

County Hall
The Rhadyr
Usk
NP15 1GA

22nd June 2015

Notice of Meeting:

Adults Select Committee

Tuesday 30th June 2015 at 10.00am
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA

**PLEASE NOTE THAT THERE WILL BE A PRE-MEETING FOR
ADULTS SELECT COMMITTEE MEMBERS AT 9.30AM**

AGENDA

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

Item No	Item
1.	Apologies for absence.
2.	Declarations of Interest.
3.	Public Open Forum.
4.	To confirm and sign the minutes of the Adults Select Committee held on 19 th May 2015 (copy attached).
5.	Scrutiny of partnership activity: Community Coordination and Small Local Enterprise (copy attached).
6.	Scrutiny of partnership activity: 'In One Place' Programme (copy attached).

7.	Work Programming (copy to follow).
8.	To confirm the date and time of the next meeting as Tuesday 1 st September 2015 at 10.00am.

Paul Matthews
Chief Executive

Adults Select Committee

County Councillors:

R. Chapman
R. Edwards
P.S. Farley
R.G. Harris
M. Hickman
P. Jones
P. Jordan
P.A. Watts
A.M. Wintle

Co-opted Members:

D. Hill
D. Hudson

Sustainable and Resilient Communities

Outcomes we are working towards

Nobody Is Left Behind

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

People Are Confident, Capable and Involved

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

Our County Thrives

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation
- Maintaining locally accessible services

Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

**Minutes of the Adults Select Committee held at County Hall, Usk on
Tuesday 19th May 2015 at 10.00 a.m.**

PRESENT: County Councillor P.S. Farley (Chairman)

County Councillors: R. Edwards, R.G. Harris, M. Hickman, P. Jones,
P.A. Watts and A. Wintle.

CO-OPTED MEMBERS:

Mrs. D. Hudson
Mr. D. Hill

OFFICERS IN ATTENDANCE:

Mrs. E. Parkinson	-	Monmouth Integrated Team Leader
Mr. S. Burch	-	Chief Officer, Social Care and Health
Mr. C. Robinson	-	Lead Commissioner SC&H, QA and Supporting People
Ms. H. Ilett	-	Scrutiny Manager
Mrs. N. Perry	-	Democratic Services Officer

The Committee noted the appointment of County Councillor P. Farley as Chairman of the Adults Select Committee.

County Councillor Farley expressed gratitude for being elected for another term and appointed County Councillor R. Harris as Vice-Chairman.

It was noted that Membership of the Committee would be confirmed by the date of the next meeting.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from County Councillor R. Chapman

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. PUBLIC OPEN FORUM

No members of the public addressed the Committee as part of the public open forum.

4. MINUTES

**Minutes of the Adults Select Committee held at County Hall, Usk on
Tuesday 19th May 2015 at 10.00 a.m.**

Members confirmed and the Chairman signed the minutes of the meetings of the Adults Select Committee held on:

- i. 24th February 2015.
- ii. 14th April 2015.

5. PERFORMANCE REPORT – GWICES (GWENT WIDE INTEGRATED COMMUNITY EQUIPMENT SERVICE)

Context:

Members received a report for scrutiny from the Integrated Team Leader of Adult Services in order to inform Members of recent changes in the year, and in particular outlined significant changes in the apportionment of costs.

Key Issues:

- To recap on the previous presentation, GWICES is a section 33 partnership with a number of pan Gwent Local Authorities and Health to provide Aids and Adaptation equipment to service users to remain in their homes.
- When the section 33 partnership was established from 1st October 2008, it was agreed to apportion annual costs based on the length of time equipment was held out in the community. With the current Section 33 agreement up for renewal on 1st April 2016, it was a good time to approach the lead authority, Torfaen County Borough Council, to table the review of a new cost apportionment methodology. As such, a new methodology was agreed, which would result in estimated savings of £89,477 in 2015/16.
- In addition to the new cost apportionment, work had been happening on a professional level with the employment of a resident Occupational Therapist working in the stores. The Occupational Therapist had helped reduce costs by keeping up to date with new equipment, intercepting orders and liaising with colleagues to provide alternative cheaper equipment and/or alternatives. As the resident Occupational Therapist was a professional colleague, their advice was readily accepted by prescribers and trust had been gained throughout the year from their advice and results.
- A review had taken place in terms of collection of equipment less than £25 and deemed it not cost effective to collect such equipment, given the unit cost for collection of £20 and decontamination unit cost of £16 per piece of equipment, making a total unit cost of £36 to recover equipment costing £25. When equipment was delivered, service users were told that the equipment was theirs, and not needed to be returned when no longer required.
- A partnership agreement was in place with GWICES and Rhondda Cynon Taff for the sharing of specialised complex equipment. If an order was placed, the resident OT would make enquiries to see if the other stores had a suitable

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piece of equipment and which could then be loaned across areas. The scheme was planned to extend to other Integrated Equipment Stores.

Member Scrutiny:

It was considered an excellent idea to have a resident Occupational Therapist.

Members queried the costs of crutches and commodes in relation to the collection of unwanted equipment. It was also questioned if there were ways to recycle equipment, or if there were central points where equipment could be returned, rather than the expense of arranging collections. Officers informed the Committee that general standard items such as commodes and crutches would be of value under £25. It was explained that the collection service was from a community perspective, rather than an out-patient/physiotherapy perspective, where items could be returned when no longer needed. Recycling was not an appropriate method of disposal due to infection control and storage issues.

A Member questioned if patients were asked to return the equipment. Officers explained that there was a telephone number provided to arrange collection, also faulty equipment would be replaced. Many crutches were returned and were not risk items.

The Chief Officer for Social Care and Health asked Members to reflect on the finances surrounding GWICES as in previous years lack of budget had resulted in over spend. Credit was given to the Finance Manager who had spent over 18 months working on achieving a fair allocation which now resulted in expected savings of £89,000.

The Chairman informed the Committee of a meeting with WAO where discussion had taken place on how best to go forward with scrutiny arrangements on jointly run services. The Chief Officer agreed that as scrutiny arrangements were being brought together on a regional basis, it may be useful to sit with other scrutiny panels on an annual basis.

Report Recommendations:

The report requested that the Committee agree the following recommendations:

- To note the change to the method of cost apportionment.
- To endorse officers' approval to the new methodology and the savings to Monmouthshire County Council.

Committee's Conclusion:

Chair's Summing Up:

The Committee were pleased with the progress made with GWICES, and commended the work of officers involved.

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The Committee particularly noted the improved financial situation.

The Committee understood the issue of returning equipment was complex but requested that Members suggestions be put forward.

It was agreed that the Committee would not pursue separate joint scrutiny of GWICES.

6. PERFORMANCE REPORT - SUPPORTING PEOPLE GRANT

Context:

We received a report and presentation from the Lead Commissioner for Social Care and Health, QA and Supporting People. The report provided in depth detail of the actions being taken to address a 6.5% reduction in the Supporting People Programme Grant (SPPG), in advance of the completion of an internal comprehension review of services for 2016/2017.

Key Issues:

- The SPPG allocation for 2015/16 was £2,039,000, a reduction of 6.5%. The challenge would be to continue to provide the range and scope of services within the reduced funding, whilst at the same time introducing new initiatives that reinforce support in key areas of the MCC.
- For 2015/16, instead of funding providers via block contracts, funding for actual support hours provided would be introduced. At the same time, the inconsistencies of funding levels resulting from the previous Supporting People methodologies would be addressed by introducing a funding cap of £36k per support worker.
- The previous Supporting People contracting methodologies differentiated between long and short-term services. Following service reviews, the opportunity had been taken to remodel and rationalise these services so that the service user can move from crisis to longer-term support without the need to change support worker. The resulting reduced number of contracts was more efficient to administer and manage and contract economies have been achieved in 6 such rationalisations.
- The Monmouthshire County Council Supporting People team was continuing its involvement with national initiatives to improve the quality and efficiencies of the data and performance management systems and with the SPPG allocation task group which was considering and developing more equitable SPPG allocation methodologies.

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- The efficiency, remodelling and service development actions result in an overall saving of circa £166,000 - against a reduction in funding of £132,000 in SPPG. The balance, £34k, remains to be allocated.
- Pilot initiative options included the possibilities of funding volunteering coordination (potentially maximising outcomes per £ funded); supporting the community coordination initiative and/or providing support to the integrated SC&H services.

Member Scrutiny:

The Chairman suggested that the programme should be regarded as a work in progress.

Members raised concern with regard to the support workers being capped at £36,000 and requested clarification to whether the cap would result in the number of support workers decreasing, or if there would be an increased workload for less money. The Officer explained that when the methodology had changed it had been requested that evidence was provided on the support hours on a monthly basis. There were actual savings to be made by providers working together. Cutting down the staff turnover would decrease the overheads significantly.

A Member expressed that providing the same support worker from crisis to longer term care was a great service improvement.

Members questioned the pilot initiative option to include volunteering coordination. The Officer explained that a Monmouth organisation, Community Connections provided a befriending service, and it seemed a reasonable idea to provide a similar service through Supporting People.

The Chief Officer explained that the purpose of the presentation was to be considered a 'thinking aloud' process. There would be further reports coming forward to Committee.

Members requested clarification on the Lead, Secondary and Third categories detailed in appendix 1. We heard, for example, that the first issue for support may be based on age, but there could also mental health problem, which would then be the secondary issue, then a disability, which would then be the third. It was hoped that this methodology would be changed to look at the programme in terms of prevention.

A Member noted that with regards to alcohol driving convictions, it was becoming more noticeable that women were falling under the radar. It was suggested that if there were no alcohol tolerance for driving at all it may be an increased support.

Clarification was sought on the difference between the categories of Migrant Workers and People with Refugee Status. It was explained that list table stated that no support had been provided to Migrant Workers or People with Refugee Status, but this was not strictly the case, and was an instance where the methodology had not allowed correct categorisation.

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It was questioned whether the Authority should continue to support the Community Connections befriending service rather than start a new similar service. The Officer explained that there was limited funding to invest, and it was an option to consider. The Chairman suggested that Community Connections be invited to a meeting to inform the Committee of the service provided.

A Member questioned if figures were available to demonstrate if savings had been made through the Community Coordination service. The Chief Officer explained that a report to Cabinet last month had provided a positive picture, but there was further work to be done. It was noted that Community Coordination was on the Work Programme for Adults Select Committee.

In response to a Member query regarding the funding cuts we heard that the Cut for MCC was 6.6%, across Wales was 7.1%.

A Member stated that the increased use of volunteers could be a concern, and asked that the concern be expressed the Welsh Government.

Report recommendations:

The report requested that the Committee agree the following recommendations:

- To consider the range and scope of the actions being proposed – summarised in the report and detailed in the presentation.

Committee's Conclusion:

Chair's Summing Up:

The Committee were pleased with the report and presentation, and acknowledged the contribution made by the Senior Commissioning Officer.

The Committee were grateful for the opportunity to be included in the thinking processes involved in the Supporting People programme. It was noted that they had been provided with insights into the issues that needed to be addressed and resolved.

The Committee agreed that they would welcome further updates and progress reports, where it was hoped that various strands of work would become clearer.

The Committee, therefore agreed to receive and note the content of the report, but were not in a position to reach a firm conclusion.

7. PLANNING DISCUSSION: CONTINUING HEALTH CARE

Item deferred pending meeting with member of public.

