

**Supporting People Draft Communication Strategy – Consultation**

**Consultees:** Business Assurance Group  
 Providers Quality Assurance Group  
 Staff in SP  
 ASPP's / Commissioning Body

**Consultation Period:** Closing on 19th September 2008

**Consultation Questions**

<b>Communication Strategy in general</b>
1. Do you have any comments on the objectives identified for the strategy? 2. What are your views on the communications approach proposed?
<p>1. Objectives</p> <p><b>Service user involvement and Provider engagement</b> are, we believe, significant exclusions. We have refrained from detailed comments on these issues given the commitment by SP that these policies are currently under development. It would be our view that these matters along with the communications strategy are inter-related and co-dependent on each other. We believe that the implementation of an all round effective communications strategy depends on these other two areas. We would request that these matters are prioritised within the modernising services agenda, and that the external quality assurance group should be consulted prior to implementation.</p> <p>We note that whilst there <i>is</i> an express commitment to develop service user and provider involvement, there is no such commitment towards an <b>appeals process</b>, but that it is 'currently being examined'. It is our view that an appeals mechanism for funding and service review disputes is essential, and that the NIHE has a legal responsibility to implement these procedures. We would request the implementation of an appeals policy as soon as possible.</p> <p>2. Communications Approach</p> <p>At 2.0 (objective 3) it is stated that '<i>the purpose, means and frequency of communication (will be) commensurate with stakeholders current influence and level of interest</i>'. This appears to represent a <b>2-tier approach</b> to communications based on the perceived relative status, and size of service providers. It appears from this that a minority of large providers can expect a different level of access, communication, information and reporting from SP. This two-tier approach seems to be re-confirmed when the stakeholder</p>

definitions at Appendix 1 are examined.

Moreover the stakeholder definitions at Appendix 1 suggest that a minority of large providers \* will have a degree of **strategic influence** over the direction of the SP programme. The communications strategy here appears to be dealing with provider engagement and involvement.

Elsewhere in the document under 3.3 'Exclusions' the report states clearly that the Provider Engagement and Support framework is not part of the terms of reference. We would query this assertion, as it is our view that this draft communications strategy *is* starting to deal with provider influence. We feel that this issue should not be dealt with here. We are not prepared to accept that medium and small providers should have no realistic opportunity to influence SP policy and decisions. If we have misinterpreted this aspect of the draft Communications Strategy please let us know and clarify how this apparent two-tier approach will work.

The implementation of a communications strategy conditional on '*stakeholders current influence and level of interest*' (2.0) is also inconsistent with the second principle set down in 2.1 '*ensure timely, consistent, accurate and relevant communications*'.

It would be our view that the approach has the potential to be arbitrary, divisive and potentially discriminatory. We feel **critically** that organisations will not know what to expect, which will lead to confusion, and undermine accountability and confidence in the process. The approach does not accord equal status to providers. We would take issue with the legality of this position.

We acknowledge the importance of larger providers to the sector and the problems SP would face if they were placed at risk. Consequently it is important that they have robust, flexible and accessible communication links with SP. Smaller providers will have '*less business*' per se than the larger providers and the **frequency** of contact required with SP should normally be lower. However they must be accorded **equal status**.

- Two stakeholder groups namely 'Large Providers' and 'Providers Representative of Client Populations' are identified as '*having a high level of interest in and influence on the SP programme and will be key players with some degree of participation in making suggestions and influencing outcomes*'.
- Other stakeholders including Medium and Small Providers, Housing Associations, Provider Umbrella Groups (including CHNI and NIFHA) and CRISPP '*...(will) not have a role in influencing programme outcomes*'.

Our interpretation of the approach underpins much of what follows in our response.

**Quality, Monitoring and Evaluation (3.6.5), (3.7), (9.0) are reported separately within the policy. It is our view that these are mostly the same function. We would therefore request they are integrated and reported together within a single section in the document. We would ask that this section should summarise overall how independent evaluation and quality assurance of the strategy will be handled.**

**We would take the view that the scope of independent validation of the policy and how this will work is unclear. We would seek further clarification, and pending same would take the view that independent validation of the policy needs to be more robust.**

At 3.6.5 it is stated that each time there is a review (of the strategy) the Quality Assurance Group will be asked to quality assure it. Please clarify how often the strategy will be reviewed. Will this be annually, every 5 years etc.?

We note that at 3.7 the policy states that the Communications Action Plan '*will be supported by internal and external monitoring and evaluation*'. Please clarify the mechanism for external monitoring and evaluation of action planning. Who will do the external evaluation? How will it work? How often?

