Accommodation and Support Joint Strategic Needs Assessment for Mental Health

Draft 2
September 2009

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1. The Strategic Context

1.1 The purpose of this document

This document is intended to set out the JSNA (Joint Strategic Needs Assessment) on accommodation and support for people with mental health problems. The government requires local authorities and PCTs to produce a JSNA to describe the future health, care and well being needs of the local population and the strategic direction of services to help meet these needs.

The concept of an accommodation and support JSNA has been developed by Devon's Supporting People Team to complement the broader health and social care focused JSNA. This type of JSNA is being developed in Devon in recognition of the importance played by housing and housing related support services in responding to the well being of the population and in providing services that focus on early intervention and prevention.

The production of this JSNA has involved consultation with key stakeholders and an analysis of available data on mental health, accommodation and support. This document will form the basis of a strategic approach on accommodation and support for people with mental health problems, following feedback on the proposed direction of travel from provider and service user groups.

1.2 National Approach

For the past 10 years the National Framework for Mental Health Services has been in place for adults up to age of 65. It has set out national standards; national service models; local action and national underpinning programmes for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance.

The Department of Health's New Horizon's programme is now consulting on what will be the next stage of mental health policy in England. New Horizons is proposing a new whole population approach. The focus of this approach is on prevention and maintaining good mental health in the whole population.

1.3 Devon's approach

Devon Primary Care Trust (DPCT) and Devon County Council (DCC) currently commission a range of services designed to respond to the mental health and wellbeing needs of adults in Devon. All services are commissioned in the context of the vision created in 2008 by a range of people interested in the strategic planning of mental health and wellbeing services (Devon Local Implementation Team). This vision is as follows:

"*We will create a comprehensive and cohesive mental health system founded on the promotion of good mental health and wellbeing for our local population. Services will be delivered increasingly within mainstream primary and community settings. People who need services to be delivered in specialist facilities will be enabled to maintain and regain their health, wellbeing and*

support networks. The services will be based on the principles of recovery, self help, prevention, early intervention, mainstream and social inclusion. The services will be characterised by their quality, convenience and commitment to empower everyone."

All commissioned services will be evaluated from 2009 on how well they support personal outcomes for recovery and well being, enhance recovery from the perspective of the people using the services and meet recovery standards. Devon recognises the link between accommodation and support and recovery and aims to continue to build on joint and collaborative commissioning, planning, provision and evaluation approaches in relation to accommodation and support.

2. The Local Context

2.1 Introduction

This section of the JSNA for accommodation and support provides the local context showing the overall prevalence of mental ill health in Devon, the needs of specific groups, the use of existing housing and support services and the use of residential care.

2.2 Prevalence of Mental Ill Heath in Devon

The population aged 18 to 64 in Devon is projected to increase, as shown in the table below, although not as sharply as the population aged 64 and over.

District Council Population 18-64[1]	2008	2010	2015	2020	2025
EDDC	73,600	74,600	76,400	79,100	81,500
Exeter	85,200	89,400	96,100	101,100	105,800
Mid Devon	45,400	46,600	49,100	51,500	53,500
North Devon	54,900	55,600	56,600	58,500	60,300
South Hams	49,400	49,800	48,800	49,000	49,200
Teignbridge	74,300	75,200	76,500	78,300	80,300
Torridge	38,800	39,700	40,900	42,500	44,300
West Devon	30,700	31,000	31,600	32,200	33,100

The table below shows the prevalence of common mental health problems in the population aged 18 to 64 in Devon based on ONS data. This includes depression and neurotic disorder.

District Council[2]	2008	2010	2015	2020	2025
EDDC	17,656	17,853	18,329	18,971	19,600
Exeter	20,357	21,342	22,927	24,095	25,249
Mid Devon	10,948	11,183	11,761	12,332	12,856
North Devon	13,112	13,278	13,578	13,987	14,414
South Hams	11,841	11,888	11,695	11,723	11,761
Teignbridge	17,827	18,046	18,324	18,790	19,242
Torridge	9,280	9,475	9,867	10,154	10,603
West Devon	7,368	7,394	7,582	7,755	7,895

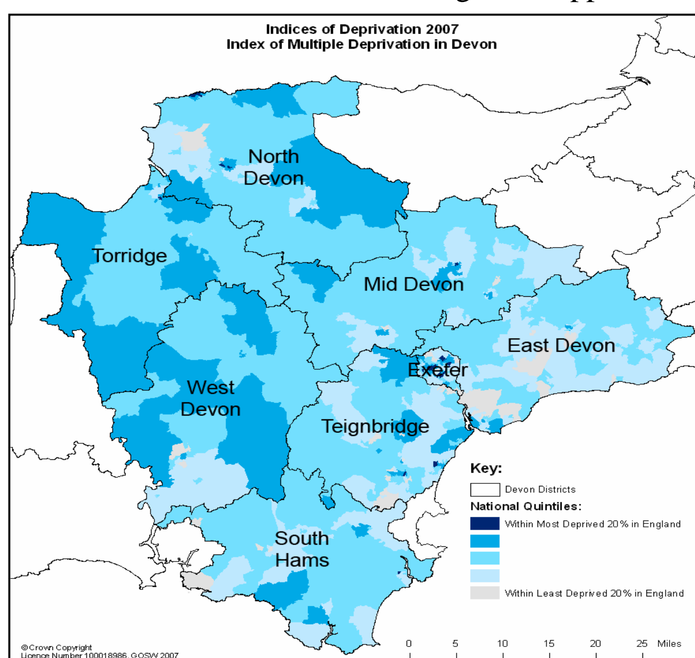
The table shows that a significant number of people are predicted to have mental health problems in Devon.

