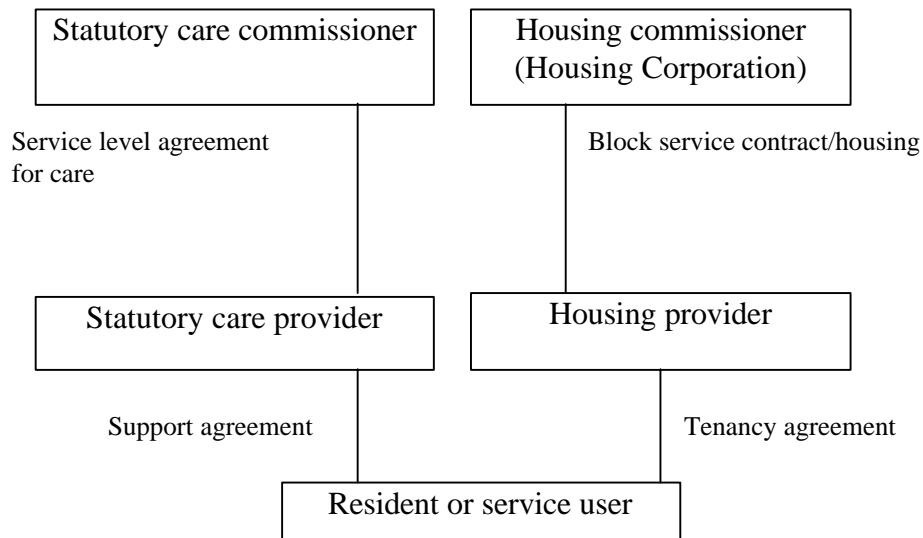
The use of a combination of housing and care providers introduced new forms of contract. Capital and revenue funding from the Housing Corporation came with a new requirement for accountability for housing grants. Where the RSL is also the care provider the arrangement was like this



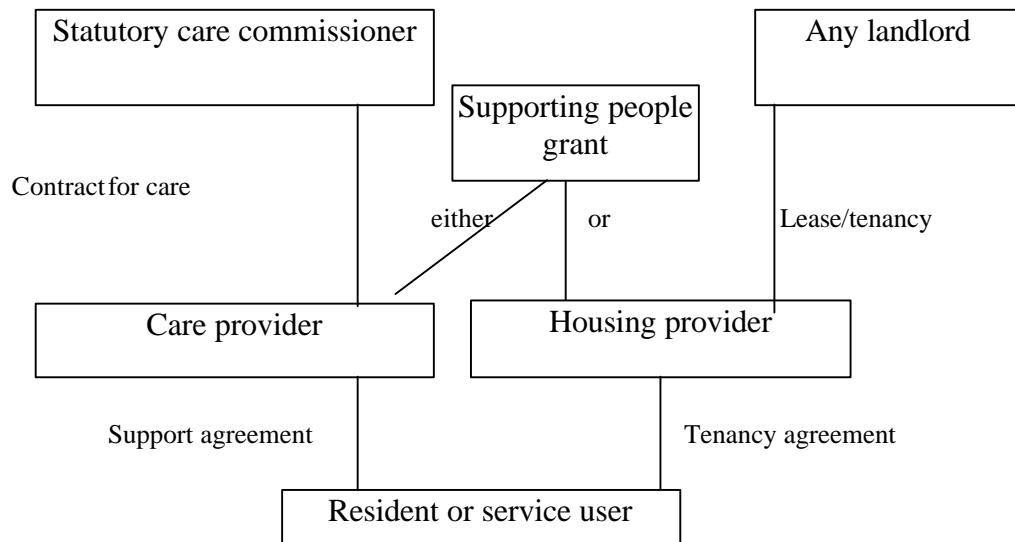
With a separate care provider the arrangement was often (but not invariably) like this



With a local authority providing care through a social work team the arrangement is



And there are now new possibilities because one source of revenue (Supporting People Grant or THB) is detached from Housing Corporation capital



This by no means exhausts the possibilities for example if health or S28 money is used for capital or care costs, private finance used for borrowing. The main rules throughout are that