We note that at 9.2 the policy states 'Communications activities will be evaluated using (amongst others) the following methods:

- Annual Communications Audit
- Measurement and publication of performance against service standards

We would again ask for clarity as to what this means. Who will undertake the audit? Will this be published? Where will performance against service standards be published? How often will this happen? Will this information be available to all stakeholders?

## Communication Standards

1. Are there any additional communications standards that you would wish to see reflected in the strategy?
2. What measures of performance do you think should be implemented to demonstrate the achievement/non-achievement of communication standards?

### 1. Additional Standards

- We would ask for clarification as to whether or not these standards are the same as **NIHE Corporate Communication Standards**. It is our view that SP should be subject to the same standards as all other NIHE departments.

We would request that standards are published and easily accessible on the SP website.

- We feel that the incorporation of an **Appeals Mechanism** is a critical requirement for resolving funding and review disputes.
- We would request that the section on **Complaints** is expanded and clarified.

The detailed complaints procedure could be attached as an appendix. We would request the inclusion of a note under complaints to explain that SP is a department within the NIHE and is therefore subject to the same corporate complaints system with an independent final stage to the Ombudsman.

We would request that the SP Complaints Procedure is highlighted within the SP website.

We would request that the NIHE publicises feedback on SP complaints and appeals as part for the monitoring and evaluation of the communications strategy.

- We note under 4.4 **Email Queries / Requests** that *'this standard relates to SP general email queries only rather than those directed to named officers in SP in the general course of business'*.

We feel strongly that this demarcation between general email queries and those directed at named officers is unhelpful and we would request that there should not be any 'filtering' of emails in this way.

We would also request clarification of the term 'general emails'

It is our view that the vast majority of emails will, of necessity, be directed at particular members of staff.

In our opinion the implementation of this measure will erode accountability. This is a **critical** measure given the volume of stakeholders who would use email as a primary form of communication these days, and the frequency with

which this medium is used.

- We would request publication of corporate NIHE standards including response times for emails. It is our view that SP should be subject to the same NIHE corporate standards as all other NIHE departments.

### **Communication of Annual Uplift**

We recognise that this issue is redundant for the short term given the recent announcement regarding the freezing of the SP budget over the next three years. However we should not overlook the fact that in the recent past communication to providers regarding the level of funding for the following financial year has been very late and on some occasions into the new financial year. We recognise the constraints that SP has been operating under due to e.g. RPA uncertainties, late confirmation to them of their budget, issues with individual providers. However we would call on SP to give a general in principle commitment to notify providers well in advance of the new financial year regarding the level of funding they can expect to receive in the following year. It makes it very difficult for providers to accurately budget and plan finances for services unless they have this information. In the past they have worked from assumptions and estimates – but this is risky. We would ask SP to commit to this standard.

### **End of Year Accounts**

We would request the publication in a timely fashion of meaningful end of year SP accounts. We would request that this information is made available separately to any other NIHE accounts. We would request that the information is available to relevant stakeholders.

## **2. Performance Measures**

- We would call for robust independent monitoring and evaluation
- We would request SP puts in place a system to report on performance annually in respect of achieving timescales and this should be publicised. Feedback should include performance on e.g. complaints received, upheld / not upheld etc. and be made available to stakeholders via the website?
- We would ask that the communications strategy including key performance measures is published on the SP website.
- It is important in our opinion that the communications strategy is formally launched to incorporate an awareness raising campaign directed at stakeholders who should know about it.
- We feel that the apparent two-tier communications split between large and small providers is unclear. We feel this will make it difficult for organisations to know what to expect. Accordingly the performance to be expected from SP will be unclear thereby undermining accountability.

- We would reiterate that this report seems to indicate that there will be some degree of accountability by SP to providers over strategic influence. However the details regarding how this will work have not been made clear. As indicated before though it is our view that this should not be within the terms of reference of this policy.
- We would query the implications for the proposed provider involvement and engagement strategy. Will the communications strategy be a driver for that strategy? If not will the communications strategy be revised if the approach to provider engagement is different?

### **Stakeholders**

1. Are there any additional stakeholders in the SP programme who, in your view, have not been identified in the strategy?
2. Do you agree/disagree with the communication methods identified in the stakeholder map for each stakeholder?

#### 1. Additional Stakeholders

There are no additional stakeholders. However we wish to highlight what we view as inconsistencies across different sections of the policy regarding the definitions used.