[1] PANSI data
[2] PANSI data

2.3 Deprivation

The association between rates of mental illness and certain population characteristics, notably poverty unemployment and social isolation is well established. For the planning of future mental health services it is useful to have quantitative estimates of the extent to which deprivation rates are likely to vary between different parts of the county.

The map below illustrates the levels of deprivation across Devon. Those areas that fall within the most deprived 20% nationally are mainly in the districts of Exeter and North Devon, although there are two areas in Teignbridge and one in each of Mid Devon, South Hams and Torridge. See appendix 1 for more detail.



The most prevalent form of deprivation in Devon relates to barriers to housing and services and the living environment, with geographical barriers to housing and services being particularly prominent i.e. travel district to GPs, supermarkets, post office.

2.4 Care Programme Approach and ACS services

The NHS Mental Health Minimum Dataset shows the number of people who spent days on the Care Programme Approach during 2007/08[3]. The CPA supports people with long term mental health needs, with those with more complex needs on the enhanced CPA and others on the standard CPA. The CPA provides the link to care management once an individual has been discharged from hospital.

During 2007/08 there were 16,080 people in contact with mental health services in Devon of which:

- 1,179 were on the enhanced CPA

[3] Each person is only counted once

- 1,332 were on the standard CPA
- 186 had no CPA and were admitted to hospital
- 1,292 had no CPA and were not admitted to hospital
- 12,091 had no CPA and no care needs

Adult Community Services data shows that 3,047 people with mental health problems were helped to live at home during 2007/08.[4]

2.5 Mental health and older people

The most common mental health problems in older people are depression and dementia. The accommodation and supports needs of older people with mental health problems have been incorporated into the JSNA for Older Persons Housing and Support Services.

Depression affects proportionately older people than any other demographic group. This is because older people face more events and situations that may trigger depression: physical illness, debilitating physical conditions, bereavement, poverty and isolation. The majority of people who have depression make a full recovery after appropriate treatment, and older people are just as responsive to treatment as younger people. Support services can help older people address some of the causes of depression such as social isolation, financial problems, or difficulties with their accommodation.

Dementia can be difficult to diagnose in the early stages: the person experiences small changes to their everyday functioning, for example in concentration, decision making and short-term memory. In the middle stages, the person becomes more confused and forgetful and in the late stages of dementia, a person may be unable to remember familiar faces and objects or to express themselves or understand what is being said to them. Older people with dementia can continue to live at home with support, but may need to move to specialist accommodation such as extra care housing.

Devon[5]	**2008**	**2010**	**2015**	**2020**
People aged 65 and over predicted to have depression lowest estimate	16,060	16,850	19,490	23,740
People aged 65 and over predicted to have depression highest estimate	24,090	25,275	29,235	32,610
People aged 65 and over predicated to have dementia	12,054	12,488	13,970	16,036

2.6 Mental health, homelessness and drug and alcohol problems

It is important to point out that there is an overlap between homelessness and mental health, as a significant proportion of people who are homeless also have mental health problems. This JSNA includes some data on those who are homeless with mental health problems, but there is a larger group who are living

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[4] Social Services Performance Assessment: Adults 2007-08
[5] POPPI data

in temporary accommodation, and have mental problems, on which only a limited amount of data is available.

There is also a close co-relation between mental health problems and drug and alcohol use. Many people who experience recurring homelessness can have dual diagnosis and some existing mental health accommodation based services have been identified as services that can potentially meet these needs.

2.7 Housing support services

Access to decent housing, and establishing and maintaining independent living, is an important factor for people's emotional well being. Housing support services have funded through the Supporting People programme to enable vulnerable people to access accommodation with support and to help them move in independent housing. Furthermore, this programme is intended to prevent tenancy breakdown and help people who are experiencing difficulties managing their existing housing. In Devon the programme delivers 179 accommodation based units and 338 floating support units[6] for people with mental health problems.

Many of the accommodation based units have a relatively intensive level of staffing for Supporting People services, with over half providing each resident with 9 or more hours support per week. However, as these staffing levels do not deliver 24 hour cover they cannot be defined as high support services. The remaining accommodation based services are low support accommodation based services.

The floating support services can also provide quite an intensive level of support to service users, with about a third of the services providing each user 9 or more hours support per week.

Access to support services

Of the 370 people with mental health problems, who accessed Supporting People services during 2008/09, 51% (189) were on the Care Programme Approach and were therefore known to mental health professionals. In addition another 28 clients from other clients groups were on the CPA.

Prior to receiving housing support services most service users were living independently, either in social housing (32%) or private rented accommodation (13%) or owner occupied housing (6%). A significant proportion were living in temporary accommodation, either with family or friends (13%), in supported housing (12%) or other temporary accommodation. A smaller proportion had moved out of hospital (5%) and residential care (4%). Therefore the picture shows a significant number living in their own homes needing support, with others living in insecure accommodation or moving out of institutional care.

[6] A unit is a bedspace in an accommodation based service or a floating support placement

The vast majority of referrals (55%) to housing and support services came through the Community Mental Health Teams (or their equivalent in Devon). The remainder of referrals came from a number of different sources including voluntary organisations, the health service, Adult Community Services, self referrals and local housing authorities.