1. contracting arrangements need to be clear
2. not ultra vires, within organisations powers
3. cannot use SP grant for social care
4. there should be formal co-ordination between the support and tenancy
5. proper agreements for the protection of residents

IV DEVELOPMENT ISSUES

Development Issues

- Use Social Housing Grant (SHG) via Housing Corporation - annual bids - allocation or LA SHG- can come anytime
- RSL's main source of additional public sector provision
- New-build not only route. Purchase and repair or Existing Sales function (ESP) or Acquisition + Works all possibilities
- TCI governs RS2 costs - it is suggested that 'Supporting People' may make it harder to do "special" schemes
- Can go over baseline TCI also the Housing Corporation can sometimes be flexible for disabled people
- Built form
- Procurement-Design & Build is one economical route.
- Tendering process
- Cost estimates - Architect may not be the best advisor
- Specification - frequently weak link - easy to get it wrong and expensive if you do
- Project management - who fulfils client function
- Technology - consider what may be needed in specification. (eg. Hand wired alarms may be more expensive and possibly not as useful now as dispersed alarms)
- Mobility Standards - don't have to be that expensive if done at outset. Lifetime Home standards
- Build in white goods, insulation, fitted furniture, so it will be eligible for grant.

Project Development

Development can be a particular risk in supported housing. Key reasons include development departments that lack the right experience, political pressures that create unusual initiatives, novel capital funding combinations, additional regulations (such as those required by the Registered Homes Act) and specific, complex needs of prospective tenants.

Service planning needs

- clear specifications for project development
- cross functional project team involving key stakeholders

- feasibility studies and risk appraisals
- pre-tender reviews to ensure controls built in before tenders are submitted

A commonly cited problem expressed by supported housing staff and managing agents is that development occurs without due regard for operational issues or the needs of tenants. Development partners may be insufficiently briefed and faced with unrealistic expectations and demands leading to

- Unmet costs and/or unsuitable design arising from poor specification of project requirements leading to changes in design during project development
- Cash flow and viability problems if project completion is delayed and income is postponed – especially when a new staff team is in already post
- Opportunity led development or tight deadlines can bring risks in the course of the development process - financial issues, planning problems, design issues or issues relating to tenant need.
- Inappropriate design, incorrect support levels and/or inadequate staff skills due to poor information on prospective tenants' needs
- High abortive costs, excessive development and commissioning costs

NIMBY

Supported housing that requires planning consent are vulnerable to local objection. Action may also be brought over breach of covenant and, in one well known case, for noise and nuisance under environmental health law. The risks are mainly to do with difficulty over acquisition, planning approval, and delay. For potential or actual tenants there is the risk of local hostility and harassment.

Specially designed buildings

There may be problems developing and maintaining buildings which have been specially designed. These begin with getting one-off designs right - always assuming the client's brief is thorough and based on good experience. There is then a matter of cost particularly if borrowing is required. Affordability of special design features can be a problem and value for money comparisons in funding bids appear poor. Lastly, accommodating the variety of design or equipment specified by statutory authorities, commissioners and clients whilst still aiming for non institutional results is not easy.

The possibilities for alternative use should always be taken into account, especially when buildings require private finance. If needs or the purpose of the project change, is it possible to use the building differently, adapt or improve it, without enormous cost? Is any financial provision made for such possible changes of use?

V RESHAPING SERVICES - A PRACTICAL EXAMPLE

Moving from a local authority hostel to supported housing

How does a local authority re-provide for 26 residents with learning difficulties living in a social services run hostel which fails to comply with current standards? This case study describes how three quarters of residents were enabled to move on to supported housing and outlines a model that could be adopted by other councils. Central to this achievement was an emphasis on encouraging positive collaboration between registered social landlords involved in procuring housing and support agencies. A 'best value' selection process led to formation of 3 partnership arrangements involving 4 RSL's and two support agencies, one of which was the Local Authority's own home care service.