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8. ADULTS SELECT COMMITTEE WORK PROGRAMME

The Scrutiny Manager advised that the next meeting scheduled for Adults Select would be Tuesday 30th June 2015 and would include:

- Community Area Coordination
- 'In One Place' – ABUHB to lead

It was agreed that a special meeting would be held on Tuesday 16th June 2015 at 2.00pm, to include:

- Performance Report on Adults Services
- POVA
- Improvement Plan 2104-2017
- Outcome Agreements

Members were reminded that a visit to the Careline Team had been suggested at the previous meeting. The Committee suggested Thursday 18th June 2015 considered as a suitable date.

9. DATE AND TIME OF NEXT MEETING

We noted the next Adults Select Committee Meeting would be held on:

- Tuesday 16th June 2015 at 2.00pm.
- Tuesday 30th June 2015 at 10.00am.

The meeting ended at 11.55am.



SUBJECT: Community Coordination and Small Local Enterprise

MEETING: Adults Select Committee

DATE: 30th June 2015

DIVISION/WARDS AFFECTED: Countywide

1. PURPOSE:

- 1.1 To provide members with an update on the development community co-ordination and small local enterprises, sometimes referred to as micro enterprise, at two pilot sites, Abergavenny and Caldicot.
- 1.2 Members have already considered the performance measures associated with this programme as part of their scrutiny of the Improvement Objective and Outcome Agreement. This report provides members with an opportunity to ask questions of the staff delivering the programme and further develop their understanding of its effectiveness.

2. RECOMMENDATIONS:

- 2.1 That members scrutinise the pilot programme to ensure that it is delivering in line with the original expectations.

3. KEY ISSUES

- 3.1 The Chief Officer for Social Care and Health Annual Report 2014 describes an overarching purpose for Adult Services of 'helping people live their own lives.' This is underpinned by the outcome "that people are engaged in and supported by the communities and not dependent purely on statutory services." This is aligned with the council's priority of support for vulnerable people.
- 3.2 We identified two methodologies to help us achieve this - community coordination and the development of small local enterprises. Through these approaches we aim to reduce dependency on statutory services while meeting needs within the demographic pressures of an ageing population. This is clearly allied with the Partnership Administrations Continuance Agreement. Specifically the approaches aim to:
 - Help people to pursue their vision for a good life
 - Learn about place based approaches to wellbeing and to build on the assets of individuals and communities
 - Strengthen the capacity of communities to welcome and include people
 - Develop small local enterprises to deliver more personal, flexible and accountable services
 - Co-produce community opportunities and support

- 3.3 A business case which was presented to Cabinet in October 2013. Cabinet agreed to fund a two-year learning pilot. The pilot has been taken forward in two areas of the county, Abergavenny and Caldicot. The first community coordinator began on 1 April 2014. The second community coordinator and small local enterprise coordinator began on 9 June 2014.
- 3.4 To date coordinators have:
- engaged with 1000+ individuals
 - worked/continue to work directly with 43 people. An additional 202 people are beneficiaries of 49 small local enterprises (including up and running enterprises), between which 80 job opportunities are provided
 - made themselves known in and have developed connections with local people and local communities
 - are developing a range of projects and partnerships across Abergavenny and Caldicot (community coordination) and countywide (small local enterprise)
- 3.5 The approaches were intended to contribute, as part of the whole adult services transformation, to a reduction in the number of people needing long term care packages, something that had been forecast to rise significantly as a result of demographic pressures. The number of packages has actually fallen by 5% from 1620 in 13/14 to 1542 in 14/15. The target for cost avoidance was between £123K and £246K in 2014/15. The actual cost avoidance figure is £211,978. The performance figures are shown as appendix 1 of this report.
- 3.6 As part of the original decision made by Cabinet, authority was delegated to the Chief Officer, Social Care and Health, to adapt the approaches based on evidence captured in a learning and evaluation framework. In year one of the pilot we have learned a number of things that will inform how the work is taken forward in year 2.
- The implementation of this cultural change will take many years and needs to be embedded.
 - There are connections between this work and the council's whole place approach which need to be developed in the next phase of the project.
 - The measurement of personal outcomes (appendix G of the original business case) had the potential to cause a barrier in the early stages of relationship building with people. The authority has now become a pilot site as part of Welsh Government national project on the measurement of personal outcomes which will be used to inform and develop more effective measures.
 - We had originally set out to reduce dependence of people already in receipt of statutory services. This proved to be difficult as historically our interventions have created a cycle of dependency through "fixing" people with services.
 - In order to divert people from statutory services as set out in the business case we need to intervene much earlier and create connections which are resilient and sustainable. We have discovered a vast wellbeing resource (formal and informal) already in our communities but this is fragmented and disconnected and the benefits for vulnerable and or isolated people is not being effectively

realised. We need to join with partners and citizens on the front-line to create new opportunities for people to get involved in and to contribute to. One example of this is the development of the 'Men's Shed' a partnership between MCC, Monmouthshire Housing Association and Abergavenny Community Enterprise which creates the chance for men to engage with peers socially as a substitute for day centres and which offers an alternative to craft classes and coffee mornings.

4. RESOURCE IMPLICATIONS:

- 4.1 Cabinet have already identified funding for this project. There are no new resource requirements as a result of the interim evaluation.

5. EQUALITY AND SUSTAINABILITY IMPLICATIONS

- 5.1 An equality and sustainability assessment was completed as part of the original proposal to Cabinet. There are no further implications at this stage of the pilot over and above those already specified.

6. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS

- 6.1 Keeping vulnerable people safe is a key priority for us. Community coordination and small local enterprises are about building relationships at a person to person level. We believe, through these approaches, by increasing the connections people have at an individual and community level they will be better supported and better safeguarded.

7. CONSULTEES:

Cabinet Members
SLT

8. BACKGROUND PAPERS:

Cabinet Report – 3rd October 2013
[Annual Report of the Director of Social Service 2014](#)
Partnership Administrations Continuance Agreement

9. AUTHOR:

Nicki Needle – Changing Practice, Changing Lives Lead

10. CONTACT DETAILS:

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Email: nicolaneedle@monmouthshire.gov.uk

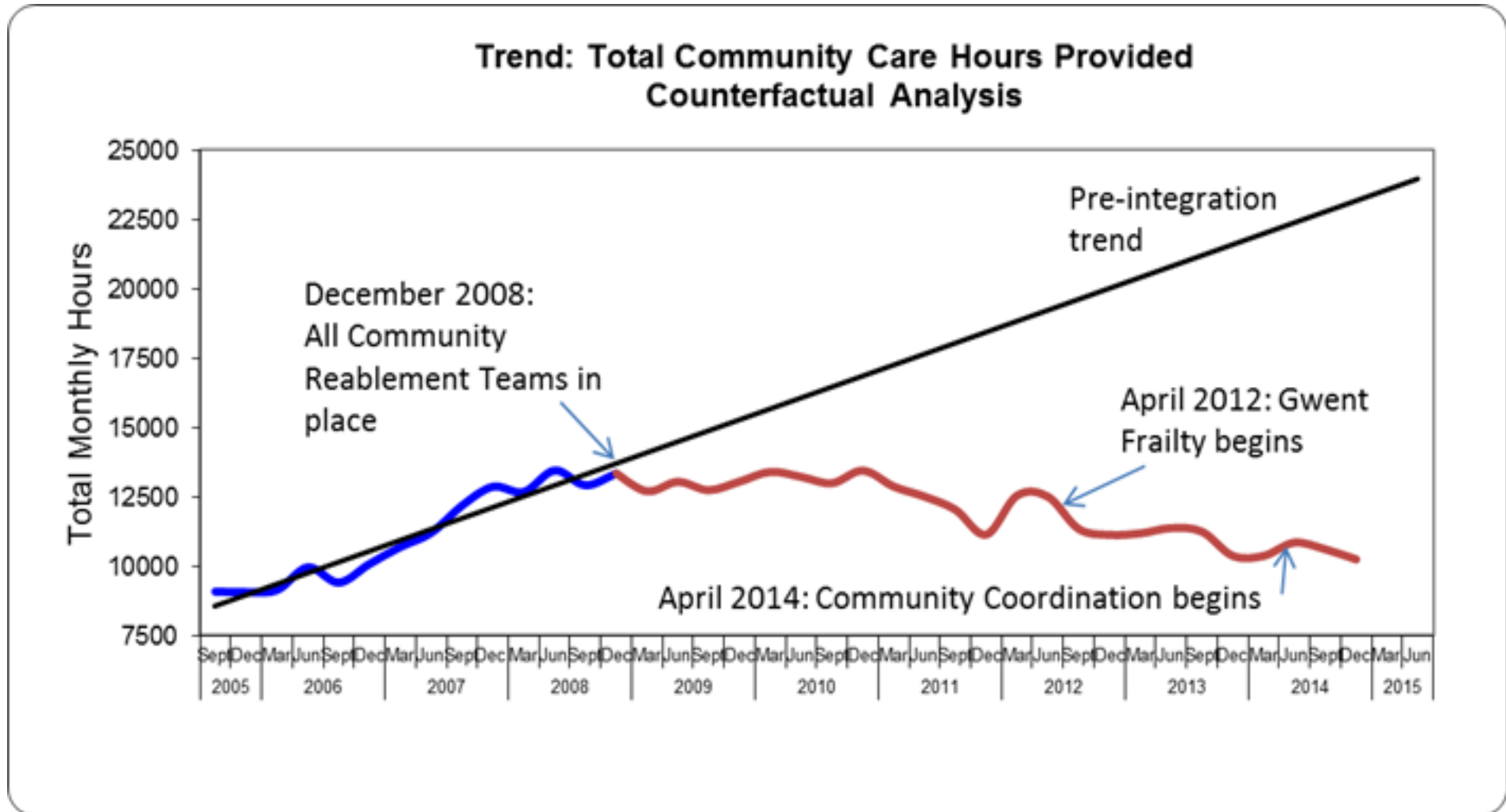
Appendix 1 – Performance Figures

Performance	2012/13	13-14 Target	2013/14	14-15 Target	2014/15
Number of people (18+) in receipt of traditional care packages to keep them at home (monthly average for year)	1668	1693 or lower	1620	1667 or lower	1542
The number of people supported by a community coordinator ¹	0	n/a	0	78	43 ²
Number of small local enterprises currently being supported:					
i) up and running					i) 25
ii) close to happening	n/a	n/a	0	0	ii) 8
iii) at the idea stage					iii) 11
iv) working group					iv) 5
Cost avoidance against forecast expenditure associated with an ageing population (£) (whole adult services transformation including community coordination and small local enterprises)	Not yet under way	22 – 44K	27,352	123 – 246K	211,978
Net Investment to deliver community coordination and small local enterprise (£)	n/a	0	0	211,875	185,611
No of people supported through small local enterprises (including up and running enterprises)	n/a	0	n/a	not set	202
Number of people involved in small local enterprises					
i) paid					i) 17
ii) volunteer	n/a	0	n/a	not set	ii) 50
iii) training					iii) 13
iv) total					iv) 80

¹ Community Coordinator caseload =
provision of information and signposting
provision of information, advocacy, advice and options
support in the community as an alternative to medium to long term care and support

² This figure does not include people provided information via engagement activities – community consultation events, Facebook etc.

The following chart illustrates our initial projections for the amount of care hours the Authority would need to provide each month. This allows elected members to see the impact of whole adult services transformation including community coordination and small local enterprises.



