Bristol Clinical Commissioning Group

‘Providing housing people choose and the support they need to live in it’

A strategy for people with mental health needs, learning difficulties and autism that are placed in accommodation funded by Bristol City Council Health and Social Care services and Bristol Clinical Commissioning Group

Bristol City Council Health and Social Care and Bristol Clinical Commissioning Group

November 2013

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1 Executive Summary

"What people (in service provision) seem to forget is accommodation is our home and a decent place to live is the foundation of our independence". Service user at one of the consultation events for this strategy.

1.1 Vision

The vision of this strategy is for Health and Social care service users to be able to live in a place of their choice and with the support that they need to live their lives. This is a shared vision between Bristol City Council (BCC) and Bristol Clinical Commissioning Group (BCCG).

This strategy has been developed to guide the delivery of this vision. It sets out the local and national context around accommodation, the issues that have been identified for service provision in Bristol and a plan of how the outcomes will be achieved.

This strategy is a high level indication of our future intentions over the next 5 to 10 years. It is not a detailed plan. The action plan will continue to be developed to map out the how the strategic outcomes will be delivered (see appendix 6)

1.2 Principles

The key principles on which this strategy is based are: -

- People should be able to live in the place or home that they choose to, with the support that they require to live there. Support is based around their needs and is not attached to the accommodation they live in, so that if their needs change they do not have to move.
- Self-directed support: this includes
    - Transparency – involving service users, service providers and other stakeholders working together to promote independence, recovery, resilience and wellbeing.
    - Support that is person-centred, inclusive and relevant to need.
    - Support that offers choice, opportunity and is ageless.
    - Support that is of a high quality and meets the diverse needs of Bristol's population.
    - Support that represents good value for money.
    - Support that is focused on outcomes rather than activities.

1.3 Outcomes

The key strategic outcomes expected from this strategy are:

- People are supported to remain independent, for as long as possible.
- People's choice and control over how they are supported to live their lives is maximised.
- People are supported to access high quality and varied services.
- To contribute towards the building of resilient communities for positive health and wellbeing.
- To support the delivery of a financially sustainable health and social care system.

To meet these strategic outcomes it is suggested that the following issues are addressed:-

- To look at what is happening for people in services now; through quality assurance and effective contract management of the services that are purchased.
- Improve outcomes for service users through workforce development.
- To increase the range of services available, providing a range of accommodation and accommodation support will be required; with clear pathways into and out of it.
- Work in partnership with all stakeholders to achieve desired outcomes.

1.4 Intentions

The commissioning intentions of the strategy are:-

- Commission intensive floating support services for people with mental health needs in line with recommendations from the review of these services. (November 2014)
- Revise commissioning arrangements for residential and nursing placements in light of the Care Home Commissioning Strategy. (April 2015)
- Increase opportunities for people to access the Shared Lives scheme. (April 2015)
- Commission additional opportunities for people to access housing and support using the Community Supported Accommodation (support for people with learning difficulties and mental health needs). (April 2014)
- Joint commission the assertive engagement element of the complex needs care pathway in **Modernising mental health.** (April 2015)
- Implement new commissioning arrangements for accommodation and accommodation related support services currently offered under the Community Support Services contract considering options on how best to buy services e.g. using a framework agreement. (November 2015)
- To develop the market for accommodation and accommodation related support to meet the needs of service users. Identify ways to increase the range of housing options available for people with mental health needs, learning difficulties and people with autism. (April 2015)

2 Introduction

2.1 How the strategy has been developed

This document is intended to set the strategic approach of Bristol City Council and Bristol Clinical Commissioning Group (CCG) with regard to accommodation and support for people with mental health needs, people with learning difficulties and people with autism who have been assessed as eligible for services by Health and Social Care practitioners. This strategy has been developed in recognition of the importance played by accommodation and support services in responding to the health and well-being of people in Bristol and in providing services that focus on early intervention and prevention.

The strategy has been developed over the past six months with the involvement of key stakeholders including service users, carers, service providers, care managers, health professionals and commissioners. Stakeholders have been asked to provide their views with regard to accommodation and accommodation related support via an online survey and engagement events (see **10 Appendix 1**). In addition to this the strategy has considered local needs analysis information, links to other local plans and strategies, the direction of National policy and evidence from good practice. Continued dialogue with stakeholders is a priority and will continue through all stages of the analysis, planning, doing and reviewing of the strategy.

Local authorities and partners have a statutory duty to provide services to people with mental health issues and learning difficulties who reach the threshold for services (eligibility for access to services differ between health and the local authority). These services include ensuring that people are appropriately accommodated or supported to live as independently as possible in supported living or their own homes: the majority of these types of services are purchased by the local authority. Bristol City Council and Bristol CCG purchase a range of accommodation services and accommodation support services to meet this statutory duty of care.

3 Why do we need an accommodation strategy?

3.1 Key drivers of the strategy

Bristol City Council and its partners spend a considerable amount of resources housing and supporting people with mental health needs, learning difficulties and autism (see **11 Appendix 2**).

Safe, secure and affordable housing is critical in supporting good mental health and enabling people to work and take part in community life. As we move towards a more personalised pattern of service, non-institutional and community-based services become more important and can provide better outcomes and value for money. Housing provides the basis for individuals to recover, receive support and help and in many cases return to work or training. It is widely recognised that appropriate and suitable accommodation and support has significant impact on people's wellbeing and that of their carers and families. Appropriate housing and support can promote health, general wellbeing, recovery, and social inclusion.

There is an expectation that demand for accommodation and accommodation support services will continue to increase over the next few years, particularly in relation to people with mental health issues (see **11 Appendix 2**). Indeed feedback from the strategy consultation suggests that the stakeholders believe that the predicted increase in demand for accommodation base services may be underestimated.

There are inequalities between various groups and populations across the city and a growing concern that this inequality will be compounded by the proposed changes to housing benefit. Proposed housing benefit changes could have a negative impact on the local housing market, reducing availability of affordable housing stock. With the introduction of Universal Credit and a return to all benefits (including housing benefit which can no longer be paid directly to a landlord) being paid to one individual in a household there is a potential for an increase in numbers of people facing eviction as a result of rent arrears for example in one of the pilot project areas there has been a 5 fold increase in rent arrears.

This is a period of significant change for Bristol. There is a newly elected Mayor; Clinical Commissioning Groups have taken over the commissioning of health services from April 2013 and Public Health will have integrated into the Local Authority. The strategic planning of services in a joined up way has become increasingly critical. There is a need to ensure a strong sense of integration and a strategic overview between and across these areas.

There are few opportunities to gain additional financial resources for Bristol in the foreseeable future. Given the current financial climate the key driver is to use our current resources as efficiently as possible and to achieve maximum value for money. With a greater emphasis on using resources locally to meet need some funding sources are no longer ring fenced to be spent in specified ways (for example Supporting People funding) and the Local Authority can choose how these funds are best used to meet local need.

The council is moving to the use of personalised budgets and requires a person centred approach to identify the level of support people need and that they can purchase. Currently, provision of accommodation and accommodation related support has been spot purchased through care management teams. This has been led, in the main, by market availability placing people in services that are available and should meet their needs rather than commissioning led. The aim should be to commission a model of accommodation and related support that can meet the changing needs of Bristol`s diverse population.

Taking a strategic commissioning and person-centred approach will enable us to be clear about the needs of service users and what the current gaps in the market are. Support should be focussed on the outcomes it will achieve in order to maximise choice and control for service users, promote their independence and social inclusion.

4 The national and local context

4.1 National Context

4.1.1 Valuing People Now (DH 2009)

This is the most recent statement of national policy for people with learning difficulties. In regards to accommodation it states that many people with learning difficulties, by contrast with the majority of the population, have little or no choice about where they live or with whom.

More than half of adults with learning difficulties continue to live with their families, and the majority of other people with learning difficulties live in residential care. Whilst these options suit some people, many others have little or no opportunity to choose where and with whom they live. The policy states that 'more emphasis needs to be placed on alternative ways of providing the housing that people want, and the support they need to live in it.'

The key outcome is that all people with learning disabilities [sic] and their families have the opportunity to make an informed choice about where, and with whom, they live.

4.1.2 No Health without Mental Health (DH 2011)

This is the most recent strategy for mental health in England. The strategy set out six objectives for improving mental health and wellbeing: -

- More people have better mental health.
- More people will recover.
- Better physical health.
- Positive experience of care and support.
- Fewer people suffer avoidable harm.
- Fewer people experience stigma and discrimination.

The Department of Health and other partners have developed an implementation framework for the strategy published in July 2012. The implementation framework recommends evidence-based actions for the NHS, other public services and employers. The framework details how success will be measured and how future work on outcomes indicators will be taken forward nationally.