The definitions and roles of stakeholders in 5.3 Table 1 are inconsistent with those in Appendix 1. For example Provider Umbrella Groups are defined in Table 1 as 'strategic'. However in Appendix 1 they are defined as having 'a low level of influence'. The same point can be made regarding CRISPP. We feel that it is unhelpful to split the definitions into 2 separate sections. We would request that stakeholder definitions should be listed within a single section in the report.

The list order in 5.3 Table 1 is also inconsistent with the order in Appendix 1.

The definitions of stakeholders in the Stakeholder Map are also inconsistent with those in 5.3 Table 1 and Appendix 1. It is our opinion that this compounds the inconsistencies between the definitions used in those other two sections. We would ask SP to clarify whom the stakeholder 'Provider Representative Groups' in the Stakeholder Map refers to. (The terminology 'provider representative groups' is not referenced elsewhere in the report).

We would highlight that the list order in the Stakeholder Map is also inconsistent with the other two sections. This compounds the fact that the list order between those two sections is already inconsistent.

We would add the following points regarding the definitions, roles and status afforded to individual stakeholder groups.

### **Providers Representative of Client Populations**

We would ask SP to clarify this definition. It is our view that the current definition has the potential to be arbitrary and subjective.

The definition also seems to suggest to us that the status of this sub group will be further compartmentalised across the 5 Area Team regions. According to the explanation in Appendix 1 each Area Team has discretion to determine who the providers representative of client populations are in their own areas, *'providers can be identified...on market share...but each Area Team will need to conduct its own analysis of market share, as some providers operate on a localised basis.'* Therefore, this is to suggest that not only will there be a two-tier approach to communications between large and small organisations. But there will be a further subdivision by NIHE region since the Area Teams operate out of these regions.

We would again reiterate our concerns about the basic approach. Moreover we would ask for clarification whom in the Area Teams will have the authority or discretion to make these distinctions. And what criteria will they use?

### **Housing Associations as Landlords**

Housing Associations take a substantive part of the risk in developing supported housing capital schemes. Therefore it is essential they know about decisions affecting services, which could have an impact on them as developers and landlords. This is particularly important if there are likely to be negative consequences for the service(s) in question from decisions taken.

However it is our view that the policy does not adequately reflect the status of Associations. The definition in the strategy states they will have *'a low level of influence'*.

Given the size of the stake that housing associations have in many projects this puts them in a more vulnerable position. Consequently it is firmly our view that the status accorded to them must at least reflect that accorded to large providers or providers' representative of client populations i.e. *'they will have a high level of interest...and influence.'*

The joint working protocol is one existing tool for 3-way communication between SP, Associations and providers. This would go some of the way towards maintaining communications links. The protocol is appropriate for the ongoing operational context. We recognise that it has not been widely embraced across the sector. There is an onus on the three parties to the protocol to be much more proactive to put it into effect in the first instance and to make it work thereafter. Whilst in our view the protocol is suitable for the ongoing working context, it is not a channel that can meet all the key information needs of Housing Associations.

## **Umbrella Groups**

See above under point 4

## **Service Users**

We would request that SP revises the definition in 5.3 Table 1 and Appendix 1. We feel the wording should be changed from 'people who *may* use services in the future' to 'people who *will* use services in the future'.

Again we would point out that the list order is inconsistent between Table 5.3 and Appendix 1. As pointed out before we would request one list of definitions. But if there *has* to be two lists that they are consistent with each other.

We recognise that service users do not usually have direct communications with SP, but with service providers. However given the rhetoric around client-focused and driven services it is inappropriate in our opinion for SP to adopt the terminology of '*passive consumers*.' Clients are central to the programme and in our view to use terms such as 'passive consumers' overlooks this fact. We feel that this terminology undermines the autonomy of service users.

We believe that there is an onus on SP to take a lead on the client-focused approach. We recognise that this is already happening to some extent. One of the key principles underpinning SP needs assessment and support planning is that it is client driven. A further development is the advent of personal budgets. SP can easily add to this approach by giving a commitment to adopt more positive language in policy initiatives such as this.

Specifically in respect of service user communications we would call for the introduction of a **client charter**. This would encompass broad standards and protocols that service users should be entitled to expect from contractors and other stakeholders. It is our view that this should incorporate communications standards with SP (and contractors). We would request that SP and all providers subscribe to such a 'compact'. This would provide greater protection to service users who do not have the benefit of contractual safeguards.