Appendix 2 – Action Plan

Action	Expected impact of this action	Strategic Plan it aligns to (If directly applicable)	Outcome it contributes to (If directly applicable)	Timescale
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<p>Align measures with national project work on integrate whole place, community coordination and small local enterprise approaches</p>	<p>Ability to measure impact of increased resilience and sustainability of approaches through the development of place based wellbeing teams.</p>	<p>ACRF Single Integrated Plan</p>	<p>Helping People Live their own lives No one gets left behind</p>	<p>March 2016 March 2016</p>
<p>Request LSB to support pilot to develop place based wellbeing team in line with the Better Bryn y Cwm priority “no one gets left behind”</p> <p>Help 110ⁱ individuals pursue their vision for a good life</p> <p>Support the development of 50 small local enterprises</p>	<p>Enhanced capacity and partnership working at community level</p> <p>Reduction in silo working and duplication of support/resources</p> <p>Integrated performance management and governance framework</p> <p>people are supported: through the provision of information and signposting through the provision of information, advocacy, advice and options in the community as an alternative to medium to long term care and support</p> <p>More personal, flexible and accountable services are delivered through small local enterprises</p>		<p>Helping People Live their own lives</p>	

<p>Test the concept of social prescriptions with selected GP surgeries</p> <p>Use action learning methodology to support people to achieve personal outcomes specifically within Learning Disability and Physical Disability</p>	<p>Practice change from “fixing” people with services to helping people find their own solutions</p> <p>People are supported to achieve personal outcomes with reduced reliance on services</p>	<p>Single Integrated Plan</p> <p>ACRF</p>	<p>No-one gets left behind</p> <p>Helping People Live their own lives</p>	<p>March 2016</p>
<p>Continue to develop the “offer” of alternative support within and across communities. Including the continued development of small local enterprises</p>	<p>Co-production of a range of new opportunities for people to get involved in and to contribute</p> <p>Support people via contribution to connect themselves - builds sustainability at individual and community levels</p>	<p>Single Integrated Plan</p> <p>ACRF</p>	<p>No-one gets left behind</p> <p>Helping People Live their own lives</p>	<p>March 2016</p>
<p>Work with program lead (a county that serves) to develop volunteer roles and profiles, support arrangements and impact stories</p> <p>Develop volunteer recruitment marketing strategy with Cardiff Business School</p>	<p>The assets and strengths of local people are utilized</p> <p>People stay strong and well through contribution</p>	<p>Single Integrated Plan</p> <p>ACRF</p>	<p>No-one gets left behind</p> <p>Helping People Live their own lives</p>	<p>March 2016</p>
<p>Continue to develop community involvement and engagement strategy</p>	<p>People are aware of and encouraged to join and use developing opportunities</p>	<p>Single Integrated Plan</p> <p>ACRF</p>	<p>No-one gets left behind</p> <p>Helping People Live their own lives</p>	<p>March 2016</p>

ⁱ Caseload numbers taken from original figures in business case

Vulnerable People Priority Action Plan

Priority Theme:	Vulnerable People & Access to Services	Link to SIP	Theme	• Nobody is left behind
			Outcome	• Older people are able to live their good life
Work Group:	Community Area Coordination Leadership Group	Key PIs:	• Rate of older people (aged 65 or over) supported in the community per 1,000 population as at 31 March.	
Work Group Lead:	Kath Deakin			
Reporting period:	Apr 2014 - March 2015			

Actions

Description	Action	Lead	How much. How often?	How Well? (Is anyone better off?)	Progress update (Includes any corrective actions needed)
Community Coordination; an approach that originated in Australia based on establishing local coordinators within communities who work with people who may otherwise require social services. By engaging early on, building on strengths and helping people to build local connections they help people find their own lasting solutions.	1) Community Coordination business case to be developed and approved by Cabinet.	Nikki Needle	n/a	Cost avoidance figure of transformation in adult care is £211,875 for 14-15	Cabinet agreed the Business Case and funding for community coordination in October 2013.
	2) The initial learning phase for Community Coordination will appoint & embed a community coordinator within both Abergavenny and Caldicot to work with people who may otherwise require long term traditional services.	Nikki Needle	Coordinators have engaged with over 1000 people directly working with 43 people 2 Co-ordinators in post	Number of people (18+) in receipt of traditional care packages to keep them at home reduced from 1620 in 13-14 to 1542 in 14-15	Coordinators were appointed beginning in April 2014 for Abergavenny and June 2014 for Caldicot. Coordinators are working to simplify and better connect the system for local people. Individual case studies show some early successes, robust outcome measurement is not yet in place meaning it is too

Description	Action	Lead	How much. How often?	How Well? (Is anyone better off?)	Progress update (Includes any corrective actions needed)
	<p>3) To use the experience of an established Community Interest Company, Community Catalysts, to establish small local enterprises as alternatives to existing service provision over the next 24 months.</p>	Nikki Needle	<p>Number of people employed through small local enterprises i) paid 17 ii) volunteer 50 iii) training 13 iv) total 80</p>		<p>early to draw robust conclusions about the effectiveness</p> <p>A small Local Enterprise Coordinator was appointed in June 2014. They are working with individuals to support development of enterprises. 25 are up-and-running; 8 are close to happening and 11 are at the ideas stage. SLEs we are working with employ 17 people in paid positions and a further 50 in volunteer roles</p>
	<p>4) To develop a comprehensive learning and evaluation framework to evidence the impact of the pilot sites.</p>	Nikki Needle			<p>The learning and Evaluation Framework was developed with our initial sponsors, Nesta. However the framework has not worked as originally intended as baseline work on personal outcomes proved difficult to undertake at the early stages of relationship building. A working group has begun to meet to pull together an on-going evaluation using some elements from the</p>

Description	Action	Lead	How much. How often?	How Well? (Is anyone better off?)	Progress update (Includes any corrective actions needed)
					framework

SUBJECT: In One Place

MEETING: Adults Select Committee

DATE: 30th June 2015

DIVISIONS/WARDS AFFECTED: All

1. PURPOSE

- 1.1.1 To provide background information regarding the regional 'In One Place' project; its role, benefits and future status.

2. Recommendations

- 2.1 That the Adult Select Committee consider the contents of the attached evaluation by Miller Associates and scrutinise the project; its outcomes achieved to date and its future prospects for delivering improved outcomes.

3. Key issues

- 3.1 The In One Place (IOP) Programme is a pioneering collaboration between the Aneurin Bevan University Health Board (ABUHB), five Local Authorities^{1,2} and eight Registered Social Landlords (RSLs)³ within the Gwent geographical area. The initiative aims to streamline the process of obtaining suitable accommodation in the local region⁴ for people with complex health and social care needs, as an alternative to out-of-county placements or unnecessarily extended stays in hospital. The purpose of the programme is to:

- Establish a Special Purpose Vehicle (SPV) which will operate to advise on planning and development of accommodation for people who have complex health and social care needs and are ;
- Align health, social care and housing planning processes to ensure that current and future accommodation, care and support needs are addressed at the earliest opportunity;
- Separate accommodation and any care and support requirements for service users in the future, wherever possible.

3.2

¹ Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council, Newport City Council and Torfaen County Borough Council.

² This includes both Housing and Social Services departments.

³ Bron Afon Community Housing Limited, Linc-Cymru Housing Association Limited, Melin Homes Limited, Monmouthshire Housing Association Limited, Newport City Homes, Seren Group, Tai Calon Community Housing and United Welsh Housing Association Limited.

⁴ Ie: the ABUHB geographical footprint, which covers Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen.

- 3.2 There was always a very clear rationale for developing this programme of work. The need for the programme comes from the fact that many people with complex health and social care needs are currently living in privately operated residential homes where the accommodation, care and support has been commissioned as an inclusive package, commonly at considerable cost to the public sector. Moreover, being placed in such institutions is unlikely to foster independence and civic engagement amongst service users.
- 3.3 Service users in receipt of Continuing NHS Health Care⁵ (CHC) are typically receiving the most expensive accommodation and care. In the most extreme cases the annual cost of an inclusive package can be circa £200,000 per service user⁶, which is funded entirely by the NHS. Adults with a learning disability (LD) who meet CHC criteria were initially seen as the focus for the In One Place initiative; however from the outset there has been recognition that the scope could extend much wider and could include service users currently funded by both ABUHB and/or the relevant social services departments, in areas such as:
- Mental health;
 - Dementia / EMI;
 - Delayed Transfers of Care;
 - Internal Service Provision.
- 3.4 In practical terms, the basic premise of the programme is that as an alternative to being housed in a residential home where the accommodation and the care has been commissioned from the private sector as package, the service user would be appropriately supported to move into a local rented property, owned and managed by an RSL. Housing Benefit (HB) could cover some or all of the rental costs. The necessary care package⁷ could be provided through the public⁸ and/or private⁹ sectors, according to the service user's level of need and capacity within local health and social care teams.
- 3.5 Prior to the start of the programme, the anticipated benefits of the In One Place approach included:
- Timely provision, in terms of facilitating a more strategic approach to forecasting demand for accommodation, pooling knowledge and data and

⁵ Continuing NHS Health Care (CHC) is the name given to a package of services which is arranged and funded by the NHS for those people who have been assessed as having a primary health need (assessed by its nature; intensity; complexity; and unpredictability). CHC can be received in any setting including a person's own home or in a care home. (*Continuing NHS health care for adults in Wales, public information leaflet – Welsh Government*)

⁶ This was the average annual cost to ABUHB per CHC service user amongst four individuals with Learning Difficulties in 2012.

⁷ Which could include both health and social care needs and would be delivered in the service user's home.

⁸ For example through Social Services and ABUHB Community Learning Difficulties or Mental Health teams, Assertive Outreach Teams etc.

⁹ I.e. a package of care that is commissioned by the relevant health and/or social care partners.

giving greater notice to RSLs about the accommodation needs of service users.

- Appropriate provision that better meets the needs of service users; offers enhanced choice of accommodation options; and facilitates greater service user and family engagement¹⁰.
- Cost effective provision where accommodation is provided by RSLs and therefore on a not-for-profit basis; HB can cover some or all of the rental costs; and any care needs can be provided by community health and/or social services teams and/or commissioned directly by the relevant health and/or social services organisation(s).
- Local provision enabling service users to remain closer to family and friends and facilitating more effective governance measures¹¹, given that care packages are delivered within the locality of the commissioning organisation(s).

3.6 In its second year of operation under the Welsh Government's Regional Collaboration Fund (RCF) the In One Place (IOP) project has achieved some key deliverables against its plan.

- Establishment of an Education Programme
- Professional Network Meeting
- Properties Identified for Re-use by RSLs
- Delayed Transfers of Care
- Respite Provision
- Needs Analysis
- Collaborative working
- Publicity / Raising the Profile of IOP
- Research / Evaluation
- Links established with Housing Learning and Improvement Network (LIN)
- Regular place at Gwent Health, Housing and Social Care Forum
- Information Sharing Protocol
- Cloud Based Sharing

3.7 Also of significance there have been two key developments:

Torfaen Project 2014

- June 2014 - property identified by Melin as suitable for use by IOP
- Identified as suitable for mental health service users

¹⁰ Ie: by separating care from accommodation service users are able to make a choice about their tenancy and therefore have greater control over their own lives.

¹¹ This would apply in cases where health and/or social care provision is contracted out to private providers and delivered in the service user's home.