The framework stresses the need for commissioning to support greater choice in mental health, including choice of treatment. The framework recommends that the full range of NICE-approved therapies is commissioned and that service users have a greater choice of providers through the use of Any Qualified Provider (AQP).

4.1.3 'Caring for our future: reforming care and support' (DH 2012) (Appendix 3)

This sets out the government's vision for a reformed care and support system. When the White Paper is approved and the bill passed then local authorities will have a duty to:
incorporate and commission preventive practice and services as well as early intervention into care commissioning and planning.

- Promote diversity and quality in the provision of services.
- To provide accommodation to anyone – publicly or self-funded – who has an urgent need for care which is not otherwise available.
- Promote the integration of services. In addition, the draft Bill provides for further duties of co-operation that encourage local partners to work together to improve the well-being of local people. Local Joint Health and Well-being Strategies will support the development of innovative services to promote people's health and well-being across health, housing, care and support.

4.1.4 Transforming Care: A National Response to Winterbourne View Hospital (DH 2012)

This is the government's response to the investigations of the Care Quality Commission, Department of Health and South Gloucestershire Councils Serious Case Review carried

out into Winterbourne View and includes the Care Quality Commissions Internal Management review. The paper states

- That the abuse revealed at Winterbourne View hospital was criminal and warning signs were not picked up by commissioners or other stakeholders.
- Too many people are placed in inpatient services for assessment and treatment (A&T) and are staying too long.
- There are clearly gaps in the care regulatory framework that the Government states that they intend to tackle.
- Many people are in hospitals that don't need to be there and have been there for far too long. People with learning disabilities or autism, who also have mental health conditions or challenging behaviour can be, and have a right to be, given the support and care they need in the community, near to family and friends.

4.1.5 Key actions and recommendations from 'Caring for our Future' and 'Transforming Care'

- Commission the right model of care to focus on individual people.
- Build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem.
- Focus on early detection, prevention, crisis support and specialist long term support to minimize the numbers of people going into hospital.
- Work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises; and commission flexible community based services.
- By spring 2013 proposals will be set out to strengthen accountability of Boards of Directors and senior Managers for the safety and quality of care, which their organisations provide.
- By June 2013, Clinical commissioning groups and their local authority partners will be expected to review all current placements and make arrangements for those housed inappropriately to move to community-based support as quickly as possible and no later than June 2014.
- By April 2014, Clinical commissioning groups and their local authority partners will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice.
- A new NHS and local government-led joint improvement team will be created to lead and support this transformation.

4.1.6 Impact of welfare benefit changes

Changes to the welfare benefit system are currently being implemented. The proposed changes are significant and will have an impact on people living in Bristol. It has been estimated that people in Bristol could lose 125 million pounds in welfare benefits.

- The main impact is on working age claimants including families with children.
- There will be no inflationary uplift.
- Plans to reduce numbers receiving sickness and disability benefits. It is estimated that up to 5000 claimants in Bristol will be taken out of the benefit system.
- Universal credit will replace means tested benefits and tax credits with transitional protection for those who lose benefits but this will be eroded over time.

- Housing benefit – most people under 35 can only get housing benefit for a room in a shared house. Housing benefit will be capped and reduce housing benefit for many working age households. Housing benefit will be cut for households with `spare` bedrooms (the bedroom tax).
- Disability Living Allowance (DLA) will change to Personal Independence Payments (PIP). Everyone currently on DLA (which is currently under claimed) will have to reapply and will be personally assessed.

4.2 The local context

In addition to these national initiatives there are a number of local strategies and service developments that will impact and interlink with the accommodation needs of people with mental health needs and learning difficulties.

4.2.1 Modernising mental health services

Bristol CCG, in its consultation document 'Modernising mental health services', has recognised that Bristol's mental health services have been challenged in meeting the needs of people with mental health problems. NHS funded mental health services have been reviewed and a new model for these services proposed. The key elements of the proposed new services are:

- There would be multiple access points to mental health services offering information, signposting and/or interventions.
- New mental health services and pathways.
- Crisis services.
- Primary care mental health services.
- Primary care dementia services.
- Services for people with chaotic lifestyles and complex needs.
- Specialist services.

The consultation feedback report for 'Modernising mental health' published in November 2012 (www.bristolccg.nhs.uk) makes specific reference to the accommodation needs of people with a mental health need.
It states:

- Access to stable housing was a key concern.
- Mental health services need to undergo a change in culture so that services users are treated holistically with a recognition that their housing influences their mental health and their mental health can have an impact on their housing (for example a greater risk of tenancy/placement breakdown).
- Concerns were raised about the impact of homelessness on people with mental health issues, particularly if `sofa surfing` or in temporary accommodation. This can lead to loss of contact with support services such as GP`s, isolation and ultimately more significant support is required at a later date.

4.2.2 Fulfilling lives – Bristol's Learning Difficulties joint commissioning strategy (2008 – 12)

This states that Bristol's vision for the future is `that people with learning difficulties will live in their own homes, on their own or living with the people they want to live with, whether family or friends, supported by staff who they have chosen, and with a choice of things to do, during the day evenings and weekends, in the same way as any other citizen of Bristol` it proposed that `over the period of this strategy, there will be a major shift away from

residential care to people living in their own homes, whether rented or owned, and receiving support there.`

4.2.3 Autism Strategy

Bristol City Council is developing a strategy for people with autism. The strategy recognises that adults with autism need a range of living environments and states that `those who require intensive treatment and support have historically been referred to residential services where most of their needs are met by the staff working within the institution. Whilst this may still be appropriate in a very few cases, others benefit from the independence, choice and control they can have if they live independently with support, either alone or with others. The strategy aims to:

- Continue to encourage the development of a range of new and innovative housing options offering care and support.
- Support people to access mainstream housing where they can have a tailored package of support from a provider of their choosing, using a personal or a managed budget.
- Build on existing projects to enable people with autism to have access to mainstream housing and that support staff have suitable training and awareness.

4.2.4 Older people and housing

People with LD and mental health problems also become older people. It is therefore important to mention, in brief, some of the plans for older people and accommodation. There is a range of Council provided social housing provision for older people. This ranges from elderly preferred units to older Sheltered Housing for Older People schemes (SHOPS) and onward to Extra Care housing. Extra Care Housing is for people with higher level care needs and is covered by a separate strategy.

There is also social housing for older people provided by Housing Associations and Registered Social Landlords as well as private retirement communities and we will also want to consider their role in this type of provision.

In addition there are other schemes and projects to support older people in private housing, many financially supported by Bristol City Council. Examples include:

- West of England Care and Repair which provides casework and practical support with repairs and maintenance. This has recently been commissioned and a tender let for 4 years).
- Bristol Homeshare where older home owners rent spare rooms to younger people for a reduced rent in exchange for some support.
- Shared lives where older people are placed in families who provide support.

4.2.5 SHOPS

Alongside this accommodation strategy we want to consider the role of SHOPS. SHOPS house residents with some support needs and who may also have care needs (as would any person living in a home environment.) Many will also receive some level of 'floating support' low level input of less than an hour a week to help support people in maintaining their independence (e.g. helping people sort out bills or making sure they have emergency arrangements such as a community alarm.

Bristol City Council Housing department are currently engaged in two pieces of relevant work that Health and Social Care will input into:-

- A review of housing assets to take place over the summer which will include viability, future use and alignment with other council policies.
- A review of the system for accessing a range of specialist housing and housing support services.

4.2.6 Preventing homelessness strategy

Bristol City Council is currently developing a new preventing homelessness strategy and has recently reviewed and produced commissioning plans for:-

- High support housing - hostel type accommodation for people who are homeless. The commissioning process is underway and it is specified that the new provision that will be purchased will be psychologically informed environments.
- Lower and floating support - support to people to help them maintain their housing and accommodation services for single homeless people who need supported housing.
- Wraparound services - services which prevent people from becoming homeless and address other areas of support.

4.2.7 Drug and alcohol strategy

Bristol's Drug and alcohol strategy makes reference to the importance of housing for people who require support in their recovery. People who use drugs and alcohol often have co-morbid mental health issues - referred to as dual diagnosis or complex needs. Safer Bristol's commissioning intentions include supported housing and tenancy support for people in drug and alcohol treatment. There is no reference to accommodation for people who continue to use substances and are not in treatment services - sometimes referred to as `wet` provision.

5 Accommodation and related support

5.1 How it works at the moment? What is used currently?

There is a range of accommodation services for people with mental health needs, learning difficulties and autism that are used for people who are from Bristol - these can be both in and out of the local area. Routes into accommodation vary depending upon the needs of the individual and the access route that they take. These routes into accommodation include: -

- Homelessness and homelessness prevention services – including outreach and housing access services.
- The housing support register.
- The Homechoice scheme.
- Care management services (social services).
- Support from family, carers and other support networks.
- Social care intervention as part of a facilitated discharge from hospital.