During 2008/09 about 70% of people with mental health problems accessed floating support services, with the other 30% accessing accommodation based services. Their profile shows that approximately 55% were male and 45% female, and 97% were of White British origin with 3% from another ethnic group.

Performance and Outcomes

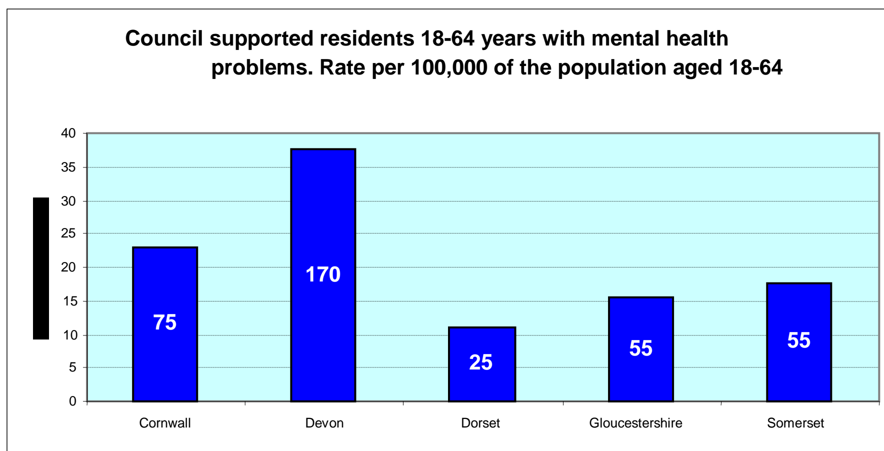
Accommodation based services for mental health show a high level of utilisation at 96%, with floating support showing 110% utilisation (figures above 100% show the service is meeting the needs of more service users than it has been contracted for). This indicates a continuing demand for these types of services.

Housing support services are monitored using National Indicators 141 and 142. For the most recent quarter short term mental health services showed that 80% of service users had made a planned move to an independent option, which is greater than that for comparator authorities (71%) and 97% had maintained independent living in long term services, compared to 98% for comparator authorities.

2.8 Residential care

The most recent figures (2009) show that Devon uses 192 places in residential care services for people with mental health problems.

The community care statistics for 2008 are shown in the table below on the use of residential care for people with mental health problems by similar authorities in the South West. The rate for Devon County Council is relatively high (at 38 per 100,000) when compared to other authorities in the South West. The table also shows the number of residential care placements by each authority.



Source: Community Care Statistics 2008

3. Accommodation and support needs

3.1 Introduction

This JSNA uses available data to establish an indication of the unmet accommodation and support needs of people with mental health problems across Devon. The approach adopted is based on a CLG model for estimating the housing and support needs of vulnerable people.

The model uses prevalence data to estimate number of people in Devon who have mental health problems and this has been defined as the *'population at risk'*. As only a small proportion of the population at risk will require accommodation and support services, needs data has been used from a number of sources to estimate the *'population in need'*. The unmet need is the number of people with mental health problems in need after the supply of accommodation and support services have been taken into account. The need for residential care has been calculated separately as the CLG model does not define this provision as a housing option.

The results of this approach and the data used are set out below. The supply data has been based on existing services rather than reconfigured services.

3.2 Population at risk

The population at risk of mental ill health has been based on the prevalence rates for different types of mental illness for the population aged 18-64, as shown in the table below

District Council	Predicted to have depression	Predicated to have a neurotic disorder	Predicted to have a personality disorder	Predicted to have a psychotic disorder	Total
EDDC	1,880	12,148	3,224	404	17,656
Exeter	2,167	13,966	3,755	469	20,357
Mid Devon	1,166	7,521	2,010	251	10,948
North Devon	1,396	9,013	2,402	301	13,112
South Hams	1,261	8,138	2,170	272	11,841
Teignbridge	1,898	12,267	3,254	408	17,827
Torridge	988	6,381	1,698	213	9,280
West Devon	784	5,055	1,359	170	7,368

The population at risk is quite significant as the prevalence rates for mental ill health are quite high. Not all those within in the population at risk will require accommodation or support services, as many will be adequately accommodated and may receive support from a number of different sources. The population at

risk simply identifies the number of people who are anticipated to experience mental health problems, some of whom may need accommodation and support.

The above figures do not include people who are over aged 65 and over as this group have been included within the JSNA for Older Persons Housing and Support services and the Extra Care Housing commissioning strategy. As there is an interface between accommodation and support services for older people and services for people with mental health problems, the table below provides an indication of the number of older people with mental health problems in the next age band.

District Council	Predicted to have mental health problems (aged 65-69)
EDDC	1485
Exeter	742
Mid Devon	693
North Devon	907
South Hams	825
Teignbridge	1221
Torridge	709
West Devon	528

3.3 Population in need

The population in need of accommodation and support is drawn from a number of sources which are:

- Devon Partnership NHS Trust - Number of people with mental health problems who are ready to move out of residential care with appropriate support;
- Devon Partnership NHS Trust - Number of people with mental health problems who could be prevented from moving into residential care;
- P1E data (annual) - Number of people with mental health problems who are accepted as in priority need by housing authorities;
- SP Client Record System (CRS) – Number of people with mental problems who were rough sleepers, or living in temporary accommodation, or moved out of hospital and accessed SP services (averaged over 2 years)
- Strategic Housing Market Assessments [7]– data from the household survey showing the number of people with mental health problems who live in independent housing and who experience housing problems.