- First tenant moved into property beginning of November 2014
- Second tenant moved into property beginning of December 2014
- Quote from first tenant *“I am thankful for places like this to live because I know it is my last chance to move forward with my life. I appreciate what everyone has done for me and the flat has given me the chance to move on”*

Monmouthshire Project 2015

- October 2014 – redevelopment site offered to IOP by Monmouthshire Housing Association
- Site identified as suitable for mental health service users
- December 2014 – Project Group with set up all sectors invited and first meeting undertaken
- Regular meetings of Project Group taking place
- Site development moving forward with expected completion date of September 2015

4. Reasons

- 4.1 IOP is an important project that has its origins at the Monmouthshire LSB and then the regional G7 meeting of public service leaders in April 2013.
- 4.2 It is an important part of the delivery infrastructure of the Monmouthshire Single Integrated Plan (SIP). Delivering improved outcomes against key themes in the SIP: People have access to affordable and appropriate housing; and People are able to live their good life.
- 4.3 At a time of transition this is now an appropriate time to understand the benefits to date and the aspirations of the project in its next stage.

5. Resource Implications

- 5.1 There are no additional resource implications associated with these developments. The decision by the Aneurin Bevan Board that the project was of sufficient value and was generating a level of savings commensurate with its cost profile meant that the G7 were able to withdraw this project from their portfolio of RCF projects.

6. Sustainable Development and Equality Implications

- 6.1 There are no implications at this review stage; should in future, select make recommendations to either partnerships or to Monmouthshire County Council Cabinet these will be fully assessed.

7. Background papers

Miller Research Evaluation (Appendix 1)
Presentation to Special Select 14th October 2014 by Chris Edmunds

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Evaluation of the in One Place Programme

Baseline Report to:

Aneurin Bevan University Health Board

December 2014



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1 Introduction

1.1 Background to the In One Place Programme

The In One Place (IOP) Programme is a pioneering collaboration between the Aneurin Bevan University Health Board (ABUHB), five Local Authorities^{1,2} and eight Registered Social Landlords (RSLs)³ within the Gwent geographical area. The initiative aims to streamline the process of obtaining suitable accommodation in the local region⁴ for people with complex health and social care needs, as an alternative to out-of-county placements or unnecessarily extended stays in hospital. The purpose of the programme is to:

- Establish a Special Purpose Vehicle (SPV) which will operate to advise on planning and development of accommodation for people who have complex health and social care needs and are ;
- Align health, social care and housing planning processes to ensure that current and future accommodation, care and support needs are addressed at the earliest opportunity;
- Separate accommodation and any care and support requirements for service users in the future, wherever possible.

1.1.1 Programme rationale

The need for the programme comes from the fact that many people with complex health and social care needs are currently living in privately operated residential homes where the accommodation, care and support has been commissioned as an inclusive package, commonly at considerable cost to the public sector. Moreover, being placed in such institutions is unlikely to foster independence and civic engagement amongst service users.

Service users in receipt of Continuing NHS Health Care⁵ (CHC) are typically receiving the most expensive accommodation and care. In the most extreme cases the annual cost of an inclusive package can be circa £200,000 per service user⁶, which is funded entirely by the NHS. Adults with a learning disability (LD) who meet CHC criteria were initially seen as the focus for the In One Place initiative; however from the outset there has been recognition that the scope could extend much wider and could include service users currently funded by both ABUHB and/or the relevant social services departments, in areas such as:

- Mental health;

¹ Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council, Newport City Council and Torfaen County Borough Council.

² This includes both Housing and Social Services departments.

³ Bron Afon Community Housing Limited, Linc-Cymru Housing Association Limited, Melin Homes Limited, Monmouthshire Housing Association Limited, Newport City Homes, Seren Group, Tai Calon Community Housing and United Welsh Housing Association Limited.

⁴ I.e: the ABUHB geographical footprint, which covers Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen.

⁵ Continuing NHS Health Care (CHC) is the name given to a package of services which is arranged and funded by the NHS for those people who have been assessed as having a primary health need (assessed by its nature; intensity; complexity; and unpredictability). CHC can be received in any setting including a person's own home or in a care home. (*Continuing NHS health care for adults in Wales, public information leaflet – Welsh Government*)

⁶ This was the average annual cost to ABUHB per CHC service user amongst four individuals with Learning Difficulties in 2012.

- Dementia / EMI;
- Delayed Transfers of Care;
- Internal Service Provision.

In practical terms, the basic premise of the programme is that as an alternative to being housed in a residential home where the accommodation and the care has been commissioned from the private sector as package, the service user would be appropriately supported to move into a local rented property, owned and managed by an RSL. Housing Benefit (HB) could cover some or all of the rental costs. The necessary care package⁷ could be provided through the public⁸ and/or private⁹ sectors, according to the service user's level of need and capacity within local health and social care teams.

Prior to the start of the programme, the anticipated benefits of the In One Place approach included:

- **Timely provision**, in terms of facilitating a more strategic approach to forecasting demand for accommodation, pooling knowledge and data and giving greater notice to RSLs about the accommodation needs of service users.
- **Appropriate provision** that better meets the needs of service users; offers enhanced choice of accommodation options; and facilitates greater service user and family engagement¹⁰.
- **Cost effective provision** where accommodation is provided by RSLs and therefore on a not-for-profit basis; HB can cover some or all of the rental costs; and any care needs can be provided by community health and/or social services teams and/or commissioned directly by the relevant health and/or social services organisation(s).
- **Local provision** enabling service users to remain closer to family and friends and facilitating more effective governance measures¹¹, given that care packages are delivered within the locality of the commissioning organisation(s).

1.2 Policy context

The delivery of public services through collaboration is high on the Welsh Government's agenda. As the report *'Healthy Homes, Healthy Lives'* explains, collaboration between health services and housing is vital if services are to be delivered effectively:

*"In the current climate of cuts, austerity and higher demands on services, the only way we can hope to meet the future challenges of service delivery, and to help Welsh Government deliver its obligations, is through more innovation and better collaboration."*¹²

⁷ Which could include both health and social care needs and would be delivered in the service user's home.

⁸ For example through Social Services and ABUHB Community Learning Difficulties or Mental Health teams, Assertive Outreach Teams etc.

⁹ I.e: a package of care that is commissioned by the relevant health and/or social care partners.

¹⁰ I.e: by separating care from accommodation service users are able to make a choice about their tenancy and therefore have greater control over their own lives.

¹¹ This would apply in cases where health and/or social care provision is contracted out to private providers and delivered in the service user's home.

¹² *Healthy Homes, Healthy Lives*, Care & Repair Cymru, 2012 p.19 Accessed from:

http://www.careandrepair.org.uk/uploads/Publications/Healthy_Homes_Healthy_Lives_-_good_Practice_Guide.pdf

The Welsh Government's *Housing White Paper* also calls for local authorities to strengthen links between housing, health and social services, and to encourage the greater use of not-for-profit organisations such as RSLs in delivering health and care services.

'*Together for Health*', the Five Year Vision for the NHS in Wales highlights the need to improve health through better collaboration between the NHS and its partners. This is reiterated in the Welsh Government's '*Shared Purpose – Shared Delivery*' guidance on integrating partnerships and plans, which cites the need to move towards better service planning focusing on prevention:

*"In the past, planning in local government and the health sector has often been too attentive to demand rather than need. This has resulted in the provision of reactive and remedial services which treat problems after they have arisen, rather than preventing their occurrence in the first place. At a time of reducing budgets and rising expectations, this is not sustainable."*¹³

The In One Place Programme seeks to plan and provide accommodation and care for people with complex health and social care needs in a collaborative way in order to provide local, cost effective housing solutions and services that are shaped around the needs and choices of individuals.

1.3 Evolution of the In One Place Programme

The first meeting of the ABUHB Health, Social Care and Housing Forum took place in May 2012. Discussions concentrated on a potential collaborative approach to the provision of services by ABUHB, relevant RSLs and the five local authorities (specifically social services and housing departments) in the region. The forum agreed to establish a Task and Finish Group to explore in more detail the way in which these sectors could collaborate to deliver better accommodation services to those with LD and to develop a regional protocol for the commissioning and delivery of accommodation for those with CHC needs.

In October 2012, the Task and Finish Group recommended that the needs of people with LD in receipt of CHC could be better met through collaborative planning and delivery, specifically via the approach set out above in Section 1.1. These recommendations were consolidated into a formal report¹⁴ outlining a draft proposal for In One Place programme.

1.3.1 Funding for the In One Place Programme

In March 2013 Monmouthshire County Council, on behalf of a prospective In One Place partnership, submitted an application to Welsh Government's Regional Collaboration Fund¹⁵ for a three year grant of just over £560,000, primarily to cover staffing costs for administering

¹³ *Shared Purpose – Shared Delivery*, Welsh Government, 2012, p. 2. Accessed from: <http://wales.gov.uk/docs/dpsp/publications/130205sharedpurpdeliveryv2en.pdf>

¹⁴ '*In One Place*': *Report of the Continuing Health Care Task and Finish Group*, March 2013

¹⁵ The Regional Collaboration Fund was launched in October 2012 with the aim of encouraging regional collaboration across public services by assisting with upfront costs which could otherwise be a barrier to joint projects.

the programme, in addition to recruitment, equipment and overheads, meetings and communication, legal costs and this external evaluation of the programme.

The following key milestones¹⁶ were listed in the application:

Milestone	Date for completion
Establishment of a collaborative model and development of appropriate governance model and legal and financial systems.	Between July and September 2013
Recruitment and selection of programme manager and support staff by ABUHB.	Between July and December 2013
First Board and Professional Network meetings held, including evidence of cases being dealt with via the 'In One Place' process.	Between July and December 2013
First cases accommodated / managed through the 'In One Place' process, including evidence of cases being successfully supported.	Between January and March 2014
Appointment of researchers to track levels of satisfaction with the programme.	Between October 2013 and March 2014

1.3.2 Programme outcomes

Outcomes and programme benefits set out in the application comprised:

- The number of CHC service users based out of the region falling from 24 to 0;
- One hundred per cent of CHC service users assessed via the 'In One Place' process;
- Use of the In One Place process extending from just ABUHB to all Health Boards in Wales;
- Use of the In One Place process extending from just LD to LD, Mental Health and Delayed Transfers of Care;
- The level of service user satisfaction increasing from an unknown baseline to 90%;
- Expected savings in housing and accommodation costs of £34,000 by the end of Year 1; £204,000 by the end of Year 2; and £300,000 by the end of Year 3;
- Expected savings in care and support costs of £285,000 by the end of Year 1; £1,710,000 by the end of Year 2; and £2,513,000 by the end of Year 3.

The Regional Collaboration Fund application was approved in June 2013.

¹⁶ As cited in the In One Place Regional Collaboration Fund 2013/4 application.

1.3.3 Preliminary developments

In keeping with the projected milestones, the collaborative model was established in August 2013, the programme manager was appointed in February 2014 and the programme evaluation was commissioned in March 2014.

Officially, the In One Place Programme did not commence until the April 2014, when the first Professional Network meeting took place.

1.4 The evaluation of In One Place Programme

In March 2014, Miller Research was commissioned by ABUHB on behalf of the In One Place partnership to undertake both a formative evaluation, focusing on what works and in what circumstances over the programme period, and a final summative and associated impact evaluation.