People with learning difficulties and people with severe and enduring mental health needs (those people who are part of the care programme approach – CPA - within mental health services) will in the main be assessed through Bristol's care management processes. People who are awaiting discharge from hospital are supported by care managers to identify

suitable accommodation options. The assessment will involve them in gaining an understanding of their care and support needs and identifying if they meet eligibility criteria.

Some people in Bristol are eligible to receive continuing healthcare funding which can include supporting people in care homes and placements to live as independently as possible. Continuing healthcare is a package of care provided outside hospital, arranged and funded by the NHS. People who receive continuing healthcare do so because their main or primary need relates to their health, and their needs are complex, unpredictable and intensive as outlined in the National Continuing Healthcare Framework. Some people who receive continuing healthcare live in care homes such as nursing or residential care.

A personalised budget is agreed and is used to purchase, through the City Councils care brokerage team, their care and support needs on a `spot` basis. This can also include a person's accommodation needs.

5.2 Current services

There are a range of accommodation services available to care managers through the care brokerage system these include: -

Accommodation	Purchasing/funding arrangements	Commissioning body
Nursing and residential care homes	Spot via care home contract	H&SC and Bristol CCG
Supported living	Spot via community support service contract	H&SC
Independent living with longer term floating support to help maintain accommodation	Spot via community support service contract Block funded Supporting people contract	H&SC Neighbourhoods
Low/medium term floating support in their own home	Block funded Supporting people contract	Neighbourhoods
Shared lives scheme	Spot purchased	H&SC
Hostel and supported housing accommodation	Block funded supporting people contract	Neighbourhoods
Bed and breakfast	Spot – individual arrangements	N/A
Exempt accommodation – housing benefit funded	Housing benefit	N/A

5.3 Current costs

At the end of the financial year in 2012 Health and Social Care care managers had made the following accommodation placements:

Need	**Numbers Placed***	**Cost**
Mental health	395	£6,380,678
Learning difficulties	621	£32,076,125**
TOTAL	**1016**	**£38,456,803**

*Approximately 505 of all these H&SC placements are outside of Bristol. The majority of these out of area placements have been historic and in recent years the numbers of people being placed out of area has reduced.

**A proportion of these costs are shared with the NHS under processes such as section 117

5.4 Supporting People services

Bristol City Council spent £5.8 million on Supporting People services in 2012-13 (?). These services support people with mental health needs and learning difficulties and are spread across 25 different providers. In 12/13 these services supported 758 service users at any one time. Supporting People services include:

Service	Numbers of people 2012-13
Short term and medium-term floating support services for people with mental health needs	262
Long-term support for people with learning difficulties and autism	326
Long term support for people with mental health needs	130
Shared Lives scheme	25
Short-term supported accommodation (being commissioned jointly with Preventing Homelessness medium-support supported accommodation for mental health)	27

6 What is the desired outcome of this strategy?

Vision and outcomes

The vision of this strategy is for service users to be able to live where they want and with the support that they need to live their lives.

6.1 Outcomes – strategic, local and national

Currently the responsibility for delivering outcomes nationally and locally sits in different places and organisations across the system. It is important that these organisations work in partnership to deliver the best outcomes for individuals.

Through this strategy Bristol City Council and Bristol CCG want to further develop local objectives and outcomes that will work across public health, the local authority and the NHS. These outcomes will reflect the lived experience of the service user.

Outcomes anticipated from the Accommodation Strategy	Outcomes from H&SC and Bristol CCG that relate to the Accommodation Strategy	National outcomes that relate to the Accommodation Strategy
People who use accommodation services report an improved experience	People are supported to remain independent, for as long as possible	Enhancing quality of life for people with care and support (Social care outcomes framework)
People report increased self-confidence and ability to live independently	People's choice and control over how they are supported to live their lives is maximized (No decision without me)	Tackling the wider determinants of ill health: tackling factors which affect health and wellbeing (Public health outcomes framework)

People have choice about where they live and are local to their support networks People have improved physical health People have improved emotional wellbeing People feel safe and secure where they live There is a reduction in homelessness for people with mental health problems	To contribute towards the building of resilient communities for positive health and wellbeing People are supported to access high quality and varied services To support the delivery of a financially sustainable care system	Enhancing quality of life for people with long term conditions (NHS outcomes framework) Ensuring people have a positive experience of care Treating and caring for people in a safe environment and protecting them from avoidable harm Support people to live in the least restrictive environment possible Provide accommodation models that enable more people to remain in the local community and enable timely discharge from assessment and treatment To support people to live locally as independently as possible

7 Issues identified and areas for improvement in service provision

7.1 What are the challenges?

Looking at the quantitative information available with regard to current service provision, alongside the qualitative information provided by stakeholders, a number of issues have been identified.

- Bristol has used a significant number of out of area placements in order to find appropriate accommodation for people. More accommodation options are required for people who do wish to live in Bristol.
- 97% of respondents to an online survey stated that they considered there is an insufficient (49 %) or partially sufficient (48%) range of accommodation services in Bristol.
- The configuration of services and the fabric of some buildings need to be improved as they are not currently fit for purpose or for the needs of service users living in them.
- The quality of services (across the range of services) in Bristol needs to be improved as some of it is not of a high enough standard.
- Workforce development is required in services to make them accessible to all service users e.g. Extra care housing could accommodate people with mental health needs if they were more psychologically informed environments.
- Care managers struggle to find appropriate placements for people with very complex needs and/or challenging behaviour. A greater range of services are required for people these include: -
    - people with post brain injury rehab needs
    - people who continue to use drugs and/or alcohol

    - people with Asperger's/autism/sensory issues
    - women only placements
    - people with borderline personality disorder
    - people with very challenging/high risk behaviours
- There are limited opportunities for respite services and for people to avoid hospital admission.
- More independent living is required but with opportunities for communal living when desired to manage the challenges of social isolation.
- Developing accommodation in Bristol is expensive – housing and land costs are high in Bristol in relation to surrounding areas.
- Insufficient supported living and floating support is available to enable people to move out of residential/nursing provision or for people to remain safely in their own homes.
- Services are required to manage transition and support independence – from hospital to home, from institution to greater independence, from family home to greater independence, from prison to release etc.
- Bristol City Council and Bristol CCG spend a significant amount of money to accommodate people with mental health needs and learning difficulties. The majority of this provision is purchased on a spot basis. Purchasing services this way does not take advantage of purchasing power.
- Joint commissioning of accommodation with health and other local authorities is limited.
- There is a tension between the personalisation of services and commissioning services based on `Bristol – wide` service user needs.
- There needs to be improved co-ordination between Health, Health and social care, Housing and Substance misuse services.

7.2 Areas for development, how can we meet these challenges?

A number of themes can be drawn out from these challenges. The following have been identified as areas for particular attention and action**.**

Address the quality and effectiveness of current service provision:-

- Build on work begun for a robust quality assurance framework for all H&SC funded services.
- To continue to develop and improve the joint quality assurance process in partnership with Bristol CCG.
- To implement any national changes to quality assurance when required.
- Effectively performance manage the contracts that we have and review services in line with agreed targets and outcomes for service users.
- Implement the new Care Home Provider Service Specification effectively.
- Workforce development is required in services to make them accessible to all service users e.g. Extra care housing could accommodate people with mental health needs if they were more psychologically informed environments.

Increase the range of services available:-

- Offer fluidity between levels of support; support should not always be attached to the accommodation. If support offered is flexible then the service user would not have to move when their support needs to change over time.
- Expand the opportunities for service users to access floating support.
    - Community supported accommodation.

    - Supporting People funded floating support.
    - review in- house provision (Learning Difficulties Support Team).
- Develop models of accommodation based around people`s needs and abilities to live independently rather than their diagnosis/label or age e.g. places where service users have their own front door but with opportunities for some communal living to reduce isolation.
- Develop the market to provide a sufficient range of services for those people who need accommodation in Bristol but are placed elsewhere currently because there is not appropriate support available e.g. for people with:
    - people with post brain injury rehab needs.
    - people who continue to use drugs and/or alcohol.
    - people with Asperger's/autism/sensory issues.
    - women only placements.
    - people with borderline personality disorder.
    - people with very challenging/high risk behaviours.
- Maximise the use of the current housing market – use private landlords in addition to social housing. Develop a deposit bond scheme to facilitate access to the private sector market.
- Ensure we have sufficient respite care.
- Increase opportunities for people to access the Shared lives scheme.

Improve outcomes for service users through workforce development:-

- Promote the principles of Psychologically Informed Environments within residential and supported living projects.
- Challenge stigma and the continued social exclusion of people with mental health needs and learning difficulties amongst stakeholders and communities.
- Identify good practice, encouraging innovation and celebrating success. We can do things differently e.g. community supported accommodation pilot has worked for some service users.
- Identify workforce development issues within other areas e.g. extra care housing to increase accessibility for people with support needs.