Of the 192 clients that are currently living in residential care homes it has been estimated that about 110 need to remain there for the foreseeable future, 50 where move on is possible and 32 who are ready for move on.

[7] The Exeter and Torbay SHMA (covering Exeter, East Devon, Mid Devon and Teignbridge) provided the most detailed information on these needs and the findings have been applied to the whole of Devon

New placements in residential care are mainly made under Section 117 with a lot of individuals having associated drug and alcohol problems or aspergers syndrome. There are about 30 placements into residential care each year, of which about 50% could be placed in higher supported housing if this was available.

During 2007/08 107 people were formally detained in hospital under the Mental Health Act in Devon and 288 informally. This is a substantial reduction compared to 2006/07 figures (477 and 1,007 respectively). The CRS data shows that 23 people per year (on average) received housing support services immediately following hospital discharge.

There are a significant number of people with mental health problems living in independent housing, who need access to floating support services to sustain their accommodation or who may require accommodation based services. Most of these individuals will be in contact with secondary mental health services. This need is difficult to quantify, but has been estimated as follows:

- The SHMA household survey reported that about 1% of the population living in independent housing had a long term mental problems (this works out to about 4,512 people in Devon aged 18-64, not including those living in residential care homes, accommodation based support services, rehabilitation units or detained in hospital).

- It is difficult to extrapolate the housing and support needs of those with mental health problems living in independent housing. The CRS data shows that approximately 200 people per year who are living in independent housing gain access to housing support services. The data also shows that altogether nearly 600 people with mental health problems received floating support services during 08/09.

- As the SHMA shows that 16% of population live in unsuitable housing (because of overcrowding, mortgage problems, needing support, disrepair, harassment etc) we have applied this percentage to the figure of 4,512 to obtain an indication of those with long term mental health problems that may require support with their housing (721) .

The table below provides a summary picture for Devon for the population aged 18 to 64, showing the percentage who need accommodation and/or support.

POPULATION IN NEED	People who could be diverted from residential care p.a	Care home residents who are ready to move to greater indep	Statutory homeless with MH problems P1E (4 qtrs)	People with mh in indep housing who need care & support	Number moving out of hospital needing support	Rough sleepers with mh problems needing support	Living in temporary accom needing support
Number	30	192	34	4,512	23	16	138
Selected percentage	50.0%	17.0%	100.0%	16.0%	100.0%	100.0%	100.0%

The number of people living in temporary accommodation who need support is likely to be an underestimate; however no other robust was available for the JSNA.

Using the SHMA calculation it is estimated that about 70 older people, aged 65 to 69, with mental heath problems need housing support services (not including those with dementia).

The table below shows the estimated annual need for accommodation and support services based on the needs analysis (some of the data has been apportioned to the districts on the basis of the population aged 18-64).

District Council	Diverted or moved from residential care	Statutorily homeless	Number living in independent housing who need support	Living in temporary accommodation or moved out of hospital	Rough sleepers	Total
EDDC	6	4	112	25	0	**147**
Exeter	14	11	130	29	10	**194**
Mid Devon	4	3	69	15	0	**91**
North Devon	8	5	84	19	6	**122**
South Hams	3	1	75	17	0	**96**
Teignbridge	5	2	113	25	0	**145**
Torridge	4	2	59	13	0	**78**
West Devon	3	6	79	18	0	**106**

3.4 Supply

The current supply of housing support services funded by Supporting People is shown in the table below. This shows 179 accommodation based units and 338 floating support units across Devon. The cross authority units have been apportioned to the districts on a per head of population basis, although in practice the districts may not receive even coverage.

District Council	Accom Based	Floating Support	Cross Auth FS	Enabling Contracts	Total
EDDC	11	14	29	4	**58**
Exeter	82	52	33	7	**174**
Mid Devon	9	0	18	7	**34**
North Devon	48	68	21	31	**172**
South Hams	15	0	19	3	**37**
Teignbridge	14	0	29	6	**49**
Torridge	0	0	15	16	**31**
West Devon	0	28	12	3	**43**

Devon Partnership NHS Trust has funded enabling contract to delivery non-personal social care – these services are similar to housing support services and have been included as part of the analysis of supply. Enabling contracts fund services such as support to improve daily living skills and are subject to a needs assessment and financial assessment. Individuals that receive an enabling service are subject to the Care Programme Approach. Because an individual can receive both an enabling service and an SP service the supply of enabling services included in the model has been abated to take account of this overlap (based on data supplied by DCC).

In addition there are six people who have been placed in SWAPS (South West Adult Placement Service. These placements have been treated as cross authority services in the model.

3.5 Unmet Needs

To calculate unmet needs, the data on needs has been adjusted to take account of the following:

- **Service balance** – the model defines the balance of need between accommodation based and floating support services. It has been assumed that most people with mental health problems require floating support with only 10% requiring accommodation based services – this assumption is underpinned by the proposed accommodation and support strategy and is supported by research which shows that most people prefer to receive support services in their own homes.
- **Utilisation** – utilisation levels have an impact on capacity and current utilisation figures have been included;
- **Turnover** – the model includes current turnover levels**;**
- **Cross authority adjustment** – the model includes inward and outward migration figures of people with mental health problems accessing housing and support services in Devon. 98% of referrals are host (i.e. from Devon).

The data on the population at risk, population in need and supply of housing support services is used to project unmet needs taking into account the growth in the non elderly adult population. The projections for the whole Devon are shown below for the period up to 2016 (and can be broken down at a district level using the model).