The purpose of the evaluation is to:

- Record and test current processes across the ABUHB; five local authorities and eight housing associations;
- Establish an agreed set of outcome based performance indicators that effectively demonstrate the impact of the In One Place programme and are acceptable to partners within established governance structures;
- Assess whether the adopted SPV format is sufficiently robust to deliver the agreed objectives and to resist potential legal challenge;
- Evaluate quality of service at baseline and subsequently;
- Engage with service users and their families to establish and evaluate satisfaction with service and track their experience throughout the process, starting from baseline;
- Measure and evaluate commissioning processes and costs of service provision to current service users both in local and out of area placements, and efficiencies generated (baseline and subsequently);
- Assess the effectiveness of aligning planning processes (baseline and subsequently);
- Evaluate organisational change and professional practice (baseline and subsequently);
- Assess the benefits of public service collaboration in delivery of local accommodation solutions for those with CHC needs;
- Evaluate wider economic impact of the 'In One Place' Programme and associated service provision, including employment, capital expenditure and revenue expenditure;
- Evidence the benefits/ lessons so that the model can be replicated in other parts of Wales;
- Demonstrate the impact of the programme on the Equality Impact Assessment Dimensions used in Wales.

1.5 Purpose and structure of this report

This report presents the key findings from an extensive scoping stage. In essence it reports on the first eight months of the programme period, and sets a baseline for the remainder of the evaluation.

The evidence presented in the report has been obtained through the following:

- Telephone and face-to-face interviews with the In One Place Project Board and Professional Network members;
- Attendance at and observation of the In One Place Professional Network meetings;
- Facilitation of an information sharing workshop with Professional Network members;
- A desk-based review of relevant programme documentation;
- Interviews and mini-focus groups with health, social care and housing practitioners involved in the Lion Court Project.

The purpose of the report is to provide internal stakeholders with an objective assessment of progress to date and an understanding of partner perspectives on the In One Place approach and to offer external stakeholders with an insight into the innovative programme. The report also provides a basis for the development and agreement of a set of key performance indicators, with which to measure the success of the programme over the course of the evaluation.

2 Key Findings

2.1 Programme Purpose

Projected outcomes of the In One Place programme have been cited since at least 2012 and are summarised briefly in Section 1.1.1 above. As part of the baseline evaluation and in order to identify any changes in perceived objectives, stakeholders were asked to describe what they see as the purpose of the programme, not only in terms of the collective outcomes In One Place should produce for all involved, but the value it might have for their own, respective, organisations. It is worth noting that stakeholders were more reluctant to expand on this latter point; many felt it was too early to anticipate how the programme might benefit their organisation or believed that the focus should be on shared benefits. It is critical however that each partner is able to identify the value in engaging in In One Place, given that the success of the programme depends heavily on the goodwill and commitment from Professional Network members. Sections 2.1.1 to 2.1.4 summarise the feedback from stakeholders on the overall rationale for In One Place.

2.1.1 Enhancing service quality and facilitating independent living

The most widely cited purpose of the programme was to improve service provision, by accommodating service users in appropriate local tenancies instead of in out-of-county residential institutions or unnecessarily in hospital: *"it's about bringing people back into county ... giving choice and control for people to have their own tenancy agreement."* (Professional Network member)

Most stakeholders appeared to visualise health service users as the primary beneficiaries of the programme, probably given the original focus on CHC LD and possibly because In One Place projects to date have been concerned with service users currently under the responsibility of ABUHB.

The corollaries of this broad outcome are extensive. In human terms, moving from the geographically distant and potentially restrictive environment of a residential or nursing home to their own home is likely to build independence and confidence within the service user: *"In One Place will give individuals more control over their care and prevent them from becoming institutionalised."* (Professional Network member)

Bringing them back to their local area will also provide greater opportunity for service users to maintain networks with family and friends, to access education and leisure activities in their local community and to acquire skills in budgeting, shopping and maintaining a home.

A less obvious benefit is that moving to an independent tenancy would help to minimise disruption to service users who experience fluctuations in their health and, in turn, CHC status, given that their accommodation would remain constant, even if their care package (and/or the funding of their care) altered: *"In One Place is about developing permanent solutions – ie: moving away from service users constantly being in a state of transition"* (Professional Network member).

In addition, bringing service users back into the local area allows for greater ownership of their care amongst health professionals, and improved monitoring and governance of service provision: *"we will move away from the 'out-of-sight-out-of-mind mentality that so often*

happens when service users are in institutions hundreds of miles away” (Professional Network member).

2.1.2 Efficiency benefits

Whilst stakeholders were typically keen to refer to potential financial returns from the In One Place as a *secondary* benefit¹⁷, the opportunities to deliver savings to public services are considerable, if more complex than initially anticipated. The theory is that if service users are housed in an RSL property, their rent can be funded through HB rather than being paid for by the relevant health or social services organisation. Although this really only represents a transfer of costs from one public body to another, it would result in a substantially *lower* cost, given that RSLs are not seeking to make profit from their tenants in the way that private residential homes generate revenue through their residents.

Moreover, a service user's care package may be provided partly or entirely through local health practitioners, for example the Community Mental Health Team or Assertive Outreach Team rather than as part of a (more expensive) package of care provided in a residential home setting. Again, there are caveats to this, given the risk of objection from these local teams to what is or may appear to be an additional workload or a transfer of responsibility and cost from one body to another. This is an issue that is discussed in more detail below in Section 2.3 which sets out the main challenges for In One Place.

Nonetheless, in purely financial terms, the potential savings are significant and widely acknowledged by stakeholders: *“it's about making the best use of resources and assets ... everyone is under pressure and across the board people are having to make savings”* (In One Place Board member)

Many partners emphasised the need to quantify the net impact of any In One Place project, taking into account both additional costs (eg: in human resource terms) and savings, which are more likely to be financial. This is something that will be done as part of subsequent stages of the evaluation, once the first In One Place projects are fully implemented.

¹⁷ ie: of less significance than the benefits to service users.

2.1.3 Collaboration and knowledge transfer

From the outset, a key driver for the In One Place programme has been to align health, social care and housing processes by bringing together practitioners from these three different sectors to identify need and to plan and deliver services locally. During the scoping phase, partners described what this alliance should involve. In broad terms, the programme provides an opportunity to improve mutual understanding of different organisations' agendas and working practices. Housing professionals saw the programme as an opportunity to develop knowledge and understanding of service user care needs, to generate an evidence base of demand for specialist housing and, in turn, to develop suitable properties more strategically: *"it's an opportunity for RSLs to build accommodation that is appropriate to the needs of health and social services service users."* (Professional Network member)

This was widely seen to be a mutually beneficial process, in that it also means that local authority housing departments would be better equipped to meet the accommodation needs of service users who might otherwise remain in hospital or residential home at high cost to other partners: *"It's an opportunity to sit round the table and understand each other's world ... for us [Housing Associations] to be able to say 'ok, so you want us to build something there. We can do this for you.'"* (Professional Network member)

In the case of transition (where a service user¹⁸ turns 18 years of age and becomes the responsibility of Adult Services instead of Children's Services) the opportunity to forward plan is considerable: *"these people are known to us from when they were young kids ... yet we only start thinking about accommodation as they approach their 18th birthday ... Hopefully [In One Place] will help with the transition process by getting people thinking about accommodation sooner and talking to housing people."* (Professional Network member)

At a strategic level (at least) within ABUHB there is an expectation that the programme should help health professionals to understand how the Common Housing Register (CHR) works to enable them to signpost service users to the register in cases where they need accommodation. It was suggested that only service users requiring complex accommodation would come through the In One Place programme: *"we need to use existing housing allocation channels where we can and use IOP to focus on the more complex cases."* (Professional Network member)

Many housing sector Professional Network members also identify the programme as a means to 'normalise' the use of the CHR during the process of sourcing accommodation for health and social care service users: *"it's not just about the high-profile projects ... it's also about getting health and social services to realise the options in general housing."* (Professional Network member) Some went as far as to suggest that this objective transcended the any ambitions to develop specialised housing: *"if the Housing Register was maintained properly, there wouldn't be a need for In One Place."* (Professional Network member)

This was not however a widely held view amongst Professional Network members from ABUHB and local authority social services, where perceptions of the programme's purpose focused more on improving outcomes to service users and, to a lesser extent, efficiency savings. This perhaps reinforces the need to focus on awareness raising of the CHR

¹⁸ For example, a young person with a learning difficulty who has been living in a residential home

process, given that it does not appear to be of major consequence to health and social care professionals in the main.

An underlying objective for the programme is to build a sense of shared ownership of service user needs between these public sector partners. This is particularly critical for health and social services and in the case of mental health service users; professionals in both sectors may have or previously have had a duty of care for the same individuals but have historically provided services to them with limited or no overlap¹⁹: *"It's a real opportunity to trail blaze ... organisations get used to working in their own bubble"* (In One Place Board member)

Many Professional Network members referred to the opportunity to build a culture within health and social services where accommodation needs are considered alongside care needs: *"It's a real shift in the way health, local government and housing associations work together ... this isn't the way we've worked in the past"* (Professional Network member).

Although this is a rather imprecise goal for the programme, achieving it will rely on the attainment of a number of the objectives described immediately above, including better forecasting of accommodation needs within health and social services, communication of this data with housing partners and familiarity with the CHR amongst health and social services professionals.

2.1.4 Additional drivers for the In One Place Programme

Stakeholders identified a range of other elements to the overall purpose of the programme, including:

Reducing the instance of Delayed Transfers of Care (DTOC)²⁰ has been seen as a potential area for the In One Place to instigate beneficial change in cases where DTOC is caused by a lack of appropriate housing for the service user. More specifically, partners have suggested that through the education and information sharing facilitated by the In One Place programme, it should become accepted practice for Multi-Disciplinary Teams (MDT) to consider housing needs when service users are initially admitted to hospital, and, if necessary place them on the CHR: *"If it results in MDTs knowing to put people on the housing register if there is nowhere for them to go after discharge, then [In One Place] has been a success"* (Professional Network member).

Finding solutions to voids in housing stock: Whilst stakeholders were keen to emphasise that the purpose of the programme is *not* to place service users in surplus, potentially unappealing accommodation, there is recognition that through appropriate adaptation, it may be possible to make use of properties that have not been occupied by those on the CHR. Some RSL practitioners overtly cited a potential increase in business that could result from the In One Place programme. Others indirectly referred to 'opportunities' to work with ABUHB and local authority social services departments, without expanding on what these might entail.

¹⁹ In the case of Section 117 aftercare which is provided to service users who have been in hospital under section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983, both NHS and social services are responsible for providing this free aftercare; in practice however the lack of a protocol on how this responsibility is split has undermined effective collaboration and combined duty of care.

²⁰ A delayed transfer of care occurs when a patient is ready for transfer from hospital, but is unable to do so for logistical reasons.

2.2 Management and Governance

2.2.1 The In One Place partnership

The number of partners directly involved in the programme has grown substantially since the inception of the In One Place concept in 2012. The Task and Finish Group which reported to the ABUHB Social Care and Housing Forum was made up of 16 members: five from ABUHB, two from social services and nine from housing²¹. Over the course of the following 18 months, the emerging programme partnership expanded considerably to encompass representatives from various divisions within the ABUHB, both housing and social services departments within the five local authorities and eight housing associations with jurisdiction in the former Gwent area. Representatives from the South East Wales Improvement Collaborative (SEWIC)²² attend Professional Network meetings in an observational capacity and to ensure synthesis between the two initiatives.