Joint working with stakeholders:-

- Explore joint working relationships wherever possible with other stakeholders to maximise efficiencies e.g. the health service, other Local Authorities etc.
- Identify clear accommodation pathways for people within the social care system.
- Work in partnership with Neighbourhoods in reviewing the use of and allocation procedures for social housing through the Homechoice scheme.
- Ensure appropriate joint working protocols are in place between care managers and homelessness services, Housing Support Register and Homechoice that facilitate both clear accommodation and care and support pathways.
- Jointly commission the assertive engagement element of the complex needs care pathway in Modernising mental health.

8 How will outcomes be met?

8.1 What would success look like? What are our commissioning intentions

This strategy will have worked when service users tell us that they are able to live where they want and with the support that they need.

To that end Bristol City Council and Bristol CCG have developed the following commissioning intentions:

- Commission intensive floating support services for people with mental health needs in line with recommendations from the review of these services. (November 2014)
- Revise commissioning arrangements for residential and nursing placements in light of the Care Home Commissioning Strategy. (April 2015)
- Increase opportunities for people to access the Shared Lives scheme. (April 2015)
- Commission additional opportunities for people to access housing and support using the Community Supported Approach (support for people with learning difficulties and mental health needs). (April 2014)
- Commission the assertive outreach element of the complex needs care pathway in **Modernising mental health.** (April 2015)
- Implement new commissioning arrangements for accommodation and accommodation related support services currently offered under the Community Support Services contract considering options on how best to buy services e.g. using a framework agreement. (Nov 2015)
- To develop the market for accommodation and accommodation related support to meet the needs of service users. Identify ways to increase the range of housing options available for people with mental health needs, learning difficulties and people with autism. (April 2015)

9 Consultation

This strategy went through a three month formal consultation process from July 2013 to September 2013. During that time a series of consultation events were held and stakeholders were invited to comment on the strategy and its commissioning intentions. The Strategy was also available on the Bristol City Council website alongside an online consultation survey.

The strategy has been updated and the action plan developed as a result of the feedback from this consultation (see appendix 6 &7)

10 Appendix 1

10.1Feedback from event held in November 2012 at City Hall and survey

Gaps identified at engagement event	Good practice/what's working	Issues	Services needed to fill gaps identified/ how to fill them/solutions offered
Transitional services that are adaptable to service users changing needs	Direct Payments (working well).	Inconsistency in funding of packages. Depends on who is advocating for the service user/ Social Worker experience of writing proposal.	Land and available property – need to look in North Somerset / S Glos
Services not always meeting all the needs of service users i.e. social needs, social network	Aspirations – 3 / 4 bedroom house model seems to work well, 9 across Bristol, includes transport, access to the community, inclusion across LD community	Care managers require a more open culture, more trust, transparency (with providers).	Need for placement for service users with complex needs – housing with floating services and training flats.
Not the capacity of accommodation for service users to move on - would be good to have incentives for providers to move people on.	Day centre provision which would prevent isolation and promote inclusion for people supported in the community.	Not being able to present cases at panel	Services that help with finding providers for service users and emotional support in doing this (for service users).
Personality disorder residential service providing intense therapy (service in Wales that works very well).	5 bed house – 1 room for support worker and 4 for service users - the rent works out but doesn't offer own front door. The ideal would be perhaps 10 that are built. Chescombe built 3 buildings (5+5+6 and 3 chalets), shared living experience with own room, door, letterbox etc. – has worked well, people move for longer institutional care – good transitional service	Knowing what is available – need for creative networks. Lack of knowledge of other services in Bristol and opportunities to share information.	Need for more safe houses. Domestic violence housing – difficult to place individuals

Transition homes – not enough		Service users don't have enough support to manage their individual budgets to make best choices.	Nowhere to move individuals with drug / MH needs. Issue with people with these high needs being placed in homeless services and in accommodation putting others at risk. Limited providers for mental health / drug / alcohol – causing homelessness or leave the county. Some providers won't take individuals with certain issues such as drug taking.
LD – working around the needs of the SU, MH does not have a similar model.		Lack of knowledge of other services in Bristol and opportunities to share information. Some examples given of voids in accommodation for long periods of time (reasons for this not clear)	Market Position Statement Market facilitation between providers, operational staff and commissioning regularly would help to create more innovative provision Clearer direction from commissioning, MPS – more detail will help providers to develop their services.
Village of supported accommodation – flats / neighbourhood with support		Bristol places too expensive	Facilitated joint working with housing – working between housing and care, joint model across BCC housing and private landlords.
Lack of MH training in care homes		Impact of home closures.	Providers' relationship with Care Brokerage could be improved

			around Learning Difficulties / Mental Health. Knowledge of service available – training on what is available would help
Need more respite Lack of respite services / emergency for LD		Very sheltered housing: have restrictive practices, e.g. they are concerned about people `wandering around`	Support service to facilitate bringing people back to Bristol potentially then go on to be the support provider on an ongoing basis
More shared lives		People with challenging behaviours often placed out of area.	Landlords not accepting housing benefit – some more willing than others so having a list of accredited 'friendly' landlords.
Violence / Drugs / Alcohol – nowhere for these people to go.		Limited number of providers in Bristol – Very limited range and poor value for money. High cost – are outcomes being achieved?	Could we form partnerships with S Glos, N Somerset, Bath and NE Somerset authorities? Look at partnership approaches to developments Planned partnership approach
Need a Market Position Strategy		Some people can't manage in their own home / accommodation – this needs to be recognised	Residential accommodation – there are ways of making some of these into small units rather than having one big institution – street signs, colour coding. Bedsits and communal areas are the way forward
Specialist drink and drugs provision is a problem – people bounce between services		Living in Bristol is expensive.	Floating support – works well for those it suits but can become expensive as care needs increase

Survey Monkey responses

Who has filled it in:-

- Service users 7
- Family member/carer/friend or advocate 6
- Service providers 32
- SW practitioners 13
- Others 14

% of service users not happy with where they live at present

3 key things about accommodation for service users:-
Feel safe
Good access to community stuff – shops etc.
Good transport links

What they think of the range of services available in Bristol:-

Insufficient range of services	49.2%
Partially sufficient	47.5%
Sufficient range of services	3.3% (2 people)

Service improvements identified

- Accommodation for service users with challenging behaviour, particularly respite
- Autism services
- People who present challenge
- Individual accommodation with some shared space. Wheelchair accessible accommodation. Accommodation not directly linked to a support provider - so you have a real choice
- Comprehensive independent support brokerage to assist a person to live independently in their own home or shared accommodation
- Post-acute Brain Injury rehab, longer term support for PWLD with Challenging behaviour, post-acute psychiatric step down for PWLD
- Shared accommodation options or more clustered accommodation
- There can be pressure due to lack of housing in the city to house people with mental health problems in shared housing. In some cases this can be a fantastic solution as it can provide a supportive shared environment. However, in our experience there can be clients with more complex issues or with issues such as OCD, paranoia that are unable to function in shared housing. There has been little new supported housing in Bristol for some time and this should be given consideration
- Gaps regarding those who cannot share accommodation and have issues when neighbours are in close proximity, those with assessed needs who need robust and specific housing due to challenging behaviour or sensory assessed needs. Housing benefit does not meet the expense of the housing and the specific location needs that may arise. Support staff who sleep in and do waking nights need to be factored into the equation both financially and accommodation wise
- Good quality provision to meet the needs of those with PMLD and significant health needs and therapy needs. This could include nursing needs. This is for younger people

- Accommodation for ex-offenders and housing for people with high support needs, small three/four bed cluster houses not hostels, so that individuals can be in a home environment but with regular support going to them.
- Respite services or short breaks.
- Short term accommodation to learn independent living skills.
- There is an assumption that SU's want to live alone. In my experience many SU's would often like independent accommodation within a community setting.
- Step down resources for service users in long term placements/secure settings
- People stepping down from inpatients into residential care. No clear pathway for people stepping down from high support accommodation, need a clearer step down model.
- BCC not commissioning service for service users with high support and high risk, where housing refuse to house. Non-statutory services provide but charge extortionate amount of money.
- LGBT friendly services.
- A range of services from individual, supported living, residential, 'safe haven', short breaks robust environments and staff knowledge and skills in relation to this complex group.
- We need more short term supported accommodation for people leaving hospital. Also need more floating support to help people manage their tenancies and longer term supported accommodation for those unable to live fully independently.
- There is not enough choice or quality.
- Brain injury, dual diagnosis, complex needs, history of arson.
- Accommodation for people with autistic spectrum conditions and sensory issues.
- There are no specific placements for SU's with Autism/Asperger and complex needs. Not many female only supported living placements.
- Good quality supported living models - small communities with communal facilities to enable social interaction where people choose to associate with their neighbours.
- People with mental health problems are frequently not accepted into Extra Care Housing. This model could be very useful if better geared up to managing MH needs. Adults age under 55 frequently have trouble accessing appropriate housing. They fall between Housing Support Register properties - too unwell - not getting high enough banding for own tenancy - community support providers/home care providers not appropriately skilled in MH for outreach support or homecare especially in terms of positive risk management, safeguarding, Mental Capacity Act, also very expensive
- People with mental health needs where residential care would be inappropriate (i.e. it would restrict their path to greater independence) but who are deemed too unwell for referral via the housing support register. In these cases the only option appears to be a Milestones property that still accepts direct applications. Also reducing the time people are permitted to stay in temporary accommodation could mean they end up with a much more disrupted life moving from temp accommodation to temp accommodation.
- Respite bespoke housing for complex needs limited accommodation with some communal space.
- Provision for people with challenging behaviour. Also shared houses/flats, and individual flats with people around (as in VSH model).
- Respite & day care.
- Emergency respite complex needs, esp. relating to autism affordable non-congregate supported living.
- Not enough supported living /or of sufficient quality.