	2008	2009	2010	2011	2012	2013	2014	2015	2016
NEED									
All districts - accommodation-based	89	90	91	92	93	93	94	95	96
All districts - support only	699	705	712	718	725	731	736	742	747
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
Need - all districts - all types	**788**	**795**	**803**	**810**	**818**	**824**	**830**	**837**	**843**
SUPPLY									
All districts - accommodation based	179	179	179	179	179	179	179	179	179
All districts - support only	413	413	413	413	413	413	413	413	413
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
Supply - all districts - all types	**592**	**592**	**592**	**592**	**592**	**592**	**592**	**592**	**592**
(UNDER) / OVER SUPPLY									
All districts - accommodation-based	90	89	88	87	86	86	85	84	83
All districts - support only	(286)	(292)	(299)	(305)	(312)	(318)	(323)	(329)	(334)
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
(Under) / over supply - all districts - all types	**(196)**	**(203)**	**(211)**	**(218)**	**(226)**	**(232)**	**(238)**	**(245)**	**(251)**

The model shows an over supply of accommodation based services and an under supply of floating support services, as the existing supply profile has been incorporated into the model. Should these services become reconfigured, with accommodation based services being re-modelled as floating support, then the under and oversupply figures will change (see Page 19 to view the impact of reconfiguring these services).

The model shows that the overall need is greater than the supply of services. As the population in need increases, in line with the overall increase in the population at risk, then the shortfall in supply also increases.

3.6 The need for residential care

It clear from the needs analysis there will be a continuing need for residential care in the future. There are currently 192 people living in residential care of which 33 could step down to high support accommodation.

Therefore on the assumption that the population in residential care could reduce by 17% each year then the reductions would be as follows:

	Numbers moved of out residential care p.a.
2010	33
2011	27
2012	23
2013	18
2014	16

However, any reduction in the use of residential care needs to be offset by new admissions to residential care by the panel. Also there is a projected increase in the population at risk and this is likely to result in slightly more people being referred to the panel over time. The net effect is shown in the table below.

	Estimated numbers in residential care
2010	174
2011	159
2012	146
2013	137
2014	129

The critical factor in achieving the reduction in the use of residential care is to have sufficient capacity within high support accommodation based services to enable people to move out of residential care and enable the panel to divert individuals to this provision.

4. Strategic approach to meeting accommodation and support needs

4.1 Introduction

The strategic vision for mental health services aims to promote accommodation and support services that are based on the principles of recovery, prevention, early intervention, social inclusion and personalisation. In line with its vision and values Devon would like to enable the following opportunities for accommodation and support:

- Access to information and advice in relation to accommodation only and accommodation and support;
- People owning their own homes;
- People renting their own homes;
- People having access to designated accommodation for period up to 2 years on a licence agreement;
- Community housing support services focused on recovery.

In addition Devon recognises that some people may require intensive support in a specialist environment. Devon's response to these needs will include:

- Residential care based recovery for periods usually up to 24 months;
- Residential care based recovery on a longer term for people who need this option;
- Residential nursing care and recovery.

The intention of this approach is that fewer people will be in longer term residential care, short term residential care will level out and potentially reduce and that there will be an increase of people with mental health problems living in independent social and private rented housing with floating support.

4.2 Proposed approach to accommodation and support in Devon

The proposed approach to accommodation and support involves a core and cluster approach within each network area. The core will involve the development of intensively staffed accommodation based services and the cluster will involve the provision of floating support, both for those who move on from accommodation based services as well as people who have less complex mental health problems.

Core services

The purpose of the core accommodation services is to meet the needs of those with complex mental health problems and to divert them from moving into residential care. The core accommodation based services will also help individuals currently living in residential care to step down from this type of provision.

The core accommodation based services are intended to provide short term highly intensive supported accommodation to enable people with mental health problems to recover and move onto a more independent setting.

Although these services are not intended to provide 24 hour on site staffing cover they will provide a more intensive input than they currently provide. The intention is that each individual will have their own package of services according to their assessed needs, in addition to the core services provided by the high support accommodation. This would include access to specialist mental health advice from health care professionals.

One of the challenges has been to identify suitable properties in which to locate the core accommodation based services. The intention is to have core services in each network area in Devon, accommodating a total of 40 service users.

There are issues with the size and design of the properties that have been identified for the core services as they need to be as self contained as possible and accommodate about 10 service users each. Furthermore, there are issues of coverage as no suitable core service has been identified for the south and west of Devon.

Cluster services

The intention is remodel all other accommodation based services as floating support, as well as retain the existing floating support services. This approach will provide a much stronger emphasis on recovery and moving towards independence. It will also mean that the capacity of floating support services will be increased so that more people can be provided with support in their own homes, potentially preventing tenancy breakdown and loss of accommodation.

There will be a number of characteristics to the floating support services including:

- some services will need to provide long term support as some individuals may require this support on a regular basis over a long period of time;
- some services will need to provide very intensive support, particularly for those that step down from the high support accommodation based services.

Remodelling proposals

The current remodelling proposals are set out in the table below:

Network area	Local authority	Dual Diag	Accom Based	Floating Support	Cross Auth FS	Total
Exeter, East and mid Devon	EDDC		0	25 short	29	**54**
	Exeter	14	17	103 short	33	**167**
	Mid Devon		9	0	18	**27**
North	North Devon	23	18	67 short 8 long	21	**137**
	Torridge		0	0	15	**15**
Teign, South Hams and West Devon	South Hams		0	1 short 14 long	19	**34**
	Teignbridge		0	14 short	29	**43**
	West Devon		0	19 short 8 long	12	**39**

These proposals have emerged from an analysis of the current services to assess the extent to which they could be reconfigured to meet the proposed strategy. An accommodation based service in North Devon, and another in Exeter, have been identified as potentially suitable for integrated contracts to deliver services to people with dual diagnosis – these services are shown in a separate column in the table.