The brief to re-provide

Consultants were given the brief of enabling the local authority to identify the most effective and economical way of re-providing for 26 residents with learning difficulties living in a social services' hostel. This building which, in the late 1950's, had been applauded nationally as a model of provision, but now failed to conform to acceptable standards. The needs of the residents had also changed over the years. Work already been undertaken had established that altering or adapting the existing building was neither feasible economically nor in terms of model of service. Furthermore, since the site was shared with a day centre, there was no opportunity to dispose of assets to part resource development elsewhere. The council had recently achieved unitary status and this offered important opportunities for partnership between housing and social services.

Service models

Resident profiles identified how much direct staff time each resident received in the course of a week. These revealed an ageing population with more recent and younger residents tending to have more complex needs. Alternative indicative costed models of potential service mixes were prepared and presented to elected members on both housing and social services committee. Options included: different proportions of residential care and supported housing; use of existing sheltered accommodation; clustering houses and flats in different configurations but at this stage it was not possible to be specific about sites and housing procurement costs.

Selective tendering

Best value considerations made elected members clear about the need to market test, but a selective tendering exercise was favoured over an open process. The agreed way forward involved making maximum use of existing and planned ordinary housing and limiting the provision of residential care to the 6 residents who most needed an on site 24 hour staff presence. A recently completed 6 place home was already available.

Preference for self contained housing

Before our involvement, initial assessments had included potential groupings of individuals based on prior assumptions by staff about how much support each group

might require. However, it soon became clear that few residents had actually elected to share with friends. Therefore, it was agreed that for the remaining 20 residents, only those with an expressed desire to share with specific friends, should do so. This meant that the predominant requirement was for self contained single person housing which was at a premium in locations which met the criteria. These included: local facilities; transport links; neighbourhood safety and access to support. In consultation with residents, carers and staff it was agreed that flats could be grouped in clusters, so that tenants could live close both to fellow former residents as neighbours and to staff support while not having to share living accommodation.

The Time Budget

To achieve this shift to a more individual focus, an approach was devised to calculate the support received by each individual, with additions made to ensure that each of the likely clusters of accommodation could have access to a responsive and reliable service, taking account of the potential need for 24 access to support. This *Time Budget* (1) was a working tool devised by the author and Nigel King to estimate the amount of actual staff time required by each individual. This disaggregating of support needs and costs enabled bidders to suggest a range of different options based upon availability and location of housing and on the staffing levels and delivery of service. It proved to be less costly than initial estimates based upon registered care group living assumptions, for although some people had complex needs and cost more than the current hostel unit cost, this was partially offset by the fact that support for others cost significantly less.

Corporate Best Value

This was relatively new unitary authority and the planned supported housing project was seen corporately as having a key strategic importance, since 'best value' could only be assured through effective collaboration between housing and social services. However, the authority had come into being with an inadequate capital budget and therefore Social Housing Grant represented the only source of new capital funding. There was also keen awareness of the cost implications of the housing model on care and support revenue expenditure and conversely on the impact of model of service on housing procurement costs.

Project group

A project group was set up involving all departments and the consultants serviced this and helped it have focus and discipline in devising and working through the project plan. It was a vital element in achieving support throughout the authority departments and with all the staff concerned.

A two stage commissioning process was decided upon, with the first stage involving selection of an agency to take over an existing, empty 6 place residential care home constructed by an RSL in conjunction with the previous County Council and then delayed awaiting changing decisions on use and revenue for operating costs. The second stage involved partnership proposals from RSL's in a position to procure the housing required together with separate but sometimes linked proposals from agencies able to provide the support needed.

Selecting Partners

Stage 1 - Residential Care: the selection process adopted aimed to build upon existing relationships and to identify RSL's and agencies which satisfied agreed performance criteria and were already active in the Borough or in neighbouring authorities. Those shortlisted for Stage One (residential care for 6 people) were also informed about the subsequent opportunities for bidding for Stage Two, involving the housing and support for the remaining 20 people. The aim was to enable strategic partnerships to be formed and encourage a holistic approach.