This represents a considerable expansion in the number of organisations involved in the programme, and demonstrates the level of commitment to the In One Place concept across the region. It has also created a momentum that now needs to be followed through with tangible outputs in order to maintain enthusiasm and engagement: *"2013 was about getting buy-in and people now want to start taking risks and trialling projects."* (Professional Network member)

2.2.2 Programme staff

The original 'In One Place' Collaboration Agreement included an outline of the prospective roles and responsibilities of each member of staff employed through the programme. Over the course of the first six months of delivery each of the three staff members has developed a distinct role within the programme.

The Programme Manager has a background in the health sector and extensive contacts and knowledge of the structures and processes within both ABUHB and many of the relevant local authority social services departments. The intention²³ was that the Programme Manager was to fulfil a largely administrative function, being responsible for managing, monitoring and reporting on the work programme and outcomes of In One Place and providing a variety of secretarial duties to both the Programme Board and Professional Network.

In practice, the Programme Manager has taken on more of a leadership role within the programme, influencing the structure and content of Professional Network meetings, facilitating other meetings and discussions between practitioners, identifying potential thematic project areas and bringing these ideas to the Professional Network. This change in emphasis has been vital at least in part because of the relatively passive role played by the Programme Board to date (see section 2.2.4 below) and the lack of any external steer on the

²¹ The Housing contingent was made up of representatives from Housing Associations, local authority Housing departments, the Gwent Supporting People Forum and Community Housing Cymru.

²² SEWIC comprises covers Bridgend, Cardiff, Newport, Torfaen, Blaenau Gwent, Caerphilly, Vale of Glamorgan, Rhondda Cynon Taff, Monmouthshire, Merthyr Tydfil and its purpose is to bring together local authority Social Services to facilitate collaborative commissioning arrangements and integrated service models, in the interests of improving outcomes, standardising levels and quality of service and delivering better financial efficiency.

²³ As set out in the original 'In One Place' Collaboration Agreement

programme. Furthermore, in recognition that engagement with In One Place is optional on the part of Professional Network members, it has undoubtedly been necessary for a greater level of direction to come from programme staff, at least in the initial stages of the programme. Whilst closely overseeing the day-to-day administration of the project, many of these tasks are delegated to the Programme Administrator (see below), which has enabled the Programme Manager to take on these more strategic responsibilities.

The Programme Officer has similarly adopted a more advanced role than the one suggested by the person profile in the original 'In One Place' Collaboration Agreement²⁴. Having previously worked in the housing sector, she brings invaluable knowledge of the CHR and other processes operating in different local authorities as well as an understanding of the cultural barriers that exist between the various partners involved in the programme. In addition to attending all Professional Network meetings, she has played an active role in discussions and decisions in relation to the first In One Place Project – Lion's Court.

The Programme Administrator has established and is efficiently implementing the necessary clerical processes to ensure that all activity delivered through the programme is recorded and communicated to all partners.

As a team, they are all three self-motivated, demonstrating initiative in providing the necessary staffing resource for the programme, above and beyond the original specifications. Some concern has been expressed that as employees of ABUHB and with two of them previously holding positions in the health sector, the In One Place programme is perceived as being ABUHB-driven. Very few partners expressed this as a concern however and there is no evidence that this has had a detrimental effect on the programme. Most partners commended the commitment and enthusiasm of the team. Particular examples of where the team have been pre-emptive in furthering the success of the programme include:

- Meeting with all Directors of Social Services to promote the purpose of the In One Place Programme and to seek to improve attendance at meetings and buy-in from social services professionals;
- Establishing and delivering training sessions to ABUHB practitioners covering registration of service users on the CHR;
- Attending all Lion's Court project meetings in a mediatory capacity;
- Identifying and proposing potential projects for the In One Place programme, for example accommodation for older people and respite care.

2.2.3 Professional Network

Structure and membership

The Professional Network has also evolved somewhat from the originally intended model in both design and, to a lesser extent, function.

²⁴ This proposed role included monitoring and recording In One Place cases, attending meetings and providing general support to the Programme Board, Professional Network and Project Teams as directed by the Programme Manager.

When the programme structure was originally drawn up, the Professional Network was intended to comprise a single representative from health and each of the local authority social services and the strategic housing functions and it was proposed that *“Housing Association partners will be brought into the network as appropriate partnerships are determined based upon, but not limited to, the location where accommodation is needed.”*²⁵

In practice all eight RSLs have been represented on the Professional Network from the outset and the size of the Network has become larger than anticipated. Average attendance at Professional Network meetings has been around 22; however since the first meeting in May 2014 a total of 45 individuals have attended one or more meetings. All of these individuals receive minutes and other documentation and so remain – at least in a virtual sense – members of the Professional Network.

There have been notable sectoral trends in attendance. Local authority housing and RSL representatives have been the most regular attendees (57% and 46%, respectively, of members in these sectors attending meetings, on average²⁶) whilst social services practitioners have shown the lowest levels of attendance (27% of members in this sector attending meetings, on average)²⁷. Individual representatives have however typically been consistent, meaning that the same person from each organisation attends meetings and so builds up an understanding of the programme and its associated issues and of the various In One Place projects.

Levels of experience, responsibility and influence of those sitting on the Network and attending meetings undoubtedly varies both between and within sectors, which some members have suggested undermines the perspicacity and effectiveness of the group as a whole. Nonetheless, it is too soon to gauge with certainty whether the seniority of Professional Network members is appropriate or not.

Partners have discussed whether the group structure and membership needs adjusting, for example having one nominated representative from each sector; however, in the short term at least, the decision has been taken to retain existing arrangements. This may change as the programme matures and the process for developing projects becomes more formalised.

Remit

The Professional Network was originally portrayed as a decision making body²⁸, responsible for a broad range of practical tasks²⁹ and it has been described more recently by stakeholders as the “engine room” of the In One Place programme. The size and scope of the group has however made it challenging for the Professional Network to fulfil this intended role and instead meetings have operated more as information sharing sessions with few instances of decisions formally being taken as a collective. A number of partners have been

²⁵ In One Place Cabinet Report, date unknown

²⁶ Given that there are different numbers of members in each sector, attendance figures have been weighted to allow for direct comparison.

²⁷ 43% of members in the health sector have attended meeting, on average. Please note, this figure does not include In One Place staff.

²⁸ As described in the original 'In One Place' Collaboration Agreement.

²⁹ Including identifying and forecasting accommodation needs; agreeing how such need is recorded and managed; managing accommodation requests; producing monitoring reports for the Programme Board, and; monitoring and receiving progress reports from project teams.

critical that the real work that is being delivered under the auspices of the In One Place Programme takes place outside of meetings, albeit with the direct involvement of certain Network members. This issue has led several members to question the need for their involvement in Professional Network meetings and without a more defined remit there is a risk that attendance at meetings will diminish.

Meetings and communication

For the first four months of the programme, Professional Network meetings took place every month. They were hosted by different partners each time and took place in various geographic locations, encouraging a sense of shared ownership and engagement. In August 2014 the decision was taken to change the frequency of the meetings, to reduce the burden on members' time. Since then, meetings have taken place every six weeks.

There was a tacit understanding that discussions and decision making would to a greater extent take place virtually, via email, for example; however there is little evidence that this is happening yet and there is a risk that with an extended intervening period between meetings, Network members could lose touch with project developments and the programme could lose momentum. Nonetheless, partners were keen to commend programme staff for keeping them informed about issues and developments and there is a real opportunity to increase the use of group email as way to hold discussions and reach consensus, as the programme and Professional Network matures and new projects come to the fore. In terms of format, a small number of members were critical that the first few meetings lacked structure and purpose, with only a minority of members speaking and debate being very limited. Some partners expressed concern and/or frustration that they felt disengaged from the discussions, in many cases because they had only recently become involved in the In One Place concept³⁰: *"I don't think we are all on the same page ... some of us have just joined but the [Professional Network] is on Chapter 2 ... we need to all start at Chapter 1."* (Professional Network member)

Furthermore, partners, particularly in the housing sector, were critical of the 'cases'³¹ that were brought to the table at the first meeting, on the grounds that there was very little information about the individuals and their needs³² and in addition that they were service users who could have been housed through the CHR. This issue was symptomatic of a more fundamental issue, namely that partners have had differing views on the purpose of both the Professional Network and the In One Place Programme: *"it needs to be a 15-way approach, not just about the health board having a vehicle to access housing."* (Professional Network member)

Whilst some partners believed there was a need for some "quick wins" in terms of placing service users in a tenancy, as mentioned above, others felt that it was the role of the Professional Network to find housing solutions for those who could not simply join the CHR: *"we need to use existing housing allocation channels where we can and use IOP to focus on the more complex cases."* (Professional Network member)

³⁰ ie since the funded Programme formally commenced; by contrast, some partners have been involved since 2012, when the ABUHB Health, Social Care and Housing Forum's Task and Finish Group first discussed the In One Place concept.

³¹ ie: profiles of service users in the care of ABUHB who could potentially be housed through In One Place.

³² ie: more detailed information on their health conditions and the care package they would require, in order to provide reassurance to RSLs that the service user could be a reliable tenant.

These concerns have been addressed at least to some extent, particularly since all members of programme staff have been fully in post³³. Meetings have adopted an identifiable structure, beginning with one or more educational or information sharing item, typically in the form of a presentation from an external stakeholder³⁴, followed by more fixed items such as project updates, approval of meeting minutes and other administrative items. Furthermore, it was agreed to use one of the Professional Network meetings to have a facilitated workshop to revisit the basic principles of the In One Place Programme, to compile a list of what each partner brings to the table and in turn what each expects to get out of the Programme and to debate opinions on the purpose and structure of the Professional Network. Participation and engagement in Professional Network meetings has notably improved over the last three meetings and there is a greater sense of shared goals.

In addition, an Information Sharing Protocol (ISP) is in the process of being finalised and will provide partners with multi-agency framework for the sharing of information for the purpose of the In One Place programme. Most recently the In One Place team has purchased Microsoft's Office 365 license³⁵, for use by the Professional Network. In conjunction with the ISP, this innovative software should facilitate open communication between partners and should provide the Professional Network with a truly virtual presence.

Nonetheless, members retain concerns about how the Professional Network functions, including the belief that it needs to be more productive and solutions-focused, that the chair needs to adopt a more authoritative role during meetings and that the Network does not comprise the 'right' people to make the decisions. Again, these are issues that need addressing in the near future.

2.2.4 Programme Board

The Programme Board is comprised of only three members: one representative from ABUHB, one representing the RSL sector and one representative from the five local authorities. The Board was intended³⁶ to be responsible for ensuring all partners adopt the In One Place process when considering service user accommodation needs, reviewing regular reports from the Professional Network³⁷, monitoring service user satisfaction levels, reviewing the governance, structure and operation of the Programme and directing the work of the Programme Manager and his team, in addition to certain administrative duties³⁸. The Board has however met only once since it was established and there is no evidence that it is

³³ It should be recognised that at the May meeting of the Professional Network, only one of the three members of staff were formally in post.

³⁴ Examples include presentations on: Ty Osborne, an existing 24 hour supported living scheme developed by United Welsh with Caerphilly County Borough Council and Gofal; Cae Nant, a 41 apartment extra care scheme for people aged over 55 developed by Melin Homes with Torfaen County Borough Council; the Wales Accord on the Sharing of Personal Information (WASPI) and Cloud Storage; the Updated Continuing Health Care Framework; and an overview of the e-PIMS database, amongst others.