There is currently a gap for a core service in the Teignbridge, South Ham and West network area and one possible location for this service could be Newton Abbott.

There are a number of risks associated with moving from accommodation based services to floating support services. In particular the current accommodation may no longer be used in the future to meet the housing needs of this client group – these risks are explored in 4.4. to 4.6.

4.3 Impact of the proposed strategy on projected needs

The proposed accommodation and support strategy is likely to have a considerable impact on meeting the needs identified. This is because there will be a much greater throughput of service users, both for accommodation based services as well as the floating support services. This throughput will increase the capacity of services to meet unmet needs.

The projections below show how this approach can impact on the unmet need for housing and support services.

	2008	2009	2010	2011	2012	2013	2014	2015	2016
NEED									
All districts - accommodation-based	77	78	79	79	80	81	81	82	82
All districts - support only	618	623	629	635	641	646	651	656	661
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
Need - all districts - all types	**695**	**701**	**708**	**714**	**721**	**727**	**732**	**738**	**743**
SUPPLY									
All districts - accommodation based	76	76	76	76	76	76	76	76	76
All districts - support only	516	516	516	516	516	516	516	516	516
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
Supply - all districts - all types	**592**	**592**	**592**	**592**	**592**	**592**	**592**	**592**	**592**
(UNDER) / OVER SUPPLY									
All districts - accommodation-based	(1)	(2)	(3)	(3)	(4)	(5)	(5)	(6)	(6)
All districts - support only	(102)	(107)	(113)	(119)	(125)	(130)	(135)	(140)	(145)
All districts - community alarms	-	-	-	-	-	-	-	-	-
All districts - other	-	-	-	-	-	-	-	-	-
(Under) / over supply - all districts - all types	**(103)**	**(109)**	**(116)**	**(122)**	**(129)**	**(135)**	**(140)**	**(146)**	**(151)**

The change in supply based on the proposed strategy shows the need for accommodation is largely met (the table includes the supply of the dual diagnosis accommodation based services as well as the 40 core accommodation units). These projections are based on an assumption that the average length of stay in the core services will be 9 months. Should the average length of stay be longer then the supply of core accommodation based services would need to increase.

The combination of greater efficiencies, by creating a clearer pathway to independence, and increasing the capacity of floating support services will reduced the overall level need (as people are moving through the services

faster). Despite these changes there is still likely to be a shortfall in meeting the need for floating support.

One potential option is to invest any savings from the reduction in the use of residential care to increase the capacity of enabling contracts to provide floating support services. Enabling contracts were introduced to extend the capacity of SP services and potentially could be enhanced to meet unmet needs.

4.4. Key Issues

A number of key issues have arisen as a result of the strategic proposals and these need to be addressed. These are as follows:

- **Identifying suitable core services and their capacity**

Although a number of potential core services have been identified they are not necessarily fit for purpose (see design requirements below). Either these services need to be remodelled or other accommodation needs to be obtained. However, any new housing scheme will take time to develop and may encounter planning problems – therefore using existing accommodation may be more appropriate. Also a core accommodation based service for the south of the county needs to be identified.

It is estimated that core services will be need to accommodate about 47 people annually to divert people from residential care and to provide a step down from residential care. Assuming that on average residents will stay for 10 months (some shorter and some longer) then 40 units of accommodation will be sufficient. However, if the average stay is a year then 47 units will be needed. The table below shows the relationship between length of stay, number of service users and capacity.

Number of service users pa	Average length of stay[8]	Number of units required
40	12	40
47	10	40
47	15	59
54	15	81

The numbers will increase slightly as the population increases, however over time the number needing to step down from residential care will decrease as the residential care population diminishes.

- **Designing accommodation based services that are suitable**

The design of accommodation based services is an essential component in helping people recover. The evidence shows that people with mental health problems do not like living in large institutions and prefer smaller domestic

[8] The average length of stay will need to be slightly reduced to take account of the fact that the utilisation levels will be under 100% due to voids.

environments. Therefore an outline design brief for a remodelled, or new, accommodation based service, is as follows:

- Shared units (or each cluster flat) no larger than 5 bedspaces;
- Each unit (cluster flat) to have its own living room, bathroom and kitchen area;
- The maximum number of bedspaces in each accommodation based scheme to be no more than a total of 10-12;
- Communal areas in each accommodation scheme to enable residents to meet and an area for food preparation.

- **24 hour cover**

The current proposals involve day time cover being provided to residents with each receiving an individual package of support, where they have more intense needs. Some of the existing services are quite intensively staffed while others are not; however no services provide 24 hour cover.

As the proposed strategy is dependent on core accommodation based services providing an alternative to residential care, it is essential to have a debate about whether or not 24 hour cover is required. This could simply involve support staff being 'on call' in case of an emergency, or it could involve a member of staff 'sleeping in' each night.

- **Medium support accommodation based services**

There has been some discussion about whether there is a need for medium support accommodation based services, to enable people to step down from higher support accommodation based services. It has been concluded that this 'step down' can be provided more effectively using intensive floating support services to individuals moving into their own accommodation.