- The gaps are the usual ones with substandard accommodation with the usual array of providers who constantly have to take on peoples who are destined to fail

Most frequently used words in all of the above are….

- Complex needs
- Supported living
- Respite
- Autism
- Quality

Service required to address improvements:-

- Something to replace Molitor house. Continuity of support and gradual decrease of support rather than there one day and gone the next.
- Supported accommodation for women with a PD, perhaps who self-harm or have an ED who have been in residential care, who still need to be supported but no longer need residential care
- Key stones provide a very good standard of supported housing, which is graded from shared house to independent flats with floating support.
- Housing for single people with care needs.
- lgbt friendly services
- Providers with skilled staff able to meet the identified needs and able to accommodate people with high risk behaviours and substance misuse.
- Accommodation in quiet areas, with private entrances and on the ground floor.
- We need more supported living flats in blocks with communal spaces.
- As well as service user specific accommodation linked to primary diagnosis (self-contained flats in small community arrangements as per. previous question). Better management of the home choice register to ensure that the vulnerable adult groups listed have best opportunity to become a part of their local communities.
- Projects that are in between Extra Care Housing and Therapeutic Communities for working age people with MH/LD/ABI needs Brief - assess according to level of functioning not diagnosis. Have projects geared to level of functioning not diagnosis. - These need to be calm places with adequate levels of skilled emotional support, ongoing needs assessment (as these are client groups with often fluctuating needs) and risk management as well as having capacity to provide respite/short breaks. - Also, be geared to support reablement/ablement, not institutionalise/create dependency. - Provide help with family dynamics and carers support. - Have comfy and pleasant meeting rooms where e.g. safeguarding, psychology, vocational work, meetings with BCC or NHS staff, can take place. - Build links with the community in a meaningful way.
- Some homeowners struggle with mortgage payments etc. when on sickness benefits and can need support but supporting people doesn't cover this. Also, supporting people with things other than housing related needs can help more with recovery.
- Rehab halfway houses between hospital and community - involving health and social care professionals, provisions around capacity issues, community treatment, and managed budget. SDS doesn't allow for providing care for the service users who make unwise choices around how they spend money, and as a consequence relapse and end up back in hospital. It also misses hard to reach groups. This needs to be looked at in an intelligent way outside the rhetoric of SDS and personal budgets.
- Step down/rehabilitation accommodation and respite accommodation.
- More supported housing required.

- Respite Bespoke housing for complex needs Limited accommodation with some communal space.
- Just more of the models we already have.
- More supported living options for people with autism or challenging behaviour. More 'ordinary' individual tenancies accessible to disabled people.
- Something like Extra Care Housing but not just for older people.
- Respite & meaningful community activities.
- More village model type schemes - like VSH but for LD.
- High support needs, stand-alone service for people who need low-stimulus surroundings and largely don't want to engage with other service users.
- Locations that can offer a variety of accommodation such as flats/house that can have differing levels of support as required.
- Dwindling number of places where people can be placed that offer up a level of support that.

Most used words in this section:-

- Accommodation/housing
- Community
- Supported Living
- Skills

11 Appendix 2

11.1Needs analysis info

Snapshot data: Numbers of people with mental health issues accommodated by BCC health and Social Care dept. on 31/3/12. (derived from all clients on Paris system excluding those with dementia)

Service	No. of people currently using these services	Average price per week	Total projected cost per year
Nursing	49	£492.45	£1,254,751
Residential	90	£543.43	£2,543,275
Supported Living	256	£194.01	£2.582,652
Total	395	£409.96	£6,380,678

Projected increase in number of people between 2012-2022 (with average prices remaining as they are in 2012)

Service	No. of people projected to be use these services	Average price per week	Total projected cost per year
Nursing	54	492.45	£1,392,000
Residential	100	543.43	£2,838,000
Supported Living	271	194.01	£2,732,000
Total	425	£409.96	£6,962,000
Percentage Increase from 2012 to 2022	7% (30 people)		9.1% (£581,322)

Snapshot data: Numbers of people with learning difficulties accommodated by BCC on 31/3/12. (derived from all clients on Paris system excluding those with dementia)

Service	No. of people currently using these services	Average price per week	Total projected cost per year
Nursing	49	£1163.02	£2,842,411
Residential	391	£1217.56	£24,755,433
Supported Living	183	£470.61	£4,478,281
Total	621	£950.39	£32,076,125

Projected increase in number of people between 2012-2022 (with average prices remaining as they are in 2012)

Service	No. of people projected to use these services	Average price per week	Total projected cost per year
Nursing	51	£1163.02	£3,084,329
Residential	414	£1218.56	£26,233,159
Supported Living	195	£471.61	£4,782,125
Total	659	£950.39	£34,099,613
Percentage Increase from 2012 to 2022	6% (38 people)		6.3% (£2,023,455)

11.2Needs of people in Bristol

Source JSNA 2012

Bristol City Council and Bristol CCG produce annual updates which contribute and add to the Joint Strategic Needs Assessment (JSNA). The following section uses information from the JSNA and other relevant sources to give some context about people in Bristol with mental health needs, learning difficulties and Bristol's population as a whole.

Prevalence of disabling conditions in young people: There are currently an estimated 84,145 children living in Bristol, of these there may be in the region of 6,300 young people (0-18) with a significant physical or mental difficulty or severe chronic medical condition that could potentially impact on their daily lives. The majority of all potentially "disabling conditions and chronic illnesses" are mental difficulties, including general and specific developmental delays and mental health difficulties (24% of all, or 36% of potentially disabling conditions only).

Source: The prevalence of childhood disabling conditions, Bristol pilot study 2009-10; June 2010

Prevalence of learning difficulties in adult population: Learning Difficulties (LD) is the locally preferred term used to describe people who "have a significantly reduced ability to understand new or complex information (usually defined as having and IQ below 70) and a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development"[17]. The accepted prevalence rate of people with learning difficulties is 2% of the general population. In Bristol today, with an estimated adult population of 357,140, this would equate to 7,140 adults (or 8,830 including children). Studies suggest that the numbers of people with learning difficulties are increasing, with estimates in the area of 14-15% by 2021[19]. Overall, this is a comparable rate of increase to that of the wider Bristol population. In 2012 it is estimated that there are 1,780 adults with a moderate to severe learning difficulty in Bristol, projected to increase to 1,900 by 2020.

People with learning difficulties who use City council Health and social care services: Of the 1150 adults receiving an H&SC-funded service in 2012 shows that

Gender: 59.1% are male and 40.9% female

Age: 82.5% are of working age (18-64) and 17.5% are over 65

Location: 32% are in the North and West locality, 21% are in Inner City and East, 22% are in Bristol South, and 25% are recorded as living outside Bristol (though Bristol is the funding authority).

The numbers of people with LD receiving an HSC service over the last 3 years has been decreasing from 1331 in 08-09, 1167 in 09-10 and 1148 (10-11). This may indicate a shift in how people are supported, as the number of people with LD did not decrease.