Stage 2 - Housing with support: shortlisted agencies received a joint briefing to available information and share what was known about individual needs. Housing identified potential development opportunities as well as schemes already in the pipeline. The aim was to enable prospective partners to have some flexibility within an agreed framework of principles and standards. These included separation of contracts for care and support and for accommodation so that no-one should have to move because of a change in the support contract or be prevented from changing landlord because of their support needs. All accommodation was to be in self contained individual units unless individuals freely elected to share. Clustering of flats and houses in appropriate localities was judged as acceptable and desirable since it ensured that tenants would have more ready access to staff support. Proposed locations needed to be close to facilities, have good transport links and be in safe neighbourhoods. The requirement for contractual separation for care and support did not mean that joined up proposals were not possible, providing that these were built upon explicit partnerships which were not indissoluble.

All accommodation was to be in self contained individual units unless individuals freely elected to share. Clustering of flats and houses in appropriate localities was judged as acceptable and desirable since it ensured that tenants would have more ready access to staff support. Proposed locations needed to be close to facilities, have good transport links and be in safe neighbourhoods.

Fostering Partnerships

A feature of the Stage Two briefing was the amount time required after the formal presentations and questions for informal discussion. As well as talking to representatives of the authority, those RSL's and support agencies present used this as an opportunity to check out potential partnerships and areas where they might have common interests. This was consistent with the aim of procuring best value through co-operation and joint working. Some partners favoured a totally independent approach and others were prepared to work in relationships with either single or multiple partner agencies. It represented a move away from the characteristic market secrecy and lack of transparency of competitive bidding processes.

In the event, the successful agencies were those which had identified strategic partners, and had together identified consequential savings. Interestingly, those who scored high in terms of their creativeness and flexibility also offered cost advantages over other bidders. This approach enabled those providing the best and most economic housing options to be matched with those able to provide the best and most cost effective care and support solutions. At the same time, the partnerships could be

dissolved if one of the contractors defaulted on their obligations or failed to perform adequately. Some hedged their bets by submitting more than one proposal.

Outcomes for Residents

An outcome focused approach was adopted, with agencies being invited to identify the targets they would seek to achieve and to also project their costs over a 3 year period. It was accepted at an early stage that re-provision could not be undertaken within the extremely low unit costs of the hostel (Registration and Inspection had made it plain that existing staffing ratios were unacceptably low). However, the process described has resulted in a high proportion moving on to more independent supported accommodation and this has proved to be less costly than the group living proposals which were ruled out at an early stage.

Now, instead of a single unit cost per person there is a range of costs, which for the 6 people in residential care is nearly double the average cost of a hostel place but for the varying costs for those in supported housing help to keep the overall costs down and of course the remaining three quarters of the former residents, who are now tenants have access to significantly more disposable income than previously and they no longer have to share with people they did not choose. They have been able to choose from 3 developments, while remaining close to former fellow residents. The Borough has invested in new housing accommodation which is non specialised and could easily be used for other needs if tenants opt to move elsewhere. It has also invested in supporting partnerships, which over time will be able to develop new forms of housing and support in line with demand. The form of service purchased is flexible and the contract has been designed to make it easy to increase or decrease the amount of support purchased as needs and numbers change. The service is able to accommodate new needs for individuals by devising bespoke support packages. The process has built capacity in both the in house service and independent sector.

Issues and Lessons

There is a tendency to under estimate the amount of time required to procure and complete new accommodation. In this case it took about a year for 'Stage Two' residents to move into their new homes and six months for 'Stage One'. The biggest delay occurred waiting for properties become vacant as existing tenants moved on to a new development. There are significant resource implications involved in assembling and sending out information and the costs involved in analysing, summarising and distributing tender bids should not be underestimated. Because of this, and the costs incurred by bidders, it makes sense to shortlist no more than 3 or 4 agencies. Each agency was given prior details of the headings to be employed by the selection panel in evaluating bid proposals. The selection process did not include presentations since, if you get the criteria and questions right, in depth scrutiny by the panel was thought more reliable in appraising quality than judging performance in presentation. In addition, the commissioning authority also had invested significant prior time in visiting and appraising the quality of a sample of existing provision for each agency shortlisted.