- **Tenure**

Tenure is an important factor in moving from accommodation based services to floating support. Where an accommodation based service has granted residents Assured Periodic Tenancies, and the support element is included in the tenancy agreement, then this element would need to be separated out. This process will require consultation with the tenants, with the support element moved to a floating support contract. The residents would continue to remain in the accommodation and receive floating support based on a needs assessment. Where an individual has been granted an Assured Shorthold Tenancy then it is unlikely that the support element is part of the tenancy agreement.

4.5 Access into independent accommodation

The vision for the future is one where the core accommodation based services are freed up by moving people onto independent housing options. District Councils will have a role to play, however there is insufficient social housing to meet all the needs. Access to the private rented sector will be crucial to ensure

that individuals can move on from core services, as well as those who need to move on from other services e.g. the rehab units.

Three accommodation officers have been appointed to increase access to move on accommodation in each network area. Two officers are employed by Devon Partnership NHS Trust and the third by Exeter City Council. These officers have an essential role in making referrals to housing and support services, as well as obtaining accommodation from private sector landlords (although the Exeter officer has a stronger focus on moving people out of residential care).

Other sources of private sector accommodation may need to be explored including the use of rent deposit schemes. The future success of the strategy will depend on the ability to obtain access to private sector accommodation, so that floating support services can be linked to individuals to help them sustain their tenancies.

4.6 Use of existing accommodation

The proposed strategy involves breaking the link between accommodation and support for a number of existing accommodation based services and remodelling these services as floating support.

It will be essential to retain the use of existing accommodation for people with mental health problems as this is an important accommodation resource. Where the accommodation is owned by an RSL it can be treated as 'designated housing' as it has been specifically funded for this client group. There may need to be a 'support agreement' between the RSL and the support provider whereby the support provider agrees to provide floating support to individuals who are accommodated in this provision and are assessed as requiring support. This would almost make this arrangement akin to a 'supported living' scheme, although the support would not be tied to the accommodation.

To make effective use of existing accommodation there are a number of issues to resolve. First, some of the accommodation is likely to be unpopular and may result in high voids where support is no longer linked to the bricks and mortar. The remedy for this problem is either for the landlord to improve/remodel the accommodation or for the accommodation to be used for another client group. Second, RSLs may not wish to carry out the housing management functions involved with this accommodation (as these functions would be more specialist and time consuming than those required for general needs housing) – if this is the case then a specialist managing agent may need to be sought. Third, where the accommodation is owned by a private landlord they may withdraw the accommodation if the support is no longer linked to the building (and they are no longer the support provider).

Therefore, the negotiations in relation to retaining the accommodation will need to be carried out on a scheme by scheme basis. There will a number of options that will need to be considered for each scheme – for instance where a specialist RSL owns the property and provides the support service, it may be able to

separate the housing management and support functions internally and provide these services separately.

4.7 Pathways into and through services

Currently there is a care pathway for people with mental health problems who move through the services provided by the Community Care Trust. Following an initial assessment an individual can receive care services in the community or move into one of the specialist residential units. These individuals can move in and out of these services based on a self directed approach. The community services can be accessed on a 24 hour basis. This pathway is based on a recovery approach and helps individuals towards independence. Individuals who move out of the core accommodation services will be able to access these community mental health services.

The community services provided by the Community Care Trust can also link people into other specialist services, including the accommodation officers and/or floating support services. Some individuals need advice and support with their housing and or help with obtaining accommodation; however 77% of their clients (a total of 477 people over 15 months) live in secure accommodation and receive much of their support through the community services provided.

It is clear that there are currently multiple access routes to accommodation and support services, as individuals may be referred from district councils, the panel, the Community Care Trust, specialist rehab units etc. It may be necessary to restrict access to the core services so that they can focus on preventing residential care or stepping down from residential care. However, the floating support services may need to continue receive referrals from a number of referral sources to respond quickly to tenancy breakdown as well as support those that move on from the core services – there is a question about whether these referrals should be co-ordinated through a single point and, if so, what that single point should involve.

4.8 Self directed support

The care and support packages that will be developed for individuals that move into the core accommodation services will be tailored to meet their assessed needs. The resources to deliver these packages will be available through Supporting People, enabling funding, transformation grant and a health input. Although the core accommodation services will be commissioned there will be considerable scope for users to define their needs and to be supported to access other services (e.g. education, training, leisure etc).

Supporting People floating support will to be commissioned to provide flexible responsive services based on person centred planning principles. Where service users move on to independent accommodation, and are eligible for social care services, they will be able to access a direct payment and purchase the care services they need. Potential some of the funding for longer term floating support could be combined with a direct payment for care services. This would

need to involve an integrated assessment process together with an integrated resource allocation system to take account of housing support needs.

4.9 Reduction in the use of residential care

The proposed changes will have an impact on the need for residential care for the 18-64 group. As the prevention approach begins to have an impact there will be less placements required in residential care. The aim of the strategy is to bring the use of residential down to a level of less than 20 places per 100,000 of the population aged 18-64 – this would bring the use of residential care down to about 90 places.

5. Financial and commissioning implications

5.1 Introduction

The financial context for the SP programme is changing with the removal of the ring fence and the integration of the programme into Area Based Grants. Furthermore, there are a number of financial considerations in relation to the introduction of the proposed accommodation and support strategy. These are largely related to revenue funding; however there are implications for capital funding where accommodation needs to be remodelled.

There are also implications for how the services will be commissioned to align them with the proposed strategy. A number of commissioning options have been identified by this JSNA.