## 2. Communications Methods for Stakeholders

We are unclear if the '*Methods*' listed in the Stakeholder Map is the same as the '*Channels*' listed at 6.0 of the strategy. We are assuming that they are the same thing. We would again query why different terminology is being applied to the same thing. We would request the use of single terminology.

As pointed out before it is our view that the definitions of stakeholders in the Stakeholder Map are also inconsistent with those in 5.3 Table 1 and Appendix 1.

Again the list order is also inconsistent.

### **Housing Support Providers**

The Stakeholder Map states that **Individual meetings** will be available 'as required / requested to housing support providers'. In our view this is very unclear. We would ask SP to clarify the terminology 'as requested / required'. It is our view that these terms have very different meanings and should be listed separately. In particular we would seek clarification as to what 'as required by' means.

The distinction at the start of the document between large and small providers will have a key bearing on the communications methods for providers. This distinction is not made clear in the Stakeholder Map.

We would seek clarification on the terms of reference for individual meetings?

We would seek clarification of the terms of reference for the **provider quality assurance group**. The report seems to indicate that this group will continue to operate beyond the modernising services project? Is this the case? Is this an issue that will be clarified under the provider engagement policy?

### **Umbrella Groups**

We would request that umbrella groups including CHNI and NIFHA be included in the distribution list for Targeted Written Briefings and Updates.

### **CRISPP**

We would request that CRISPP is included in distribution list for Targeted Written Briefings and Updates.

## **Communication Channels**

1. Are there any additional communications channels which you would wish to see reflected in the strategy?
2. Do you agree/disagree with the proposed scope and frequency of the channels identified?

### 1 Additional Communications Channels

#### **CRISPP / CB meetings**

This forum has been meeting twice annually. We would request a commitment from SP to continue to support these meetings and to formalise the terms of reference.

#### **Joint Working Protocol**

This is a 3-way protocol involving SP, HA's and JMP's. This is essential for supported housing schemes and complements contractual and commissioning arrangements to ensure good joint working, good practice,

and continuity of service.

### **Operational Liaison Group**

This is an operational forum comprising NIFHA and NIHE.

### **Strategic Liaison Group**

This is a strategic forum comprising NIFHA and NIHE.

### **Housing Futures Group**

This is a three-way forum comprising representatives of the DSD, NIHE and NIFHA. It focuses on improving delivery of the Social Housing Development Programme.

General Comments re Communications Channels

### **Emails, Letters and Other Written Forms of Communications.**

These media are not referred to under communication methods. We would ask SP to state clearly its commitment to adopting these media where appropriate as a quick and flexible form of mass communication.

### **Action Points from Meetings.**

We would request a protocol / communications standard for responses by SP to action points raised in meetings.

### **Key Stakeholder Fora - Information, Publication, and Feedback.**

We would ask that essential details in respect of key stakeholder fora be published on the SP website to include dates, contacts and membership. We would ask SP to clarify its policy in terms of provision of feedback from meetings. We would request that minutes should be available via the website within a reasonable period of time.

## 2. Scope and Frequency of Channels

### **CB and ASPP Meetings**

Feedback from CB and ASPP meetings is a major communications priority for providers. We would ask NIHE / SP to clarify how communications and feedback to providers from the CB and ASPP's will operate. Will this matter be dealt with under the terms of reference for the policy on provider engagement and involvement? How will commissioning decisions be communicated to providers? In particular how will provider-specific decisions be communicated to individual organisations? What safeguards will providers have if the communications process in respect of commissioning breaks down? What forms of redress will they have?

We would request that SP makes available CB and ASPP details re membership, contacts, frequency, times and dates of meetings. We would request that this information is published on the website in a timely fashion.

### **Stakeholder Groups**

We would request clarification on the terms of reference for these groups. Who can participate? Will minutes and feedback be provided? What level of autonomy do the Area Teams have? How will the stakeholder group meetings be promoted / publicised? What will the relationship of these groups be with existing provider-led focus groups such as the SP Focus Group (CHNI) and the SP Support Group (NIFHA)?

### **Representation at External Fora**

We would ask SP to give a commitment at a managerial or above level to attend **all** quarterly CRISPP meetings

### **Individual Meetings**

As pointed out above it is our view that the scope and frequency of these meetings is unclear. We would take issue with the basic approach. It is our view that a minority of large providers should not by default be guaranteed superior levels of communication purely on the basis of their size. We would not advocate this approach. If it is implemented safeguards need to be incorporated to ensure small to medium providers are not disadvantaged. Smaller providers should be accorded equal status.

### **SP Newsletter**

We would request some commitment from SP to include occasional contributions from CHNI / NIFHA where appropriate and / or relevant.