³⁵ Office 365 is a web-based version of Microsoft Office that is delivered to users through Microsoft's cloud storage service OneDrive and includes Exchange Online for email, SharePoint Online for collaboration, Lync Online for unified communications, and a suite of Office Web Apps, Web-based versions of the traditional Microsoft Office suite of applications

³⁶ As described in the original 'In One Place' Collaboration Agreement

³⁷ These reports were to document on the number and type of referrals to accommodation provision, the costs of such provision and the cost benefits derived through the use of the In One Place Process

³⁸ Including ensuring that: quarterly reports are provided to Welsh Government; relevant Equality Impact Assessments are prepared; and a Programme Development Plan is prepared and completed

undertaking any of these functions. Many partners were unaware of the Board's purpose and the relationship it has to the Professional Network.

Nonetheless, whilst the Board may not be operating in the intended hands-on, directive capacity, there is evidence to suggest that it may perform an important trouble-shooter role over the duration of the Programme. Two issues³⁹ that were undermining the success of the In One Place Programme were referred to the Board at their meeting. In both cases, Board members have pledged to investigate and where possible resolve the issue and in the case of one at least, the matter appears to have been addressed.

2.2.5 Special Purpose Vehicle

As the idea for In One Place evolved, partners realised that it may be necessary for them to operate through a formalised legal entity. The recommendation from the Health, Social Care and Housing Forum's Task and Finish Group⁴⁰ was to establish a Special Purpose Vehicle (SPV) comprising all organisations involved in the planning, commissioning, and provision of accommodation on a not-for-profit basis in the ABUHB geographical area. An SPV framework would provide greater validity to the partnership generally and, specifically, to the process of accommodating people with complex health and social care needs via a collaborative approach. Furthermore, where there is a need for a new build development or extensive adaptation of an existing property, the SPV could provide a means of avoiding a lengthy and expensive OJEU commissioning process given that relevant housing, health and/or social services organisations would be entering into a contract as partners through the SPV. The open advertising and tendering rules for public contracts do not apply where a contracting authority⁴¹ directly enters into a contract with another public body to achieve objectives in the public interest. Given that any developments would be for public benefit and would not generate any profit for partner organisations individually or as a collective, the SPV should therefore safeguard against external legal challenge to In One Place activities.

There is limited understanding within the Professional Network of exactly how the SPV fits into the In One Place programme; many declined to comment on its role and how it might evolve over the course of the programme. Amongst those who expressed a view, the general consensus was that the SPV was established as an insurance against legal challenges: *"It's a structural agreement that provides reassurances of the long term commitment of each organisation ... it's about protecting each partner and the Network from internal challenges and threats from external organisations."* (Professional Network member)

A number of partners suggested that it may be an unnecessary security partly given that the scope of any housing developments initiated through In One Place would be too small to warrant the interest of the private sector, and in turn provoke legal action: *"we don't actually need the protection of the SPV."* (Professional Network member) It was also suggested that any challenge to the SPV or the programme as a whole could be met with the argument that

³⁹ Namely, low levels of attendance at Professional Network meetings amongst social services members and demands from one RSL that the potential cost of voids on any In One Place projects are underwritten by ABUHB.

⁴⁰ In October 2012

⁴¹ Local Authorities, Health Boards and Housing Associations are all 'contracting authorities' in the context of Public Contracts Regulations 2006.

in working with RSLs, ABUHB and the relevant local authorities are meeting the requirements of the new Social Services Bill, in terms of operating in collaboration.

Others, however, expressed a lack of confidence in the SPV's capacity to resist any legal challenge or felt it was impossible to gauge its value until the partnership faced litigation.

The SPV is therefore comparatively peripheral to most partners' perspective on the programme and if there is never an instance of external challenge, it may be that the SPV's role and fortitude is never put to the test.

2.2.6 Project Teams

The original 'In One Place' Collaboration Agreement proposed that a project team would be established to deliver any project agreed by the Professional Network. Each team would be responsible for convening appropriate practitioners to deliver the project, calculating financial implications of the project, engaging service users and their families/ carers and reporting project progress back to the Professional Network.

Lion's Court is the first In One Place project to be implemented and the project team came together fairly organically⁴²; however, partners have learnt from the Lion's Court experience and have established a protocol for involving the relevant housing, health and social services personnel from the outset, whilst recognising that as each project will be different, so each project team is likely to vary. The effects of this development will become evident as more projects evolve.

2.3 Challenges and barriers to success

There are a variety of issues that are threatening to undermine progress of the In One Place Programme. Some of these are practical matters and will require affirmative action to address; others are of a cultural nature and stem from established beliefs and behaviours within partner organisations and amongst other stakeholders and which may be overcome, at least in part, through education and communication.

2.3.1 Lack of needs analysis

The basic rationale for the In One Place programme is about matching demand (in terms of service users needing accommodation) with supply (ie: existing and potential future housing stock). This objective is however compromised by the absence of an accurate and detailed picture of demand for accommodation from service users – ie: those who do not currently but who would be in a position to take on a tenancy in, for example, three, six or twelve months' time. Without this information, it is not possible for ABUHB and the relevant social services departments to provide housing partners with the information necessary to encompass these service users into their short and medium term housing plans.

⁴² The team includes: a Case Manager with ABUHB Complex Care team, Contracts and Performance Manager within ABUHB CHC team; A Senior Nurse within ABUHB Adult psychiatry; an Assistant Team Manager from the Mental Health Team within Torfaen CBC Social Care and Housing; the In One Place Programme Officer, an Occupational Therapist within ABUHB's Assertive Outreach Team; Melin's Independent Living Service Manager and various members of staff from Liberty Care, the organisation commissioned to provide care and support to the service users living in Lion's Court.

Part of the issue is that service user circumstances and needs can fluctuate considerably according to users' health status. This is particularly true in the case of mental health patients whose conditions can change unpredictably, which may cause discharge dates⁴³ to be put back, hence making it difficult to plan a potential move into an independent tenancy.

Linked to this is the lack of a lack of clarity over the scope (in terms of individual numbers and type of needs) of child service users who are likely to continue being under the care of health and/or social services teams as adults.^{44,45} Many partners have called for a full accommodation needs analysis and thorough transition planning to be undertaken both within the ABUHB divisions⁴⁶ and within each local authority. This would enable the Professional Network to plan projects strategically according to current and future demand.

2.3.2 Timescales

Even with a comprehensive needs analysis, there are additional challenges to programme success, in terms of incongruent timescales between housing developments and the process of preparing service users to move into a tenancy: *"a big reservation we'd have is about the time needed to build a new development ... we commission care and accommodation on immediate need a lot of the time ... we couldn't wait three years."* (Professional Network member)

Nonetheless, there are potential solutions, for example providing appropriate accommodation through adaptation of existing properties rather than new build. In the case of the latest In One Place project – Major's Barn development in Abergavenny – the intention is to complete the entire project in six months, which will correspond with the timescales needed to prepare service users for the move into their own home.

2.3.3 Legal and legislative issues

From the outset of the In One Place Programme, partners have been aware of various potential legal challenges to the programme purpose.

Firstly there is the issue of 'ordinary residence', which in the context of health and social services has been defined as a service user's⁴⁷ *"abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of short or long duration"*⁴⁸. The local authority in which the service user is 'ordinarily resident' has a duty to cover the costs of their social care needs. In cases where a local authority social services department places a service user in residential accommodation in another local authority area, it remains the responsibility of the placing authority to fund the cost of the placement.

⁴³ Discharge from hospital or Low Secure Unit, for example.

⁴⁴ Service users transition from being the responsibility of Child Services to the responsibility of Adult Services when they turn 18 years of age.

⁴⁵ And therefore be in a position to move into a tenancy.

⁴⁶ Including Learning Difficulties and Mental Health

⁴⁷ Ie: An individual who requires personal social services under the National Assistance Act (1948).

⁴⁸ As defined in the Department of Health circular LAC (93) 7.

The challenge for In One Place however is that if a service user signs up to a tenancy agreement, he or she has actively adopted an abode⁴⁹. Should this property be in a different local authority to the one in which the service user was previously ordinarily resident, then technically, the duty of care⁵⁰ would switch to the local authority in which the tenanted property is located, because the service user has made the choice to move⁵¹. Given that In One Place covers five different local authority areas and tenancies could be located anywhere in the region, it is highly possible that the programme results in movement between local authority boundaries and, consequently, local authorities in whose locality service users become tenants would then be responsible for the costs of any domiciliary social care. This creates an obvious disincentive to any local authority to agree to an In One Place project in their area, unless it is to house services users who are already ordinarily resident within their local authority boundaries.

In recognition of this issue, from the start of the In One Place programme there has been a tacit agreement amongst partners that in cases where service users move from one local authority area to another in order to take up a tenancy, that the funding of any social care needs would *not* transfer from one to another but would remain with the local authority who had previously had this responsibility. Nonetheless, many partners have expressed concern about the agreement being upheld. In the case of the Lion's Court project, service users who were already ordinarily resident in Torfaen were purposely selected as potential tenants for the property in Blaenavon, in order to avoid any dispute over which local authority would be responsible for funding any social care needs. To date therefore, there has not been a case where this issue has created a barrier to an In One Place project; nonetheless, it remains a risk for future initiatives. Some partners have suggested formalising the existing informal agreement not to transfer duty of care should service users cross local authority boundaries in order to take on a tenancy.

The Lion's Court project has also revealed a second legal challenge which is the issue of Section 117. Section 117 imposes a duty on health and social services to provide aftercare services to certain patients who have been detained under the Mental Health Act⁵². Both service users who have moved into the Lion's Court property fall into this category. Prior to this move, one of them was in a Low Secure Unit, entirely funded by ABUHB through their CHC budget and the other was in the Forensic Slow Stream Rehabilitation ward in St Cadoc's Hospital, and therefore came under ABUHB core budget. By moving back into the community, they then become subject to Section 117 aftercare legislation, and so both ABUHB and Torfaen Social Services have a duty of care for both patients. As the Lion's Court case study demonstrates, this has led to considerable conflict over agreeing a suitable care package for the service users. Points of dispute have included:

⁴⁹ As opposed to being placed in residential accommodation as selected by the local authority

⁵⁰ And responsibility for funding any social care needs.

⁵¹ There is no specific time period associated with being 'ordinarily resident' and ordinary residence can be changed from one day to another, according to whether the service user has made the decision to reside in a new location. The crucial factor is one of intention on the part of the service user.

⁵² Specifically patients who: have been detained in hospital for treatment under Section 3; are under a hospital order pursuant to Section 37 (with or without a restriction order) or have transferred from prison under Section 47 or 48. This includes: patients on authorised leave from hospital; patients who were previously detained under Section 3 but who stayed in hospital after discharge from section; people who are living in the community subject to a community treatment order and restricted patients who have been conditionally discharged.

- The scope of the service users' care and support needs and therefore the demand this will make on health and social care resources (human and financial), as assessed by practitioners within the health board and social services;
- Criticism from social services that they had not been involved in putting the care package together, choosing the external provider and agreeing the split in costs;
- Criticism from social services about a perceived lack of a transparency in the service user referral and approval process;
- Conflicting opinions on what care and support needs need to be procured from the private sector and what can be delivered 'in-house' by health and social services community teams;
- A request by social services for a period of step-down and review before agreeing an appropriate care package, and;
- Differing views on the extent to which the voluntary and community sector could contribute to the service users' care packages and the value and appropriateness of any third sector involvement.