Prevalence of people with mental health needs: Of the 357,140 estimated adult (16+) population in Bristol
76% (271,426) are expected to be in good mental health
15% (53,571) could benefit from some treatment
9% (32,142) have mild / transient episode of mental distress, no need for treatment
2% (7,1428 people) access specialist mental health services each year
The number of people living with mental health conditions is likely to increase steadily to 2015 and onwards along with the population. External factors, such as the recession, may increase the prevalence rates of mental health difficulties

People with mental health needs who use City council Health and social care services: Of the 1150 adults receiving an H&SC-funded service in 2012 shows that
Gender: 50.6% are male and 49.4% female

12 Appendix 3

12.1 Welfare Reform- Changes and Cuts 2010 onwards

Source: Ruth Frost (WRAMAS)

12.2 Headline National changes

- Already confirmed; £18 billion reduction in the original plans for welfare benefit and tax credit spending 2010-2015, from total budget of approx. £163 bn including pensions. Bristol's share, based on a % of UK population, approx. £125 million.
- Main impacts are on working age claimants, including families with children.
- Across-the-board cuts/freezes/below RPI inflation uprating, and increase in pension age account for much of the saving (so there is a cumulative impact on household budgets).
- Plan to significantly reduce numbers receiving sickness & disability benefits; incapacity benefit already being replaced by employment and support allowance (ESA), many problems reported by advice & support services. Disability living allowance to be replaced by personal independence payments (PIP).
- Also aim to cut the increasing total paid out in housing benefit, which has been significantly affected by economic downturn plus rising cost of privately rented accommodation.
- Aim to smooth the transition from out of work to in work benefits; universal credit will replace the main means tested benefits and tax credits- claims & changes to be 'digital by default'. There will be transitional protection for those who are entitled to less benefit under UC, but this will be eroded over time.
- Risk of increased debt for working age claimants, e.g. due to cuts in payments, or if have transitional protection, freeze in income whilst prices increase; also universal credit paid monthly in arrears, and housing benefit will no longer generally be paid direct to social landlords.
- Major direct effects on LAs; e.g. council tax benefit replaced & funding cut, gradual loss of housing benefit function, take on some social fund work, effects on landlord role.
- Also indirect effects on LAs/customer base e.g. income recovery, charging policies, increased need for support & advice/information services, need to maintain take up of entitlement especially to achieve community care objectives.
- Possible additional £10bn of unspecified cuts to follow- no details yet.

For more details, see benefit changes table produced by National Association of Welfare Rights Advisers, http://tinyurl.com/d6cxmco

12.3 Local changes: BCC Summary of Housing and Council Tax Benefit Changes

Source: BCC Housing Benefit Dept.

Date	Summary of Change	Households Affected	Average Weekly Loss/Gain of HB/CTB	Annualised Loss/Gain HB/CTB
April 2011	Local Housing Allowance (LHA) rate to be set at 30% percentile as opposed median of rent levels for each property in each Broad Rented Market Area.	6929	£7.02	£7.502m
April 2011	Introduction of 4 bedroom LHA upper limit	26	£148.61	£231k
April 2011	Removal of £15 LHA excess.	2893	£9.58	£1.441m
April 2011	LHA rates capped at £250, £290, £340 and £400 per week for 1, 2, 3, and 4 bed rates accordingly	0	0	0
April 2011	Amend size criteria to include a live-in carer	Up to 64	N/K	N/K
April 2011	Increased ability to pay landlords direct	41	N/A	N/A
April 2011	Increase in DHP fund	787 applications	N/K	£63k
April 2011	Non Dependent deductions will start to be increased to uprated 2001 rates. (Year 1 of 3)	2073	N/K	N/K
Jan 2012	Increase in shared accommodation rate from 25 to 35	878	£41.60	£1.899m
2011-2013	***Total LHA changes for 2011/12 and 2012/13***	***9610***	***£21.94***	***£10.963m***
April 2012	Freezing of LHA rates for whole of financial year 2012/13	11,438	N/K	N/K
April 2012	Increase in DHP fund	682 applications to date	N/K	£273k
April 2012	Non Dependent deductions will start to be increased to uprated 2001 rates. (Year 2 of 3)	2190	£3.58	£394k
April 2013	LHA rates increased by Consumer Price Index and not local rental values (or rents if lower)	11,438	N/K	N/K
April 2013	Size criteria rules for working age socially rented sector housing (£11 per week for 1 bed and £20 per week for 2+ bed under occupation)	**LA tenants** 4430 (976 by 2+ bed) **RSL** N/K	**LA tenants** £13 **RSL** £14	**LA tenants** £2.994m **RSL** N/K
April 2013	Overall benefits cap of £500 per week (excluding some benefits). Affecting unemployed persons and includes (HB, CTB, IS/ESA/JSA, CTC and CB payments)	500	400 less than £100 100 more than £100	N/K
April 2013	Increase in DHP fund	N/K	N/K	N/K
April 2013	Non Dependent deductions will start to be increased to uprated 2001 rates. (Year 3 of 3)	N/K	N/K	N/K

13 Appendix 4

13.1 A Summary of principles and key actions outlined in the White Paper

Source: Rachel Allbless (H&SC)

Two core principles lie at the heart of the White Paper:

• We should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimise people's need for formal care and support
• People should be in control of their own care and support

The Executive Summary includes the **key actions** that will be taken as a result of the White Paper, including:

• Stimulating the **development of initiatives that help people share their time, talents and skills** with others in their community.
• Developing and implementing, in a number of trailblazer areas, **new ways of investing in supporting people to stay active and independent**, such as Social Impact Bonds.
• Establishing a new capital fund, worth £200 million over five years, to support the **development of specialised housing for older and disabled people**.
• Establishing a **new national information website**, to provide a clear and reliable source of information on care and support, and investing £32.5 million in better local online services.
• Introducing a **national minimum eligibility threshold** to ensure greater national consistency in access to care and support, and ensuring that no-one's care is interrupted if they move.
• **Extending the right to an assessment to more carers**, and introducing a clear entitlement to support to help them maintain their own health and wellbeing.
• Working with a range of organisations to **develop comparison websites that make it easy for people to give feedback and compare the quality of care providers**.
• **Ruling out crude 'contracting by the minute'**, which can undermine dignity and choice for those who use care and support.
• Consulting on further **steps to ensure service continuity for people using care and support, should a provider go out of business**.
• Placing dignity and respect at the heart of a **new code of conduct and minimum training standards for care workers**.
• **Training more care workers** to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
• **Appointing a Chief Social Worker** by the end of 2012.
• **Legislating** to give people an entitlement to a personal budget.
• **Improving access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan**.
• **Developing**, in a small number of areas, **the use of direct payments for people who have chosen to live in residential care**, to test the costs and benefits.
• Investing a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support.

14 Appendix 5

14.1 Equalities impact assessment

Bristol City Council Equality Impact Assessment Form DRAFT 1

HSC 4 Accommodation Strategy

Directorate and Service: Health and Social Care - Strategic Commissioning
Lead officer: Catherine Wevill (Strategic Commissioning Manager)
Additional people completing the form (including job title**)**: Helen Pitches (Commissioning Manager)

Start date for EqIA: November 2012
Estimated completion date: December 2012
V1.w

Step 1 – Use the following checklist to consider whether the proposal requires an EqIA			
1. **What is the purpose of the proposal?** The proposal is to analyse the accommodation and accommodation support needs of people with learning difficulties, mental health issues and acquired brain injury for adults in Bristol and to develop an accommodation strategy. The strategy will identify current gaps in provision and look at ways to fill those gaps. The strategy will propose the commissioning intentions in relation to accommodation and accommodation related support and have a plan to show how they will be realised. The strategy will draw together the following areas of work currently in progress within H&SC. SP commissioning strategy for Mental Health and Learning Difficulties LDST (Learning Difficulties Support Team) Review Affordable Housing Solutions – Community supported accommodation Returning people from out of area Shared lives Respite Care – review of providers CSS accreditation/contract review Review of in house care home provision			
	High	**Medium**	**Low**
2. **Could this be relevant to our public sector equality duty to:** Promote equality of opportunity Eliminate discrimination Promote good relations between different equalities communities?		 Medium Medium Medium	
If you have answered 'low relevance' to question 2, please describe your reasons: N/A			
3. Could the proposal have a positive effect on equalities communities?			

Yes. The strategy will aim to:- Maximise choice and control for service users of H&SC commissioned services. Improve the quality of service users lives: the aim of an accommodation strategy is to improve the quality of service users lives in Bristol by promoting independence, well-being and self-management. The project will engage with stakeholders and identify our commissioning intentions: through this process we would aim to highlight existing best practices including reference to equalities issues and ensure where possible these are available to people in Bristol. The strategy will ensure that the councils commitment under the Equalities Act 2010 is adhered to within all commissioned activity and will have due regard to this through all commissioning and procurement processes.
4. Could the proposal have a negative effect on equalities communities? No
Please describe your initial thoughts as to the proposal's negative impact:

Step 2	Describe the Proposal
2.1	Briefly describe the proposal and its aims? What are the main activities, whose needs is it designed to meet, etc. See Step 1
2.2	**If there is more than one service* affected, please list these**: Accommodation and accommodation support services for people with mental health issues, learning difficulties and acquired brain injury. Specifically: Learning difficulties support team Shared lives project Supporting People floating support services Community Support Accommodation
2.3	**Which staff or teams will carry out this proposal?** Transformation team, Supporting People team, Shared Lives team, CSA team, Commissioning and infrastructure and SCPS.