CHNI / NIFHA already issues a quarterly SP newsletter called SP News – we need to avoid confusion over similar names. We have previously extended an invitation to SP to use the CHNI SP News bulletin as a communications medium. We would reiterate this request and seek a commitment from SP to make timely information available to CHNI / NIFHA to publish in the SP news bulletin. This could be of mutual benefit.

### **Website**

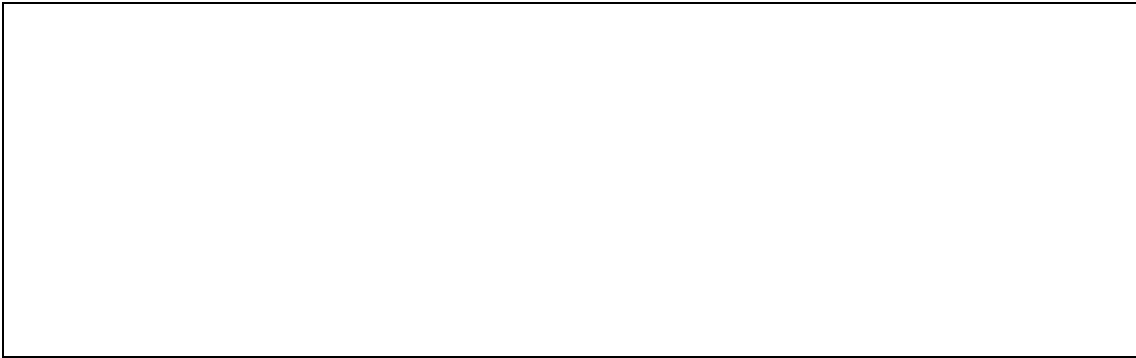
We would ask for a more comprehensive description regarding how the website will be applied.

We would ask for an SP updates / breaking news section to be incorporated on the home page of the SP website.

We would ask for a commitment from SP to make all relevant resources and news items easily accessible via the website in a timely fashion.

### **Provider Survey**

We would seek clarification as to whether or not findings will be made available to stakeholders? Again please clarify if this information will be available on the website.



<b>Communications Action Plan</b>
<p>1. Do you agree/disagree that the action plan adequately reflects the strategic objectives &amp; stakeholder map?</p>
<p>We welcome the action plan and the opportunity to comment on it. In our view the action plan represents an important step on the way which encompasses some but not all of the objectives. We would ask that if it is more realistic that the plan is phased in over a reasonable period of time that this should be the approach and be clearly stated. The action plan should set down realistic, achievable deadlines. We would ask that the sector be made aware of any such timelines.</p> <p>The covering letter accompanying this draft policy states that SP hopes to introduce the strategy before the end of the calendar year 2008. However the action plan makes no reference to any launch date, nor <i>how</i> it will be launched and how stakeholders will be made aware of the new strategy.</p> <p>The policy appears to represent a 2-tier approach. As said before we believe small and medium providers should be accorded equal status. It is our opinion that the policy presents a risk of being divisive, arbitrary and discriminatory.</p> <p>We view independent validation as critical to the integrity of the strategy. There appears to be some commitment in this direction. We would seek the adoption of robust independent monitoring and / or evaluation.</p> <p>The approach towards providing feedback to stakeholders including providers should be clarified. Feedback is essential.</p> <p>The strategy needs to be published. Stakeholders need to be aware of the final communications strategy or least the key elements of it. We would seek clarification as to how this will happen initially, and on an ongoing basis? What arrangements are being put in place to publicise it? We would request that the strategy itself comments on how the communications strategy will be promoted, and how awareness of it will be raised.</p>

**Do you have any other comments on the draft Communication Strategy?**

The communications strategy in our opinion should comment on the place of SP in the context of NIHE corporate governance and accountability structures.

We would request a commitment from SP to publish benchmarking data and information on best practice.

It would be helpful if SP maintained an electronic list of key provider contacts and deputies within the NIHE on a central database. A designated member of staff could be allocated the task of maintaining this register. This would facilitate the use of email as a fast method of mass communications. There must be a reciprocal commitment on the part of organisations to keep SP updated in the event of changed contacts.

We fully note the work pressures and resource implications on SP if they are to commit to a strategy like this. However we would seek clarification regarding the statement at 3.2 that the strategy is subject to two assumptions. We would seek clarification on the implications of these two statements. These clauses in their current wording and format could be interpreted as representing an opt-out clause.

**Thank you for your comments**

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_