5.2 Strategic Financial Issues

The current estimated full year SP grant expenditure for mental for 2009-10, based on current contract commitments and allowing for a DCC inflationary increase, is:

	2009-10
Mental Health	£3,125,682

In the current financial year (2009-10) the SP programme grant is classified as 'non-ring fenced' specific grant. However from April 2010 the Supporting People grant will form part of the Area Based Grant which will give the authority greater freedom about how the funding can be used. This could have implications for reductions in the SP programme, and therefore an impact on the proposed accommodation and support strategy for people with mental health problems.

As the grant for the SP programme is reducing in real terms each year, the Joint Commissioning Body took a decision to identify efficiencies across the programme. This will involve a guaranteed and a non-guaranteed amount for service providers. The potential savings, or non-guaranteed amount, is estimated as follows for the next two financial years:

	2010-11	**2011-12**
Mental Health	£108,470	£150,861

There are a number of factors that are unknown at this stage, including the level of reduction of Devon SP grant based on the Supporting People Distribution Formula and the outcome of the next 3 year Comprehensive Spending Review.

The contracts for enabling services are about £400,000 per annum and could potentially increase should savings to the residential care budget be generated by the proposed strategy. A governance structure will need to be developed for these contracts to ensure accountability for the commissioning of these services

and to introduce a robust auditing process for monitoring the quality and outcomes of the services.

5.3 Re-Modelleling

Funding of £360,000, recurring for three years, has been earmarked by Devon Partnership NHS Trust to provide pump priming funding to move people out of, and provide alternative to, residential care. This funding will be invested in providing high support accommodation based services to increase the level of staffing and to link staff with specialist clinical advice from a health professional. The funding has been made available through central government transformation grant for the personalisation agenda.

There is a question about where the on-going funding will come from for meeting the costs of the high support accommodation based services. Apart from existing SP funding for these services, the only other source of funding will be the savings made by reducing the use of residential care. If these saving are to be used to jointly fund these services then a joint contract would be required between Devon County Council and the provider.

5.4 Capital funding implications

There may be capital funding implications for remodelling the accommodation element of the ‘core’ services.

Where a property is owned by an RSL then potentially a combination of capital funding from the Homes and Communities Agency (HCA) and private finance can be used to remodel a property to make it fit for purpose. The RSL would need to bid for the funding from the HCA and contain the loan repayments within their existing rental income. Where the provider is a private landlord then potentially they could source a suitable property on the open market.

Where a new scheme needs to be developed, as a new build or rehabilitated property, then the county will need to work with the district council in supporting an RSL bid for capital funding for a new development. The development would need to obtain planning consent, which may generate local opposition. The timescales for a developing a new scheme could take up to 2 years (and sometimes longer).

5.5 Commissioning Options

The contracts with existing SP providers are due to end in September 2009, apart from four which extend beyond this date. This means that new contracts will need to be in place in September 2009, or the existing contracts extended on a temporary basis.

This raises the issue about how theses services are to be recommissioned. A number of commissioning options have been identified to meet the proposed accommodation and support strategy. These are as follows:

- **Work with existing service providers**

  This approach would involve working in partnership with existing providers to remodel their accommodation based services into high support 'core' schemes and breaking the link between support and accommodation for other services. The main advantage to this process is that it is less disruptive to providers and existing services. Furthermore it provides some incentive for RSLs to invest in the properties where they are the support provider. The main disadvantage is that existing providers may be reluctant to move towards a core and cluster model and there may be fewer opportunities for efficiency savings.

- **Re-commission high support accommodation based services**

  This approach would involve commissioning the support services for the 'core' accommodation based services on a competitive basis. The main advantage to this approach is that it would be possible to identify those providers that have the competence to provide high support accommodation and to generate efficiency savings. There would be quite a lot of work involved in developing a service specification and managing the procurement process and as such the existing contracts would need to be extended on a temporary basis.

- **Re-commissioning floating support services**

  This approach would involve competitively commissioning existing floating support services, together with those services where the support has been separated from the accommodation. The main advantage of this approach is that it is possible to start with a blank sheet of paper. The services could be commissioned on a geographical basis e.g. a service for each network area. This approach is likely to involve the procurement of services from a smaller number of providers. There is also the potential for developing a gateway, with each provider managing the gateway in their geographical area. The procurement could generate economies of scale, but would involve a considerable amount of work.

- **Working with existing providers/ensuring competence**

  Another approach involves a combination of working with existing providers and carrying out a 'contestability' exercise. This approach would involve assessing the competence and value for money of each provider at the point at which each service needed to be remodelled into a new service. Existing services, which did not require remodelling, could continue with the existing provider where the service had demonstrated good quality and performance and value for money.

  In essence this approach would only apply to the core accommodation based services as these are the only services that require substantial remodelling. An assessment tool would need to be objective to ensure that the providers were treated fairly.

The preferred approach of the county is to work with existing providers, although this could potentially involve an assessment of the provider at the point a service needs to change. Therefore, should this approach be adopted then the contract with providers will need to allow for this option. Ultimately the final decision on the approach to commissioning and procurement will need to be made by the county's procurement team.

Where a service is funded by both Supporting People and by Adult Social Care integrated contracts may be the most efficient way in which to deliver funding to the service. Devon County Council has already developed integrated contracts for other services and this approach simplifies the level of monitoring required and reduces the number of financial transactions.

Appendix 1

Detailed deprivation maps

The maps below provide a greater level of detail of the most deprived districts.