Step 3	Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?
3.1	**Summarise how equalities communities are currently benefiting from your service* here (& add an electronic link to the information if possible).** People with Learning difficulties accessing care management services (N.B. these are people receiving all services in not just accommodation or accommodation based services):- **Gender:** Female: 340 people = 40.9% Male: 491 people = 59.1 **Ethnicity:** BME background: 85 people= 10.3%

	Disability: Phy\Frail\Sensory: 28 people = 3.4% Mental Health: 9 people = 1.1% Learn Disability: 778 people = 93.6% Substance Misuse: 1 people = 0.1% Other Vulnerable: 15 people = 1.8% **Sexuality:** Heterosexual: 243 people = 38.6% Lesbian/Gay/Bisexual: 3 people = 0.5% 35 Don't Know / Not Sure: 240 people = 38.2% Would rather not state: 134 people = 21.3% Object to Question : 9 people = 1.4% **Religion:** None: 193 people = 29.5% Christian: 405 people = 61.9% Buddhist: 3 people = 0.5% Hindu: 3 people = 0.5% Jewish: 2 people = 0.3% Muslim: 26 people = 4.0% Sikh: 4 people = 0.6% Other: 18 people = 8% People with Mental health issues accessing care management services (N.B –as above):- **Gender:** Female: 757 people = 49.4% Male: 774 people = 50.6% **Ethnicity:** BME background: 270 people = 17.9% **Disability:** Phy\Frail\Sensory: 135 people = 8.8% Mental Health: 1,366 people = 89.2% Learn Disability: 6 people = 0.4% Substance Misuse: 13 people = 0.8% Other Vulnerable: 11 people = 0.7% **Sexuality:** Heterosexual: 186 people = 73.8% Lesbian/Gay/Bisexual: 0 people = 0.0% Don't Know / Not Sure: 28 people = 11.1% Would rather not state: 37 people = 14.7% Object to Question: 1 person = 0.4% **Religion:** None: 86 people = 20.6% Christian: 293 people = 70.3% Buddhist: 2 people = 0.5% Hindu: 1 person = 0.2% Jewish: 1 person = 0.2% Muslim: 17 people = 4.1% Sikh: 0 people = 0.0% Other: 17 people = 4.1%

	Performance and equalities data for Health and Social Care services for 2011/12 can be found using the following link: Performance - HSC
3.2	Then compare to the relevant benchmark (e.g. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol). Gender: Population of Bristol is 49.6% male and 50.4% female in the 18+ plus age group Ethnicity: 11.1% of the Bristol population is from a BME background. Of the LD service users in Bristol we would expect 13.1% from a BME background. Of the MH service users we would expect 11.6% to be from a BME background. Disability: 54% of over 60 population in Bristol are disabled. Sexuality: Stonewall indicate that 6% of the population is estimated to be lesbian, gay or transsexual. Religion: 62% of the Bristol population are Christian, 2% are Muslim and approximately 0.5% Hindu and Sikh, 0.2% are Jewish
3.3	Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities (see Guidance for further information and examples). The issues raised by the current position are: see section 5 re possible impact on equalities communities.

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA
4.1	Describe any consultations that have taken place on the proposal. We have not yet held a consultation. A formal three month consultation will take place for both the draft strategy and the draft EqIA.
4.2	Please include when and how the outcome of the consultation was fed back to the people whom you consulted. N/A

Step 5	Giving due regard to the impact of your proposal on equalities communities
Possible Impact on Equalities Communities, whether or not you will address the impact	**Actions to be included in the proposal**

Step 5	Giving due regard to the impact of your proposal on equalities communities

Possible Impact on Equalities Communities, whether or not you will address the impact	**Actions to be included in the proposal**
Age	The strategy will look at `ageless` services for people with MH and LD. Issues of monitoring and quality will be addressed within the strategy.
Disability	Issues of monitoring and quality will be addressed within the strategy.
Ethnicity	Currently people from a BME background are over represented within the MH service user population. We will need to seek further data to ensure that this group is being accommodated appropriately and that their cultural needs are met as appropriate within settings. Currently people from a BME background are slightly less represented (particularly form Asian backgrounds) in LD service users. We will need to ensure that consideration is given to this and consultation with relevant groups takes place to identify why this might be the case and identify actions for the strategy. Issues of monitoring and quality will be addressed within the strategy.
Gender	The strategy will need to ensure that sufficient gender specific accommodation is available for vulnerable women if appropriate. Issues of monitoring and quality will be addressed within the strategy.
Pregnancy & maternity	No issues identified
Religion and belief	Issues of monitoring and quality will be addressed within the strategy.
Sexual orientation	This has only recently begun to be monitored by H&SC. A significant number of service users in both LD and MH `prefer not to state` their sexuality. There are workforce development issues within care management and service provision to ensure that people who are LGBT feel comfortable to be out and have their accommodation and support needs met. Issues of monitoring and quality will be addressed within the strategy.
Transgender	There were no stated service users of transgender. It is unclear from the data whether this is monitored at present. Issues of monitoring will be addressed within the strategy.
Any other relevant specific groups/ Other general actions	

5.2	**Next Steps**

5.2	**Next Steps**
New actions: The information that has been gathered for this EqIA will be used to inform the direction of the strategy. Reference will be made to specific groups with protected characteristics and the actions required to meet their accommodation and accommodation support needs where appropriate, as identified by this EqIA and engagement with stakeholders.	

Step 6	Meeting the aims of the public sector equality duty
6.1	Describe how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty (a-c above).
7.1 **Please include how you will ensure you measure its actual impact on equalities communities?** We will continue to gather data on the equality characteristics of staff, carers and service users.	

Step 7	Monitoring arrangements

Step 8	Publish your EqIA
8.1	Ensure the EqIA is signed off by a Service Director and the directorate equalities officer. Signed — Signed Jan Youngs Service Director — Equalities officer Date — Date 4th December2012
8.2	Can this EqIA can be published on the web. Yes/No If no, please explain why the proposal is confidential and cannot be published

15 Appendix 6

15.1 Consultation Feedback

Strategy vision

The vision for the accommodation strategy is for Health and Social care service users to be able to live where they want and with the support that they need to live their lives. This is a shared vision between Bristol City Council (BCC) and Bristol Clinical Commissioning Group (BCCG).

This strategy has been developed to guide the delivery of this vision. It sets out the local and national context around accommodation, the issues that have been identified for service provision in Bristol and a plan of how the outcomes will be achieved.

This strategy is a high level indication of our future intentions over the next 5 to 10 years. It is not a detailed plan.

Consultation methods

A variety of methods were used to get feedback on this strategy including open events and an online survey. The consultation period ran from July 16th to September 16th 2013.

The consultation was formally advertised via Bristol City Councils website with a page on the Health and Social Care section of the website and on the Consultation Finder section. Information about the consultation period and events were cascaded through available email distribution groups and networks.

The following consultation open meetings were held:-
Four open meetings - Southmead, Easton, Knowle West, and City Hall.

Attendance where requested at Care management meetings, Mental Health Partnership Board, PSI Board, LD partnership Board

Event for people with Learning difficulties, facilitated by The Misfits at City Hall

LGBT specific event

Mental Health service users' event

Autism service users' event

Feedback summary

Online survey respondents

Current or ex-service users – 13%

Carers – 19%

Service providers – 38%

Social workers – 18%

Other – 12%

Strategic outcomes

In the main respondents strongly agreed and agreed with the stated outcomes of the strategy.

Additional comments made were in the main focussed on the following themes

Theme	Example comment
Joined up approach across council services and providers	• You cannot disagree with the outcomes. It is the process that is followed to achieve them that has to be given the greatest consideration. You have to adopt a joined up life time approach...re LD/PMLD working from transition...joined up working across different services needs to be evidenced in terms of housing planning • Appropriate access to health teams at all times
Recognising the difference in support needs	• Understand the needs of people with long term conditions and with sensory issues, e.g. autism • Ensuring appropriate service provision for older people with functional mental health needs. These seem to get overlooked with older people's mental health service provision being targeted more at those with dementia.
Improving outcomes	• Real measured outcomes/ method to measure success • People are offered accommodation that is of high quality and is regularly reviewed and maintained • Standard expectations re quality of accommodation
Workforce development	• lack of training for providers of accommodation who are now expected to offer their services to those with MH issues. This has led to a lack of places in Extra care housing/residential care being made available by the providers. Lack of training for those responsible for brokering placements with regard to the complex needs of individuals with MH issues, leads to delays and hospital bed blocking.

Increase SU choice	• ensuring that those people with PMLD and complex health needs and their families and carers, have a real choice about where they can live and not put in the same position as we were of our daughter having to go out of area to have her needs met as Bristol is unable to meet them.