This instance has therefore highlighted a second disincentive for social services departments to support the In One Place concept, given that (in the case of mental health service users subject to Section 117) it may lead to an increased claim on their resources. Furthermore, whilst it has not happened in the case of Lion's Court, several Professional Network members referred to an issue that could potentially exacerbate conflict in Section 117 cases. This is the fact that health and social services practitioners can often have very different perceptions of need, caused at least in part by the different context in which they might conduct a needs analysis on a service user⁵³. This could therefore create further resentment if an organisation is expected to pay for care that is deemed unnecessary by professionals within that organisation.

A third legal challenge is the potential risk to the In One Place partnership as a whole that they are charged with breaching EU procurement regulations by external organisations (for example other RSLs or private care home providers). As explained in the section above on the SPV, the magnitude of this potential risk would only become evident in the event of an indictment; however, it remains a concern to some partners.

2.3.4 Financial risk

The risks associated with the issues of Ordinary Residence and Section 117 ultimately relate to economic threats, although they stem from a legislative catalyst. There are, however other, wholly financial, issues that have been identified by partners as potential challenges for the In One Place programme.

As described in Section 2.1 above, the perceived rationale for In One Place is seen by some as enabling service users to access tenancies either in general housing (ie: through joining the CHR) or in specialist housing, created through an In One Place project. In the case of

⁵³ For example a health board operational therapist might only see the service user in hospital and might therefore assess a much higher level of care need than social worker who could see a service user in a home setting.

the latter, RSL partners have expressed concern about developing bespoke facilities that risk remaining empty in the event that service user tenancies fall through for whatever reason. Given that they would be specialist accommodation, it would be more difficult to pass these units of property over to general housing and so the unit or units could remain vacant (ie: become voids) until an appropriate replacement tenant could be found.

In the case of Lion's Court, the Project Team have sought to remedy this issue to some extent by negotiating a higher than standard HB rate with the local authority housing department, to reflect the level of need of the service users who will be the tenants⁵⁴ and to cover management costs that are eligible in the case of Supported Housing; in addition it would provide a cushion for the RSL, in the event that one of the tenants moves out. Nonetheless the boosted rate would not fully compensate for any voids and should all tenants move out, there would be no HB paid to the RSL at all. In the case of Lion's Court, where only three⁵⁵ of the four units are ever expected to be occupied, this is clearly a justifiable concern.

One possible solution to the issue would be to transfer this risk by ABUHB and/or the relevant social services department renting the property from the RSL and then sub-letting units to individual service users. In this way the RSL would receive rent regardless of whether the units were occupied or not. The viability of this idea remains to be seen and may be an approach that is considered for subsequent In One Place projects.

2.3.5 Poor communication and misconceptions

The In One Place programme brings together some very different sectors, each with their own culture and practices. For the programme to be a success, these organisations need to work together, in a way that has not been done before. Differences in language, limited resource and competing priorities all undermine the effectiveness of the In One Place concept of enabling health and social care service users to take on a tenancy. Whilst those sitting on the Professional Network may acquire more knowledge and understanding of other partners' structures and processes through attendance at meetings, network members have suggested that this would not be true in the case of grassroots practitioners, who would be the ones responsible for identifying and signposting service users to the CHR⁵⁶ or the Professional Network⁵⁷.

This issue is being addressed on some levels through the educational sessions being delivered by the In One Place staff to ABUHB teams on the purpose of the Programme generally and using the CHR specifically. This action has stemmed from evidence that some health professionals have inaccurate perceptions of how the CHR works⁵⁸.

⁵⁴ Specifically, Torfaen Housing has agreed to pay an extra £30 per week per tenant.

⁵⁵ Three are to be occupied by service users and one by a full-time live-in carer. In the case of the latter, the rent will be paid by the domiciliary care provider, the cost of which will then be passed onto ABUHB and Torfaen Social Services.

⁵⁶ This would apply to service users who could move into general housing.

⁵⁷ This would apply to service users who would require specialist housing that would be developed through an In One Place project.

⁵⁸ Specifically, some practitioners are claimed to believe that as a direct consequence of moving out of an institution and into their own tenancy, service users would lose their CHC eligibility. Others were reported to be

In addition, as successful In One Place projects are delivered, understanding and communication between professionals in different organisations should improve as they become aware of different ways of working and the various advantages this may bring⁵⁹.

2.3.6 Attitudinal barriers

All of the risks and challenges set out above to some extent exacerbate and are exacerbated by fear of change that is endemic to human nature. Partners have referred to a number of likely issues which have been evident to some extent in the Lion's Court Project.

Firstly, an increase in workload/budgetary demand has been foreseen amongst both health and social services practitioners. Service users moving into a tenancy may require a range of services that had previously been delivered by a private provider or in a hospital setting. By enabling these service users to move into a tenancy in the community, it would then become the responsibility of ABUHB and/or the relevant social services departments to provide these services, either through their own community based teams, or by funding a private care provider for this purpose:

"One of the biggest challenges will be getting effective multi agency working. By putting service users with complex needs into a community setting they will interact with a variety of agencies and disciplines that need to harness and align their support around the needs of the service user ... managing communication and coordination of all these agencies instead of just putting them in an institution where it's all done in-house will be challenging." (Lion's Court Project Team member)

Others have been more obdurate in expressing their concerns, claiming that that Lion's Court scheme and other projects like it could lead to greater demands on their personnel and on shrinking budgets. This is a legitimate concern, given that in the case of Lion's Court, Torfaen Social Services and ABUHB community based teams will have joint responsibility for tenants' care packages; however it is both a disingenuous and short-sighted view and contrary to the spirit of the In One Place programme. Firstly, such a duty of care would only apply in Section 117 cases (as described above). Secondly, whilst there has been some shift in responsibility from one public sector organisation to another, the overall cost to public services will have fallen dramatically, in a large part because the service user has a tenancy with a not-for-profit RSL rather than being accommodated in a private residential care or hospital setting.

Another speculative concern is that by enabling CHC service users to move from a residential institution to a tenancy; the benefits (in terms of increased independence and confidence) could result in their health improving, to the extent that they are no longer eligible for CHC. For example, positive outcomes from moving into a tenancy, gaining independence and confidence, developing relationships and accessing education and leisure activities could result in improvements to a mental health CHC service user, who could then be reviewed and deemed no longer CHC eligible. Some Professional Network partners have however viewed this in a negative light given that it could mean that an

unaware that service users who joined the CHR would have the choice to bid for accommodation of their choosing, in the same way that anyone else on the register can, and would not be allocated a (potentially inappropriate) property at random.

⁵⁹ For example, greater independence and improved quality of life for service users, cost savings to the public sector, localised governance and monitoring of care provision etc.

additional duty of care is transferred to social services⁶⁰. Alternatively (if the service user had sufficient means) it could result in the service user incurring costs for the provision of any social care needs. This opinion is clearly reprehensible on moral and professional grounds, given that improvements in the service user's health should be of paramount priority; however, it demonstrates yet another underlying concern that is a potential threat to the successful realisation of the In One Place programme.

RSLs have expressed concern generally about the level of support from health and/or social services reducing once service users are in the property, leaving the RSL to deal with any potential problems and possibly leaving eviction as the only possible course of action. Disagreement over the balance of responsibility for service users and the appropriate level of care that they require will not help to alleviate these concerns.

Local authority housing partners have been apprehensive over the potential for In One Place to become a mechanism for by-passing the CHR or for giving service users unfair priority over the general population: *"we can't see IOP as a 'fast-track' for housing mental health patients ... [the Professional Network] should be concentrating on CHC service users who are currently being accommodated out of county at high cost and those who couldn't go into general housing."* (Professional Network member) Members have commented that the 'cases' that were brought to the early Professional Network meeting were examples of service users who could have been referred directly to the CHR. This is a valid point; however, partners have clearly learnt from this incident and the training sessions that have been delivered to ABUHB practitioners on registering on the CHR are specifically aimed to enable service users to access general housing through the register.

2.3.7 Public Opposition

Whilst not widely cited as a potential issue, some stakeholders have referred to the risk that local residents oppose the idea of service users being housed in their community, particularly in the case where they have a forensic history and/or are not originally from the area. As part of the planning process for the Lion's Court project, members of the project team have liaised with local councillors and the Police to provide reassurance that service users will be fully supported to integrate into the local area.

⁶⁰ Ie: if the service user is no longer CHC, it would no longer be the responsibility of ABUHB to meet the costs of any social care needs.

3 Conclusions

The basic premise of In One Place is irrefutably commendable. It aspires to create a vehicle for enabling organisations in the health, housing and social services sectors to integrate their current systems and processes and to create opportunities for marginalised members of society to live and receive necessary care and support within their own home and local community.

The evidence presented in this baseline report demonstrates that there is a common sense of purpose in broad terms; however the scoping stage of the In One Place programme has also demonstrated how truly fragmented, complex and opaque the public service system can be, and how acutely these characteristics undermine joint working between organisations in these different sectors.

An extensive number of barriers to collaboration have been anticipated by partners and many of these have been realised in the course of the first In One Place project. Cultural and budgetary disputes have been very much apparent in the Lion's Court project; however, as the first 'In One Place' project, it is to be expected that the project team would face a number of challenges. In the early planning stages of the Major's Barn project in Abergavenny – the second, unequivocally In One Place, project – steps have already been taken to prevent some of these issues arising again. For example, all partners have been included in discussions from the outset and all project meetings are to be minuted, to ensure transparency of the entire process and to foster a sense of ownership of the scheme.

The various challenges for In One Place are unlikely to vanish abruptly and it is very likely that as the programme evolves additional difficulties arise. What is critical is that the In One Place partners learn from these issues and seek solutions to ameliorate situations where possible. As reported in many of the sections above, this is already taking place on some levels. Moreover partners are aware of the need for imminent action on a number of levels, including a review and potential restructure of the Professional Network itself, the development of a comprehensive accommodation needs analysis within health and social services and an agreed protocol for managing and sharing any financial risk associated with In One Place projects.

Whilst some partners have expressed frustration about the amount that has been achieved through the programme to date, it is important to recognise that the programme has been running for less than a year and that for the process to work, it will require significant cultural and behavioural changes within each partner organisation, and, more critically, amongst their respective workforces.

In the Regional Collaboration Fund application to Welsh Government, partners pledged to achieve some ambitious outcomes through In One Place. Some relate to directly to service provision⁶¹ whilst others are associated with new ways of working and budgetary savings⁶² and therefore align closely to Welsh Government directives for the delivery of public services through collaboration.

⁶¹ Specifically 100% of CHC service users being assessed via In One Place, the number of CHC service users based out of the region falling from 24 to 0 and an increased level of service user satisfaction.

⁶² Specifically, the use of the In One Place process extending from just ABUHB to all Health Boards in Wales and from just LD to LD, Mental Health and Delayed Transfers of Care and incremental savings in housing and accommodation and care and support costs.

These are comparatively long term objectives, many of which are unlikely to be attained in the short or even medium term. The next stage for the evaluation is to agree a set of performance indicators for the In One Place programme that will form a framework against which to measure the success of the programme up to March 2016. Whilst these indicators will need to encompass the outcomes set out in the Regional Collaboration Fund application, it may also be of value to include some indicators based on shorter term outcomes that reflect that maturation of the partnership or the development of shared systems and processes, for example.