Summary Diagram

Options for re-provision	<ul style="list-style-type: none">❖ Analyse support received by each individual resident❖ Discuss possible options with care managers❖ Identify potential sources of capital, revenue and review assets in the context of planned housing developments and housing strategy❖ Initial costing of service options and individual packages❖ Suggest framework for securing best value
Review options and develop service model	<ul style="list-style-type: none">❖ Stakeholder consultation, users, carers and staff: - outlining broad options and examples of what can be possible❖ Clarify principles of supported living❖ Elected Members opt for 2 separate Phases❖ Secure corporate ownership of service property strategy❖ Agree communications strategy
Refine model of service and evaluate risks	<ul style="list-style-type: none">❖ Project Team, sets up sub groups on staffing, communication strategy, and housing❖ Workshop for care/service managers on supported living: to build a shared understanding of philosophy and principles❖ Band residents' support and housing requirements, identifying special friendships and elective sharing❖ Develop individual profiles, quantify individual support requirements and aggregate estimate for total needs❖ Agree options for housing procurement and specification for support requirements❖ Agree draft service specification
Identify Potential Providers	<ul style="list-style-type: none">❖ Agree criteria and minimum requirements❖ Market analysis❖ Design questionnaire & agree process in line with agreed LA protocols❖ Approach existing approved providers for expression of interest❖ Agree shortlist
Briefing for potential providers	<ul style="list-style-type: none">❖ Give information, invite questions and explain philosophy❖ Encourage creative approaches and foster potential partnerships❖ Obtain feedback on draft specification❖ Consumer involvement
Invite Proposals	<ul style="list-style-type: none">❖ Submissions in common format❖ Different options and potential partnerships allowed for❖ Encouragement of holistic view of housing and social care options❖ Details obtained of existing services and arrangements made to visit
Evaluation of Proposals	<ul style="list-style-type: none">❖ Use of pre-agreed specifications, scoring and criteria❖ Analysis of impact of housing on social care and vice versa❖ Quality, cost and progression opportunities❖ Appraisal of existing service by visit❖ Consumer involvement
Ranking of acceptable proposals	<ul style="list-style-type: none">❖ Best Value appraisal❖ Negotiation of details with preferred provider❖ Clarification of issues and costs: - fixed and variable❖ Timescale❖ Recommendation to enter into contract
Proceed to Contract	<ul style="list-style-type: none">❖ Finalise details❖ Partnership support needs❖ Agree contract monitoring and review arrangements

The authority concerned was a small newly formed unitary where staff and politicians were on a rapid learning curve. Such organisations may lack the capacity and experience to undertake an exercise of this nature. The smaller the authority, the more that staff end up doing multiple tasks. The concerns that politicians had about impartiality were satisfied by having an open process based upon the advice and expertise of an outside, independent consultancy. Agencies invited to bid seemed to appreciate openness about likely difficulties in the operating environment and imperfect management information within the new unitary.

Key lessons

- Smaller authorities may lack the capacity, experience and confidence for this scale of task
- Most residents wanted self contained accommodation
- Parents, residents and advocates were all involved
- Impartiality over tendering was helped by having an open process guided and advised by an outside, independent consultancy
- The resulting service was more cost effective
- The planning group of local authority housing and social services, care managers was essential for securing commitment and co-ordination for the reprovision
- The form of service purchased is flexible, support can be increased or decreased as needs or numbers change.
- The service is able to accommodate new needs for individuals by devising bespoke support packages.
- The process has developed the capacity of both in house service and independent sector
- The whole housing development process took only 12 months

Parents, residents and advocates were all involved and received individual visits, regular newsletters and were offered the opportunity of attending meetings. Members of a Self Advocacy Group from another area attempted to allay some of the relatives fears about community living. Inevitably, a minority of relatives remained concerned, but the project was not deflected despite some energetic and high profile publicity based on one family's fears. The thorough quality audit of existing services run by bidding organisations was valued highly by relatives.

In terms of resources, the authority made funding available for additional part time social worker time and for around 40 consultant days over a 10 month period.

Nigel King and Richard Woolrych

Reference

(1) Developed from the approach described in Kaye, G. & Seed, P. [1994] '*Handbook for Assessing and Managing Care in the Community*' London, Jessica Kingsley.