Feedback on Needs Analysis info

People with LD/autism needing support:-

Numbers estimated about right	25%
There will be a few more people than estimated in need of support	28%
There will be a lot more people than estimated in need of support	45%

People with MH issues:-

Numbers estimated about right	12%
There will be a few more people than estimated in need of support	35%
There will be a lot more people than estimated in need of support	47%

Key identified issues

In the main respondents (a third of whom skipped this question) strongly agreed or agreed with the identified issues and prioritised them in the following order.

1: Opportunities for people to live independently with appropriate support

2: Address the choice and range of accommodation available

3: Address quality of current services

4: Improve access to respite/support services to avoid hospital admission

5: Co-ordinate/joint work between health and care services

6: Workforce development in current services

Other actions that would have a positive impact. Additional comments made were in the main focussed on the following themes

Theme	Example comment
Improve assessments	If all YP diagnosed with ASD have a supported interview to identify their social support needs, fewer will remain living at home, more will move successfully into independent living
Better use of knowledge we have/improve commissioning processes	• LGBT specific support • Better intelligence collection about current and future needs. When will you start using the information collected at Transition Reviews to tell you what young people with LD want for their future? • Ability for NHS and Social Services to fund through capital or revenue the cost of supported housing, above that the HB department is prepared to cover. The attitude of HB has had a detrimental impact on the improvement and availability of good quality accommodation in the city.
Joint working	• Council services across age groups and service areas working together more closely • whilst drug and alcohol supported housing has been commissioned through Safer Bristol a gap remains for those people whose mental health and substance dependence alongside their physical health needs requires that they receive both support to maximise their independence and enable recovery but also care to address their pressing health needs. • We wish to see a commitment to provision of accommodation for these people, jointly commissioned with health.
SU choice of service	• place them (sic) in more SMALL care homes not big Institutions • Residential care works for some people and shouldn't be dismissed lightly as a dinosaur service without proper consideration.
Improving outcomes	• More efforts to support, develop and work in partnership with community initiatives of all kinds, to enable service users to feel a sense of belonging, contribution, and opportunity in the

	wider community • Involve people with autism in developing their own accommodation – self-help/co-operative housing – use service user skills

Community Supported Accommodation

Respondents were asked to comment on whether they agreed with the approach and expansion of the CSA scheme.

Strongly agree	34%
Agree	32%
Neither agree nor disagree	28%
Disagree	4%
Strongly disagree	2%

General Points and queries

The needs more clarity on scope – services this affects/budget /money available

The aspirational vision of the strategy is appreciated but come concern that this sets up unrealistic ideas about choice and particularly availability of accommodation

Tighten up on timescales and the action plan

Housing benefit issues – does the complexities of housing benefit act as a disincentive to move?

Could we co-ordinate supported housing – for example by using the Housing Support Register

Palliative care for people with complex needs

16 Appendix 7

16.1 Action plan

In order to achieve the stated outcomes of the strategy the City Council in partnership with other stakeholders including health, service users and service providers will : -

Action Ref	Action	Mechanism/governance	Who/Strategic Lead	When	Linked outcome – see key
1	Review of current quality assurance processes in the People Directorate for all commissioned services (regulated and non-regulated). Bristol CCG continuing its current quality assurance processes for patients in placements and reviewing while action 2 is agreed.	BCC – DLT	Tim Wye/Mel Rogers	Oct 2014	A, D, E, F
2	Agree a reciprocal Quality Assurance Framework between Bristol City Council and Bristol CCG.	BCC/CCG	Lizanne Harland/Tim Wye/Mel Rogers	Oct 2014	A, D, E, F
3	Review of the processes for contract management with clear governance that relate to quality assurance and safeguarding procedures.	BCC – DLT	Service manager contracts and Quality/Netta Meadows	Oct 2014	A, D, E, F
4	Implement the Joint BCC/CCG care home specification across Bristol.	BCC – Care Home Strategy Working Group	Quality Assurance team/ Leon Goddard	Ongoing	A, D, E, F
5	Consult on a commissioning strategy for nursing and residential care homes.	BCC – Care Home Strategy Working Group	Leon Goddard	Oct 2014	A,B,D,E,F
6	Workshops with current providers of	BCC – Accommodation	Helen Pitches/Sarah	Sept 2014	A, D, E, F

	accommodation services to discuss and assess workforce development requirements within current placements. E.g. ECH	Strategy steering group	Evens/Leon Goddard/Tim Wye		
7	Workforce development issues identified and addressed to support service providers in the implementation of improvement plans.	BCC/CCG	QA Officers/Service manager Contracts and Quality	Ongoing	A, D
8	Develop service user led workshops on experience in care home/ nursing placements to be delivered to care managers/service providers – challenge to stigma/independence.	BCC/CCG	Helen Pitches/Glenn Townsend/Tim Wye/Mel Rogers	Sept 2014	A
9	Complete review of supporting people funded MH floating support services and re-commission services based on findings.	BCC – SP MH/LD board	Catherine Martin/Tim Wye/Mel Rogers	Nov 2014	A, B, C, E, F
10	Increase access to Community Supported Accommodation by increasing the numbers of providers of the service.	Accommodation Strategy Group	Helen Pitches/Mel Rogers	Completed	A,B and C
11	Psychologically informed environments/good practice – information event. Invite providers who have developed good practice in this area to `show and tell` how they have achieved outcomes for service users.	BCC/CCG	Helen Pitches/CCG rep/Mel Rogers	September 2014	A, B ,C, D, E, F
12	Joint (Health and H&SC) review of all people who are currently accommodated in hospital type settings in line with	BCC/CCG	Care management	Completed	B , C, D
13	Implement the WInterbourne View Concordat	BCC/CCG	Care management/Mel Rogers/Leon Goddard/Tim Wye	September 2014	B, C, D
14	Analyse support needs and demographics of current placements for people living `out of area`.	BCC - Accommodation strategy steering group	Rachel Beatty/Wendy Sharman	Completed	B, C, D

15	Produce options appraisal on configuration of services and new purchasing arrangements for accommodation and accommodation based support that are currently purchased under the Community Support Services contract.	BCC - Community Support Service Project Steering Group	Mel Rogers/Tim Wye/Leon Goddard	Completed	B, C, D
16	Produce a commissioning plan for purchase of Supported Living accommodation.	BCC - Community Support Service Project Steering Group	Mel Rogers /Tim Wye/Leon Goddard	September 2014	B, C, D
17	Commissioning to support and inform work of the BCC review of the Homechoice scheme (Homechoice is Bristol City Council`s housing allocation scheme).	BCC - Homechoice steering group	Mel Rogers/Tim Wye/Leon Goddard	Ongoing	B, C
18	Accommodation needs of people with autism are addressed in the autism commissioning strategy and used to feed into action planning	BCC/CCG - Autism strategy board	Wendy Sharman/ Mel Rogers/Tim Wye/Leon Goddard	Completed	B,C
19	Implement findings from the learning difficulties support team review.	BCC - Accommodation strategy steering group	Rachel Beatty/ Mel Rogers/Tim Wye/Leon Goddard	November 2014	C
20	Identify links and accommodation themes through multi-agency working arrangements, MAPPA, MARACs, High Impact users, new case discussion forum etc.	BCC - Accommodation strategy steering group	Helen Pitches/Rachel Beatty/ Mel Rogers/Tim Wye/Leon Goddard	July 2014	G
21	Develop joint working protocols between housing allocation and H&SC support planning processes.	BCC - Accommodation strategy steering group	Paul Sylvester/Support Planning	July 2014	G
22	Market development – identify opportunities at the earliest point through partnership work with housing colleagues and other stakeholders.	BCC - Accommodation strategy steering group	Helen Pitches/Mohammed Raschid/ Mel Rogers/Tim Wye/Leon Goddard	Ongoing	B, D, E, F, G
23	Explore opportunities to increase access to private landlords for H&SC service users.	BCC - Accommodation strategy steering group	Helen Pitches/Private renting team/ Mel	April 2015	B, D, E, F, G

			Rogers/Tim Wye/Leon Goddard		
24	Commission assertive engagement service for people with Mental Health Issues	CCG	MMH team/Tom Rhodes/ Mel Rogers/Tim Wye/Leon Goddard	April 2015	D, E, G
25	Increase access to Shared Lives scheme through increase in recruitment of Carers to the scheme	BCC	Jim Entwistle/Mike Winnicot	April 2015	B, C, D, E, F

Names and job titles in this action plan might change as a result of the current restructure in Bristol City Council – April 2014

Outcomes Key

(A) Improved service user experience in accommodation setting
(B) Increased choice for individuals about where they live
(C) Increased ability to live independently
(D) People have improved physical health
(E) People have improved emotional wellbeing
(F) People feel safe and secure where they live
(G) Reduction in homelessness for people with mental health issues